

UNIVERSAL ACCESS TO EARLY CHILDHOOD EDUCATION

*Inclusive Practice - Kindergarten Access and Participation for
Children Experiencing Disadvantage*

Prepared for the Victorian Department of Education and Early
Childhood Development

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April 2009

Acknowledgements

This paper was written by Dr Tim Moore with the assistance of Angela Morcos and Rachel Robinson.

The annotated list of resources was compiled by Angela Morcos and Catherine Croft.

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1 INTRODUCTION

This resource was developed by the Centre for Community Child Health (CCCH) at the request of the Office for Children and Early Childhood Development (OCECD) of the Victorian Department of Education and Early Childhood Development. The initiative forms part of Victoria's Plan for Improving Access and Participation in a Kindergarten Program for Children At Risk of or Experiencing Disadvantage. This initiative was funded in part by the Australian Government Department of Education, Employment and Workplace Relations (DEEWR)'s Universal Access to Early Childhood Education (UAECE) Project.

The overall objective of the Project is to develop a range of sustainable resources that actively encourage and promote kindergarten staff and service providers' engagement with children and families experiencing disadvantage.

Format of the resource

Part A of this resource takes the form of a background paper that seeks to understand the changing and evolving conceptualisation of inclusion in early childhood services as it reflects the broader changing conceptualisation of social inclusion in Australian society. It provides a framework from which to consider resources that are available to support inclusive practice in respect of Kindergarten access and participation for children and families experiencing disadvantage in Victoria.

The paper is based on two key understandings:

- Early childhood education and care services can make a significant contribution to social inclusion by supporting children's development, family well-being, community cohesion, and equity.
- If early childhood services are seen as providing care and education programs for *all* children, regardless of their abilities, backgrounds and needs, then the aim of the service is to provide flexible and universally applicable programs that are designed 'from the ground up' to be inclusive.

The target groups for inclusion, as outlined by the Department of Education and Early Childhood Development are:

- Indigenous children and their families;
- Culturally and Linguistically Diverse (CALD) children and families;
- Refugee and asylum seekers;
- Children or families with a disability;
- Children known to Child Protection;
- Families linked to Family Support Agencies; and

- Children in low socio economic circumstances.

The paper concludes that successful inclusion in early childhood services is based on:

- Universal prevention-focussed service provision and universal design for learning;
- Clear and effective processes for engaging and retaining families and accessible service design;
- Programming for individual needs based on progressive intervening processes; and resources for meeting additional needs within the early childhood program.

While recognising that the provision of a high quality early childhood program based on universal design for learning principles is the basis for successful inclusion of children and families from the groups outlined above, this paper advocates that for children with additional needs to be able to access and meaningfully participate in mainstream early childhood programs, curriculum modifications and adaptations are required for individual children according to their particular learning preferences and needs.

Part B of this resource takes the form of an audit of the resources widely available in Victoria to support curriculum modifications and adaptations for individual children according to their particular learning preferences. This audit was conducted to consider the adequacy and quality of existing resources given the changing conceptualisations of inclusion in early childhood services and in particular to identify any gaps where additional resources are required.

The audit of resources focused on the existing resources for meeting additional needs within an early childhood program and specifically within the kindergarten context. It is recognised that these resources exist at the additive end of the continuum described above, and that additional resources need to be developed and promulgated to address the criteria for successful universal program planning and to successfully engage and retain families within services.

In summary, inclusion requires:

- A recognition of the paradigm shift in respect of ideas about social inclusion, vulnerability, ability and disability, and cultural and ethnic diversity;
- Programs that adopt flexible and universally applicable approaches that are designed 'from the ground up' to be inclusive;
- Policies and practices that reach out to engage with vulnerable families where the service actively removes barriers to attendance from the families' perspectives, for example, offering transport or breakfast as part of the program;
- Support for staff and resources to develop appropriate methods for curriculum development that seek to meet as many of the needs of as many children as possible within mainstream settings and use a systematic approach to providing interventions of increasing intensity as necessary;

- A range of relevant, evidence-based, accessible, affordable, easy to use resources available for application in universal settings to assist with inclusion of particular groups.

2 THE CONTEXT OF INCLUSION IN EARLY CHILDHOOD SERVICES

Ideas regarding inclusion have evolved steadily over the past few decades, and are continuing to progress. This has occurred in a context of profound and ongoing social change, and has been accompanied by matching changes in the range of social values and ideas. Among these are values and ideas about diversity and difference, ability and disability, and social inclusion and exclusion.

In order to understand what inclusion means for early childhood services, we need to understand changing ideas about:

- social inclusion / exclusion
- disadvantaged and vulnerable populations
- cultural and ethnic diversity
- ability / disability

In summary these changing ideas are:

- All children and adults should be able to participate as valued, respected and contributing members of society, and there needs to be investment and action to bring about the conditions for inclusion.
- Rather than thinking about certain sections of the community as being hard to reach, it is more useful to think of them as being people whom services find difficult to engage and retain, and shift the burden of responsibility to engage with all sections of the community to those who deliver the services.
- Increasing diversity has challenged old certainties about parenting and child development, as well as traditional early childhood practices. Early childhood practitioners need to expand their definitions of what is considered 'normal' to include a greater variety of people, ideas, values, and behaviours.
- The emergence of an 'equal opportunities' model that aims to give everyone, irrespective of differences, an equal opportunity to succeed within existing social structures and attitudes, and that focuses on removing the factors in policy as well as in practice that prevent children from participating in early childhood programs.

2.1 Changing ideas about social inclusion / exclusion

The recent social changes experienced by developed nations have been accompanied by a growing awareness of the ways in which some people within society are failing to benefit from the changed social and economic conditions and are therefore achieving poorer outcomes (Freiler and Zarnke, 2002; Keating and Hertzman, 1999; Hertzman, 2002; Richardson and Prior, 2005; Stanley, Prior and Richardson, 2005; Vinson, 2009a).

This has, in turn, led to general public policy initiatives in Australia and elsewhere (eg. UK) to address social exclusion and promote a truly inclusive society (Hayes, Gray and Edwards, 2008).

These initiatives include the establishment of a Social Exclusion Task Force in the UK (http://www.cabinetoffice.gov.uk/social_exclusion_task_force), and its counterparts in Australia, the Australian Social Inclusion Board (www.socialinclusion.gov.au) and the South Australian Social Inclusion Initiative (<http://www.socialinclusion.sa.gov.au>). The focus of the UK Task Force has been on the 2% of families which it sees as being most at risk (Buchanan, 2007; Social Exclusion Task Force, 2007, 2008). Similarly one of the first priorities of the Australian Social Inclusion Board (which was only established last year) has been to identify the actions or services that it sees as necessary to address the needs of children at greatest risk of long-term disadvantage (Australian Social Inclusion Board, 2008; Vinson, 2009b).

According to Daly (2006), a risk of social exclusion arises when children suffer from multiple disadvantages that make it difficult for them to actively participate in society. Children in jobless households, sole parent families and members of minority groups face the greatest risk of living in poverty, and therefore being socially excluded.

Freiler and Zarnke (2002) argue that social inclusion is not, however, just a response to exclusion. It is about making sure that all children and adults are able to participate as valued, respected and contributing members of society. Social inclusion reflects a proactive, human development approach to social well-being that calls for more than the removal of barriers or risks, but requires investments and action to bring about the conditions for inclusion. Thus, social inclusion extends beyond bringing the 'outsiders' in; instead it is about closing physical, social and economic distances separating people, rather than only about eliminating boundaries or barriers between *us* and *them* (Freiler and Zarnke, 2002).

These qualities are captured in the following definition of inclusive services (Carbone, Fraser, Ramburuth and Nelms, 2004):

Inclusive services are easy to reach and use, and work to assist all-comers. They acknowledge people's shared humanity, celebrate diversity and promote acceptance, belonging and participation. Inclusive services also recognize people's different needs and the inequalities in people's level of power and their control over resources, and attempt to counteract these inequalities. In their ideal form, therefore, inclusive services not only ensure they engage all people within their programs, but act as agents for social change, working to overcome deprivation and disadvantage (at times through positive discrimination strategies) to promote social inclusion.

Despite their prosperity, developed nations have difficulty providing such services. For example, Hertzman (2002) maintains that Canadian society systematically denies identifiable groups of children the opportunity for healthy development by letting socioeconomic circumstances govern children's access to environments that support early child development.

One of the key environments that all children need access to are early childhood education and care programs. Friendly and Lero (2002) suggest that, under the right conditions, such programs can make a significant contribution to social inclusion by supporting children's development, family well-being, community cohesion and equity.

In Victoria, the four year old kindergarten program has policies in place to ensure inclusion of certain disadvantaged groups. Additional subsidies are available for families most at risk, thereby making four year old kindergarten effectively free for some vulnerable families, including those holding health care cards, children involved in the child protection system, and children of Aboriginal and Torres Islander background.

2.2 Changing ideas about disadvantaged and vulnerable populations

Among those who are the focus of social inclusion initiatives are families who make limited use of available services, sometimes referred to as 'hard to reach' families. Increasingly, the validity of this term has been challenged (eg. Brackertz and Meredyth, 2008). One problem with the term is the lack of clarity about exactly who or what it refers to. The term is employed inconsistently, sometimes referring to minority groups (such as the homeless) or to 'hidden populations' (those who do not wish to be found or contacted, such as illicit drug users or gang members). In the service context, 'hard to reach' often refers to the 'underserved', those slipping through the net, who are not known to services or do not wish to use services.

Another problem with the term 'hard to reach' is that it implies that the problem exists in the 'hard to reach' themselves, rather than in the services provided for them. There is a growing consensus that, rather than thinking about certain sections of the community as being hard to reach, it is more useful to think of them as being people whom services find difficult to engage and retain in their services. As Slee (2006) argues,

In order to achieve improved outcomes for families at risk, a paradigm shift is required, so that unequal outcomes are seen as social injustices, rather than as products of individual dysfunction or deficit.

This new perspective shifts the burden of responsibility from being totally that of those who do not make use of the services available to those who provide the services. Instead of marginalised families being seen as at fault for failing to make full use of the early childhood services that are available, the services themselves might be held to account for failing to reach out to and engage such families effectively. Adopting this perspective is challenging for all parties involved: those seeking to involve marginalised families need to overcome their own prejudices about the people they wish to contact, while at the same time having to work to address the prejudices and preconceptions (often misconceptions) of the families themselves (Brackertz, 2007). An alternative way of framing the 'disinterest' or 'lack of motivation' often attributed to marginalised groups is to emphasise differences rather than deficits, that is, to act on the assumption that when people are motivated to acquire information and that information is functional in their lives, they will make use of it (Brackertz, 2007).

2.3 Changing ideas about cultural and ethnic diversity

Another area that has been reconceptualised is the issue of cultural and ethnic diversity. Over the past few decades, Western societies (including Australia) have become progressively more diverse – in the composition and size of families, in the cultural and ethnic backgrounds of families – and the circumstances in which families are raising young children have become increasingly complex (Moore, 2008a). This increasing diversity has challenged old certainties about parenting and child development, as well as traditional early childhood practices.

The models of child development upon which much early childhood practice are based have needed to be modified to take account of the cultural influences on children's development (Huang and Isaacs, 2007; Rogoff, 2003). There is now clear evidence that universal assumptions about development do not equally explain all processes and pathways of development for all populations (García Coll and Magnuson, 2000).

In addition, there has been a growing awareness of the way that culture shapes our perceptions of what child qualities and behaviors are of value and should be encouraged, and defines what is 'disabled, delayed, and non-normative in contrast to what is abled, advanced, and normative' (García Coll and Magnuson, 2000). As Gonzalez-Mena (2004) notes, everyone has their own cultural framework, although many people of the dominant culture in any country may be unaware that they even have a culture. They may think their way of doing things is just normal or regular. Gonzalez-Mena argues that, in today's more diverse world, early childhood practitioners need to expand their definitions of what is normal to include a greater variety of people, ideas, and behaviours. She advocates the idea of *cultural pluralism* as a goal for society:

Cultural pluralism is the notion that groups and individuals should be allowed, even encouraged, to hold on to what gives them their unique identities while maintaining their membership in the larger social framework. Mutual respect is the goal, though it isn't easy because, at least in the human development / education fields, we've been taught a deficit model where intellectual, family, and mental health practices that differ from the mainstream, middle-class norm are not viewed as cultural differences but as defects or inadequacies. Similarly viewed were behaviours that are competent and adaptive responses to a history of bias and misunderstanding in a society that has always had first- and second-class citizens.

Similarly, Goodnow (1999) argues that '... a truly multicultural or 'pluralist' society is one where people from different cultural groups can negotiate, maintain or change lifestyles from positions of equal power, visibility and respect' (p. 50). Goodnow considers that Australia has not reached that ideal state, although it is moving towards it.

2.4 Changing ideas about ability / disability

There has also been what amounts to a paradigm shift in the way that we conceptualise disability (Odom, Horner, Snell and Blacher, 2007; Turnbull and Turnbull, 2003; World Health Organisation, 2001, 2002).

The World Health Organisation (2002) describes two major conceptual models of disability:

- The *medical model* which views disability as a feature of the person, directly caused by disease, trauma or other health condition, which requires treatment or intervention, to 'correct' the problem with the individual.

This model represents the deficit view that has historically framed 'disability' (Turnbull & Turnbull, 2003).

- The *social model* of disability, which sees disability as a socially created problem rather than an attribute of an individual. In this model the problem is the unaccommodating physical environment brought about by attitudes and other features of the social environment.

This model represents the contemporary view of disability that has replaced the medical model (Turnbull & Turnbull, 2003; World Health Organisation, 2001, 2002).

In recognition that neither of these models is adequate on their own the WHO International Classification of Functioning, Disability and Health (2002) distinguishes between impairment, activity and participation. **Impairments** refer to the actual body functions and structure within the child, **activity** to the impact of the impairment on the child's ability to do certain activities, and **participation** on the child's ability to participate as they would like within family and community settings. By taking into account the social aspects of disability and the impact of the environment on a person's functioning, this re-frames the notions of 'health' and 'disability – recognising that every human being can experience a decrease in health or functioning and thereby experience some degree of disability. Thus, disability is a universal human experience.

Considering disability as a universal experience is consistent with the growing understanding of the attributes those with and without disabilities share, and the lack of a clear dividing line between the two groups. In discussing diagnoses of psychopathologies, Pennington (2002) makes some observations that are equally relevant to diagnoses of children with disabilities;

For some mental health practitioners, diagnoses are aversive because they do not capture the individuality of the patient's problems. Robin Morris (1984) has said, "Every child is like all other children, like some other children, and like no other children"; that is, some characteristics are species-typical, others are typical of groups within the species, and still others are unique to individuals. It is important for diagnosticians and therapists to have a good handle on which characteristics fall into which category.

Further, there is a developing understanding that many, if not all disabilities, are points randomly placed on a continuum of normality. This is obviously true of intellectual disabilities as measured or defined by IQ scores, but it is also true of other conditions such as autism. For instance, Skuse, Mandy, Steer, Miller, Goodman, Lawrence, Emond and Golding (2009) have shown that the social and communication disorders characteristic of autism are continuously distributed in the general population, although

boys have mean scores 30% higher than girls. This shows that many children have mild autistic 'symptoms' without ever having enough problems to attract specialist attention.

These developments in thinking require appropriate levels of support to be provided to enhance the lives of people with disabilities, rather than requiring them to develop certain skills and behaviours in order to participate inclusively in relationships and community settings (Turnbull & Turnbull, 2003). The 'equal opportunities' model reflects these developments, aiming to give everyone, irrespective of differences, equal opportunity to succeed within society as it exists; as well as removing the barriers that exist in policy and practice which prevent children from participating in early childhood programs (MacNaughton, 2006).

2.5 Common features of the changing context

Our conceptualisations of inclusion and diversity are continuing to evolve. Currently, we appear to be transitioning from one set of ideas about difference, disability and exclusion to an emerging set of ideas about diversity, capability and inclusion. As a result, there is a spread of opinion regarding the rationale, definition, and practice of inclusion, both within the early childhood service sector, and the wider community. However there are common features of the evolving ideas about inclusion and diversity:

- It is evident that there is considerable commonality in the evolving ideas emerging from discussions of social inclusion, disability, and diversity.
- This confluence of ideas reflects a gradual 'sea change' in societal thinking about difference and diversity, inclusion and exclusion.
- There is no single factor or movement driving this change – it is an emerging set of ideas that represents a shared response to changing community and global conditions.

The concept of inclusion in contemporary early childhood education requires:

- Moving away from 'blaming the victim' (holding the person responsible for the problem) to recognising that the system is the problem (or part of the problem)
- Moving away from deficit models to strength-based approaches
- Moving away from a predominantly treatment-based service system to one based on a whole-of-population prevention approach
- Moving away from a 'top-down' specialist-driven system to one based on partnerships and mutual respect
- Moving away from a service system targeted at 'at-risk' groups to a response-based system

- Moving away from a system of separate services to an integrated system – recognising that the responsibility for outcomes for those who have difficulty participating fully is a shared one
- Moving away from a reliance on specialist services to meet most or all of the needs of children with additional needs, to strengthening the universal service system's capacity to be fully inclusive and cater for all children
- Moving away from the perception of differences as absolute rather than relative, to a recognition that that every child is like all other children in some respects, like some other children in other respects, and like no other children in yet more respects.

The next section of this paper explores the criteria for effective universally inclusive programs given the paradigm shift described.

3 EFFECTIVE UNIVERSALLY INCLUSIVE PROGRAMS

Within the early childhood sector, approaches to inclusion vary according to underlying assumptions about the nature and purposes of early childhood services:

- If early childhood services are seen as providing care and education for children within the 'normal' range, then catering for children outside that range (ie. children with additional or special needs) becomes a matter of adding resources specifically to meet their needs.
- If early childhood services are seen as providing care and education programs for *all* children, regardless of their abilities, backgrounds and needs, then the aim of the program is to provide flexible and universally applicable programs that are designed 'from the ground up' to be inclusive.

In practice, services fall somewhere on a continuum between these two models, with the majority focused on adding resources to meet the needs of children outside the 'normal' range. However, given the shift in ideas about inclusion, the weaknesses of this model are becoming increasingly evident, and a new alternative service paradigm is emerging.

One of the problems with the 'additive' model is the flawed assumption that there is a core group of learners that is mostly homogeneous, outside of which other learners fall (Hitchcock, Meyer, Rose and Jackson, 2002; Rose, Meyer, Strangman and Rappolt, 2002). Moreover, the efforts that then have to be made to accommodate children with diverse learning needs are costly, time-consuming, and only modestly effective. These drawbacks stem from the mistaken view that students with diverse learning needs are 'the problem' when in fact barriers in the curriculum itself are the root of the difficulty (Rose and Wasson, 2008). As discussed above, all learners are unique, and there is as much variation within 'normal' groups as within other different groupings.

Another problem with this model relates to its dependence upon a separate set of specialist services (eg. early childhood intervention services) catering for children with additional needs. As Moore (2008b) has argued, there is a growing realisation that the strategy of differentiating early childhood intervention services as a separate system to mainstream services is making it harder to achieve the outcomes we now consider to be desirable.

One of the main problems is that early childhood intervention services can be difficult to get into and equally difficult to get out of. Getting into the early childhood intervention system can be problematic because of the eligibility requirements – some children have to wait until they get 'worse' relative to normally developing children before they meet the specified eligibility criteria, while for others there can be a protracted period in limbo while they search for a diagnosis that will make them eligible. Once in the system, it can be difficult to be accepted back into the mainstream service system: there is still a residual assumption among mainstream service providers that only specialists can meet

the needs of children with developmental disabilities, and this assumption acts as a barrier to services becoming truly inclusive. (Moore, 2008b)

As a result, the current system has difficulty providing children and parents with opportunities to participate in typical community programs and activities, although this is now recognised as one of the central principles of effective early childhood intervention (Bailey, McWilliam, Buysse and Wesley, 1998; Guralnick, 2008; Moore, 2008b).

Children learn best when provided with multiple opportunities to practice developmentally appropriate and functional skills in real life settings. The key to promoting the acquisition of such skills by children with developmental disabilities lies in what happens to children in the times and settings when the specialist early childhood intervention staff are *not* there, i.e. in their family, community and early childhood service settings. (Moore, 2008b)

The peak bodies in the early childhood field are strongly supportive of inclusive practices and in statements on inclusion, minimal distinction is made between 'abled' and 'disabled', reflecting the focus on providing flexible and universally applicable programs. For instance, Early Childhood Australia's Position Statement on inclusion (ECA, 2005) is as follows:

- All children have the right to access and participate in early childhood programs and services.
- Diversity is valued and acknowledged in all early childhood programs and services.
- Early childhood professionals work as partners with families, and in collaboration with other agencies, in providing a program that responds to the individual strengths and needs of all children and respects families priorities and concerns.
- Staff promote the empowerment of families/caregivers as decision-makers about their children's development and wellbeing.
- The early childhood program is inclusive of all children's abilities and interests, seeking to enhance children's development and wellbeing.
- All staff take equal responsibility for the care and learning of all children.
- Staff access specialised advice and appropriate training in developing and implementing inclusive programs, building on existing strengths and accessing additional resources where required.
- Additional staff support a whole-team approach to meeting the needs of all children.
- The environment maximises children's participation, minimises risk and provides a safe physical and emotional environment.

- Planning for successful transition to other programs and services occurs with the child's family and other agencies to support the child's wellbeing and continuity in learning and development.

In the US, the Division of Early Childhood and the National Association for the Education of Young Children (2008) are developing a joint position statement on early childhood inclusion. This includes the following draft definition of early childhood inclusion:

Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential.

There is no shortage of evidence that inclusion of children with additional needs in mainstream early childhood services is an effective strategy, these understandings provide a useful framework for services to consider inclusion. The principles of this framework are summarised as follows:

- ***Children in inclusive programs generally do at least as well as children in specialized programs.*** Inclusion can benefit children with and without disabilities, particularly with respect to their social development (Guralnick, 2001; National Professional Development Center on Inclusion, 2007)
- ***Children with additional needs are active participants in all of the activities of the early childhood education and care environment*** (Bruder, 2001). Children's special needs for care are accommodated within the daily routines that are experienced by all children, and play and learning activities are organised to encourage full participation, regardless of ability or developmental level.
- ***Appropriate curriculum adaptations and specialised instruction are provided according to need*** (Odom, Schwartz and ECRII Investigators, 2002; Meijer, 2001; National Professional Development Center on Inclusion, 2007; Schwartz, Sandall, Odom, Horn and Beckman, 2002). Participation in a community-based or general education setting is not enough - the individual needs of children must be addressed in inclusive programs.
- ***Collaboration among parents, teachers, and specialists is a cornerstone of high quality inclusion*** (Brennan, Bradley, Ama and Cawood, 2003; Odom, Schwartz and ECRII Investigators, 2002; Meijer, 2001; National Professional Development Center on Inclusion, 2007; Schwartz, Sandall, Odom, Horn and Beckman, 2002). The key to skill acquisition is what happens in the times when specialists are not there because Children learn best when provided with multiple opportunities to practice developmentally appropriate and functional skills in real life settings.

- ***Programs, not children, have to be “ready for inclusion”*** (Odom, Schwartz and ECR II Investigators, 2002). The most successful inclusive programs view inclusion as the starting point for all children. Inclusion can be appropriate for all children; making it work successfully depends on planning, training, and support.
- ***Adequate support is necessary to make inclusive environments work*** (Odom, Schwartz and ECR II Investigators, 2002; Schwartz, Sandall, Odom, Horn and Beckman, 2002). Support includes training, personnel, materials, planning time, and ongoing consultation.
- ***High-quality early childhood programs form the necessary structural base for high-quality inclusive programs*** (Buysse, West and Hollingsworth, 2009; Odom, Schwartz and ECR II Investigators, 2002; Schwartz, Sandall, Odom, Horn and Beckman, 2002). This means that all children benefit from high quality inclusive programs.
- ***The quality of staff is a significant contributor to effective inclusion programs*** (Bruder, 2001; Buysse, West and Hollingsworth, 2009). Staff training and ongoing support are needed to ensure early childhood staff have the necessary skills and confidence.
- ***Beliefs about inclusion influence its implementation*** (Janko, Schwartz, Sandall, Anderson and Cottam, 1997; Odom, Schwartz and ECR II Investigators, 2002). Beliefs about human diversity – culture, race, language, class, ability – influence how inclusion is implemented in early childhood services and communities.
- ***Cultural competence is critical*** (Brennan, Bradley, Ama and Cawood, 2003). Staff seek to develop a greater awareness of the ways in which the cultural backgrounds of families affected their daily work, and to become more competent in respecting and dealing with children from different cultures.
- ***Inclusion is about belonging and participating in a diverse society*** (Odom, Schwartz and ECR II Investigators, 2002). Inclusion is not just an issue for early childhood services – it extends to the communities in which children and their families live.

