



Australian Children's  
Education & Care  
Quality Authority™

# Inclusion of children with disability in early childhood and school age education and care

Appendices  
December 2020



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*ACECQA acknowledges the Gadigal peoples of the Eora Nation, the Traditional Custodians of the lands on which ACECQA is located. We recognise the unique status of Aboriginal and Torres Strait Islander Peoples as the First Australians, including their role in the education and care of children. We pay our respects to the past, present and Traditional Custodians of country throughout Australia.*

# Appendix A: ACECQA discussion paper/ online survey questions

## *Questions for all ECEC and school age education and care providers*

1. How would you rate your level of awareness of the DDA?
2. How would you rate your understanding about the DDA and your obligations under it?
3. How did you become familiar with the DDA?
4. Is further work required to improve ECEC/school age education and care providers' awareness and understanding about the DDA? If yes, what might that be?
5. Do you understand your obligations for making reasonable adjustments to ensure a child with disability can participate in ECEC/school age education and care? Would you know how to consult with the parent/carer?
6. Do you feel confident negotiating and implementing a reasonable adjustment? Do you know how to determine if this would result in unjustifiable hardship?
7. Have you ever made a reasonable adjustment?
8. Have any parents/carers said that you were not meeting your obligations? How did you address this?
9. Do you have any other comments about the extent to which children with disability are currently accessing and participating in ECEC/school age education and care services?
10. To what extent do you agree or disagree with the following statements?
  - a. There are barriers currently preventing children with disability from accessing ECEC/school age education and care services. If you 'agree' or 'strongly agree', what are those barriers?
  - b. There are barriers currently preventing children with disability from participating in the educational program within ECEC/school age education and care services. If you 'agree' or 'strongly agree', what are those barriers?
  - c. There are specific barriers currently preventing Aboriginal and Torres Strait Islander children with disability from accessing and/or participating in ECEC/school age education and care services? If you 'agree' or 'strongly agree', what are those barriers?  
How has your service/s supported children with disability to access and participate in ECEC/school age education and care settings, including any effective support to transition to school?
11. How has your service/s supported children with disability to access and participate in ECEC/school age education and care settings, including any effective support to transition to school?



12. To what extent do you agree or disagree that the following types of ECEC/school age education and care face specific challenges in implementing inclusive practices for children with disability?
  - a. Preschool/Kindergarten (school operated). If you 'agree' or 'strongly agree', what are those challenges?
  - b. Preschool/Kindergarten (non-school operated). If you 'agree' or 'strongly agree', what are those challenges?
  - c. Long Day Care. If you 'agree' or 'strongly agree', what are those challenges?
  - d. Outside School Hours Care. If you 'agree' or 'strongly agree', what are those challenges?
  - e. Family Day Care. If you 'agree' or 'strongly agree', what are those challenges?
  - f. In Home Care. If you 'agree' or 'strongly agree', what are those challenges?
  - g. Other ECEC services. If you 'agree' or 'strongly agree', what is that type(s) of service and what are those challenges?

***Questions for NQF approved ECEC and school age education and care providers – or peak bodies representing those providers***

13. How does the NQF support you to deliver inclusive education practices?
14. In complying with your obligations under the NQF, to what extent are children with disability supported to do the following on the same basis as a child without a disability?
  - a. Seek admission or apply for enrolment at an education and care service
  - b. Access the education and care service environment and its facilities
  - c. Participate in an educational program that has been designed to develop their skills, knowledge and understanding
  - d. Access any specialised support services needed to participate in the educational program
  - e. Access an education and care environment that is free from discrimination caused by harassment or victimisation on the basis of their disability.
15. What government mechanisms or initiatives could further promote inclusive access and participation by children with disability in education and care services?