3.1 Best Practices for universally inclusive early childhood services

Any discussion of best practices in early childhood services needs to take account of the changing ideas and assumptions about the nature and purposes of early childhood services. As argued above, much current service provision is based upon an ‘additive’ model of inclusion, in which the core services are directed at children within the ‘normal’ range, and special provision is made for those outside that range. Within this model, best practice involves delivering high quality early childhood education and care programs for children who are learning and developing ‘normally’, and then making high quality adaptations or special provisions for children with additional needs. ***Most of the resources identified in the audit conducted as part of the current project are of this type, that is, they are based on an assumption that there is a mainstream***

curriculum that needs to be adapted or supplemented to cater for individual children with exceptional vulnerabilities or learning needs.

However, there is an alternative set of ideas and assumptions about the nature and purposes of early childhood services that is emerging. This sees early childhood education and care programs as providing care and education programs for *all* children, regardless of their abilities, backgrounds and needs. Within this inclusive curriculum model, the aim is to identify the learning and developmental needs of *all* children, and make appropriate provision to meet them. In this model, *all* children are understood to have special (ie. individual) needs, although meeting those needs will take dramatically different forms and involve greater effort in some instances.

In the light of this discussion, the best practices discussed below focus on the emerging service paradigm of a fully inclusive curriculum. Three themes are explored:

- Strengthening universal early childhood services
- Building a tiered system of universal, secondary and tertiary services
- Using progressive or hierarchical intervening processes

3.1.1 Strengthening universal early childhood services

As noted above, the successful inclusion of children with vulnerabilities or additional needs depends upon the provision of a high-quality mainstream early childhood education and care programs.

What do we know about high quality early childhood education and care programs? There is a large body of literature on what constitutes best practice in such programs (eg. Epstein, 2007; Gonzalez-Mena, 2007; Gonzalez-Mena and Eyer, 2007; MacNaughton, 2003) as well as a number of well-regarded curriculum frameworks, such as the NSW Curriculum Framework for Children's Services – *The Practice of Relationships* (NSW Department of Community Services, 2005), and *Te Whāriki: The New Zealand Early Childhood Curriculum* (Ministry of Education, 1996; May and Carr, 2000).

A recent synthesis of the ***key interpersonal features of effective early childhood services*** (Moore, 2008d) identified the following features:

- Responsive and caring adult-child relationships are critical for effective service delivery
- Parents and families are recognized as having the primary role in rearing children and are actively engaged by early childhood services
- An individualised and developmentally appropriate approach is used
- Early childhood staff build upon children's interests, previous learning experiences and strengths
- Staff observe and monitor children's performance to ensure the provision of challenging yet achievable experiences

- Staff model appropriate language, values and practices
- A play-based approach is used
- Children are active and engaged
- Staff are also active and engaged and use intentional teaching strategies
- Adults and children engage in a process of cognitive ‘co-construction’
- There is a balance of child-initiated and teacher-directed approaches
- The social setting is organised in ways that support learning
- There is a balance between a cognitive / academic focus and a social / emotional focus
- Respect for diversity, equity and inclusion are prerequisites for optimal development and learning
- The physical setting is organised in ways that promote learning
- Daily routines are used to strengthen bonds and support learning

Besides the interpersonal features just listed, there are several **structural features of effective early childhood services**. There is a strong association between the ability of staff to create a sound early learning environment and the key structural features of group size (number of children in a class), staff-child ratio, and caregiver qualifications (years of education, child-related training, and years of experience)(CCCH, 2006; Cleveland, Corter, Pelletier, Colley, Bertrand and Jamieson, 2006; Early Childhood Learning Knowledge Centre, 2006). Smaller group sizes and favourable staff-child ratios allow each child to receive individual attention and foster strong relationships with caregivers (Early Childhood Learning Knowledge Centre, 2006; Graves, 2006; Melhuish, 2003; Work and Family Policy Roundtable, 2006). (It should be noted that these structural features are important not because they lead directly to high quality programs, but because they provide the conditions under which high quality programming can occur - that is, they make it more likely that the interactions between adults and children in the program will be characterised by the key interpersonal features listed above.)

While these features of best practice are well understood, they are not necessarily uniformly applied in practice. For effective inclusion to become a reality, it is essential that the overall quality of early childhood education and care programs be raised – which means efforts to improve both the interpersonal and structural features of high quality programs identified above.

Moreover, as the implications of the social changes outlined earlier work their way through to the early childhood sector, there is a growing emphasis on the importance of programs being fully inclusive and able to cater for all children. For instance, the *Infant / Toddler Learning and Development: Program Guidelines* developed by WestEd for the California Department of Education (2006) describe program policies and day-to-day practices that will improve program services to *all* infants and toddlers. (The document specifically notes that, whenever infants, toddlers, or children are mentioned, the intention is to refer to all children.)

Ways of strengthening the capacity of universal early childhood education services to meet the needs of *all* young children and families are now being developed. One of these is to base programs on the principles of **universal design**. (The account that follows is taken from Moore, 2008b). In its original form, universal design is an approach to the design of all products and environments to be as usable as possible by as many people as possible regardless of age, ability, or situation. Originally developed by designers, architects and engineers at the Centre for Universal Design at North Carolina State University (<http://www.design.ncsu.edu/cud/>) to provide guidance in the design of environments and products, it has since been applied to educational and other settings (Blagojevic, Twomey and Labas, 2002; Hitchcock, Meyer, Rose and Jackson, 2002; Reidman, 2002; Rose, Meyer, Strangman and Rappolt, 2002).

The Council for Exceptional Children (1999) outlines what this involves:

In terms of learning, universal design means the design of instructional materials and activities that make the learning goals achievable by individuals with wide differences in their abilities to see, hear, speak, move, read, write, understand English, attend, organize, engage, and remember. Universal design for learning is achieved by means of flexible curricular materials and activities that provide alternatives for students with differing abilities. A universally-designed curriculum offers multiple means of representation to give learners various ways of acquiring information and knowledge, multiple means of action and expression to provide learners alternatives for demonstrating what they know, and multiple means of engagement to tap into learners' interests, challenge them appropriately, and motivate them to learn. These alternatives are built into the instructional design and operating systems of educational materials – they are not added on after-the-fact.

Guidelines for applying universal design for learning principles in educational settings have been developed (Rose and Wasson, 2008). In their introduction to these guidelines, Rose and Wasson make the following points:

The usual process for making existing curricula more accessible is adaptation of curricula—and especially instructional materials and methods—so that they are more accessible to students. Often, teachers themselves are forced to make heroic attempts to adapt curricular elements that were not designed to meet the learning needs of diverse students. The term "universal design" is often mistakenly applied to such after-the-fact adaptations.

However, Universal Design for Learning refers to a process by which a curriculum (i.e., goals, methods, materials, and assessments) is intentionally and systematically designed from the beginning to address individual differences. With curricula that are universally designed, much of the difficulties of subsequent "retrofitting" and adaptation can be reduced or eliminated – and a better learning environment for all students can be implemented.

The universal design for learning approach is guided by three key principles (Conn-Powers, Cross, Traub and Hutter-Pishgahi, 2006; Lieber, Horn, Palmer and Fleming, 2008; Rose and Wason, 2008):

- *Multiple means of representation.* This principle ensures that instruction, questions, expectations, and learning opportunities are provided in various formats and at different levels of complexity, addressing a range of ability levels and needs.
- *Multiple means of engagement.* This principle ensures various opportunities are presented for arousing children's attention, curiosity, and motivation, addressing a wide range of interests, preferences, and personal learning styles. Engagement is then maintained by providing various levels of scaffolding, repetition, and appropriate challenges to ensure successful learning.
- *Multiple means of expression.* This principle ensures children have a variety of formats for responding; demonstrating what they know; and for expressing ideas, feelings, and preferences. In addition, children have options in their use of materials, addressing individual strengths, preferences, and abilities.

Conn-Powers, Cross, Traub and Hutter-Pishgahi (2006) suggest that the goal should be to design early education programs that meet the needs of all learners within a common setting rather than relying solely upon specialised programs and settings. Early childhood services should plan learning environments and activities that cater for a diverse population – that is, universally designed settings in which *all* children and their families can participate and learn.

The implications of this concept of universal design for early childhood services are beginning to be explored (Darragh, 2007; Lieber, Horn, Palmer and Fleming, 2008), and both guidelines (Conn-Powers, Cross, Traub and Hutter-Pishgahi, 2006) and curriculum statements (Lieber, Horn, Palmer and Fleming, 2008) are being developed.

While these features of best practice are well understood, they are not necessarily uniformly applied in practice. For effective inclusion to become a reality, it is essential that the overall quality of early childhood education and care programs be raised – which means efforts to improve both the interpersonal and structural features of high quality programs identified above.

3.1.2 Building a tiered system of universal, secondary and tertiary services

Designing services that support universal inclusion requires a better coordinated and more easily accessible system of services for young children and their families. A recent review of the evidence regarding the service system (CCCH, 2006; Moore, 2008c) detailed forms of action including a shift from treatment and targeted services to a universal prevention approach incorporating the development of an integrated tiered system of universal, targeted and specialist services.

The service system needs to shift from targeted and treatment approaches to a universal prevention approach to service provision (CCCH, 2006; Moore, 2008c;

Drielsma, 2005; O'Donnell, Scott and Stanley, 2008; Perry, Kaufmann and Knitzer, 2007). In the existing system, targeted and treatment services are mostly located separately from universal services; there are referral 'bottlenecks' that result in delays in help being provided; and the communication between services tends to be one way. Services have difficulties meeting the needs of all children and families effectively because they are too dependent upon scarce specialist services. Inevitably, there are delays in children with additional needs receiving the specialist support they need, and many children end up getting little or no help at all.

The answer is not simply to increase funding for targeted and treatment services (such as early childhood intervention services) in their current forms. First, given the range of services that would need additional funding (which includes health, mental health, disability, special education, family support, parenting, and child protection services), the cost would be prohibitive. Second, the evidence would suggest that the targeted approach is not the most efficient and effective way of meeting the needs of all children and families, or even those of the most vulnerable children and families for whom they are intended (CCCH, 2006). As discussed above children fare best when provided with real life opportunities to practice developmentally appropriate and functional skills.

There is a significant amount of literature available that argues for a universal service approach to a range of community services including child protection, preschool and disability services. For instance, Sanders, Cann and Markie-Dadds (2003) argue that, to reduce the prevalence of child maltreatment, we need to adopt a population-level approach, creating community-wide support structures to support positive parenting. Blair and Stanley (2002) argue that the evidence regarding effective prevention strategies for disabilities or other conditions suggests that 'simple, low-cost, universal measures implemented early in the pathway may be more effective, but less visible, means of prevention than relatively expensive medical interventions selectively implemented late in the causal path' (p. 184). On the basis of the cumulative research evidence, Robson, Silburn and the Aboriginal Suicide Prevention Steering Committee, Western Australia (2002) suggest that interventions are most effective when they are 'preventive, comprehensive and integrated across communities and across the life-span' (p. 5).

The argument for the adoption of a universal prevention approach to service delivery has been most clearly stated by Richardson and Prior (2005):

'Targeted policies and services to meet the special needs of children with chronic problems, or who face difficult circumstances, will always be required. However, such services will continue to consume an ever increasing proportion of public expenditure on social and other human services unless there is a substantial repositioning of policy from its current focus on remedial and treatment services towards increased investment in universal prevention for all children – particularly in the early years. Without such investment, we are likely to see a continuation of the present trends of increasing inequality and localised concentration of an adverse outcomes for children and youth, including vulnerability to emotional and behavioural problems, substance use and abuse, alienation from school, and

disengagement from or rejection of civic and social values and hopes for the future.' (p. 318)

In supporting young children and their families, we need to use the available resources in ways that are both effective (that achieve the outcomes we are seeking) and efficient (that do so with least amount of effort and cost). Among other things, this involves knowing what combination and balance of universal, targeted and treatment services is needed (Centre for Community Child Health, 2006). The current system of services is having difficulty coping with the overall demand, with many specialist services having waiting lists. As a result, there are many children not receiving the additional help they need (Sawyer, Arney, Baghurst, Clark, Graetz, Kosky, Nurcombe, Patton, Prior, Raphael, Rey, Whaites and Zubrick, 2000; Sayal, 2006). It is often those with the greatest need that are least likely to be able to access available services (Fonagy, 1996; 2001; Offord, 1987; Watson, White, Taplin and Huntsman, 2005).

To overcome the difficulties discussed, the existing service system of universal, targeted and treatment services needs to be reconfigured as an integrated and tiered system of secondary and tertiary services, built upon a strong base of universal and primary services (CCCH, 2006; Gallagher, Clifford and Maxwell, 2004). (The following account of tiered systems is taken from Moore, 2008b).

Secondary and tertiary services are similar to targeted and treatment services in that they provide direct services to children and families with problems and conditions that are either mild or moderate (secondary services) or chronic, complex and severe (tertiary services). The three service tiers not only serve children and families with different levels of need, but also perform different functions. In the context of mental health services, Kaufman and Hepburn (2007) describe these different functions in the following terms:

- *Promotion and universal services and supports.* Health promotion activities such as educational campaigns and advertising activities are directed at all children and their families and include approaches aimed at improving parenting knowledge and skills, child development, and social-emotional health. The majority of children and families will require only these forms of universal intervention.
- *Prevention and indicated services and supports.* Preventive measures are aimed at specific populations who are considered to be at risk because of biological or environmental factors. Preventive services are available before there are diagnosable symptoms. These interventions can be integrated into environments that serve children and families at risk. About 10 to 15% of the population might need these services.
- *Intervention and targeted services and supports.* Intervention services and supports for children who have a significant delay or disability in psychosocial development essential to help them achieve their full potential and improve the quality of their relationships. Only 5 to 10% of the population will need these additional indicated mental health services.

Kaufmann and Hepburn note that there is a need for both services and supports. *Services*, or formal intervention strategies, tend to be provided by licensed personnel, to be more clinical in focus, be evidence-based, and be evaluated for efficacy. *Supports* can be less formal; may be provided by families, volunteers, paraprofessionals or unlicensed personnel; and maybe more informational, educational, or supportive in nature, with particular sensitivity to the cultural and linguistic backgrounds of the families.

There have been numerous descriptions of tiered service systems, usually involving three or four levels (eg. Gascoigne, 2006; O'Donnell, Scott and Stanley, 2008; Zeanah, Nagle, Stafford, Rice and Farrer, 2004). Although there are some variations between these models, they share common features:

- All are based on the notion of a strong universal service level with a focus on promoting positive health and development
- All seek to address the needs of the majority of children within this universal service level
- All involve an expanded role for specialist services

The integrated tiered system differs in approach from the current system in a number of important ways:

- It has the capacity to respond to emerging problems and conditions, rather than waiting until problems become so entrenched and severe that they are finally eligible for service;
- It focuses on targeting problems as they emerge through the secondary and tertiary layers, rather than people as risk categories, thus avoiding unnecessary stigmatising;
- It aims to drive expertise down to universal and secondary services, facilitating collaboration and strengthening their capacity to deliver prevention and early intervention strategies; and
- It would have outreach bases co-located with universal services to facilitate collaboration and consultant support.

Feinstein, Duckworth and Sabates (2008) call this combination of strong universal services and tiered secondary and tertiary services ***progressive universalism***. This approach aims to provide support and intervention on a needs basis within a system that recognises the entitlement of all children and families to such support. An important objective is to identify those with greatest need at the earliest possible opportunity and to provide appropriate support.

In practice, the development of universal prevention-focused services entails joined up services with highly trained staff members reaching out to the community to engage with young children and their families. These services need to be able to identify and

address issues with family functioning and/or child development. The development of Victorian and Australian government policy and funding with respect to integrated hub-based services is consistent with a universal prevention-focused approach.

3.1.3 Using progressive or hierarchical intervening processes

The first strategy described earlier looked at ways of strengthening universal programs, but there was little detail given of how children's individual learning needs might be addressed. The second strategy outlined an expanded role for specialist services in supporting mainstream early childhood service practitioners, but little detail of how the specialists might perform this role was given. The present section describes strategies that simultaneously provide ways of individualising programs to meet children's particular developmental and learning needs, and involve specialist practitioners in supporting mainstream services.

These strategies take the form of ***progressive or hierarchical intervening processes***, whereby the individual needs of children are met through a series of progressively more structured interventions. (The description of these strategies is based on Moore, 2008b).

There are three progressive intervening processes described. These are drawn principally from work with children who have developmental disabilities or delays, but the principles are readily applicable to other groups with particular vulnerabilities or learning needs. The three strategies are as follows:

- A 'building blocks' model to promote the inclusion of young children with disabilities in early childhood programs (Sandall and Schwartz, 2002)
- A 'teaching pyramid' model to promote social emotional development and prevent the development of challenging behaviour (Fox, Dunlap, Hemmeter, Joseph and Strain, 2003; Hemmeter, Ostrosky and Fox, 2006) and similarly the 'hierarchical intervention' systems for promoting positive peer relationships in young children with disabilities (Brown, Odom and Conroy, 2001)
- The 'response to intervention' strategies developed for school-age children (Barnett, Elliott, Wolsing, Bunger, Haski, McKissick and Vander Meer, 2006; Bender and Shores, 2007; Fuchs and Fuchs, 2005; Fuchs, Mock, Morgan and Young, 2003; Jimerson, Burns and VanDerHeyden, 2007) and their early childhood counterpart, the 'recognition and response' model (Coleman, Buysse and Neitzel, 2006; FPG Child Development Institute, 2008).

The common features of the progressive intervening strategies are that they:

- Are based on the provision of strong universal services with a prevention and promotion focus
- Seek to meet as many of the needs of as many children as possible within mainstream settings

- Seek to respond to emerging problems, and to have well-developed surveillance and monitoring procedures
- Use a systematic approach to providing interventions of increasing intensity

The **building blocks** model (Sandall and Schwartz, 2002), has four key components. The foundation – a high-quality early childhood program – is important for all children. The remaining three components may be appropriate for some children for some of their learning objectives. The intensity and specificity of each successive component increases. The four building blocks are:

- *High-quality early childhood programs.* A high-quality program is a necessary but not sufficient condition for meeting the unique needs of children with disabilities or other additional needs.
- *Curriculum modifications and adaptations.* Changes may be needed to activities, routines and learning areas in order to include children with disabilities and other additional needs in the classroom and to enhance their participation.
- *Embedded learning opportunities.* Children’s learning of particular skills can be enhanced by embedding or integrating planned opportunities to use these skills within the usual classroom activities and routines.
- *Explicit child-focused instructional strategies.* Some children will need more explicit instruction in order to learn particular skills.

The **teaching pyramid** approach (Fox, Dunlap, Hemmeter, Joseph and Strain, 2003; Hemmeter, Ostrosky and Fox, 2006) has been developed specifically to promote social emotional development, provide support to children's appropriate behaviour, and prevent challenging behaviour. It involves four levels of support and interventions (noted in ascending order):

- *Positive relationships with children, families, and colleagues.* The foundation of an effective early education program must be positive, supportive relationships between teachers and every child, as well as with families and other professionals.
- *Classroom preventive practices.* The classroom environment (including adult child interactions and the structure of activities) affects children's behaviour. Changes in the environment can support the development and use of appropriate behaviour in the children. This involves a combination of giving children positive attention for their prosocial behaviour, teaching them about routines and expectations, and making changes to the physical environment, schedule, and materials. These preventive practices will encourage children's engagement in daily activities, and prevent or decrease the likelihood of challenging behaviour.
- *Social and emotional teaching strategies.* Some children need explicit instruction to ensure that they develop competence in emotional literacy, impulse control, interpersonal problem-solving, and friendship skills.

- *Intensive individualised interventions.* A few children are likely to continue to display challenging behaviour and will need planned intensive individualised interventions in the form of Positive Behaviour Support (Carr, Dunlap, Horner, Koegel, Turnbull, Sailor, Anderson, Albin, Koegel and Fox, 2002; Crimmins, Farrell, Smith and Bailey, 2007; and Koegel, Koegel and Dunlap, 1996).

When the three lower levels of the pyramid are in place, only about 4% of the children in a classroom or program will require more intensive support. The key implication here is that most solutions to challenging behaviours are likely to be found by examining adult behaviour and overall learning environment practice, not by singling out individual children for specialised intervention.

Another hierarchical intervention approach has been developed by Brown, Odom and Conroy (2001) to help interventionists in deciding how to promote the peer interactions of young children with peer-related social competence difficulties in natural environments. Like the two previous hierarchical approaches, this model makes developmentally appropriate and inclusive early childhood programs the foundation for improved peer interactions.

The third example of hierarchical intervening approaches is the **response to intervention** (or response to instruction) set of strategies developed for identifying and meeting the learning and behavioural needs of children in schools (Bender and Shores, 2007; Fuchs and Fuchs, 2005; Fuchs, Mock, Morgan and Young, 2003; Jimerson, Burns and VanDerHeyden, 2007; National Association of State Directors of Special Education, 2005). Several variations of this approach have been described, but all are based on an assumption that all children can be taught effectively if the following conditions are met:

- Child progress is monitored to inform the teaching strategies used
- Intervene early when children have difficulty learning
- Use research-based, scientifically validated interventions/instruction, to the extent available.
- Use a multi-tiered approach to providing interventions of increasing intensity according to the individual child's needs
- a problem-solving approach to identify and evaluate instructional strategies
- an integrated data collection and assessment system to monitor student progress and guide decisions at every level.

In the early childhood context, this approach is called the **recognition and response** model (Coleman, Buysse and Neitzel, 2006; FPG Child Development Institute, 2008). This is designed to help parents and teachers respond as early as possible to learning difficulties in young children who may be at risk for learning disabilities, beginning at age 3 or 4, before they experience school failure and are deemed eligible for specialist services. It is based on the premise that parents and teachers can learn to recognise

critical early warning signs that a young child may not be learning in an expected manner and to respond in ways that positively affect a child's early school success. In this approach, there is limited reliance on formal diagnosis and labelling. Instead, the emphasis is on a systematic approach to responding to early learning difficulties that includes assessing the overall quality of early learning experiences for all children and making program modifications, tailoring instructional strategies, and providing appropriate supports for individual children who struggle to learn (Coleman, Buysse and Neitzel, 2006).

4 ENGAGING AND RETAINING FAMILIES

In seeking to make early childhood services more inclusive, it needs to be recognised that focusing on the curriculum and on what happens while the child is attending an early childhood program is not enough. The child is part of a family, and the child's attendance at the program depends upon the family's commitment and capacity to bring the child on a regular basis, and the child's progress depends upon the family's commitment and capacity to support the child's learning and development. Our dilemma is that many of the children who are missing out on a kindergarten experience come from families whose commitment and capacity to bring their children regularly and to support their children's learning is compromised by a number of factors. These include their own personal histories and resources as well as their current circumstances, but also involves the nature and accessibility of the services themselves.

This section explores what is known about why some families do not make better use of early childhood services and what can be done to engage them more effectively.

4.1 Vulnerable families' use of early childhood services

In reviewing the efficacy of parenting support programs, Moran, Ghate and van der Merwe (2004) note that even the best-designed services may fall at any one of a number of key implementation hurdles:

- the first hurdle is 'getting' parents (persuading parents to attend the service in the first place)
- the second is 'keeping' them (persuading them to attend sessions regularly and complete the course)
- the third is 'engaging' parents: making it possible for them to engage actively with what the service has to offer (listening, taking part in interactive elements, completing 'home-work' assignments, reading supporting materials etc).

Clearing each of these hurdles requires considerable effort and strategic planning on the part of service providers, yet it is clear that in fact, quite often much more effort and thought goes into designing the content of the intervention than in planning how to deal with implementation challenges.

What do we know of how these potential barriers are being met in local services?

In an Australian study of strategies to promote more inclusive antenatal and universal early childhood services, Carbone, Fraser, Ramburuth and Nelms (2004) conclude that, despite the limited data available, the available data suggest the majority of children and parents make good use of existing services. However, it was also clear that service use varied along a continuum from very high to very low, and that there was a small but significant minority of families that underused some or all of these services. Carbone et al comment that, given the optional nature of these services, it is understandable that not everyone will choose to use them. While some degree of 'underuse' would therefore be expected across the population, the actual pattern is not uniform: certain

(disadvantaged) neighbourhoods have very high rates of underuse, and certain families have very high rates of underuse.

Groups underrepresented among service users include families with low incomes, young parent families, sole parent families, Indigenous families, families from certain culturally and linguistically diverse communities, families experiencing unstable housing or homelessness, families experiencing domestic violence, families with a parent who has a disability, problematic substance use or mental health problem, and families who have been in contact with child protection services.

In most cases, it appears 'keeping' the parents on service is the problem, rather than 'getting' them there in the first place, particularly within Maternal and Child Health services, kindergarten and primary schools. Most parents make contact with services, but some might then cease attendance, attend infrequently, or not become fully involved in the services' activities. This failure to retain families on service is a major issue to be addressed.

What do we know about why families do not continue to make use of services?

This is a very important issue, but there are relatively few studies that have sought out those who do not make use of services or who drop out of programs and asked them what was it about the services offered that put them off. Instead, most studies have focused on demonstrating the effectiveness of the services offered for those who did make use of them.

As a result, there are few studies to draw on. Hence, a review of barriers to the inclusion and successful engagement of parents in mainstream services by Katz, La Placa and Hunter (2007) began thus:

It must also be noted that the evidence base for this review is rather thin. Although there is a literature on parental access and engagement with services, this is often in the form of practice guidance – based on 'common sense' and anecdote, or small, descriptive studies of selected groups of parents or practitioners. We have found no research that compares different methods of engagement. In addition, it seems that parents whom services find 'hard to reach' (such as asylum seekers, disabled parents, fathers, and black and minority ethnic parents) have also tended to be 'hard to reach' for researchers. Like service users, the majority of research participants have been white, able-bodied mothers.

With this in mind, we will examine the conclusions drawn from the few studies available, beginning with the Brotherhood of St. Laurence study cited above (Carbone, Fraser, Ramburuth and Nelms, 2004) in which a number of barriers to vulnerable families accessing early childhood and family support services were identified. These were broadly grouped into service level (structural) barriers and barriers specific to children, their parents and their situation:

- Service level (structural) barriers can include lack of publicity about services, cost of services, limited availability (for example child care places), inaccessible locations,

lack of public transport, limited hours of operation, inflexible appointment systems, limited access to specialist supports for children with additional needs, poor coordination between services, lack of attention to multiculturalism, and insensitive or judgmental attitudes and behaviours of staff or of other parents.

- Barriers specific to children, parents and their situation can include limited income, lack of social support, lack of private transport, unstable housing or homelessness, low literacy levels, large family size, personal preferences and individual beliefs about the necessity and value of services, lack of trust in services, fear of child protection services, physical or mental health issues or disability and day-to-day stress.

While a few barriers appear to be particularly relevant to one service type or to certain groups within the community, the majority are common across the population and across services. The most important finding is that many vulnerable families experience several concurrent barriers which impact on inclusion. Vulnerable parents might be simultaneously struggling with low incomes, inadequate or insecure housing, health or mental health problems, problematic substance use, or domestic violence. A large number have very limited social supports. Some might lack the knowledge or language to navigate the service system or the confidence and self-esteem to interact with service staff or other parents. Many vulnerable parents 'feel' different or self-conscious as a consequence of the prejudice, discrimination and rejection they encounter or of their own internalised negative self-worth. Distrust of services, or even of other parents, can be very high. Perhaps one of the greatest barriers is parents' fear they will be judged by others as 'bad' parents, or worse still, have their children taken from them by Child Protection.

Vulnerable parents have to overcome numerous obstacles and balance competing needs. It is likely that at times, 'survival' needs take priority over attendance at a service (particularly services which lack an immediate, tangible benefit) or barriers collectively become overwhelming. Without appropriate advocacy and practical support, some parents will remain unaware of services or unable to use services to their benefit.

There are several UK studies that have explored why families did not make use of available services or stop using services. These include Attride-Stirling, Davis, Farrell, Groark and Day (2004), Attride-Stirling, Davis, Markless, Sclare and Day (2001), Barlow, Kirkpatrick, Stewart-Brown and Davis (2005), and Barnes, MacPherson and Senior (2006).

Attride-Stirling, Davis, Markless, Sclare and Day (2001) conducted a survey of the attitudes of parents in a deprived London area about what would put them off using services related to their children's psychosocial well-being and what would encourage them to do so. The most commonly mentioned disincentives were:

- inability to trust professionals due to bad past experiences;
- professionals lack communication skills and are unsympathetic and insensitive;
- unreasonably long waiting lists and waiting time during appointments; and

- inaccessible services in terms of location, appointment times, availability, etc.

On the other hand, the most commonly mentioned incentives to service use were:

- professionals who can provide help for parents in terms of support, advice, guidance and counselling;
- professionals who will listen, with whom one can talk openly and in confidence about difficulties;
- good availability of appointments and flexible appointment systems;
- services that are easy to use, get to and find out about;
- feeling comfortable and not stigmatised, not judged or belittled; and
- being able to find out what is available and how to access services.

Attride-Stirling, Davis, Farrell, Groark and Day (2004) investigated parental accounts of why they completed or discontinued treatment of a community-based child and adolescent mental health service. Core differences were found in the accounts of parents who completed treatment and parents who discontinued treatment:

- **Problems presented.** Completers were concerned with difficulties focused specifically on the child's well-being, whereas non-completers were concerned with multiple personal, parenting and child difficulties, rather than a specific problem. They experienced the service offered as an additional burden rather than a help, because it did not address their overall needs.
- **Help-seeking.** Completers sought help for child-focused difficulties, and had tried informal and formal support networks before seeking referral. Non-completers sought help when problems became unbearable for the parent, and had not tried informal support networks beforehand.
- **Treatment process.** Completers focused on what was going on in the sessions and how it was affecting the parents, child, family and problems. They felt that clear progress was being made. Non-completers focused on the futility of the sessions and expressed little understanding of treatment aims. They saw few signs of progress.
- **Influences.** Completers perceived obstacles as inconveniences to be worked around in resolving the problems, whereas non-completers perceived obstacles as barriers to attending, and as additional problems.
- **Effects/changes.** Completers focused on global picture of difficulties and factors directly related to them. They saw improvements in their approach and their ability to deal with issues. Non-completers focused on isolated changes specific to either the parent or the child, and saw improvements in parental stress but not in the overall situation.
- **Engagement.** Completers' decision to continue related to seeing clear benefits and a commitment to persevere. Non-completers' decisions to discontinue related to the enormity of the obstacles and the additional problems they caused.

In another UK study, Barlow, Kirkpatrick, Stewart-Brown and Davis (2005) explored the reasons why a group of vulnerable women did not wish to take part in an evaluation of an intensive home visiting service that was aimed specifically at this group of women. In-depth interviews were conducted to listen to the concerns of eligible women and to explore their perceptions concerning the new service and the research in order to clarify why they did not wish to participate. A number of themes were identified:

- **Perceptions about vulnerability.** One of the reasons that women did not accept the offer of services is that their perceptions concerning their level of vulnerability and their need for support were discrepant with the perceptions of the professionals who referred them to the service. A number of women refused to participate because they did not feel that they needed the kind of service being offered. Some women did not consider that the problems which they had been experiencing at the time of referral were unusual and did not therefore define themselves as being in particular need of support.
- **Engaging vulnerable young women.** For a number of the younger women it was clear that the process of referral and subsequent information that had been given to them by the research team had failed to engage them. Some had difficulty in remembering anything that they had been told about the study at the time of referral, and some indicated that they were either not interested, or not able to understand the information that they were given. Many of these young women had only just left school or were still in education, and during the interviews displayed a low level of maturity and lack of ability, or willingness to relate to older adults.
- **Feeling too burdened.** At the time of referral a number of women were feeling too burdened to be able to think about the possible benefits of a new service. A number of women interviewed, seemed unable to conceptualise the service as a source of potential support through current difficult experiences. They perceived it instead, as an added burden.
- **Misperceptions about the service.** Despite the extensive information provided, a number of women refused to participate because of misperceptions about the service. A number of women had difficulties in visualising what 'support' would actually mean in practice.
- **Misgivings about the service.** In addition to misperceptions about the service, a number of women also had misgivings about it. Time issues were a recurring theme in these interviews. A large proportion of the women interviewed indicated that they had been deterred from taking part in the study because they did not wish to be visited on a weekly basis. There were varying reasons for this. Women who already had several children felt pressured by their existing commitments and were wary about finding the time for a regular weekly commitment.
- **Lack of trust.** Some of the women interviewed stated that they were reluctant to obtain emotional support from a professional such as a health visitor. While some teenagers referred to parents as existing sources of support there was evidence in a number of cases to suggest that this support was viewed as being authoritarian, and that this perspective had then shaped their expectations about other sources of 'support'.

- **Existing support.** Some of the women indicated that they did not feel the need for additional sources of support.
- **With the benefit of hindsight.** The data also suggest that many women were better placed to envisage the potential benefits of the home visiting service once their baby had been born. It was evident that some of the women had not fully understood the information they had been given about the study at the time of referral. Some of them felt that having been given a fresh explanation of what was on offer, and with the benefit of hindsight, they might now make a different decision.

Barlow and colleagues note that the vulnerability of some of the women interviewed was reflected in their low educational attainment, poor command of language, their isolation, and their illiteracy. The researcher undertaking these interviews found it particularly difficult to establish a rapport with some of the women (for example, teenagers) and, although a friendly and warm approach was taken, many were unable to articulate their point of view to any great extent. The difficulty in bridging the social gap that the interviewer experienced, exemplifies in part some of the difficulties of service providers in reaching this group of women. A significant number were anti-authority, antagonistic, and were unwilling to even think about what was being offered to them.

Barlow and colleagues consider the implications of these findings:

- The findings of this study suggest that some women refuse services because of an inability (that is, based on unconsciously remembered earlier experiences) or unwillingness (that is, based on consciously remembered earlier experiences) to trust other people, and professionals in particular. This points to the need for service providers to find new ways of making contact with this group of hard-to-reach women, and of creating links that may eventually become more solid connections. Establishing a trusting and supportive relationship with such women takes time and emotional energy, and this has to date often been viewed by service managers as non-productive in the absence of evidence of short-term outcomes.
- Perceptions about vulnerability and risk may also play a significant role in informing women's decisions not to accept the offer of help. In addition, some of the women were feeling too burdened to be able to think about the offer of help, bearing in mind that the offer of help in this case had a number of caveats including taking part in a research study. This points to the need for service providers to keep the door open and repeat offers of help, so that women may take them up when they feel ready.
- For a number of the women, particularly the teenage mothers, some rather negative views of the new service prevailed. These were very often underpinned by misperceptions about what the service would comprise. This suggests that service providers may need to find new ways of providing information in order to promote uptake on the part of this hard-to-reach group. It also means finding new ways of approaching women who are illiterate, and/or who may not perceive their circumstances as placing them in need of help or support.
- Some women indicated that the support being offered was not what they wanted. Some simply wanted practical help and some women were deterred from taking part because the service was not structured in a way that they felt would meet their

needs. This suggests the need for service providers not only to be flexible about the type of services provided to hard-to-reach families, but also to spend time establishing what type of help would be valued. The provision of some practical help may have enabled some women to begin to think about addressing some of the other issues in their lives. Perhaps most importantly it may have helped them to begin to feel that they were being listened to, and to begin to be able to trust. Engagement is always likely to be better, if service providers begin by asking parents for their perception of their needs.

What these studies highlight is how easily the most vulnerable parents are put off using services; the very factors that make them vulnerable (lack of trust, limited confidence and personal resources) also act as barriers to them seeking and obtaining help and support. The studies also illustrate the importance of efforts to reach out to and engage these parents, and how important it is to attune to their needs. If we are to help these parents make use of early childhood services for their children and family support services for themselves, then we need to accept responsibility for providing services that are genuinely responsive to their needs as they see them, rather than holding them responsible for making use of the types of services that we believe they need.

4.2 Effective strategies for engaging vulnerable families

The groups of vulnerable children and families that are the subject of this study have many needs in common, as well as some that are individual to each group. Because these groups share common needs, there are some general strategies that will be effective with all of them. Based upon analyses of the effective features of community-based intervention services (eg. CCCH, 2007), a set of best characteristics for working with vulnerable families of various types is described below. In the next section, ways of addressing the distinct needs of the various groups will be addressed.

There is a general consensus that best practices in engaging vulnerable families include the following features:

- they use strength-based approaches,
- they use solution-focused strategies,
- they use family-centred practices,
- they are culturally responsive,
- they are relationship-based, and
- they provide accessible and family-friendly environments.

Each of these features will now be described briefly.

Strength-based approaches

Strength-based approaches have emerged as the one of the key best practice principles in supporting families with a range of vulnerabilities (Casper and Lopez, 2006; McCashen, 2004, 2005; Maton, Schellenbach, Leadbeater and Solarz, 2004; Petr, 2004;

Saleebey, 2006; Scott and O'Neill, 1996; Solarz, Leadbeater, Sandler, Maton, Schellenbach and Dodgen, 2004; and Walsh, 1998, 2003). These approaches are based on recognising and building on family strengths and competencies rather than focusing mainly or exclusively on their deficits or problems.

McCashen (2004) outlines a step-by-step guide to using a family-centred strengths-based approach to community capacity building, as developed by St Luke's Anglicare in Bendigo. Scott and O'Neill (1998) have documented St. Luke's experience in adopting this model, while McCashen (2005) has developed a resource and training guide in the use of this approach.

While acknowledging the many benefits of using this approach in statutory child protection work, some (Barber, 2005; Cousins, 2005) have expressed reservations about this approach, fearing that it might lead practitioners to become overly optimistic about the possibilities for change. However, a review of family-strengthening intervention programs by Caspe and Lopez (2006) found that they had a positive impact on four main parenting processes: family environment, parent-child relationships, parenting, and family involvement in learning in the home and at school. In addition, family-strengthening programs, as part of larger comprehensive intervention programs, were shown to improve child outcomes. Other evidence of the effectiveness of strength-based approaches have been reported by Holzer, Higgins, Bromfield, Richardson and Higgins (2006), Solarz, Leadbeater, Sandler, Maton, Schellenbach and Dodgen (2004), and Williams and Churchill (2006).

Maton, Dodgen, Leadbeater, Sandler, Schellenbach and Solarz (2004) identify four strategic goals that are fundamental to strength-based research and social policy:

- Recognise and build on existing strengths of individuals, families, and communities
- Build new strengths in individuals, families and communities
- Strengthen the larger social environments in which individuals, families, and communities are embedded
- Engage individuals, families, and communities in a strength-based process of designing, implementing, and evaluating interventions

According to Walsh (1998, 2003), a family resilience approach to working with vulnerable families involves a crucial shift in emphasis from family deficits to family challenges, with conviction in the potential for recovery and growth out of adversity. By targeting interventions to strengthen key processes for resilience, families become more resourceful in dealing with crises, weathering persistent stresses, and meeting future challenges.

Other accounts of strength-based approaches have been described in work with families of children with developmental disabilities (Turnbull, Turbiville and Turnbull, 2000), with multi-risk families (Powell, Batsche, Ferro, Fox and Dunlap, 1997), and in Sure Start programs in the UK (williams and Churchill, 2006).

Solution-focused approaches

The use of solution-focused strategies in work with vulnerable families has been championed by Berg (1994), Lee (2003), and Turnell and Edwards (1999). The family-based service approach developed by Berg (1994) focuses on the family as the target of intervention, rather than the child or the parents separately, on the basis that the best way to provide services to the child is through strengthening and empowering the family as unit:

'By involving the family as a partner in the decision-making and goal-setting process and using the family's existing resources, family-based service strives to enhance the family members' sense of control over their own lives. The result is that family members feel an increased sense of competency in conducting their lives and can create a safe and nurturing environment for the children while maintaining the unique cultural and ethnic characteristics of their family unit. With such help, families are able to live independently with a minimum of outside interference.' (Berg, 1994, p. 2)

Turnell and Edwards (1999) have developed *Signs of Safety*, a solution and safety oriented approach to child protection casework (<http://www.signsofsafety.net/>). In 2008, the Western Australian Department for Child Protection adopted *Signs of Safety* as the basis of the consistent, evidence-based child protection practice framework across all its child protection services. According to Turnell (2008), the purpose of using the *Signs of Safety Assessment and Planning Framework* is to generate child protection practice that is organised first and foremost around child safety. *Signs of Safety* utilises a comprehensive approach to risk that:

- is simultaneously forensic in exploring harm and danger while at the same time eliciting and inquiring into strengths and safety
- clearly articulates professional knowledge while also equally eliciting and drawing upon family knowledge and wisdom
- is designed to undertake the risk assessment process with the full involvement of all stakeholders including children, families and professionals.

Lee (2003) also commends the solution-focused approach as being particularly suitable for working with ethnic and racial groups who have diverse cultural values and practices. A solution-focused approach that incorporates the premises and techniques of social constructivism, empowerment-based practice, and a strengths perspective is well suited for responding to the needs of these groups with respect for their values and practices. With its focus on pragmatic change and encouraging clients to create solutions for themselves, in addition to avoiding the shame that clients in these ethnic and racial populations feel in seeking professional help, this approach fits cultural approval to seek support and advice.

Family-centred practice

Family-centred practice (also known as family-centred care) is an approach to working with families that respects their values and choices and which provides the supports

necessary to strengthen family functioning. The key features of this approach are treating families with dignity and respect, sharing information so families can make informed decisions, providing families with choices regarding their involvement in and provision of services, and parent/professional collaborations and partnerships (Dunst, 2002; Dunst, Trivette and Hamby, 2007; Moore and Larkins, 2006; Petr, 2004; Trivette and Dunst, 2005, and Turnbull, Turnbull, Erwin and Soodak, 2006). According to Dunst, Trivette and Hamby (2007), family-centered practices have become a practice-of-choice in early childhood intervention programs, family support programs, programs serving persons with mental retardation and developmental disabilities, hospitals, medical practices, and other pediatric programs and settings.

The foundations for family-centered practices are value and belief statements about how professional help givers should interact with family members as part of family involvement in human services (Dunst, Trivette and Hamby, 2007). According to Trivette and Dunst (2005), there are two key aspects of help-giving practices - relational help-giving and participatory help-giving:

- Relational help-giving includes practices typically associated with good clinical practice (e.g., active listening, compassion, empathy, and respect) and help giver positive beliefs about family strengths and capabilities. Listening to a family's concerns and asking for clarification or elaboration about what was said is an example of a relational help-giving practice.
- Participatory help-giving includes practices that are individualized, flexible, and responsive to family concerns and priorities, and which involve informed choices and family involvement in achieving desired goals and outcomes. Engaging a family member in learning how to find information needed to make an informed decision about care for her child is an example of a participatory help-giving practice.

Based on a review of community-based parent support programs, Trivette and Dunst (2005) conclude that there is a converging body of evidence indicating that community-based parent support programs operated in a family-centered manner increase parents' sense of parenting confidence and competence. Participatory family-centered help-giving practices that actively involve parents in deciding what knowledge is important to them and how they want to acquire the information they need have the greatest positive effect on parents' sense of competence and confidence. Other research has shown that a more confident and responsive style of parent interaction is more likely to lead to positive social and emotional development in their children.

Another review of studies of the relationship between family-centered help-giving practices and parent, family, and child behaviour and functioning (Dunst, Trivette and Hamby, 2007) found that the more family-centered the practices were, the more the participants were satisfied with the practitioners and their programs, had stronger self-efficacy beliefs, and the more helpful they judged the supports and resources provided by the help-giver and their programs. Furthermore, both relational and participatory family-centered practices were related to parent, family, and child behavior and functioning.

Culturally-responsive approaches

Respect for diversity and difference and the use of culturally responsive practices are widely recognised as essential features of effective services for young children and their families (Barrera, Corso and Macpherson, 2004; Carbone, Fraser, Ramburuth and Nelms, 2004; Gonzalez-Mena, 2004; Hanson and Zercher, 2001; Kalyanpur and Harry, 1999; Petr, 2004; Siraj-Blatchford and Clarke, 2000).

Lynch and Hanson (1998) define cross-cultural competence as 'the ability to think, feel, and act in ways that acknowledge, respect, and build upon ethnic, sociocultural, and linguistic diversity'. In concluding an analysis of the impact of cultural and linguistic diversity in inclusive preschool environments, Hanson and Zercher (2001) recommend that preschool services need to recognise the importance of cultural and linguistic diversity in preschool environments, provide training and professional development opportunities for staff in culturally sensitive services, and seek to make family-centred services culturally sensitive services.

Gonzalez-Mena (2004) notes that everyone moves within a cultural framework, and that it is important for those working with young children to recognize this fact. Culture is mostly unconscious and many people of the dominant culture in any country may be unaware that they even have a culture. They may think their way of doing things is just normal or regular, and may be unaware that there are differences between what families believe and do and the principles, practices, and policies in early care and education programs. Because synchrony is important in the lives of young children, early childhood educators are urged to be responsive to families' differences. Perceiving those differences without judging them to be inferior or wrong is a challenge to early care and education professionals, and trying to do this can result in misunderstandings.

This point is supported by Shonkoff and Phillips (2000):

'The true sign of a culturally competent system of service delivery is its capacity to recognise the fine line between sensitivity to group differences and the danger of stereotypic or paternalistic approaches in the service of greater individualisation. To this end, the ultimate goal should not be a society that develops different policies for different ethnic or racial groups, but a society that takes a families' cultural values and practices into account when it acts on their behalf.'

Relationship-based practice

All of the above strategies depend upon the success to which mainstream and specialist early childhood practitioners establish positive relationships with parents. Because of this, effective services and service systems need to be relationship-based, that is, they should be based on a recognition of the importance of building positive relationships with families as well as between professionals, and an awareness of how these relationships flow through to other relationships, including that between parents and children (Moore, 2007).

The relationship between front-line providers and service users has consistently been identified as a major factor influencing the engagement of parents in mainstream services (Katz, LaPlaca and Hunter, 2007). Within the early childhood intervention field, the importance of the relationship between the workers and the parents has long been recognised (Dunst, Trivette and Deal, 1988; Dunst and Trivette, 1996; Hornby, 1994; Kalmanson and Seligman, 1992). As Hornby (1994) put it,

‘The competence of professionals in working with parents is as important as expertise in their own professional areas in determining the effectiveness of their work with children with disabilities.’

The key message is that *how* early childhood intervention services are delivered is as important as *what* is delivered (Dunst, Trivette and Deal, 1988; Pawl and St. John, 1998). On the basis of a detailed analysis of what makes early childhood interventions work, Berlin, O’Neal and Brooks-Gunn (1998) conclude that

‘... the most critical dimension of early interventions is the relationship between the program and the participants. The benefits of program services will not be fully realised unless the participant is genuinely engaged’ (p. 12)

Accessible and family-friendly environments

The importance of early childhood services being both accessible and family-friendly is well recognised (Katz, La Placa and Hunter, 2007; Moore, 2001; Weeks, 2004). A review of the barriers to families accessing mainstream services by Katz, LaPlaca and Hunter, (2007) found there were both physical and practical barriers. These included lack of knowledge of local services and how they could help, problems in physically accessing services (because of lack of safe and affordable transport), and services whose geographical location precludes easy access by some families (some disadvantaged areas do not have local services).

Another review (Weeks, 2004) focused on the importance of the physical environment in service delivery, and what it can teach us about creating services that are comfortable, safe, friendly and attractive for people who are facing family difficulties to attend. On the basis of this review, Weeks proposed the following nine principles as a basis for achieving user-friendly services:

- ***Accessibility.*** First, location is a key factor in making family services accessible. Accessibility is a key principle and includes geographical, physical and psychological accessibility. *Geographic access* refers to locations which are readily reached, for example, through proximity to public transport. *Physical access* refers to the capacity to enter the building, for example, in a wheelchair, or if aged or disabled and walking with a stick. This implies the unsuitability of stairs and steps, and also requires wheelchair accessible curbs around the building and toilets and rooms internally. *Psychological access* refers to an absence of features which might stimulate stigma or, as in the case of security guards, a sense of fear about the entry. The naming of the service can also encourage or repel entrance: domestic violence services cannot name themselves with this focus or people will fear visibility on entry.

- **A 'neutral' doorway.** Second is the provision of a 'neutral' doorway. The term 'neutral' means an entry which is non-stigmatising. The overall principle refers to the physical way a service is presented and located within the community.
- **A welcoming entry.** Third is a principle of providing welcoming entry. A 'neutral doorway' is one step in a 'welcoming entry', however, a welcoming entry is put forward as a separate principle because it refers to the full experience of entry: ease of access; presentation of the waiting room; and practices of reception. The reception or waiting area is often the first point of contact and is as important as the telephone manner for first-contact telephone calls.
- **The provision of information.** Fourth is the principle of provision of information on services and resources, which might be readily available in the waiting area. This can be more or less developed, depending on the service delivery philosophy.
- **Cultural diversity.** Fifth is a principle of cultural diversity in environmental design. Racism and ignorance about the cultural practices of others is reflected and embedded in individual workers' practices, as well as systemic arrangements. This principle can refer to minority ethnic groups' experiences, as well as indigenous experience.
- **Availability of outdoor space.** Sixth, the availability of outdoor space is considered to be an important principle, following from the research on the effect of the physical environment. Finding beautiful and peaceful outdoor areas can promote a sense of well-being and welcoming. Aboriginal people particularly value outdoor space, and a sitting area with trees and shrubs is used by people waiting, having a smoke, or just sitting in the beauty of the garden area. Family and women's services might include an outdoor children's playground, to assist young family members to have fun and feel at home.
- **Safety.** Seventh, safety is an issue which provides a challenge if one is not to resort to security guards and electronic barriers. One entry gate and door is necessary, and reception staff require a mechanism, such as a counter bell or buzzer, to alert others to assist in the event of a violent incident. Reception staff may need a call system to local police as extra protection. Services also need a safe place for locked records.
- **Community and group work space.** The eighth element is available community and group work space. Associated with the principle of service user participation, services need meeting space and open space for activity sessions, community meetings and lunches, and space in which to run groups. Opportunities for community food sharing can assist participation. Using the service as a site for community meetings increases community ownership, an essential precursor to citizens feeling that this service belongs to them.
- **Co-location of services.** The ninth principle, co-location, is not necessary for the welcoming and friendly nature of services, but is an essential element of the framework proposed. Co-location of interrelated services can be a very useful resource to service users, without the difficulties of amalgamation of services. It is

particularly relevant for for family services. To maximise the availability and accessibility of such knowledge to service users, this collected knowledge and experience can be made available at one site.

5 MEETING ADDITIONAL NEEDS WITHIN UNIVERSAL EARLY CHILDHOOD PROGRAMS

This section deals with ways of meeting the particular needs of the different groups of vulnerable children and families. In many cases, children will be in more than one of the target groups outlined above. For example key indicators from the 2006 Australian Bureau of Statistics Census indicate that Indigenous children continue to be among the most socioeconomically disadvantaged children in Australia, child protection data (AIHW) indicate that they are also over-represented in the child protection system.

There are few approaches in respect of specific inclusion strategies for children known to child protection, linked to family support agencies or in low socio-economic circumstances and strategies for developing inclusive programs for these families focus on strategies for engaging and retaining families in the service rather than specific adaptive programs for children within the settings.

5.1 Indigenous children and their families

First and foremost, it is noted that the needs and expectations of Indigenous children and families vary widely according to their community of origin and their current circumstances.

A recent review of research evidence regarding the school readiness of Indigenous Australian children (McTurk, Nutton, Lea, Robinson and Carapetis, 2008) found no research evidence specifically concerned with defining components of the readiness of services for schooling of Indigenous children. The sources summarised below represent evidence-informed expert opinion on what can be done to engage Indigenous children and families in early childhood services.

Shepherd and Walker (2008) discuss what is known about how to engage Indigenous families in preparing children for school. There is strong evidence showing high levels of vulnerability in the Indigenous population across a range of areas of development – this is evident from the early years of life and spans physical, social and cognitive areas of development. For many of these Indigenous children, this early vulnerability will impact on their ability to do well at school; most will find learning extremely difficult, and their general health, social and emotional wellbeing and education outcomes are likely to limit their opportunities later in life.

At the same time, several studies confirm that many of the strengths of Indigenous children, parents, extended families and communities are often overlooked and diminished by inappropriate interventions, unintended outcomes of policy decisions and inexperienced (albeit well intentioned) practitioners. There is widespread system failure underpinned by dominant paradigms and bureaucratic inertia that results in a lack of access to resources and services, unrealistic funding cycles, short program implementation timeframes, and inappropriate performance measures to evaluate program effectiveness. System-wide racism and misunderstanding foster feelings of mistrust and betrayal among Indigenous communities and fuel the effects of

transgenerational loss and dysfunction experienced by thousands of Indigenous families.

Shepherd and Walker identify a number of guiding principles to implementation of effective programs, services and policies:

- Ensure Indigenous participation and consultation in all stages of a program or intervention
- Build the capacity of parents and families wherever possible
- Acknowledge and respect different learning styles
- Recognise and respect Indigenous peoples and cultures.

In addition, practitioners need to systematically record the outcomes and process to identify what program elements are working and why. The practice wisdom identifies that some of the key elements of strategies to engage Indigenous families include:

- Building relationships
- Strengths-based approaches as opposed to focusing on needs or problems
- Building in time for evaluation, to measure how effective programs have been in achieving outcomes
- Producing high quality programs requires staff with training and qualifications in Early Child Development and cross cultural competence
- Incorporating early learning and literacy programs that simultaneously target both parents and children (facilitating dual or trans-generational and community learning)
- Providing a culturally inclusive space, where possible.

Daly and Smith (2003) consider an 'asset model' that emphasises Indigenous children's inclusion and participation within their own culturally-based family, social and economic systems. This is based on the idea that social or economic exclusion may actively undermine Indigenous families' own capacity to reproduce culturally valued relationships and roles. If that is the case, social and cultural wellbeing may be linked to breaking the cycle of inter-generational welfare dependency and economic exclusion. What this means for curriculum is support for culturally valued relationships and roles in early childhood programs.

Sims, Siggers, Hutchins, Guilfoyle, Targowska and Jackiewicz (2008) argue that services have the potential to make a huge impact on our society and that Indigenous children need services that support a strong cultural identity to enable them to move into the schooling system and experience success. Services need to be accessible to, and reflect the needs of local communities, families and children. The emphasis is on engagement with the local community to reflect the communities' unique culture in

program planning and this means that services in different communities will look quite different.

Sims et al provide case studies of culturally targeted services that share common characteristics to achieve success for their local communities, these include:

- The services are holistic, addressing a range of needs including health and wellbeing, education, employment and training, housing, social security and cultural heritage
- The services include parents and offer play, learning and health opportunities
- The services are delivered by carers with high levels of trust with families – the most effective carers are often embedded within the community
- In order to embed services in communities, members of the community are involved in service governance.

McNaughton and Davis (2001) discuss ways of intervening early to combat racism regarding the Aboriginal population and emphasise the importance of adopting a curriculum framework to counter the development of prejudice and racism in young children. In part, this involves finding ways to successfully and respectfully prevent and/or challenge the ‘othering’ of indigenous peoples and their cultures by young Anglo-Australian children. This involves the following strategies:

- avoid homogenising indigenous Australians into a collective ‘they’;
- avoid building knowledge of indigenous Australians that always positions them as different to the middle;
- help Anglo-Australian practitioners develop teaching frameworks and/or strategies that do not build on identities on the binary of black/white;
- help Anglo-Australian children build identities that do not rely on a binary between ‘black’ and ‘white’; and
- seek to identify and to challenge any traces of colonialism in our presentation.

5.2 Culturally and Linguistically Diverse (CALD) children and refugee families

The change in the cultural composition of Australia has been well documented and it is not unusual for services to report having more than 20 cultural and language groups within their early years service. This section begins by outlining ways in which early childhood programs can accommodate this cultural diversity, then goes on to explore ways of engaging CALD families effectively.

5.2.1 Managing cultural diversity in early childhood programs

There are a number of accounts of how cultural and ethnic diversity can be managed within inclusive early childhood programs (Gonzalez-Mena, 2004; Hanson and Zercher, 2001; Huang and Isaacs, 2007; MacNaughton, 1999; Siraj-Blatchford, 2006; Siraj-Blatchford and Clarke, 2000; Vuckovic, 2008).

Gonzalez-Mena (2004) discusses the challenges to be addressed in aiming to adopt a culturally inclusive approach in early childhood programs:

You can't remove from your cultural framework the ways you relate to children and guide their behaviour, plan a curriculum, set up the environment, handle caregiving routines, and carry out parent education. Your behaviours are determined by your values, which are cultural, familial, and individual. They are also determined by what you consider normal, which can be influenced by your race, ability, social status, income, sexual orientation, religion, age, and/or the messages you've been given about yourself in regard to these aspects of your background and identity.

To aim for cultural pluralism in an early care and education program, you must have a clear understanding of differences. You must see where child and teacher behaviour fail to mesh so that you can make adjustments. You must know and respond to the parents' goals, values, and beliefs related to the care and education of their children. You must know how to meet their needs in culturally appropriate ways.

Gonzalez-Mena highlights the difficulties faced by children who are grounded in one cultural system when they attempt to function in another:

The ideal is that children benefit from learning new cultural systems and still keep their home culture. Unfortunately, that isn't always the case. More often, the dominant culture competes with the home culture and the home culture loses. This happens especially when the program's goal (whether conscious or unconscious) is to eradicate the home culture. When children encounter such "subtractive processes", they fail to grow up with bicultural skills and identities. Huge identity issues arise when children grow older and become disconnected from their families. The beginnings of losing home culture can start early, even in infancy. The child care profession has an enormous responsibility to keep children and families together and to promote healthy development of cultural identity for all children.

According to Huang and Isaacs (2007), cultural continuity between home and the early childhood environment is particularly important for the young child. Continuity refers to the ability of the provider to understand, respect, and build upon cultural and linguistic practices in the home to ensure smooth growth and development. To illustrate this point, they note what can happen when independence and assertiveness are promoted in early childhood environments. Although caregivers mean well, they may inadvertently

be encouraging culturally inappropriate behaviour such as encouraging eye contact with elders, discouraging use of the home language, eating with hands/utensils.

In designing an early childhood system of care for ethnically diverse children, it is critical to address the cultural issues and challenges presented by these families. The objective is to create the conditions that will enable the child to thrive. Huang and Isaacs offer five key strategies for addressing this objective:

- **Valuing diversity.** The early childhood system and staff need to value the diversity of its children and families.
- **Understanding the dynamics of difference.** Staff need to understand the family's belief system, and identify the dynamics of difference.
- **Making cultural adaptations.** On the basis of their understanding of the dynamics of difference, staff need to make cultural adaptations to meet these differences.
- **Conducting ongoing cultural self-assessment.** Early childhood staff need to conduct ongoing cultural and anti-bias self assessments and organisational assessments using reflective practice.
- **Institutionalising cultural knowledge.** What is learned from these assessments need to become part of ongoing behaviours and policies.

Vuckovic (2008) notes that in Australia multiculturalism and diversity are part of daily experience. In such a society, children grow up with diverse norms, traditions and role models and are expected to become open-minded and tolerant individuals. A key figure in children's lives will often be the teacher, one of the first significant role models they interact with outside the family. Successfully catering for a multicultural group of young children requires reflection and understanding of one's own culture, as well as a sound knowledge of the children and their culture and how the cultures interact.

Ways in which this can be achieved have been described by Siraj-Blatchford and Clarke (2000). They believe that all early childhood programs should reflect multicultural equity perspectives, regardless of whether they are developed for exclusively English-speaking children or children from a range of diverse backgrounds and languages. A culturally responsive curriculum and staff who understand and respect the cultural and linguistic backgrounds of children in care can make a difference. Children can grow up with the ability to retain their home language and culture and have pride in their gender and class identity, as well as adapting to the new cultures and languages of any early childhood setting they enter.

According to Siraj-Blatchford and Clarke, a culturally sensitive curriculum for children in the early years should:

- foster children's self-esteem
- acknowledge the cultural and linguistic backgrounds of all children
- actively maintain and develop the children's first or home languages
- promote the learning of English as an additional language

- value bilingualism as an asset
- value what boys and girls can do equally
- support families in their efforts to maintain their languages and culture
- foster an awareness of diversity in class, gender, ability and culture
- promote respect for similarity and difference
- challenge bias and prejudice
- promote a sense of fairness
- promote principles of inclusion and equity
- support the participation of the parents in the children's learning.

In addition to changing ideas about the way that services deal with diversity, there has also been an increased focus on how children's ideas and values about diversity evolve (MacNaughton, 2006) and the role that early childhood services might play in shaping these (Davis, Gunn, Purdue and Smith, 2007; Derman-Sparks and Ramsey, 2006; Gonzalez-Mena, 2004; Lindon, 2006; MacNaughton, 1999).

5.2.2 Engaging CALD families effectively

Several accounts of how to engage families from CALD backgrounds effectively have been developed, both in the US (Barrera, Corso and Macpherson, 2003; Kalyanpur and Harry, 1999; Ontai and Mastergeorge, 2006), and in Australia (Hayden, De Gioia and Hadley, 2004; Sawrikar and Katz, 2008).

According to Barrera, Corso and Macpherson (2003), in interactions across diverse cultural parameters, three qualities are central to determining whether interactions can be described as skilled or unskilled: respect, reciprocity, and responsiveness.

- **Respect** refers to an acknowledgment and acceptance of the boundaries that exist between persons
- **Reciprocity** refers to the balance of power between persons in dialogue, and is based on the recognition that each person in an interaction is equally capable
- **Responsiveness** involves a deep respect for the uniqueness of others, and an openness to allowing them to be who they are, rather than shaping them into who we want or need them to be

Barrera, Corso and Macpherson (2003) describe a model – Skilled Dialogue - for interacting with others that helps practitioners better approach the challenges posed by cultural diversity and improve their relationships with families. Two skills are essential to using Skilled Dialogue:

- **Anchored understanding of diversity** - the understanding of differences that is both experiential (stemming from personal interactions and hands-on experiences) and cognitive (others behaviors make as much sense as one's own), and

- **3rd Space** - creatively reframing contradictions into paradoxes, to adopt a mindset that integrates the complementary aspects of diverse values, behaviors, and beliefs into a new whole

Another account of how to engage CALD families is provided by Kalyanpur and Harry (1999). They maintain that cultural awareness needs to go beyond the mere acknowledgment of what is often no more than stereotypical characteristics about particular communities. Instead, it requires professionals to go through a process of introspection and inquiry about their underlying assumptions, and to confront the contradictions between their values and practices.

Kalyanpur and Harry propose that there are **three levels of cultural awareness**:

- **Overt awareness** is the awareness of obvious differences, such as language or manner of dress. These differences are usually easy to recognise and therefore make allowances for. However, this does not necessarily allow for families' varying levels of acculturation, nor does it empower the families involved.
- **Covert awareness** involves an awareness of differences that cannot be recognized by outward signs, such as parameters of status or interpersonal communicative styles, that require sustained contact or observation before becoming apparent. Although this level of understanding can help professionals become more sensitive to and accepting of differences, the effect is still limited because professional may either not seek an explanation for the behaviour, or may find an explanation that makes sense to them but does not make sense to the families.
- **Subtle awareness** involves the recognition of embedded values and beliefs that underlie our actions and the awareness that these beliefs, which we have hitherto taken for granted and assumed to be universal, are, in fact, specific to our culture.

'Awareness of cultural differences provides merely the scaffolding for building collaborative relationships. Knowledge of the underlying belief and value that bring about the difference in perspective provides the reinforcing strength to the relationship.' (p. 118).

To promote this level of understanding, Kalyanpur and Harry recommend adopting 'a posture of cultural reciprocity'. Key features of the posture of cultural reciprocity:

- It goes beyond awareness of differences in self-awareness, requiring a constant awareness of self and others, and a nonjudgmental attitude towards others' worldviews.
- It aims for subtle levels of awareness of difference, not simply awareness of obvious cultural differences.
- It has universal applicability in that the basic underlying construct – that communication involves listening to and respecting both perspectives – applies to all interactions.

- It avoids stereotyping, instead treating each situation and encounter as unique.
- It ensures that parents and professionals are both empowered, enabling both parties to engage in a dialogue whereby each learns from the other.

They identify ***four steps of the posture of cultural reciprocity***:

1. Identify the cultural values that are embedded in the professional interpretation of child's difficulties or the recommended course of action
2. Find out whether the family being served recognizes and values these assumptions and, if not, how their view differs from that of the professional
3. Acknowledge and give explicit respect to any cultural differences identified, and fully explain the cultural basis of the professional assumption
4. Through discussion and elaboration, set about determining the most effective way of adapting professional interpretations or recommendations to the value system of this family.

Implementing the posture of cultural reciprocity is not easy, with the biggest barrier being time. However, time must be made:

'The posture of cultural reciprocity cannot be seen as a bag of tricks to be pulled out during situations of conflict or in emergencies but almost as a value that is internalized and applied to all contexts. If we seek to understand ourselves and the families whom we serve at every interaction, however small, then the task will seem less onerous.' (pp. 130-131)

Kalyanpur and Harry suggest that another barrier is the mistaken belief that only professionals from minority cultures can work with families from minority cultures. There is no evidence that professionals who do belong to the same culture as their clients are any more successful at accomplishing collaborative relationships than those who do not. On the contrary, there is evidence that the best examples of collaborative relationships can occur with professionals who have little or no affiliation with culture of the families:

'The issue is not that we must have the same experiences in terms of culture, ethnic background, race, socioeconomic status, or gender as the families we serve – because we cannot – but that we have the willingness to learn about and understand their experiences, that we are willing to understand their experiences, that we are willing to understand how our own experiences have shaped us, and that we respect and accept these differences in our various experiences.' (p. 131)

Ontai and Mastergeorge (2006) have developed a guide for practitioners to evaluate the cultural sensitivity of programs and services they offer to families, and to provide guidance on how to make your parenting program more culturally sensitive. Child-rearing topics covered include communication, discipline, parent-child emotional bonding, family structures and roles, gender role development, play, and sleeping

arrangements. The guide provides research findings, tips for professionals, and a cultural sensitivity checklist for each topic.

An Australian resource to promote culturally sensitive practice has been developed by Hayden, De Gioia and Hadley (2004). This takes the form of a handbook to assist staff in early childhood services facilitate partnerships, networks, goodwill and trust relationships for both staff and families from CALD backgrounds. All strategies in this handbook were developed and tested with CALD families in early childhood services in the South West region of Sydney. Several noteworthy findings emerged from this work:

- **Many CALD families would like to participate in early childhood services but may be unclear about how to do this.** Some CALD families believe that they are not welcome as participants in the service and some families reported that they lacked the confidence to offer their skills to the service. When families understood their role and the expectations of the early childhood service, CALD families were very pleased to share their skills, knowledge base and time with the service.
- **Translating information into home languages is usually an effective means for communicating with families from CALD backgrounds, but some caution is advised.** Even with nationally accredited translations, it is sometimes difficult to develop documents with the correct tone and wording for families. A trusted individual who knows the language (perhaps a family member from the service) should check all translated documents before they are handed out to families.
 - Some home spoken languages are not the same languages which are used for reading and writing. Services should check with families to find out what language they read or write.
 - Some CALD families actually prefer to receive their written information in English. This should be checked before handing out translated documents.
 - CALD families often appreciate the effort made when staff or a service client is used as a translator/interpreter. Access to this service through the early childhood setting, rather than through external agencies, is appreciated and tends to facilitate increased communication on a regular basis.
- **Despite the common assumption that families from CALD backgrounds have a lot of support from extended families and/or from their communities, many CALD families do not have support from relatives and/or close friends.** Many CALD families are in Australia without relatives and close friends. Also, CALD families report that it is common for one family member to be working very long hours while the 'stay at home' family member (usually the mother) was often left to make decisions about their children with little input or opportunity for discussion.

Hayden et al identify five steps for facilitating partnerships and networks with CALD families. The steps are:

1. Plan: Identify goals for facilitating partnerships, communication and networking

2. Recruit a 'Family Representative'
3. Assess current communication strategies in the service
4. Develop and implement 'Action Plans'
5. Assess the program and re-commence the planning cycle

Sawrikar and Katz (2008) have developed a practice and policy framework that can be used to help overcome inequities in access to or culturally inappropriate service delivery of family relationship services for CALD families in Australia. They begin by identifying a number of barriers to equal access and use of services that may be perceived or experienced by ethnic minority families. These can be divided into three types:

- **Cultural barriers**
 - language barriers: English proficiency, professional jargon and misinterpretation of body language;
 - cultural norms that prohibit seeking extra-familial support, especially for women and children;
 - traditional gender roles that prevent men from engaging with services or discussing family difficulties; and
 - fear of authorities, such as child protection, police, courts, taxation, immigration and housing departments (although not strictly speaking a cultural barrier, it is a barrier that CALD families may face).
- **Structural barriers**
 - practical barriers accessing services; and
 - lack of knowledge or understanding of services that are available.
- **Service-related barriers**
 - model of service is culturally inappropriate;
 - service not perceived as relevant due to lack of cultural diversity in the workforce and marketing of services;
 - service choice perceived as limited due to lack of cultural diversity in the workforce; and
 - reluctance to engage with services because of concern they will not be understood, or that they will be stereotyped or judged.

In addition to the barriers experienced by CALD families themselves, there are also various barriers to equal access and use of services that may be perceived or experienced by service providers and practitioners who deliver services to CALD families. These include:

- lack of awareness or confidence to address the needs of CALD families;
- practice that is not culturally competent;
- lack of adequate resources;
- institutional racism; and
- lack of awareness and partnering with CALD-focused organisations in the local community.

Based on the barriers outlined above and drawing on an earlier analysis of service barriers by Katz, LaPlaca and Hunter (2007), Sawrikar and Katz make a number of recommendations for enhancing service accessibility and delivery to CALD families have been identified.

- **Improve the overall quality of the service.** Although many of the recommendations below are specific to improving access by CALD families to services, high-quality, well-resourced services with dedicated, well-trained and well-supported staff are the basic ingredients for accessible services. Practices that encourage diversity, client participation and good worker–client relationships will benefit *all* clients, not only CALD families. Indeed, the Australian-born population is itself very diverse, and these policies and practices will impact equally on them.
- **Implement equal employment opportunity and multicultural policies to increase recruitment of CALD staff.** If possible, recruitment should reflect the local ethnic mix in the community.
- **Collect data on factors that measure or assess culture,** such as the country of birth of family members, their year of arrival in Australia, main language(s) spoken at home, and their self-rated cultural identity. This will allow the service outlet to monitor the size of (in)equity of access to and use of services, especially across the different types of services that the outlet offers.
- **Market and promote services to increase awareness of them, and their perceived relevance, to CALD and ethnic minority families.** This can occur through local community networks, such as newsletters, local businesses, religious and community groups, and should be translated or indicate that translated versions are available. The cultural diversity of the staff profile should be indicated and pictures of ethnic minority families should be included.
- **Service providers and practitioners in the outlet should receive training in cultural competency** to become aware of:
 - cultural norms, values, beliefs and practices typical of a CALD group;
 - the need to pay attention to individual variation within a cultural group in order to avoid stereotyping or homogenising the needs of all ethnic minority families and misattributing problematic behaviours to culture or culture to problematic behaviours; and
 - differences in cultural norms between themselves and their client family to avoid judging behaviours as deviations from their own cultural norms rather than as deviations from the cultural norms of the CALD family.
- **Consider practical issues,** such as the physical locality of the service, the layout of the rooms, opening times, staff profile and links between different services. This may be relevant for enhancing service accessibility and delivery to *all* families, not just those from a CALD background.

- **Partner with other CALD-focused centres or organisations in the local community** to receive support through networks; advice and consultation on appropriate service delivery; clear referral pathways for CALD families; language services; cultural awareness training; and provision of more holistic support for CALD families by building the CALD capacity of the service outlet; that is, the service outlet will be better able to respond to the needs of their CALD families because of the collective knowledge, experience and support of a culturally diverse and competent workforce.

5.2.3 Refugee families

Refugee families face all of the problems that other CALD families face, but are particularly vulnerable in other ways, including:

- **Social isolation.** Some immigrant and refugee families lack the support of extended family networks because of loss or separation from the rest of the family, or long delays in uniting families (exacerbated by restrictive immigration practices)
- **Detention.** Retention of refugee families in detention centres for extended periods can be traumatising for children and their parents (Calvert, 2004; Steel, Momartin, Bateman, Hafshejani, Silove, Everson, Roy, Dudley, Newman, Blick, and Mares, 2004).
- **Exposure to privation and trauma.** Refugee children from developing countries are more likely to have been exposed to infections and diseases, malnutrition and poverty, and even torture and war, with potentially adverse consequences for their development (Berman, 2001; Mares and Jureidini, 2004).

5.3 Children or families with a disability

According to Grace, Llewellyn, Wedgwood, Fenech and McConnell (2008), the literature on inclusion in early childhood settings suggests that accessing quality or intervention-oriented early childhood education and child care is beneficial for the social, cognitive, behavioral, and motor development of children with disabilities. However, such educational outcomes are not achieved by simply enrolling children with disabilities into mainstream settings alongside their typically developing peers. The literature broadly identifies three factors in the successful inclusion of children with disabilities into early childhood settings:

- First is that of positive social interactions and engagement that is purposely facilitated by teachers, ideally through naturalistic, embedded interventions rather than specialized, intrusive instruction
- Second is that of collaborative teamwork among all agencies involved in providing inclusive early childhood education to children with disabilities, from government departments to frontline staff and therapists

- Third is that of the incorporation and empowerment of families as part of the decision-making team in the education of their children.

Collectively, Grace and colleagues suggest, these three factors compose the basic elements of the ideal, truly inclusive early childhood program.

However, many of the accounts of ways of promoting the inclusion of children with developmental disabilities in mainstream early childhood services do not reflect these factors, but are couched within the traditional 'additive' model. Accounts that are more consistent with the emerging full inclusion model include those by Grisham-Brown, Hemmeter and Pretti-Frontczak (2005), McWilliam and Casey (2007), and Noonan and McCormick (2005). These focus on ways in which the needs of young children with disabilities can be met in the course of the normal routines of early childhood programs, rather than requiring early childhood staff to add to their existing work loads.

A number of studies have focused on the barriers to inclusion experienced by families of young children with disabilities, and how these can be addressed. These studies come from the US (eg. Erwin, Soodak, Winton and Turnbull, 2001), the UK (eg. Stobbs, 2008), and Australia (Grace, Llewellyn, Wedgwood, Fenech and McConnell, 2008; Llewellyn, Thompson and Fante, 2002; McLoughlin and Stonehouse, 2006).

According to Erwin, Soodak, Winton and Turnbull (2001), a consistent series of themes emerges from research on family attitudes to early childhood inclusion:

- **Program entry** - the importance of families having information, easy access, and a smooth transition to quality , inclusive options
- **Program or school climate** – families and children feeling welcome and included into the program and feeling the diversity is valued
- **Staff skills and attitudes** - the importance of competent, caring staff who value family input, appreciate individual differences, and are skilled at working with children and establishing and maintaining effective communication with families

To support family participation in inclusive environments, the following program changes are recommended:

- Improving community-based service coordination and transition practices
- Enhancing school and program climates so that diversity is respected and each individual child and family feels appreciated, and
- Supporting the early childhood workforce so that they are capable of effectively serving families and building family partnerships in inclusive environments

In the UK, Stobbs (2008) has developed a guidebook to support the inclusion of disabled children and young people in children's centres and extended schools. This lists a number of solutions that local authorities, services and settings are developing for overcoming barriers to inclusion:

- **Information.** Parents need both general information and more specific information about local provision.
- **Welcoming ethos and attitude.** For many children and young people, the welcome they receive in children's centres and extended schools, and their participation in a range of activities, depends on an openness and a 'can do' attitude from staff. This in turn is reflected in staff willingness to make reasonable adjustments for disabled children and young people.
- **Staffing.** A number of parents think that, because their child has 1:1 support during the school day, they will need the same support in provision beyond the school day. Clearly, a small number of children need 1:1 support from a member of staff. For other children and young people, different forms of support are more likely to promote their inclusion, support their interactions with their peers and ultimately their social integration. Some children need 1:1 at particular times and some settings have clearly considered carefully how to target support at the most critical times of the session. These times will be different according to the needs of the child.
- **Training, staff development and support.** Key to including disabled children into extended provision is the ethos of the provision and the attitude of staff. All staff skills and expertise need to be firmly rooted in a welcoming ethos and a 'can do' attitude. There are layers of skill and expertise that contribute to the inclusion of disabled children. There are:
 - skills that staff draw on all the time, for example: observation, behaviour management, inclusive play, working with parents. These are skills that staff draw on in their work with all children, but more so for disabled children;
 - more specific skills that some staff need and draw on from time to time, for example: alternative methods of communication, moving and handling;
 - individual techniques for use with particular children, for example: the administration of a particular medicine, a particular method of communication or a particular feeding technique.
- **Multi-agency working.** Close working between agencies has a wide range of benefits for disabled children and their families. It can:
 - help to identify and address needs early;
 - reduce the number of appointments and visits that families need to make;
 - make for better co-ordinated provision;
 - enable disabled children to join in activities with their peers; and
 - act as outreach and draw children and families into provision that they might not have visited otherwise;
 - improve outcomes for disabled children and young people.

- **Transport.** Transport is frequently identified as the issue that most frustrates access to extended day provision. Several different approaches have been explored and work well in different authorities.
- **Buildings and access.** Parents of disabled children do not, by and large, raise issues about physical accessibility of buildings as being their first or their principal concern. However, the design of the physical environment is vital to enabling access and full participation. Parents' experiences and insights can be most helpful in informing the design and development of buildings.

Llewellyn, Thompson and Fante (2002) report on a project to identify the challenges for early childhood services in NSW in including children with disabilities. On the basis of survey and focus group data, three main types of barriers were identified:

- **Securing funding.** Negotiating the multiple sources of government funding presents an ongoing challenge, as was the need for a disability diagnosis to secure funding. Securing this diagnosis may require difficult and intensive negotiations with parents (perhaps unwilling to admit their child's difficulties) and with professionals to obtain the necessary documentation. Placing a potentially segregating label on a child so early in his or her development was seen as undesirable and can also lead services to over-estimate the amount of support required.
- **Enrolling children with disabilities.** Obtaining and keeping competent and confident staff was an ongoing challenge for service directors. Children with a disability can be regarded as adding an unwelcome and additional responsibility to already busy services. Funding criteria compound this perception by demanding a diagnosis of the child's disabilities, drawing attention to 'differences', for funding to be approved.
- **Inclusion in practice.** On a daily basis, inadequate staff:child ratios and lack of access to specialist advice present major challenges to early childhood service workers. A further challenge to service directors is to coordinate the many services involved, such as family support, vacation care and early intervention. Along with preparing funding applications, this coordination responsibility increasingly draws them away from 'floor time' with the children.

Other issues identified by Llewellyn et al include the following:

- The current funding arrangements promote additional staffing as the default position for inclusion practices. This almost exclusive focus on increased staffing militates against best inclusion practice, including individualised programming and family involvement.
- Extra staff continue to work exclusively with the child rather than working with all centre staff, children and families.
- Consultant therapists continue to use a withdrawal model working exclusively with the nominated child away from the rest of the group.

- Best practice demands that all extra resources--whether funding, service staff or consultant specialists--are used to assist the child participate in the everyday routines and activities of the service.
- Philosophical and theoretical differences between early childhood education and specialist early intervention have been identified as an impediment to inclusion. These differences are heightened by personnel in each sector undergoing different educational preparation with differently focused curricula and varying role preparation tasks.
- Good relationships between adults are a primary requirement to ensure quality inclusive, but early childhood staff lack training in developing partnerships with families and other professionals

Llewellyn et al. conclude thus:

In conclusion, the picture of mainstream early childhood services generated by this study suggests that the experience of children with disabilities and their families remains primarily one of 'special treatment'. This experience is exacerbated by the perception in the sector that including children with disabilities can proceed only if funds are made available to support the child and/or the service. While this project has found that funds are an important component of support to the inclusion of children with disabilities, equally important are the attitudes, beliefs, and knowledge of service personnel.

We suggest that mainstream early childhood workers and specialist early intervention personnel have a shared responsibility to identify and prepare for the full range of potentially eligible children. Service personnel need to work together to develop service models that are sufficiently flexible to respond to changing demographics in Australian society and the diversity of families and children in the community. These demographics include increasing participation of families with young children in the workforce, unmet demand for suitable child care and for respite as well as work-related commitments, better-informed parents with expressed choices based on information and their desire to gain value for money, and increase in the number of children with disabilities and the increasing desire of their parents to have them included in mainstream early childhood services. (pp. 21-22)

A subsequent study by the same group (Grace, Llewellyn, Wedgwood, Fenech and McConnell, 2008) investigated the experiences of mothers of children with disabilities and staff members from the NSW early childhood services which these children attended. Only three out of 17 of the early childhood centres in this study were able to provide those elements of early childhood education that research shows are essential to social inclusion. Most had insufficient resources to employ trained staff to facilitate positive social interactions and engagement through naturalistic, embedded interventions, nor did they have the time to send existing staff for training on including children with disabilities. Inadequate staffing levels also meant that time was limited for collaborative teamwork with other agencies. The failure of many early childhood services to incorporate and empower parents as part of the decision-making team

involved in the education of their children was not only due to a lack of time for such ideal practices but also due to their failure to use a family-centered approach. The key factor that was common to the three successful centres was having a director who was positive, committed, and enthusiastic about inclusion.

Grace et al. note that the success of inclusive programs is influenced by factors beyond the early childhood setting, such as broad social, political, economic, and cultural dynamics. In Australia, such factors include the following:

- Inclusive early childhood education is not sanctioned through government legislation. Thus, the enrollment of children with disabilities is recommended but not mandated for Australian early childhood service providers. This makes involvement with early childhood services potentially difficult for families who have children with disabilities.
- There is inadequate funding to support effective inclusion, and the various federal and state government funding schemes designed to assist the inclusion of children with disabilities in early childhood services are complex and vary in their eligibility and accountability criteria. They are also poorly understood by most parents and early childhood staff, and are resource intensive.
- Because there is no standard model of mainstream early childhood provision in Australia, the programs that children with disabilities may seek to attend vary considerably. Parents of a child with a disability can elect to enroll their child in a range of mainstream early childhood services, including those owned, managed, and/or funded by federal, state, and local government; community groups; private organizations and churches; and stock market-listed companies. In theory, mainstream settings accommodate all children, including those with a range of abilities and disabilities, albeit without a special education focus. Varying attendance patterns may mean that an individual child can attend all these services in a given week or have a regular pattern of enrollment in one setting, such as three 6-hour days a week at a preschool.

Some of these same issues were identified in a Victorian study by McLoughlin and Stonehouse (2006) that examined the barriers to inclusion from the perspective of parents, early childhood practitioners, and early childhood intervention specialists. One theme that emerged in discussions with all three groups concerned uncertainties about what inclusion involved and what it was designed to achieve. Parents were unclear about what successful inclusion looks like, and what criteria could be used to judge the quality of the programs on offer. Mainstream early childhood practitioners were unclear about what the aim of inclusion was, and often had unrealistic expectations about what could be achieved (eg. thinking that they had to 'cure' the children and get them ready for school). They were also confused about what skills they needed, believing they had to be 'experts' in order to engage in inclusion successfully. Even the early childhood intervention specialists were unclear about the purpose of inclusion, and had unrealistic expectations of what the early childhood staff could or should do with the child. Overall, this study identified deficits in the knowledge and skills base of both mainstream and specialist practitioners, with the most problematic being a lack of an agreed definition of inclusion and the lack of appreciation of what inclusion means in practice.

Another theme that emerged from these consultations concerned the important role that early childhood intervention specialists and advisors can play in supporting mainstream early childhood practitioners. This *consultant* role can be a powerful tool for collaborative problem solving and change. The successful consultant must possess a range of skills, including interpersonal, communication, problem solving, group facilitation, and skills in working with organisations. To be effective as consultants, professionals need skills in establishing effective collaborative partnerships with other professionals. Specialists, advisors and practitioners need ongoing support and training in a range of areas to perform their key roles.

McLoughlin and Stonehouse conclude with a number of recommendations, including the following:

- That the Victorian Government develop a Statement on Inclusion in the Early Years as part of its Children's Agenda which details a long-term plan to address barriers to the participation of all children in children's services. Specific reference should be made to service quality (e.g. group size, child:staff ratios, training and facilities), the additional stresses experienced by families with a child with additional needs and the need for sufficient, appropriate specialist support and advice.
- That a generic policy framework outlining key definitions and expectations of inclusive practice be written and used to assist early childhood services in developing their own service policies and procedures.
- That a specific resource be developed for parents that defines what inclusion is, what practices can be expected in inclusive early childhood settings, what support services are available and how to access them.
- That a specific resource be developed for early childhood services that supports them to put principles into practice by individualising their programs, actively supporting the development of relationships between children with and without additional needs, developing the awareness of parents of typically developing children, using additional resources and linking to the community.
- That a specific resource be developed for early childhood intervention staff that examines the goals of early childhood settings, what practices can be expected in inclusive early childhood settings, how support can be provided and the role of the consultant.
- That the Department of Human Services (now DEECD) enter into discussion with practitioners and parents to confirm the role of early childhood intervention practitioners as consultants in the provision of support for inclusive practice in early childhood settings.
- That professional development programs be available for all early childhood practitioners on inclusion, including definitions, practical ideas for implementation and the role of the consultant.
- That the Department of Human Services (now DEECD) consider integrated training opportunities on topics related to promoting quality inclusive practice for all early childhood and early childhood intervention practitioners, and that participation by parents in these training sessions be encouraged.

- That professional support be provided for early childhood intervention practitioners in the role of consultant in early childhood services.
- That professional development programs be developed in appropriate formats for practitioners and parents focussing on the importance of parent-professional partnerships in early childhood settings.
- That discussions be held with key undergraduate training institutions to ensure that all early childhood and specialist staff are trained in relevant ways to support inclusive practice in early childhood settings.

5.4 Children known to Child Protection services and Family Support Agencies

The issues for early childhood services in dealing with these two groups are very similar.

Early childhood practitioners may be the only professionals in contact with vulnerable or abused children for long periods of time, and may act as an important buffer against the damaging effects of abuse and neglect. Abused children exhibit identifiable behaviours and perform less well in school than their peers, and early childhood staff can learn to observe children's development and respond to their special needs. It is also important that early childhood service personnel understand what their role is in respect to mandatory reporting.

In a NSW study, Fisher, McHugh and Thomson (2000) examined the effectiveness of children's services as a strategy in the area of child protection and the prevention of abuse and neglect. Findings from this study and from international research indicates the following:

- Access to children's services as part of a holistic approach to family support minimises the risks of abuse and neglect.
- The provision of accessible, affordable and good quality children's services benefited children socially and developmentally, particularly children from disadvantaged families or families under stress neglect.
- Children's services can provide a safe and stimulating environment for children at risk, with the additional benefit of having well trained and professional staff to monitor the welfare of children at risk and to detect early signs of neglect and abuse.
- Children can also be empowered through the teaching of protective behaviours and experiencing models of appropriate behaviour.
- Services provide an opportunity for parents to have positive interaction with peers, respite from parenting and access to other parental support services.
- However, unless the provision of children's services is set within the context of a range of family support services it is likely to be an insufficient intervention.
- Due to the lack of longitudinal data and of rigorous evaluative research studies, it was not possible conclusively to state whether the use of children's services prevented children at risk moving further into the welfare system.

- Training in child protection issues is important, but it is difficult for staff to attend training programs because of the lack of funds to employ relief staff.

Where children are involved with child protection and family support services, it is vital that strong partnerships are built with the services supporting the families as well as the families themselves. Where child protection is an issue or is at risk of becoming an issue, the families concerned may need the coordinated support of many different forms of service simultaneously. The safe and nurturing environments that early childhood services can provide children need to be complemented by effective family interventions. Reviews of the evidence regarding the effectiveness of interventions to prevent child maltreatment (such as parent education programs and home visiting) have been conducted by Holzer, Higgins, Bromfield, Richardson and Higgins (2006), McLeod and Nelson (2000), and MacMillan, Wathen, Barlow, Fergusson, Leventhal and Taussig (2009).

5.5 Children in low socio economic circumstance

Strategies for engaging vulnerable and high-risk families have been addressed in a number of studies, including Barlow, Kirkpatrick, Stewart-Brown and Davis (2005), Carbone, Fraser, Ramburuth and Nelms (2004), Ghatge and Hazel, (2002), Hogue, Johnson-Leckrone and Liddle (1999), and Katz, La Placa and Hunter (2007).

On the basis of a Victorian study conducted by the Brotherhood of St. Laurence, Carbone, Fraser, Ramburuth and Nelms (2004) explored how antenatal and universal early childhood services (Maternal and Child Health services, kindergartens and primary schools) could be made more inclusive. Drawing on the limited empirical evidence and on 'practice wisdom', they suggest that inclusive services need to:

- be affordable and well publicized
- be geographically accessible
- provide outreach and support with transport
- provide a family-friendly and culturally inclusive physical environment
- employ skilled and responsive staff working from a family-centred, culturally sensitive perspective
- promote social connectedness through informal supports
- establish strong reciprocal links with other relevant services (universal and specialist).

Among the most critical factors is workers' ability to:

- establish a positive, non-judgmental relationship with all children and parents
- proactively engage and sensitively follow-up vulnerable children and parents who are at risk of 'dropping out'.

Carbone et al. suggest that parents want empathetic, empowering help and are wary of criticism, interference or surveillance. They also want prompt, practical and relevant information, supports and services, preferably from the one person or the one location. Truly inclusive services are flexible and have the capacity to match assistance to each child or family's needs and offer choice to their clientele. A 'one-size-fits-all' approach is not always useful. *Universal* services do not need to be *uniform* services. Further, given the importance of social connections and the distrust some parents have of professionals, services should preferably include a blend of 'professional' and 'informal' assistance, involving volunteers, peer providers and parent groups (general and population-specific). Parents typically welcome the opportunity to meet with other parents, particularly those in similar circumstances. The physical environment of the service can also play a role in facilitating or inhibiting these connections.

Regular training, consultation support and supervision for workers in culturally sensitive and inclusive practice are essential. Improved links across universal services and between them and specialist child and adult services, whether through co-location, service integration, regular network meetings, case conferencing or reciprocal 'in-reach', are also required. While difficult to achieve, it is important every service is encouraged to regard itself as part of a larger system supporting children and their parents.

Considering the breadth of barriers, promoting more inclusive antenatal and universal early childhood services will inevitably require the introduction of multiple, simultaneous strategies within each service. Strategies which focus on removing only one potential barrier in isolation are unlikely to be sufficient. Inclusion could be thought of as an overarching 'value' adopted by a service, supported through a range of policies and practical initiatives which are subject to regular review and continuous quality improvement.

Since it is highly unlikely a service will have *no* vulnerable children and parents among its potential clients, every service needs to establish these policies and practices. Services need to 'act as if' they already have particular vulnerable groups in the service. This will enable them to prepare the service to attract families, rather than waiting to change once they arrive.

In summarising, Carbone et al. propose that, to be more inclusive, services will need to implement strategies which:

- minimise the 'practical' (structural) access barriers and support parents to overcome their knowledge, financial, transport and time difficulties to maintain attendance
- build positive and affirming relationships with parents, which counteract distrust and stigma, and assist parents to connect with others
- ensure their programs are culturally sensitive and provide a perceived 'value for effort', both short term and long term, for the child and their parents
- establish strong reciprocal links with other services, particularly those targeted to vulnerable families.

Similar lessons emerged from a large scale study of parents' experiences of parenting in objectively defined 'poor parenting environments' in the UK (Ghate and Hazel, (2002). Parents reported that what they wanted from formal and informal support services were

- improving accessibility and quality of services (including extending opening hours, reducing waiting lists, and reducing charges)
- expansion of services
- improvements in numbers quality and training of staff
- expanding the social profile of users
- supplying written information for parents to read at home

When parents were asked how they wanted family support services delivered, three main themes emerged:

- **Services that allowed parents to feel in control.** Parents wanted services that allowed them to feel in control. They defined 'good' support as 'help that nevertheless allowed them to feel 'in control' of decisions and what happened to them and their families'. There is clearly a delicate balance to be struck between 'help' that genuinely supports (or as some would term it, 'empowers') and help that in fact undermines, disempowers and de-skills.

In respect of information, many parents reported that they felt inadequately informed about key aspects of parenting and child rearing. They also said they prefer to receive information about different aspects of parenting in ways that were private and home-based (eg. over half said a leaflet that they could read at home), leading the researchers to believe that this was because they preferred to remain in control of the information, choosing when and where they access it.

- **Practical, useful services to meet parents' self-defined needs.** Parents set great store by the practical value of services, but often only insofar as they met their own self-defined needs. The implication is that it is important that family support services pay more attention to parents' perception of the support they provide in terms of the manner in which the support is delivered and parents' feelings about how useful and appropriate the service is' (p.253)
- **Timely service.** Another key principle is that what parents want from support is help when *they* feel they need it, not weeks, months or even years later.

From their study, Ghate and Hazel draw a number of conclusions about how services can be most helpful to vulnerable families:

- **Diversity of forms of support.** There is a need to preserve a diversity of support because people use informal, semi-formal and formal services for different reasons. .

- **Role of formal services.** The formal service sector has continuing relevance especially to very vulnerable families:

‘Those families in our sample who had the highest levels of needs also had, in general, the highest ‘consumption’ levels of support across the board. They also held the least positive attitudes to naturally occurring support. This was not, we argued, necessarily because they were temperamentally incapable of sustaining healthy social relationships, but because their greater reliance on support of various kinds coupled with their greater vulnerability exposed them more than others to the downsides of informal support. These were the families, we suggested, that were least able to engage in the reciprocal give and take of informal social support relationships. They were also the families with the most to lose, socially speaking, in terms of being exposed to the scrutiny of neighbours and others in the local community.’ (pp. 255-56)

- **Need for multilevel interventions.** Multiple risk factor situations means that strategies to address these accumulated and complex situations need themselves to be multi-levelled to be effective: ‘support to families in poor environments needs to operate on a number of dimensions, tackling stressors simultaneously at the individual, the family and the community level.’(p256)
- **Danger of ‘negative’ support.** The concept of ‘negative support’ may be very useful in understanding why parents do and do not access different sorts of help and support in parenting.

‘Many parents reflected on the disadvantages as well as the benefits of accepting informal help from family, friends and neighbours, as well as being sensitised to the potential problems inherent in accessing organised services.’ (p.257)

‘There were strong indications that ‘support’ is not always perceived in an entirely positive light: there is a fine dividing line between help and interference, and losing control over one’s life (and one’s children) was perceived to be a possible consequence of asking for help or support. Confidentiality and control loomed large as issues underlying parents’ willingness to accept support provided by agencies, especially those in the statutory sector. In terms of accepting informal social support, parents were anxious about loss of privacy, and about reciprocity, indebtedness and having to ‘return favours’. Furthermore, the more problems in parents’ personal circumstances, the more negative the perceptions in this respect, so that the neediest parents were also the least likely to feel positive about asking for or accepting informal support.’ (p.257)

- **Limitations on what support can achieve.** Support is not a universal panacea for parenting problems – given the complex relationship between support, perceptions of supportedness and coping, it can’t be assumed that ‘more = better’ in relation to support and coping.(p258)
- **Build on the existing strengths.** Note that this study did not find support for the notion that poverty correlates with social fragmentation and disintegration. Although

there were limitations in people's levels of social support, these did not arise from neighbourhood or community level systems but were more a function of family and individual level systems (p.259)

'Support deficits, in this study, were not a function of community-level stressors arising from living in a poor environment but rather of a complex web of individual and family-level characteristics. We cannot therefore say that poor areas are necessarily prejudicial to social support for parents' (p259)

- **Tackle weaknesses in the marketing and image of services** – the study revealed surprisingly little information among respondents about services and sometimes these services were held in very poor regard:

'This study showed that there is a high level of need for formal services among parents in poor environments but that a substantial minority of high-need parents are not in the system, and that some parents will do anything rather than seek help.'(p260)

- **Helping parents to feel in control.** The best way to support parents in poor environments is to ensure that parents feel in control of the type of support they receive and the way in which it is delivered. External support that appears to undermine parents' autonomy and which steps over the fine line that divides 'help' from 'interference' can end up being experienced as negative rather than positive and may simply add to, rather than relieve, stress.

Despite the need for and effectiveness of early intervention programs, there is frequently low uptake on the part of many families to whom such programs are offered. Refusers can, therefore, represent a substantial proportion of the population who have been targeted for early intervention. The consequences of failure to engage families in early intervention programs are significant, given that refusers are very often those with the greatest need.

On the basis of their UK study of women who refuse services, Barlow, Kirkpatrick, Stewart-Brown and Davis (2005) conclude that such women comprise a diverse group, and that service providers need to take this diversity into account if they are to improve uptake of services on the part of this group of women. For some of the women in this study who appear to be 'out-of-reach', new ways of providing services are needed. This may mean utilising voluntary sector services that are being provided by non-professional volunteers or befrienders. It also means greater attention being given to the relationship between professionals and potential recipients of services, and in particular to ways of establishing effective working relationships. This points to the need for service personnel to have both an understanding of the processes of helping (including the nature and importance of the relationship), in addition to the communication skills to enable them to develop such a relationship. The results of this study also suggest that service providers will need to be both constant in their offer of help, flexible in terms of the type of help that they are able to provide, and willing to work in a collaborative manner with women who feel unheard, unable or unwilling to trust, and who are isolated by virtue of these factors.

Based on a review of the barriers to vulnerable families accessing mainstream services, Katz, LaPlaca and Hunter (2007) identify a number of strategies which can be used by parenting and family support services to engage with parents:

- **Personal relationships between providers and service users.** The relationship between front-line providers and service users has consistently been identified as a major factor influencing the engagement of parents in mainstream services.
- **Practical issues and patterns of delivery.** A number of practical issues have been shown to be important in understanding how best to engage 'hard to reach' parents in a range of different services. One issue is how services respond to parents whose problems are not deemed sufficiently serious and who 'fall below the threshold of provision'. Parents whose request for help is turned down can become disillusioned with services and are less likely to ask for help in the future. This makes it more likely that they will allow problems to escalate.
- **Service culture.** The overall culture of services and ways they perceive their users can erect barriers to participation. Many parents are put off because of the unequal power relations between parents and services. Services may also be unresponsive to the needs and views of users.
- **Consultation, information and targeting.** Consultation with service users and their involvement in planning services have been seen as an effective means of reducing barriers to engagement and advancing social inclusion. Information and advice to parents need to be tailored not only in content but also in the mode of delivery, so that parents from different groups can have equal access.
- **Community development approaches.** Parents can be included in services at a number of levels other than as service users, eg. decision-making within service delivery, involvement in case planning, and involvement in service evaluation, monitoring service planning, and strategic planning. Community development approaches have enormous potential for increase engagement of parents.

In the UK, the Department for Communities and Local Government (2006) looked at mobility as a driver of disadvantage and links exclusion and frequent moving. It examines the impact of frequent moving on service providers, communities and vulnerable people. Whilst it is recognised that moving home is usually desirable and positive and can bring benefits such as better work or a new start, we also know that some disadvantaged people who move frequently can find it difficult to access the services they need. High levels of mobility, particularly in *areas* of deprivation, can also be a barrier to community cohesion and pose particular challenges for service providers.

Jelleyman and Spencer (2008) conducted a systematic review of research on the effects of residential mobility on childhood and health outcomes. They found that outcomes identified in association with residential mobility included: higher levels of behavioural and emotional problems; increased teenage pregnancy rates; accelerated initiation of illicit drug use; adolescent depression; reduced continuity of healthcare. The review suggests that residential mobility interacts at neighbourhood, family and individual levels

in cumulative and compounding ways with significance for the wellbeing of children. High frequency residential change is potentially a useful marker for the clinical risk of behavioural and emotional problems. The evidence supports the reorientation of health services effectively to engage these residentially mobile children for whom health and psychological needs may be identified. The impact of housing and economic policies on childhood residential mobility should be evaluated considering this evidence.

6 AUDIT OF RESOURCES TO SUPPORT INCLUSION

Part B of this resource contains an annotated list of resources to support the inclusion of marginalised and disadvantaged children in early childhood programs. While the list is not exhaustive, it does include a comprehensive and representative collection of resources available to early childhood practitioners. The present section describes some of the key issues that emerge from a consideration of that list, and explores the implications for use of these resources.

The audit found that resources were not evenly distributed across vulnerable groups. The group with the most resources were children or families with a disability, while the one with the least refugee and asylum seekers. Although many of the resources identified were developed in isolation from one another, there is considerable overlap between resources, with many resources presenting common principles of practice and suggestions for practice. For example, pamphlets and brochures in languages other than English would be useful not only for culturally and linguistically diverse families, but those who are refugees or asylum seekers.

Most of the resources that were identified were based on the 'additive' model of inclusion described earlier, that is, they were designed to be added to an existing service or program to enable the inclusion of particular groups of vulnerable children. Few supports and tools were identified to support the alternative approach of strengthening the inclusivity of the entire program and service philosophy, including the way an environment is set up and teacher-child interactions. Changes of this type will require support from the early childhood service system in the form of professional development, time to reflect and collaborate, and time to 'trial' program modifications.

How will this change occur? The reality of the Victorian kindergarten system is that it comes with its own traditions and it is a system on which future early childhood programs will be built. That is, the existing kindergarten paradigm is not going to be erased and replaced by a new system based on universal design; rather, emerging ideas and research will stimulate modifications to existing programs and philosophies, which will evolve gradually. The theoretical framework offered in the present paper offers kindergarten teachers and service providers a summary of recent developments in thinking about *difference*, *disability*, and *exclusion* and the evolution of these principles to thinking about *diversity*, *capability*, and *inclusion*. A theoretical framework is important to guide practice, as well as in stimulating and guiding changes to practice. Thus, if a service is going to aim to become universally inclusive, it is necessary for the service providers and teachers to have an understanding, or a picture of what a universally inclusive service 'looks like'.

As a set of resources, the audit presents a range of the resources that can be used to increase the inclusive nature of an early childhood program. Although they are presented in a format where one resource can be chosen to meet a particular need, the value may in fact lie in the underlying principles of inclusion that they collectively represent. If used in isolation, there is a possibility that attempts at inclusive practice may result in a tokenistic approach, rather than an inclusive one. If used collectively,

they can help the program become more inclusive overall, and therefore better able to meet the individual needs of all children, as well as more attractive to a wider range of children and families. The resources that may be most valuable are those that offer practitioners a view inside the lives of the disadvantaged groups, so that service providers and practitioners can 'step into their shoes'. However, there are currently limited opportunities for practitioners to immerse themselves in these resources and limited support for practitioners to solve the puzzle of how to translate it into practice.

Kindergartens need resources that are relevant to the challenges they are facing right now, such as funding to remove financial barriers enabling targeted groups to access services. It is important for these groups to still have access to services, even though the service system may be undergoing change. In view of the aim for universally inclusive programs, it is equally important to consider resources that will assist with the development of a universal system. If financial barriers are used as an example, this may involve a review of national and / or state funding schemes, how they may discriminate against certain groups, and ways in which to overcome this. For example, transport assistance and the meals a program provides may be additional measures that can be taken to increase attendance at a service. This takes into account that the financial barriers a family may experience are multiple, and that an inability to pay the service's fees may not be the only reason low-income or unemployed families do not attend the service.

It is also important to note that 'additive' resources are sometimes necessary, even in a universally accessible program. It is unreasonable (and a financial burden) to expect each service to have all the specialist equipment and training needed for in preparation for a family who may (or may not) enrol who has those specific needs. It is therefore, necessary, to have these supports available when required, even within a universal system.

In conclusion, the *Annotated List of Resources* has valuable resources and supports for existing kindergarten programs to access to increase the inclusive nature of their program. However, the research and thinking summarised earlier in this paper emphasises that contemporary thinking about inclusion and universal service systems has moved beyond the additive model in which these resources sit. The list is therefore limited in its ability to support a service system that is changing with the aim of becoming universally accessible and inclusive. Appropriate resources and supports at both the service-level, at the program-level, and at the family-level situated within the contemporary paradigm will be required to guide the Victorian kindergarten-system towards being a universal system.

7 SUMMARY AND CONCLUSIONS

7.1 Summary

This Project has explored the procedures and resources that are available to support the inclusion of marginalised and vulnerable children in kindergarten programs. Part A has presented an overview of current and emerging conceptualisations of inclusion within early childhood services, while Part B provides an annotated list of resources to support the inclusion of young children from marginalised and vulnerable families.

One of the key points is that ***conceptualisations of inclusion and diversity are not static but are evolving continually***. Currently, we appear to be transitioning from one set of ideas about difference, disability and exclusion to an emerging set of ideas about diversity, capability and inclusion. There is no single factor or movement driving this change – it is an emerging set of ideas that represents a shared response to changing community and global conditions. The reach of these ideas is uneven, and, as a result, there is a spread of opinion regarding the rationale, definition, and practice of inclusion, both within the early childhood service sector, and the wider community. ***Currently, the practice of inclusion is hampered by a lack of agreement among the key stakeholders – parents, early childhood practitioners, specialist providers, and the various levels of government – about what inclusion means and what is needed to make it effective.***

Within the early childhood sector, approaches to inclusion vary according to underlying assumptions about the nature and purposes of early childhood services. On the one hand, if early childhood services are seen as providing care and education for children within the ‘normal’ range, then catering for children outside that range (ie. children with additional or special needs) becomes a matter of adding resources specifically to meet their needs. On the other hand, if early childhood services are seen as providing care and education programs for *all* children, regardless of their abilities, backgrounds and needs, then the aim of the program is to provide flexible and universally applicable programs that are designed ‘from the ground up’ to be inclusive.

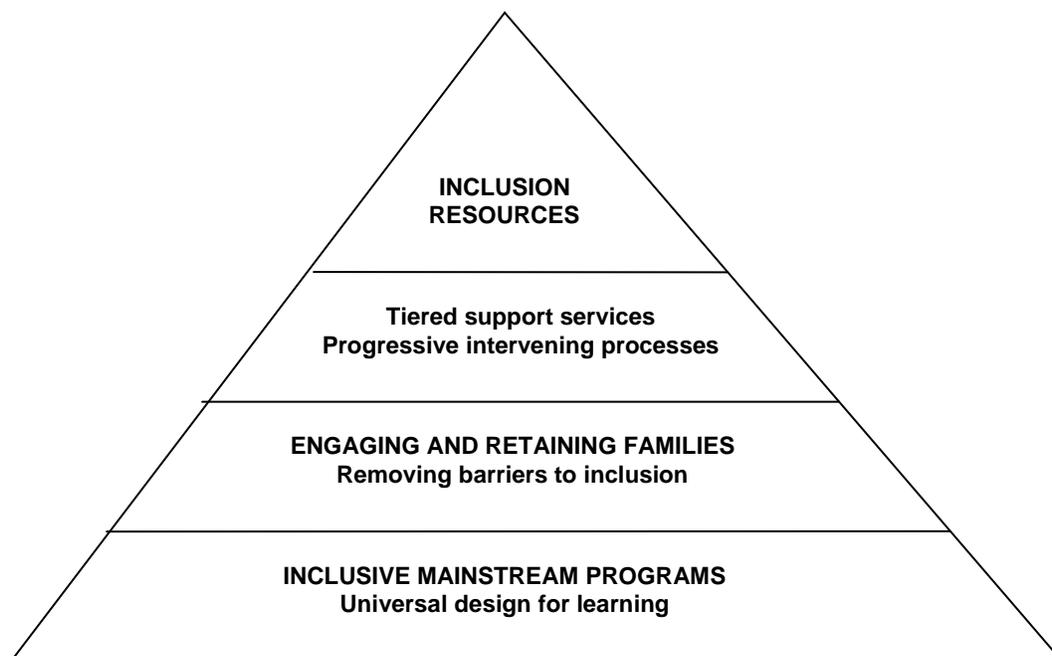
Most of the resources identified in the audit conducted as part of this Project are of the former type, that is, they are based on an assumption that there is a mainstream curriculum that needs to be adapted or supplemented to cater for individual children with exceptional vulnerabilities or learning needs. Although there are few of these resources that have strong evidence base, most have a clear rationale and program logic, and many will be helpful to early childhood practitioners who are seeking to meet the needs of children with particular vulnerabilities.

In addition to these resources, this review has also identified ***an emerging service paradigm – a fully inclusive curriculum model based on principles of universal design for learning***. Three ways of supporting the development of such a model were described: strengthening universal early childhood services; building a tiered system of universal, secondary and tertiary services; and using progressive or hierarchical intervening processes to address children’s individual learning needs. The importance of

strengthening the universal early childhood system cannot be overemphasised: the research evidence consistently shows that high quality mainstream service provision is a prerequisite for effective inclusion. While the practices that underpin high quality service provision in early childhood services are well understood, they are not necessarily uniformly applied in practice. For effective inclusion to become a reality, it is essential that the overall quality of early childhood education and care programs be raised – which means efforts to improve both the interpersonal and structural features of high quality programs identified above.

Another major theme to emerge from this review concerns **the key role of families**. In seeking to make early childhood services more inclusive, it needs to be recognised that focusing on the curriculum and on what happens while the child is attending an early childhood program is not enough. The child is part of a family, and the child's attendance at the program depends upon the family's commitment and capacity to bring the child on a regular basis, and the child's progress depends upon the family's commitment and capacity to support the child's learning and development. The dilemma is that many of the children who are missing out on a kindergarten experience come from families whose commitment and capacity to bring their children regularly and to support their children's learning is compromised by a number of factors. These include their own personal histories and resources as well as their current circumstances, but also involves the nature and accessibility of the services themselves. The review explored what is known about why some families do not make better use of early childhood services and what can be done to engage them more effectively.

The relationship between the different elements identified in this review is shown in the following diagram:



7.2 Conclusions and implications

Conditions needed for universal attendance at preschools

- Efforts to promote the inclusion of children from marginalised families in early childhood services would be enhanced through the development and adoption of a clear policy statement regarding inclusion, including clarification of what inclusion means and what it is intended to achieve. Given the involvement of both state and federal governments in funding inclusion support, this policy should ideally be a national policy statement.
- The capacity of early childhood services to effectively meet the needs of all children in a truly inclusive manner is intimately connected with the quality of such services. This strengthens the argument for increasing support for the early childhood system, seeking to promote uniformly high quality services through a range of strategies, including quality assurance, curriculum development, and resource development, as well as funding to improve staff qualifications and staff-child ratios.
- The curriculum frameworks and statements being developed at federal and state levels need to be based on principles and practices of universal inclusion.
- To strengthen the capacity of early childhood services to meet the needs of vulnerable children effectively, three strategies are indicated:
 - The first involves making the inclusion resources identified in this Project widely available.
 - The second involves supporting initiatives to develop early childhood programs based on the principles of universal design for learning.
 - The third involves building tiered system of universal, secondary and tertiary support services to provide early childhood practitioners with the support and resources they need to meet the needs of children with particular vulnerabilities.
- To engage and retain vulnerable families, early childhood services need to develop strong partnerships with family support services that have the capacity to provide outreach support to such families.

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UNIVERSAL ACCESS TO EARLY CHILDHOOD EDUCATION

Inclusive Practice - Kindergarten Access and Participation for Children Experiencing Disadvantage

ANNOTATED LIST OF CURRENT RESOURCES
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1. INTRODUCTION

This annotated list is linked with the background paper, and contains a list of professional development learning tools and resources that are currently available to support inclusive practice in respect of Kindergarten access and participation for children and families experiencing disadvantage in Victoria.

The target groups for inclusion, as outlined by the Department of Education and Early Childhood Development are:

- Indigenous children & their families;
- Culturally & Linguistically Diverse children & families (CALD);
- Refugee & Asylum Seekers;
- Children or families with a disability;
- Children known to Child Protection;
- Families linked to Family Support Agencies; and
- Children in low socio economic circumstances.

The audit focused on the existing resources for meeting additional needs within an early childhood program and specifically within the kindergarten context. It is not a complete list of resources; however, it does reflect a comprehensive search of those available to kindergarten teachers through training and advocacy organisations, the internet, and paper-based resources and text books.

An assessment was conducted to consider the adequacy and quality of existing resources given the changing conceptualisations of inclusion in early childhood services, discussed in the background paper. This assessment also served to identify any existing resources that may be of poor to average quality, providing motivation for the development of up-to-date and relevant resources to 'fill the gaps'.

The annotated list has been categorised as follows:

1. Engaging and retaining families: Financial support for inclusion
2. Meeting additional needs within early childhood programs: Child-focused resources
3. Meeting additional needs within early childhood programs: Family-focused resources
4. Meeting additional needs within early childhood programs: General resources to encourage diversity and inclusive practices

The resources aimed at the target groups for inclusion (outlined above) are included, where available, within each category.

2. GLOSSARY

AAFCD	Australian Association for Families of Children with a Disability
ACD:	Association for Children with a Disability
ACEI:	Association for Childhood Education International
ACWA:	Association of Childrens Welfare Agencies
ADEC:	Action on Disability within Ethnic Communities
AECSSU:	Aboriginal Early Childhood Services Support Unit
AEIOU:	AEIOU for Children with Autism
AEU:	Australian Education Union
AMES:	Adult Multicultural Education Service
ANTAR:	Australians for Native Title & Reconciliation
ANZ:	Australian and New Zealand Banking Group Ltd.
AUSIT:	Australian Institute of Interpreters and Translators Incorporated
BSL:	Brotherhood of St Lawrence
CCCH:	Centre for Community and Child Health
CfC:	Communities for Children
CPEC:	Cerebral Palsy Education Centre Inc.
DADHC:	Department of Ageing Disability and Home Care
DEECD:	Department of Education and Early Childhood Development
DEEWR:	Department of Education, Employment and Workplace Relations
DHS:	Department of Human Services
ECA:	Early Childhood Australia
ECC:	Early Childhood Connections (Centre for Community Child Health)
ECIA:	Early Childhood Intervention Australia
ECRII:	Early Childhood Research Institute on Inclusion
ERIC:	Education Resources Information Centre

FKA: Free Kindergarten Association
KPV: Kindergarten Parents Victoria
NAPCAN: National Association for Prevention of Child Abuse and Neglect
RCN: Raising Children Network
SDN: Sydney Day Nursery
SNAICC: Secretariat of National Aboriginal and Islander Child Care
SERMRC: South Eastern Region, Migrant Resource Centre
UCCE: University of California Cooperative Extension
VAEAI: Victorian Aboriginal Education Association Inc.
VICSEG: Victorian Cooperative on Children's Services for Ethnic Groups

3. ENGAGING AND RETAINING FAMILIES: FINANCIAL SUPPORT FOR INCLUSION

The following are financial incentives and schemes that are available to all kindergartens in Victoria (and in some cases to all Australian pre-schools) to assist with creating a more inclusive environment for young children and families.

The schemes are either applicable to kindergarten staff and services directly - to enhance inclusive practices across the service (e.g., by supporting a greater ratio of staff to children) - or they may be applied for and granted on the basis of a specific group of children (e.g., to support inclusion for Indigenous families). Although in cases such as those supporting specific groups, the goal is still for general inclusion and not targeted support in the form of integration aides to work with an individual child.

Indigenous children and their families

◆ Indigenous Kindergarten Program (Vic)

<http://www.education.vic.gov.au/about/directions/aboriginal/earlychildhood.htm#2>

The *Indigenous Kindergarten Program* has Koorie Early Childhood Field Officers (KECFOs) who work with kindergarten programs and other early years services to encourage culturally appropriate programs for Koorie children and their families. They aim to:

- increase and enhance the participation of Koorie children in kindergarten;
- promote the value of kindergarten programs within Koorie families and communities;
- promote cultural awareness and provide access to resources for mainstream kindergarten programs;
- liaise between Koorie families and mainstream kindergarten programs;
- support the Koorie Pre-school Assistant (KPSA) program

In addition to this funding, this initiative also includes a range of support services for programs from Koorie Early Childhood Field Officers (KECFOs) and Koorie Preschool Assistants (KPAs).

3 year-old kindergarten

Three year old Aboriginal and Torres Strait Islander children, whose families are in receipt of a concession card, are eligible to access up to 10 hours a week of a funded early childhood program planned and delivered by a qualified early childhood teacher.

Early Childhood Program Division (in the Office for Children and Early Childhood Development): **1300 731 947**

◆ Supplementary Recurrent Assistance (SRA)

<http://www.deewr.gov.au/EarlyChildhood/OfficeOfEarlyChildhood/AboriginalTorresStrait/Pages/Providingasolidstartinschool.aspx>

The aim of this funding is to assist education providers (including preschools) to improve educational outcomes for Indigenous Australians. Efforts by providers to improve Indigenous outcomes must focus on eight priority areas for Indigenous education.

Children or families with a disability

◆ Kindergarten Inclusion Support Services (KISS) (Vic)

<http://www.education.vic.gov.au/ecsmanagement/careankinder/inclusion/disabilities.htm>

This funding is available on application (where the eligibility criteria is met), and offers kindergartens supplementary funding to support the inclusion of children with disabilities to participate in their local kindergarten programs.

◆ Kindergarten Fee Subsidy (Vic)

<http://www.education.vic.gov.au/ocecd/childrens-services/kindergarten-programs/kindergarten-fee-subsidy-help-with-kindergarten-for-eligible-families.html>

<http://www.education.vic.gov.au/ecsmanagement/careankinder/funding/subsidy.htm>

Fee subsidy payment provides services with funding to provide 10 hours of kindergarten per week to eligible children (specified eligibility criteria). Funded programs will receive the annual kindergarten fee subsidy for each eligible child, to provide a free or low-cost kindergarten program.

Where money exceeds yearly fees, surplus funds can be used by the service to further support the inclusion of all families in the kindergarten.

◆ Inclusion Support Subsidy (Australia wide)

http://www.dest.gov.au/sectors/early_childhood/programmes_funding/inclusion_support_subsidy_factsheets.htm

The Inclusion Support Subsidy (ISS) gives funding to help child care services to include children with ongoing high support needs. Children with ongoing high support needs are children with a disability, children being diagnosed with a disability and refugee children.

A proportion of the funding is provided for use in a flexible way, to help with professional development. e.g. consultancy services / training, or specialist equipment where necessary.

This is relevant for kindergarten programs that are operating in a long day care setting.

◆ IPSP: Inclusion and Professional Support Program

<http://www.cccvic.org.au/content.cfm?content=66>

Funded by DEEWR, Community Child Care is responsible for developing, managing and monitoring the delivery of professional support within Victoria. It is linked with the Inclusion Support Subsidy, Bicultural Support Workers, Noah's Ark (Specialist Equipment Program), and Indigenous Professional Support.

This is relevant for kindergarten programs that are operating in a long day care setting and aimed at increasing the skill level of carers and service staff, as well as an emphasis on providing professional development to rural and remote services.

Culturally and Linguistically Diverse children and families

◆ FKA Children's Services Inc

<http://www.fka.com.au>

The FKA provides the following services:

- advice and information to teachers and funded organisations on improving access for children from culturally and linguistically diverse backgrounds (including children with a disability) to kindergarten programs
- casual bilingual workers to assist with the participation of children from culturally and linguistically diverse backgrounds in kindergarten programs
- training for early childhood staff to assist them to include children from culturally and linguistically diverse backgrounds in kindergarten programs
- language assessments for children from culturally and linguistically diverse backgrounds attending kindergarten programs
- access to the Multicultural Resource Centre on line Library, Richmond based Library and Mobile Resource Service; multilingual and multicultural resources are available
- access to resource sheets and translated information for families
- resource list for practitioners

Some services are available to members of the FKA. Refer to their membership brochure for current prices.

Children & Families in Low Socio-Economic Circumstances

◆ KPV

www.kpv.org.au

A range and specified level of advice and support on governance, service operation and management to funded community based not for profit kindergarten committees of management and cluster manager organisations. Services include:

- Training and training resources
- Telephone and email advice
- Support for complex management issues
- Provision of information

Early Childhood Education Foundation

<http://www.kpv.org.au/page/view/the-early-childhood-education-foundation-116/>

The foundation provides assistance to supplement the preschool funding the state government provides to enable a child who may not enrol due to financial reasons, to attend at least one year of preschool.

◆ Family Assistance Office – JET

http://www.familyassist.gov.au/internet/fao/fao1.nsf/content/payments-jobs_education_and_training_child_care-jet_child_care.htm

Eligible parents can access the Jobs, Education & Training (JET) Child Care Fee Assistance to assist with the cost of approved child care whilst they are involved in activities such as work, job search, training, study or rehabilitation as part of an activity agreement, to help them enter or re-enter the workforce. Specific eligibility criteria applies.

◆ DEEWR – Sustainability Program

http://www.dest.gov.au/sectors/early_childhood/programmes_funding/child_care_community_support_payments.htm

Sustainability Program – improve access to *established* child care services for families in areas of need approved by the Department. Information & Application Form can be found at the website. See 'Long Day Care' programs.

General Resources

◆ Gowrie Victoria

Email: resources@gowrievictoria.org.au

Internet: <http://www.gowrievictoria.org.au>

DEECD funds Gowrie Victoria to provide:

- telephone advice to kindergarten staff and committees of management on quality and practice issues
- access to specialised early childhood library and resources.

◆ Best Start/ BSL/ State Government Victoria

http://www.eduweb.vic.gov.au/edulibrary/public/beststart/ecs_breaking_cycles_best_start.pdf

See the following report for ways to overcome the structural or practical barriers to inclusion:

Breaking Cycles, Building Futures: Promoting inclusion of vulnerable families in antenatal and universal early childhood services. A comprehensive guide to the principles and practices that are important when adapting an early childhood service or program to be inclusive.

Systems or strategies recommended include – home visiting; outreach & mobile units; and community hubs.

4. MEETING ADDITIONAL NEEDS WITHIN EARLY CHILDHOOD SERVICES: CHILD-FOCUSED RESOURCES

The following resources are available to assist kindergarten teachers and staff in creating more inclusive environments for all families, with a focus on resources that enhance the children's curriculum.

Indigenous children & their families

◆ SNAICC

Through Young Black Eyes. Includes a Workshop Facilitators Guide and A handbook.

http://www.snaicc.asn.au/publications/default_news_resources.cfm?loadref=7

Workshop Facilitators Guide – A guide to help professionals to run workshops, share stories, plan and act to help Aboriginal and Torres Strait Islander children be safe and happy.

Handbook – To protect children from the impact of family violence and child abuse. See Section E – for a comprehensive Annotated list of Resources and Service information. Also included are a range of Educational videos and DVDs available from www.aifs.gov.au/nch/bib/videos.html

Footprints to Where We Are.

<http://srs.snaicc.asn.au/resourcing/default.cfm?loadref=123>

A resource for Aboriginal and Torres Strait Islander Children's Services. Resource touches on a range of health and well-being considerations that affect all children and all early childhood services. It does so with a specific focus on promoting health, well-being and quality services for children and families from Aboriginal and Torres Strait Islander backgrounds.

◆ Early Childhood Connections

http://www.rch.org.au/ecconnections/publications/index.cfm?doc_id=11283

Information Sheet from Childcare and Children's Health, February 2008, Vol 11 (1): *Implementing an Aboriginal Perspective into any everyday early childhood environment.*

Parent fact sheet also available. Both documents downloadable from the website.

◆ NAPCAN

<http://www.napcan.org.au/workshops.htm>

A workshop for making changes at the program level to improve services in the area so that they are more family friendly to Aboriginal families.

A range of Indigenous resources that can be accessed as PDF files - <http://www.napcan.org.au/pdf.htm>

◆ **DEECD (Vic)**

Koorie Kindergarten Inclusion Kit

<http://www.education.vic.gov.au/ecsmanagement/careankinder/inclusion/koorie.htm>

The Koorie Kindergarten Inclusion Kit provides a kindergarten cultural awareness tool to enhance support for indigenous children. It also provides material to promote the values of kindergarten to Indigenous children and their families. (Developed 2005)

◆ **ANTAR**

http://www.antar.org.au/issues_and_campaigns/health/success_stories

ANTAR provides examples of activities in a range of communities throughout Australia that have been successful in improving the health and well-being of Aboriginal or Torres Strait Island children. The website provides an interactive map of Australia with markings indicating where initiatives have been successful and links to further information about the activities of these areas.

◆ **Department of Education, Training and the Arts (QLD)**

<http://education.qld.gov.au/schools/indigenous/projects/foundations.html>

Foundations for Success - Guidelines for an early learning program in Aboriginal and Torres Strait communities

Detailed and practical guidebook that includes information on 'Building learning bridges' and addresses questions such as:

- What are the key principles that will guide me in creating a quality early learning program in Aboriginal and Torres Strait Islander communities?
- What language, literacy and numeracy capabilities will Aboriginal and Torres Strait Islander children bring to an early learning program, and what does this mean for me?

***NB:** Exercise caution when using resources for Indigenous Australians that may not be from your city and/or state. Language, customs and culture can be very specific to region.*

◆ **AECSSU (NSW)**

<http://www.aecssu.org.au/>

AECSSU provides a consultancy and advisory service to early childhood services. Based in NSW.

Publications available include -

- Aboriginal Parents/Carers guide to preschool.
- Poopajyn Boori Norta Norta Boola "Little Children Learning Together" - Allows Aboriginal & Torres Strait Islander children the chance to develop their awareness of cultural identity and for all children to be provided with the opportunity to receive appropriate education about Aboriginal & Torres Strait Islander cultures and traditions.
- *Teaching & Learning Our Way Handbook & Literacy Resource CD-ROM for teachers.* Is designed to assist NSW early childhood teachers working with Aboriginal preschool

children. The book's aim is to support early childhood educators in using practical literacy teaching methods.

NB: Exercise caution when using resources for Indigenous Australians that may not be from your city and/or state. Language, customs and culture can be very specific to region.

◆ **Ballarat & District Aboriginal Co-operative**

<http://badac.ballarat.net.au/programs.htm>

This co-operative provides a range of services to work with services and families together to support greater inclusion for families in Ballarat. Services offered include playgroups, community housing, preschool assistance, family camps, and cultural education.

◆ **RCN**

<http://raisingchildren.net.au/>

The website provides information related to parenting and raising children, with sections relating specifically to Indigenous families, such as *Parents Like Me*. Links are also provided to additional organisations that support Indigenous Australians.

◆ **VAEAI**

<http://www.vaeai.org.au/education/early.html>

The VAEAI Early Childhood Sector provides advice, support and assistance to all Aboriginal Early Childhood Services as well as government agencies. Some of these agencies and services include:

- Multifunctional Aboriginal Childcare Centre (MAC's)
- Koorie Early Childhood Field Officers (KECFO's)
- Department of Health and Family Services
- Department of Human Services
- Department of Education Training & Youth Affairs

◆ **What Works**

The Early Years

http://www.whatworks.edu.au/4_4.htm

Case studies of educational interventions that have improved outcomes for Indigenous students, including early years transition projects.

Effective Learning Issues for Indigenous Children Aged 0 – 8 Years - A discussion paper related to Indigenous education.

<http://www.whatworks.edu.au/docs/pmcd0163.pdf>

◆ **ARACY**

http://www.aracy.org.au/AM/Template.cfm?Section=Evidence_into_Action_Topical_Papers

Engaging Indigenous Families in Preparing Children for School - Report developed for the Communities for Children facilitating partners, considering approaches to engagement with Indigenous families.

◆ **ECA**

http://www.earlychildhoodvictoria.org.au/page.asp?_=Indigenous%20project&d=/_edit/Indigenous_project&W=F

Walking Respectfully: Exploring Indigenous Culture and Reconciliation in Early Childhood Practice. A booklet that considers history and culture of Victorian Aboriginal people; stories of success in three Indigenous projects; and issues for early childhood professionals to consider.

◆ **DEST (resource now managed by DEEWR)**

http://www.dest.gov.au/sectors/indigenous_education/publications_resources/preschool_profile/default.htm

Indigenous Preschool Profile is a tool that has been developed for teacher use in preschool services to assess literacy and numeracy development in the year prior to formal school. It assesses concepts in both English and the child's first language. A booklet is also available for download to support its implementation.

◆ **YARN STRONG SISTA**

www.yarnstrongsista.com

Indigenous education consultants (preschool – post-secondary) who provide a range of services including:

- Face Painting, Storytelling, Puppetry (for ages 3-8), Murals, Training, Indigenous Resource Kits, Festivals
- Cross Cultural Workshops tailored to the needs of the childcare worker and educator working at all levels of the education system.
- Consultancy with staff at childcare centres, kindergartens and schools in constructing and delivering Indigenous inclusive programs and curriculum.
- Indigenous curriculum and education policy writing.
- Development of culturally appropriate resources that reflect a contemporary way of life with a Victorian focus:
 - ≡ Photo sets
 - ≡ Books
 - ≡ Games
 - ≡ Curriculum Materials
 - ≡ Puzzles

Culturally & Linguistically Diverse children & families

◆ **Early Childhood Connections**

http://www.rch.org.au/econnections/publications/index.cfm?doc_id=11283

Information Sheet from Childcare and Children's Health, March 2007, Vol 10 (1) *Working with Culturally and Linguistically Diverse (CALD) Families*

Parent fact sheet also available. Both documents downloadable from the website.

◆ **FKA Children's Services Inc**

www.fka.com.au

The FKA provides the following services:

- advice and information to teachers and funded organisations on improving access for children from culturally and linguistically diverse backgrounds (including children with a disability) to kindergarten programs
- casual bilingual workers to assist with the participation of children from culturally and linguistically diverse backgrounds in kindergarten programs
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- access to the Multicultural Resource Centre on line Library, Richmond based Library and Mobile Resource Service; multilingual and multicultural resources are available
- access to resource sheets and translated information for families
- resource list for practitioners

Some services are available to members of the FKA. Refer to their membership brochure for current prices.

◆ **RCN**

<http://www.interfaithcalendar.org/index.htm>

Interfaith Calendar – a calendar for current and future years representing celebrations, festivals, and religious events from various religions, including Judaism, Buddhism, Islam, Christianity, Baha'i.

◆ **Pukeko Books**

www.pukekobook.com.au

Specialising in Children's Literature, Dual Language Story Books, Multi Lingual Posters, Inclusion Support & Early Learning Resources:

- Dual language books include well-known titles such as *The Hare & The Tortoise*, and *The Very Hungry Caterpillar* in English + a choice of languages other than English including Arabic, Chinese, Tamil, & Turkish.
- Dual language books exploring different cultural approaches to celebrations and eating, for example. Available in English + a choice of languages other than English including Arabic, Turkish, & Vietnamese.
 - Pictorial posters demonstrating a variety of cultural practices / traditions also available.
- Teaching resource books aimed at an inclusive curriculum and environment.
- Dual language posters, including well-known posters such as the *Tadpole Lifecycle*, in English + a choice of languages other than English.

Refugee & Asylum Seekers

◆ Serendib Craftlink

<http://www.serendibcrafts.com.au/shop/home.php>

Serendib Craftlink sells multi-cultural children's craft and educational resources through fair trade. These resources are particularly suitable for use in early childhood centres and related services.

Cultural goods for Vietnamese, Bangladesh, Nepalese, Peruvian & Thai families.

◆ Pukeko Books

www.pukekoboooks.com.au

Specialising in Children's Literature, Dual Language Story Books, Multi Lingual Posters, Inclusion Support & Early Learning Resources:

- Dual language books include well-known titles such as *The Hare & The Tortoise*, and *The Very Hungry Caterpillar* in English + a choice of languages other than English including Arabic, Chinese, Tamil, & Turkish.
- Dual language books exploring different cultural approaches to celebrations and eating, for example. Available in English + a choice of languages other than English including Arabic, Turkish, & Vietnamese.
 - Pictorial posters demonstrating a variety of cultural practices / traditions also available.
- Teaching resource books aimed at an inclusive curriculum and environment.
- Dual language posters, including well-known posters, such as the *Tadpole Lifecycle*, in English + a choice of languages other than English.

Children Known to Child Protection

◆ Gowrie Victoria

<http://www.gowrievictoria.org.au/>

Professional Development Program includes 'Child Protection' in-service. Customised training and consultancy programs are also available tailored to a centre's needs.

Gowrie Resources

<http://www.gowrievictoria.org.au/Resources/tabid/56/Default.aspx>

Child Protection – A Guide for Teachers & Child Care Professionals
Protecting Children – A Practical Guide (2nd ed.)

◆ Wise Choices

http://www.childwise.net/training_and_support

Training workshops are provided focusing on protecting children from harm and abuse. Information DVDs and Cards. Wise Choices – Safe Children (DVDs & information cards are in a variety of languages)

◆ ACWA

<http://www.acwa.asn.au>

Switching the Light on Child Protection - This resource has been developed to assist all workers who work with children, young people and their families to update their legislative knowledge; explore some of the complex issues surrounding the recognition and response to abuse and risk of harm; and understand child protection reporting requirements. (NSW specific)

Information on training workshops and additional resources are also available.

Developing Practice Journal - aimed at practitioners and managers who provide programs and services for vulnerable children, young people and families:

http://www.nswfamilyservices.asn.au/index.php?option=com_content&view=article&id=51:developing-practice&catid=35:current-projects&Itemid=54

NB: Child protection is governed by State / Territory departments. Refer to the relevant department in your State or Territory for information regarding legislation.

◆ NAPCAN

<http://www.napcan.org.au/pdf.htm>

Free PDF information sheets available for download.

30 Ways to Boost a Child's confidence

Domestic Violence Hurts Children Too (Advice on the impact of domestic violence on children and strategies professionals can use with children.)

Voices of the Crying Majority - A comprehensive staff development seminar and workshop held in 2007, aimed at better understanding Child Sexual Abuse, the impacts of Child Sexual Abuse and developing strategies to effectively reduce child sexual abuse in communities. A seminar overview and further information can be obtained through NAPCAN - <http://www.napcan.org.au/training.htm>

◆ Australian Childhood Foundation

<http://www.childhood.org.au/resources/protection.asp>

The Truth Is Longer than A Lie: Children's experiences of abuse and professional interventions.

This book draws on research with children who have attended specialist abuse related trauma counselling. It presents and analyses the views of abused and traumatised children. It can be ordered online.

Heart Felt - A collection of children's experiences and stories of abuse, recovery and hope. The collection encourages the reader to understand a little more about how child abuse affects and shapes the lives of children.

Professional development through training and workshops. Face to face, e-learning, and customised training packages are available - <http://www.childhood.org.au/training/>

◆ **CREATE Foundation**

http://www.create.org.au/content/Policy_Advocacy/

This organisation aims to employ young adults who have experienced out-of-home care to support and advocate for children in out-of-home care. They run national training events and workshops that offer a perspective from children about life in care facilities. (Australia wide)

◆ **ACEI**

<http://www.acei.org/kindergarten.htm>

Downloadable and printable PDF documents: Helping Students Grieve; Child Abuse and Domestic Violence; Helping Students Cope in Times of Crisis.

◆ **Anglicare**

http://www.anglicarevic.org.au/index.php?action=filemanager&folder_id=806&pageID=6102§ionID=5948

Reports that provide contextual information on family violence and issues relevant to providing safe environments for children, such as *Journeys to Safety*.

◆ **Australian Government**

<http://www.community.gov.au/Internet/MFMC/Community.nsf/pages/section?opendocument§ion=Child%20Protection&Category=Parenting>

Links are provided to services and resources relating to child protection, specifically information on child protection against neglect, violence or sexual abuse.

◆ **Every Child Every Chance (DHS / Children Youth and Families)**

<http://www.cyf.vic.gov.au/every-child-every-chance>

Provides professionals working within the sector with more effective processes to:

- listen to what children and young people want and need
- enable earlier intervention
- reduce child abuse and neglect
- provide better support to Aboriginal children, young people and their families
- work together in cooperation with other providers of children, young people and family services

◆ **Child Abuse and Prevention Network (USA)**

<http://child-abuse.com/>

General information packs, and a clearinghouse are available – *Child Welfare Information Gateway* which aims to provide access to information and resources to help protect children and strengthen families.

◆ **Child and Youth Health, SA**

<http://www.cyh.com/SubContent.aspx?p=148>

Domestic Violence fact sheet.

NB: *Child protection is governed by State / Territory departments. Refer to the relevant department in your State or Territory for information regarding legislation.*

◆ **ECA Early Childhood Australia**

<http://www.earlychildhoodaustralia.org.au/shop/details.cfm?prodid=647>

Booklet available for purchase *Everyday Learning about Loss and Grief*.

This book provides valuable, easy-to-read discussions about all aspects of loss and grief, including:

- the emotions produced by loss
- how children understand grief
- the ways children may respond
- cultural differences in the ways children may experience grief and loss
- what parents and carers can do to help children cope.

◆ **Australian Domestic and Family Violence Clearinghouse**

http://www.austdvclearinghouse.unsw.edu.au/good_practice.html

A comprehensive database of papers related to family violence and its impact on individuals. Includes a search of 'Good Practice Projects'.

Also included is a state-by-state directory linking to organisations related to tackling domestic violence.

Families linked to Family Support Agencies

◆ NAPCAN

<http://www.resources.napcan.org.au/p/521958/helping-children-who-have-a-parent-with-a-mental-illness.html>

Helping Children Who Have a Parent with a Mental Illness - Brochure offering effective tips for professionals / carers.

◆ RCN

http://raisingchildren.net.au/working_with_parents/working_with_parents_landing.html

Working with Parents section includes ideas, resources and other material written for early childhood professionals working with children from a range of backgrounds and circumstances.

◆ The Incredible Years

<http://www.incredibleyears.com/>

A research based program developed in the USA that involves teacher and child training, and is designed to be an early intervention program to target and prevent conduct problems. Books, videos & other products can be purchased from the website.

◆ KidsMatter

<http://www.kidsmatter.edu.au/>

Whilst the KidsMatter program focuses on developing social and emotional development, and addressing mental health in primary schools specifically, the tools and resources from this website could be modified for early childhood settings. A guide is also available to support services to make informed decisions about programs they may introduce as part of their curriculum:

“The KidsMatter Programs Guide is designed to assist schools to make informed choices when selecting school-based programs that target children’s mental health and wellbeing. It provides extended information for each program, including its target audience, evidence base, and contact details for how to obtain the program.”

Information sheets and resource packs are also available with topics such as *Helping children cope with fears; Social and emotional learning, how it works; and Helping children to make decisions and solve problems.*

Children in low socio-economic circumstances

◆ Anglicare

http://www.anglicarevic.org.au/index.php?action=filemanager&folder_id=806&pageID=6102§ionID=5948

Reports that provide contextual information about families experiencing financial hardship, such as *The Changing Face of Welfare*.

Children or families with a disability

◆ Noah's Ark

<http://www.noahsarkinc.org.au/>

Early intervention inclusion support - Noah's Ark offers training, fact sheets (available on internet) & links to inclusion support agencies & specialist equipment for loan.

◆ St Luke's

<http://www.innovativeresources.org/publishedbyus.aspx>

Learning tools / practical products that have been developed from St Luke's strengths-based philosophy that aims to empower individuals and groups to enact social-emotional change within themselves.

e.g. *100 Ideas for Supporting Pupils with Dyspraxia and DCD* - This resource for those working with Dyspraxic and DCD children provides one hundred ideas aimed at making life tasks a little easier.

◆ DEECD (Vic)

Inclusion Support Services Program

<http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/childrensservices/disabilitiesinclusionsupport-information.pdf>

See link for *Information & application kit for kindergarten inclusion support services for children with severe disabilities 2009*. The program's aim is to build on the existing range of services available for families of children with a disability and/or additional needs by providing flexible, individually tailored support to ensure that children are able to participate and be fully included in state-funded kindergarten programs.

◆ ACD

Kindergarten Inclusion Tip Sheets

<http://www.acd.org.au/information/kindergarten.htm>

Association for Children with a Disability – The set of 'Tip Sheets' aim to provide practitioners with a resource that provides guidance and support on considerations for an inclusive program, such as *Benefits; Planning guide for a year before; Looking after yourself; and Other Parents' Stories*.

Sharing our Story

http://www.acd.org.au/community_ed/video.htm

A video for professionals who are involved in providing services or other assistance to children with a disability and their families, the video aims to equip viewers with a better understanding of the world from a family perspective and to improve the services provided.

◆ **CPEC**

<http://www.cpec.org.au/resources.html>

PODD Books - Provides practitioners with templates and guidelines to develop and use an appropriate communication book for children with Cerebral Palsy. This resource is a CD-ROM. Development and use of this resource requires specific information and support available from CPEC.

◆ **ADEC**

<http://www.adec.org.au/>

A community based organisation which represents the rights and needs of people with a disability from non-English speaking backgrounds, and their carers. Provides advocacy, information, referral, education, training and consultancy.

◆ **Scope**

<http://www.scopevic.org.au/>

Scope offers a range of services, including early intervention. The early intervention services cover assessment, therapy, training and advice surrounding many key issues affecting the lives of people with disabilities, their families and carers.

An example of the resources available for children specifically include – *WOW*, a state-wide support network, for people who work/live with babies and young children (0-6) with mealtime and oral difficulties; and a communication resource centre.

◆ **Office for Disability**

http://www.officefordisability.vic.gov.au/research_and_resources.htm#communication

A directory of links that is unique in providing a resource list including number of organisations that consider the needs of all types of families with disabilities.

◆ **Disability Online**

<http://www.disability.vic.gov.au/>

A comprehensive range of resources and information addressing: Services & support; Health Information; Payments and benefits; Jobs training and free time; About disability; Government & disability; and Useful links.

◆ **Infoxchange**

<http://www.infoxchange.net.au/>

See 'Serviceseeker' for an Australian wide directory of services in a community and refer to the specific section on 'Disability news' (<http://www.disabilitynews.infoxchange.net.au/>)

◆ **Schwartz – Text Book**

From Schwartz, I.S., Sandall, S.R., Odom, S.L., Horn, E. and Beckman, P.J. (2002).

“I know it when I see it”: In search of a common definition of inclusion. In S.L. Odom (Ed.). *Widening the Circle: Including Children with Disabilities in Preschool Programs*. New York: Teachers College Press.

Schwartz et al (2002) have developed a quality indicator questionnaire that parents and educators can use to begin discussing inclusion.

Link to ERIC for publication details:

http://www.eric.ed.gov/ERICWebPortal/custom/portlets/recordDetails/detailmini.jsp?_nfpb=true&&ERICExtSearch_SearchValue_0=ED463898&ERICExtSearch_SearchType_0=no&accno=ED463898

◆ **ECIA**

<http://www.ecia.org.au/html/Publications.html>

Does This Child Need Help? Identification and Early Childhood Intervention (2nd Edition).

This training resource focusing on early intervention and working with families, comprises a Learner's Resource Book, Trainers Guide, accompanying training video and DVD and Presenter's CD Rom.

◆ **ECRII**

<http://www.fpg.unc.edu/~ecrii/index.html>

Site provides resources / papers on the learnings from Early Childhood Research Institute on Inclusion (ECRII) - a five year national research project funded by the Office of Special Education Programs, U.S. Department of Education to study the inclusion of preschool children with disabilities in typical preschool, day care and community settings.

◆ **Council for Disabled Children**

http://www.ncb.org.uk/Page.asp?originx_802vl_3790575363673l75d_2008491812e

Program Manual – available for download as well as purchase.

Extending Inclusion: Access for disabled children and young people to extended schools and children's centres: A Development Manual. Philippa Stobbs (UK)

◆ **Vision Australia**

<http://www.visionaustralia.org.au/info.aspx?page=740>

This organisation offers information; community support and advice; & has products for purchase to support programs. Guides available from the site include: *Do it yourself*.

Encouraging independence in children who are blind: activity sheets and DVD; and Teaching and learning strategies for families and professionals.

◆ **Building Blocks – Text Book**

L. Odom, and Ruth Wolery (2002). *Building Blocks for Teaching Preschoolers with Special Needs*. Baltimore, Maryland: Paul H. Brookes.

Three practical methods teachers can use to include young children with disabilities in the classroom: curriculum modifications that allow all children to participate, embedded learning opportunities that are used within typical classroom activities, and child-focused instructional strategies that help students achieve individual learning objectives.

Link to ERIC for publication details:

http://eric.ed.gov/ERICWebPortal/custom/portlets/recordDetails/detailmini.jsp?_nfpb=true&_ERICExtSearch_SearchValue_0=ED464437&ERICExtSearch_SearchType_0=no&accno=ED464437

◆ **Young Children with Disabilities in Natural Environments – Text Book**

Noonan, M.J. and McCormick, L. (2005). *Young Children with Disabilities in Natural Environments: Methods and Procedures*. Baltimore, Maryland: Paul H. Brookes.

This book provides specific, practical knowledge on a range of critical procedures for working with children effectively.

Link to ERIC for publication details:

http://www.eric.ed.gov/ERICWebPortal/custom/portlets/recordDetails/detailmini.jsp?_nfpb=true&_ERICExtSearch_SearchValue_0=ED491806&ERICExtSearch_SearchType_0=no&accno=ED491806

◆ **Pukeko Books**

www.pukekobook.com.au

Specialising in Children's Literature, Dual Language Story Books, Multi Lingual Posters, Inclusion Support & Early Learning Resources:

- Dual language books include well-known titles such as *The Hare & The Tortoise*, and *The Very Hungry Caterpillar* in English + a choice of languages other than English including Arabic, Chinese, Tamil, & Turkish.
- Dual language books exploring different cultural approaches to celebrations and eating, for example. Available in English + a choice of languages other than English including Arabic, Turkish, & Vietnamese.
 - Pictorial posters demonstrating a variety of cultural practices / traditions also available.
- Teaching resource books aimed at an inclusive curriculum and environment, including children with disabilities.
- Dual language posters, including well-known posters such as the *Tadpole Lifecycle*, in English + a choice of languages other than English.

Inclusion for Other Groups

◆ Hares & Hyenas Book Shop

<http://www.hares-hyenas.com.au/>

This gay and lesbian bookshop is off Brunswick Street in Fitzroy (Melbourne). Huge range of fiction and non-fiction titles and includes books specifically for parents. Picture books that represent characters from same-sex families are also available. The Hares & Hyenas website is a secure online bookshop.

5. MEETING ADDITIONAL NEEDS WITHIN EARLY CHILDHOOD SERVICES: FAMILY-FOCUSED RESOURCES

These resources are aimed primarily at professionals for use with their families beyond the kindergarten setting. The resources include any of a range of approaches to increase parenting confidence, improve access to information, improve access to services, and / or help families feel more connected to others in their community.

Indigenous children & their families

◆ SNAICC

<http://srs.snaicc.asn.au/resourcing/default.cfm?loadref=130>

Publications, resources, and links to services related to family violence and child abuse.

Information and resources related to *Parenting and Men* project:

http://srs.snaicc.asn.au/projects/default_headlines_resources.cfm?loadref=64

Culturally & Linguistically Diverse children & families (CALD)

◆ UCCE

<http://ucce.ucdavis.edu/files/filelibrary/5264/20355.pdf>

Culture and Parenting: A guide to delivering parenting curriculums to diverse families. (2006) – Lenna, Ontai & Mastergeorge & The Families with Young Children Workgroup.

This booklet is designed to be a guide for practitioners to evaluate the cultural sensitivity of programs and services they offer to families, and to provide guidance on how to make a program more culturally sensitive.

◆ DEECD

<http://www.education.vic.gov.au/ocecd/childrens-services/kindergarten-programs/kindergarten-brochure-order-and-multilingual-brochures.html>

Why should my child go to Kindergarten? Information sheet in a range of languages. Also available are leaflets: *Free or low cost Kindergarten*, and *Join a Kindergarten Community*.

◆ VICSEG, New Futures Training

<http://newfutures.vicseg.com.au/index.php?page=certificate-iii-in-children-s-services-with-language-support>

Certificate III in Children's Services – with language support.

◆ Early Childhood Connections

http://www.rch.org.au/ecconnections/publications/index.cfm?doc_id=11283

Information Sheet from Childcare and Children's Health, March 2007, Vol 10 (1) *Working with Culturally and Linguistically Diverse (CALD) Families*

Parent fact sheet also available. Both documents downloadable from the website.

◆ **The Art of Renewal: A Guide to Thinking Culturally About Strengthening Communities (QLD)**

<http://www.communityrenewal.qld.gov.au/resources/publications/art.shtm>

The purpose of this guide is to encourage communities to integrate cultural considerations within the broad processes of planning and decision-making for local areas; and to promote the implementation of creative practice. Part 3 describes a variety of creative practices which can be effective in community cultural development. Developed in QLD.

◆ **FKA**

<http://www.fka.com.au/>

Casual Bilingual Worker - Resource for parents specifically through provision of a Casual Bilingual Worker to assist with interpretation of policies / speaking to staff & in adapting culturally appropriate programs. Interpreters are also available to assist with communicating with families.

AMEP – Adult Migrant English Program Child Care Consultancy

The AMEP Child Care Service provides child care support for families while they are attending the Adult Migrant English Program.

◆ **Greater Dandenong City Council**

<http://www.greaterdandenong.com/Documents.asp?ID=1238&Title=Children%92s+Services+%&Type=d>

Greater Dandenong *Children's Services* can assist families to identify the closest service located near them and the type of service that will best meet their needs. The council also offers assistance to early childhood services to assist with developing inclusive programs.

Two service directories are available, in English and a range of other languages such as Italian, Somali, and Greek.

What's in your area? Childrens Services Directory

http://www.greaterdandenong.com/Resources/SiteDocuments/sid1_doc96163.pdf

Family and Children's Services Directory

http://www.greaterdandenong.com/Resources/SiteDocuments/Directory_web%20version.pdf

For a hard copy of this directory or to have a copy emailed to you contact:

Communities for Children Dandenong

Tel: (03) 9213 2505

Email: BerkeleyC@missionaustralia.com.au

A talking book on CD-ROM is also available – *Care for Kids. Quality child care and preschool in Australia*. It is an introduction to early childhood education and care services for newly-arrived families, and available in a number of languages including Arabic, English, and Khmer.

◆ **Australian Childhood Foundation**

www.kidscount.com.au

A website for parents about raising children, available in many languages including Dari, Khmer, and Macedonian.

Information sheets about children and being a parent, available in various languages including Vietnamese and Somali: <http://www.childhood.org.au/resources/parenting.asp>

◆ **AUSIT**

[Australian Institute of Interpreters and Translators Incorporated \(AUSIT\)](http://www.ausit.org.au)

This site assists with locating a translator (written word) or interpreter (spoken word).

◆ **Language Factory**

<http://www.languagefactory.org.au/>

Provides affordable consultancy in translation and interpretation to a community as they work in partnership with representatives of different cultural groups to plan for inclusion. Language Factory is an enterprise of Infoexchange Australia.

◆ **Bilingual Storytimes**

<http://www.humelibraries.vic.gov.au/index.asp?h=-1>

Hume libraries offer pre-school story time sessions in Arabic, Assyrian, Sinhalese, Turkish & Vietnamese. Staff visit preschool to present storytime in these languages. The program is for children who speak in these languages but also for English speaking children as the session includes songs & learning the alphabet and basic words.

Refugee & Asylum Seekers

◆ **MRC**

<http://sermrc.org.au/index.php?page=training-services>

The South Eastern Migrant Resource Centre is a registered training organisation. They deliver cross-cultural training for service providers, local agencies and government departments, upon request. Training can be tailored to the needs of clients and they can also provide information sessions to agencies on particular cultures upon request.

◆ **Foundation House**

http://www.foundationhouse.org.au/resources/publications_and_resources.htm

Free publications / resources - To enhance the understanding of the needs of people from refugee backgrounds (curriculum material is mainly for primary & secondary school children).

e.g., *Raising Children in Australia - A resource kit for early childhood services working with parents from African Backgrounds* (2007)

◆ AMES

http://www.immi.gov.au/media/publications/settle/_pdf/resource-gateway.pdf

Website has Resource Gateway – (for parents) that includes list of locally available English classes, and other resources, for assisting in the transition into Australian culture. Links to Find a job; Develop your skills; Learn English (24 sites in VIC and NSW)

◆ Greater Dandenong City Council

<http://www.greaterdandenong.com/Documents.asp?ID=1238&Title=Children%92s+Services+%&Type=d>

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A talking book on CD-ROM is also available – *Care for Kids. Quality child care and preschool in Australia*. It is an introduction to early childhood education and care services for newly-arrived families, and available in a number of languages including Arabic, English, and Khmer.

◆ BSL

<http://www.bsl.org.au/main.asp?PageId=1&iMenuPageId=1>

The Brotherhood of St Laurence provides a full range of services including job training and placement programs, care for the elderly and people with disabilities, early childhood development programs and support services for newly arrived refugees and migrants.

Napier Street Child and Family Resource Centre - [This centre](#) works with parents to assist their children to meet their full potential at each development stage of their pre-school life.

The vast majority of families have survived traumatic journeys to Australia as refugees and asylum seekers. They offer visits for people interested in their program.

Children known to Child Protection

◆ Anglicare

<http://www.anglicarevic.org.au/index.php>

Parentzone, Parent Resource Centres, provide support to parents on a wide-range of parenting issues, including building self-esteem and dealing with conflict.

See '*What services are offered at my local Anglicare office?*' for specific information relevant to the parents' local area.

For children - Anglicare runs homework clubs in Melbourne North and East as well as regional areas of Victoria including Wangaratta and Morwell.

◆ **Australian Government**

<http://www.community.gov.au/>

See *Community Information and Services* for links to direct services in the area of crisis help, financial help, Child protection, housing, education.

◆ **NAPCAN**

<http://www.napcan.org.au/pdf.htm>

Free PDF information sheets to download from the internet, such as *Use Words that Help Not Hurt*.

◆ **Child Abuse Prevention Service**

www.childabuseprevention.com.au

The Child Abuse Prevention Service (CAPS) answers questions from parents, carers, friends, family members and members of the community about child protection and child abuse in all its forms.

The helpline provides referrals to other services and telephone support.

National helpline number is 1800 688 009.

◆ Family Relationships Online

<http://www.familyrelationships.gov.au/www/agd/familyrelonline.nsf/Page/RWPDFDC62C10CC1D256CA25721700812E63>

This page is for children and has information and advice about family relationship issues. Children will find information they can read as well as services that may be able to help.

◆ Department of Education (Tas)

<http://www.education.tas.gov.au/school/health/childprotection/infoforteachers.pdf>

Information sheet on running a family group conference.

Also available:

- What is Child abuse?
- What is meant by risk?
- How is risk of child abuse or neglect assessed?
- Listening to Children
- Rights of children and young people in care
- Rights of parents of children and young people in care
- What is safety statement
- Child protection process
- Seeking advice and notifying child abuse

NB: Child protection is governed by State / Territory departments. Refer to the relevant department in your State or Territory for information regarding legislation.

◆ Department of Communities

<http://www.women.vic.gov.au/web12/owpmain.nsf/headingpagesdisplay/family+violence>

Provides a range of resources and information on domestic violence, understanding Indigenous cultures, and generally on families and children. Links to services by state are provided.

Families linked to Family Support Agencies

◆ BSL

http://www.bsl.org.au/pdfs/Setting_the_hubs_humming.pdf

Setting the Hubs Humming – a guidebook and also a description of real examples of where a community initiative has led to greater inclusion for families not traditionally heard and represented in their local area. Within this guide see ideas on *Creating Social Opportunities for Parents*.

◆ **Anglicare**

<http://www.anglicarevic.org.au/index.php>

Parentzone, Parent Resource Centres, provide support to parents on a wide-range of parenting issues, including building self-esteem and dealing with conflict.

◆ **Community Connections (Vic)**

<http://www.comconnect.com.au/home.htm>

Social justice services to families, children and individuals who are residents of the South Western region of Victoria.

Includes Family Dispute Resolution service – provides mediation to couples that need assistance to work through the decisions that are required to be made when the partnership breaks down.

◆ **Maternal and Child Health Advisory Line (Vic)**

Ph: 13 22 29

Advice & links to services that help new mothers.

◆ **Parenting Research Centre**

<http://www.parentingrc.org.au/vp/>

A range of information sheets and workshops for parents about parenting and child rearing.

Signposts Program – a program early childhood professionals can run to teach parents skills in targeting problem behaviours. See link for details on how to become a trained ‘Signposts’ facilitator.

◆ **Returning to Earning**

<http://www.returningtoearning.com.au/>

The *Returning to Earning* program provides support to parents to return to work after an absence from employment caring for children. Grants of up to \$1000 are available which can be used to cover any costs associated with approved training, such as books and materials, course fees, transport and childcare.

◆ **Anxiety Disorders Association of Victoria**

<http://www.adavic.org.au/index.htm>

Information & support for parents and children suffering from anxiety related disorders.

Children in low Socio Economic Circumstances

◆ RCN

http://raisingchildren.net.au/articles/families_with_vulnerabilities.html/context/491

Families with Vulnerabilities – an information sheet to raise awareness and provide tips & suggestions to professionals working with parents of children who are at risk of poor physical or mental health. Resources can be downloaded in PDF format.

◆ Berry Street / ANZ / BSL

Saver Plus and MoneyMinded

<http://www.berrystreet.org.au/index.cfm?p=2643>

Two programs offered that help families on low incomes to budget and improve their skills in working with their finances. ANZ and the Brotherhood of St Laurence have partnered with three other community organisations including Berry Street to develop two financial literacy and inclusion programs.

Early Learning is Fun

<http://www.berrystreet.org.au/index.cfm?p=2863>

ELF - Early Learning is Fun™ is a whole of community early years literacy program for families of children aged 0-5. The aim of the program is to foster children's early literacy by building the family's capacity to create a positive learning environment for their young children, supported by the wider community.

◆ Greater Dandenong City Council

<http://www.greaterdandenong.com/Documents.asp?ID=1238&Title=Children%92s+Services+%&Type=d>

Greater Dandenong *Children's Services* can assist families to identify the closest service located near them and the type of service that will best meet their needs. The council also offers assistance to early childhood services to assist with developing inclusive programs.

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A talking book on CD-ROM is also available – *Care for Kids. Quality child care and preschool in Australia*. It is an introduction to early childhood education and care services for newly-arrived families, and available in a number of languages including Arabic, English, and Khmer.

◆ **BSL**

<http://www.bsl.org.au/main.asp?Pageld=1&iMenuPageld=1>

Practical support - The Brotherhood has partnered with financial institutions and developed a range of programs to provide people on low incomes with solutions to their financial concerns.

◆ **Australian Government**

<http://www.community.gov.au/>

See *Community Information and Services* for links to direct services in the area of crisis help, financial help, child protection, housing, education.

Another site for this type of directory - This site provides links and an e-referral system to health and community services within different municipalities around Victoria:

<http://www.connectingcare.com/default.asp>

◆ **Playgroup Australia**

<http://www.playgroupaustralia.com.au/>

A comprehensive collection of information and tips on starting up, running or attending a playgroup. Parents or professionals can also search for the nearest playgroup. (Australia wide)

Children or families with a disability

◆ **AAFCD**

<http://www.aafcd.org.au/>

The Australian Association for Families of Children with a Disability aims to engage in community education; advocacy on behalf of children with a disability and their families; provide information about a family's rights and entitlements; and celebrate successes of children and their families.

◆ **RCN**

http://raisingchildren.net.au/children_with_disabilities/raising_children_with_disabilities.html

Information to support families with a child with a disability.

◆ **DADHC**

<http://www.dadhc.nsw.gov.au/dadhc/>

Publications and Policies section provides resources and papers such as *Review of Positive Behaviour Support Programs for Families*

◆ **ACD**

Kindergarten Inclusion Tip Sheets

<http://www.acd.org.au/information/kindergarten.htm>

Association for Children with a Disability – The set of ‘Tip Sheets’ aim to provide practitioners with a resource that provides guidance and support on considerations for an inclusive program, such as Benefits; Planning guide for a year before; Looking after yourself; and Other parents’ stories.

◆ **Circles Network**

www.circlesnetwork.org.uk

A strategy for supporting families. Training is provided by groups such as the Circles Network in the UK. The Circles Network offers training in the circles of support approach for those who are familiar with principles of person-centred practice and research and tools are available from the website.

◆ **Office for Disability**

http://www.officefordisability.vic.gov.au/research_and_resources.htm#communication

A directory of links that provides a resource list including number of organisations that consider the needs of all types of families with disabilities.

◆ **My Time**

<http://www.mytime.net.au/>

Supporting parents of a child with a disability – My Time is a networking and play group with support at sessions provided by a professional. Included on website are details of funds available to support membership.

◆ **The Autism Victoria InfoLine**

<http://www.autismvictoria.org.au/home/>

Other resources are available via the website including information about diagnostic terms & labels and details of Parenting workshops for parents of children aged 0-6yrs. Material on the site is split up into Professionals / Parents / People with Autism.

The service can be contacted on 1300 308 699

◆ **Autism Help**

www.autismhelp.info

Autism Help is an information site in question/answer format for parents, teachers and other workers.

Preschool teacher tools include – Visual aids; An information sheet on What to do if you suspect a child has ASD; & a Tip Sheet on Working with a preschool child who has ASD.

Preschool information topics include –

- [Stress and anxiety](#)
- [Phobias and excessive fears](#)
- [Lack of self control](#)
- [Repetitive and self-stimulatory behaviour](#)
- [Aggression, frustration and temper tantrums](#)
- [Managing self-injurious behaviour](#)
- [Creating a comfort zone](#)

For each there is information on ‘Why does this happen?’ and ‘What can I do?’ from a preschool teachers perspective.

◆ **Accessibility.com.au**

Accessibility.com.au

Offers practical, comprehensive and cost effective approaches to disability management to existing and proposed building developments, services and operations. Features a 'Kids' section that can be used by children with a disability, their parents, carers and siblings.

6. MEETING ADDITIONAL NEEDS WITHIN EARLY CHILDHOOD SERVICES: GENERAL RESOURCES TO PROMOTE INCLUSION AND DIVERSITY

The principle underlying these resources is that there is much kindergarten staff can do to create an inclusive environment by taking a family-centred, culturally sensitive approach in working with parents. Each of the resources listed below are general but comprehensive in nature, with the goal of promoting a generally inclusive environment.

◆ **Best Start; Brotherhood of St Lawrence; State Government Victoria**

http://www.eduweb.vic.gov.au/edulibrary/public/beststart/ecs_breaking_cycles_best_start.pdf

Breaking Cycles, Building Futures: Promoting inclusion of vulnerable families in antenatal and universal early childhood services. A comprehensive guide to the principles and practices that are important when adapting an early childhood service or program to be inclusive.

For building trust, informal supports are recommended such as – volunteers; befriending; & parent groups; as well as training and consultation for staff.

◆ **Community Child Care**

<http://www.cccvic.org.au/content.cfm?content=1>

The information available provides a useful overview of the Inclusion and Professional Support Program (IPSP), including how it may be relevant to a service and the resources and advice they offer.

Inclusion Agency Table - every eligible child care service in the state has been assigned an Inclusion Support Agency (ISA) – The list of the relevant agency to contact is provided in a table on the website.

Financial schemes for professional development – e.g., The Community Child Care Resource & Development Unit is offering 10 scholarships for children's services professionals to attend the 2009 Unpacking Educational Change: Pedagogy, place and people conference.

ISF Network Program – run by FKA; CCC Website includes 'Network Resource Kit'

◆ **St Lukes**

<http://www.innovativeresources.org/publishedbyus.aspx>

Learning tools / practical products: search the website to purchase a range of resources for specific use in promoting self-esteem for all children.

◆ **CCCH**

http://www.rch.org.au/ccch/profdev.cfm?doc_id=11043

Training & introduction to resources - CCCH providing Family Partnership Training and follow up session with discussion of specific resources that are useful.

The Early Years – Refocusing Community Services:

http://www.rch.org.au/ccch/training/index.cfm?doc_id=7072#Prof_dev (page currently being reviewed)

◆ **Gowrie Victoria**

<http://www.gowrievictoria.org.au/children/theoryintopractice>

Learning by example - "Theory into Practice" sessions are a unique opportunity for early childhood staff to view and discuss the children's program at the centre.

Sessions will explore specific aspects of the children's program allowing you to reassess your current philosophy and practice and enhance your program quality through improved ideas and strategies. (Includes a visit to Gowrie Resource - specialist early childhood bookshop and library).

◆ **BSL**

<http://www.bsl.org.au/main.asp?PageId=1&iMenuPageId=1>

Resources, papers and presentations on inclusion for a range of disadvantaged groups in Australia.

BSL Library / database - a comprehensive database providing a catalogue of all the reports, books and articles held in the Brotherhood library

Membership costs are \$96.00 per year plus GST (2009). Additional costs are \$6.00 per article photocopied, postal charges if books or videos are mailed and charges for replacement and processing of misplaced books or videos.

◆ **Find a Kindergarten**

<http://www.eduweb.vic.gov.au/FAK/fundedlist.asp>

This directory will help parents to find a kindergarten program searching by postcode, suburb or street name.

◆ **DHS**

<http://humanservicesdirectory.vic.gov.au/Search.aspx>

The Human Services Directory (HSD) aims to provide practitioners and service providers with access to accurate and up-to-date information about health, social & disability services in Victoria. This information may be used to both inform consumers and to communicate with other practitioners, including referring consumers to other services.

◆ **Child Support Agency**

<http://csd.csa.gov.au/>

This directory provides information on organisations in the community which provide services to assist parents on a wide range of family related issues.

◆ **Parent-Child Mother Goose Program in Hume (Canada)**

<http://www.nald.ca/mothergooseprogram/>

Playgroups that have been successfully run in Hume to include a greater number of families from CALD backgrounds into the early childhood area. The website also provides resources for using in a program.

Hume is an example of a community that has had particular success with including CALD families into formal and informal services such that children are included in learning the year before school.

Dallas community hub is a successful case study of initiative to bring families in and help them feel part of the community

◆ **Broadmeadows Uniting Care**

<http://home.vicnet.net.au/~bcare/news.html>

Discussion papers about the project & activities of HEYP (Hume Early Years Partnerships) are available – collaborative practice in community hubs.

◆ **Early Childhood Australia**

http://www.earlychildhoodaustralia.org.au/code_of_ethics/code_of_ethics.html

Code of Ethics to guide practitioners. Includes a principle to 'Respect the uniqueness of each family and strive to learn about their culture, structure, lifestyle, customs, languages, beliefs and kinship systems'.

Books

NB: The Centre for Community Child Health and the Department for Education and Early Childhood Development are not linked with the listed providers of the following resources, such as Amazon. The links are a suggestion and these books may also be available through other suppliers and libraries.

An internet search can be conducted using search engines, such as Yahoo and Google, by typing in the title of the book.

- ◆ McLanahan, S., & Haskins, R. (Eds.). (2005). School readiness: Closing the racial and ethnic gaps. *The Future of Children*, 15 (1).

http://www.amazon.com/School-Readiness-Closing-Racial-Children/dp/0815755597/ref=sr_1_1?ie=UTF8&s=books&qid=1240036729&sr=1-1#

- ◆ Cook, R.E., Klein, M.D., & Tessier, A. (2008). *Adapting early childhood curricula for children with special needs* (7th ed.). Prentice Hall.

<http://www.amazon.com/Adapting-Childhood-Curricula-Children-Special/dp/0131723812>

- ◆ Butterfield, P.M. (1996). The Partners in Parenting Education Program: A new option in parent education. *Zero to Three*, 17(1), 3-10.
- ◆ Boschetti, C., & Stonehouse, A. (2007). *A piece of cake? Inclusive practices in early childhood settings*. Melbourne, Victoria: Yooralla Society.

<http://www.earlychildhoodaustralia.org.au/shop/details.cfm?prodid=602>

- ◆ Gonzalez-Mena, J., Widmeyer Eyer, D. (2007). *Infants, Toddlers and Caregivers: A Curriculum of Respectful, Responsive Care and Education* (7th ed.). New York: McGraw-Hill.

<http://www.mcgraw-hill.com.au/html/9780073378541.html>

- ◆ Gonzalez-Mena, J. (2007). *50 Early Childhood Strategies for Working and Communicating with Diverse Families*. Pearson Merrill Prentice Hall.

<http://www.amazon.com/Childhood-Strategies-Communicating-Families-Teaching/dp/0131888579>

- ◆ Curtis, D and Carter, M. (2003). *Designs for living and learning: Transforming Early Childhood Environments*. Redleaf Press.

http://www.amazon.com/Designs-Living-Learning-Transforming-Environments/dp/1929610297/ref=sr_1_1?ie=UTF8&s=books&qid=1240039824&sr=1-1

- ◆ Foreman, P. (2008) *Inclusion in Action* (2nd ed.). Thomson Learning.

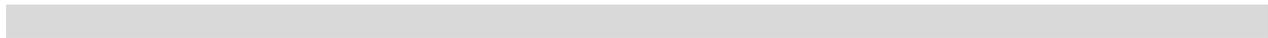
http://www.amazon.com/Inclusion-Action-Phil-Foreman/dp/0170132935/ref=sr_1_1?ie=UTF8&s=books&qid=1240039888&sr=1-1

- ◆ Sandall, S., Ostrosky, M. (Eds.). (2000). *Natural Environments and Inclusion. DEC Young Exceptional Children Monograph Series No. 2*. Longmont, Colorado: Sopris West.

http://www.dec-sped.org/index.aspx/Store/YEC_Monograph_Series

- ◆ Arthur, L, Beecher, B., Death, E., Dockett, S., & Farmer, S. (2008). *Programming and Planning in Early Childhood Settings* (4th ed.). Thomson Learning.

<http://www.earlychildhoodaustralia.org.au/shop/details.cfm?prodid=386>



Clearinghouses

◆ AIFS

<http://www.aifs.gov.au/cafca/>

Communities and Families: Clearinghouse Australia

Also see 'Promising Practice Profiles' (for examples of programs that have worked well in a given community)