# Appendix B: Detailed stakeholder engagement responses

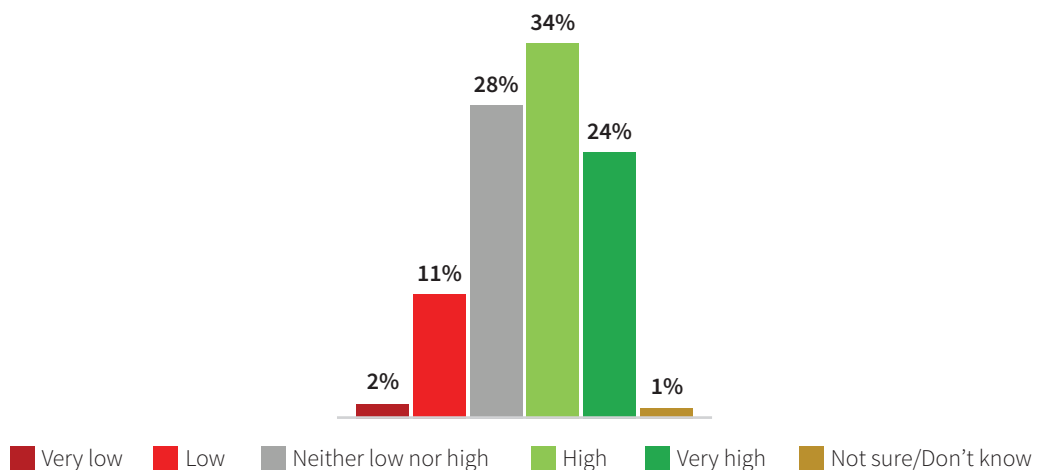
## 1.1 Awareness and understanding of the DDA

### 1.1.1 Survey

#### *How would you rate your organisation's level of awareness of the Disability Discrimination Act 1992?*

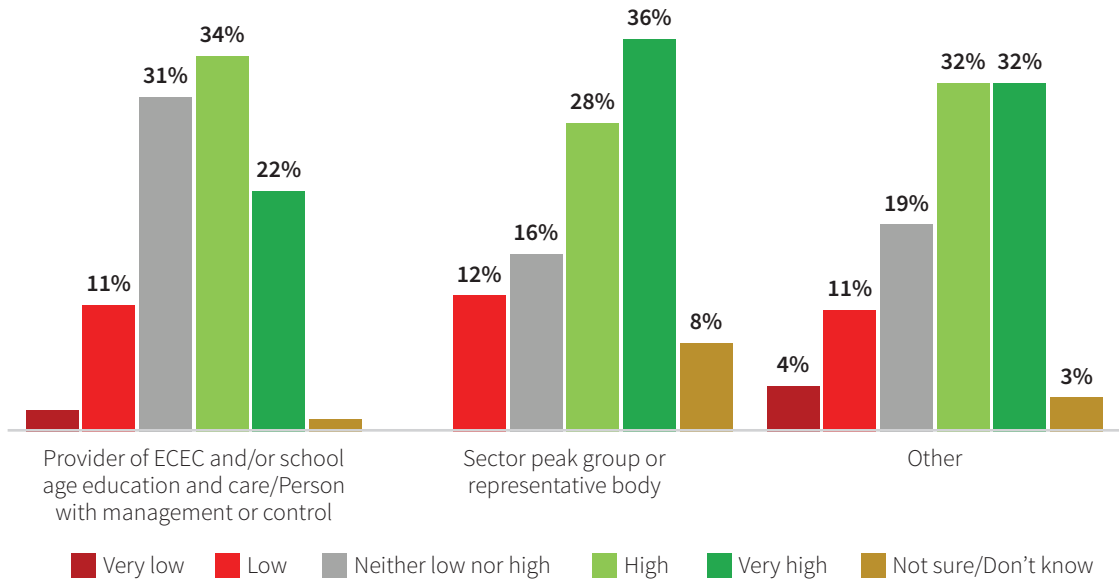
The majority (57%) of respondents indicated that their organisation has either 'high' (34%) or 'very high' (24%) levels of awareness of the DDA, with only 13% citing 'low' (11%) or 'very low' (2%) awareness.

**Figure 4: Respondents' level of awareness of the DDA**



When compared with respondents from sector peak group/representative bodies and other stakeholder groups, a smaller proportion (22%) of providers/PMCs indicated that they had a 'very high' level of awareness of the DDA and a greater proportion (31%) of providers/PMCs indicated that they had a 'neither low nor high' level of awareness.

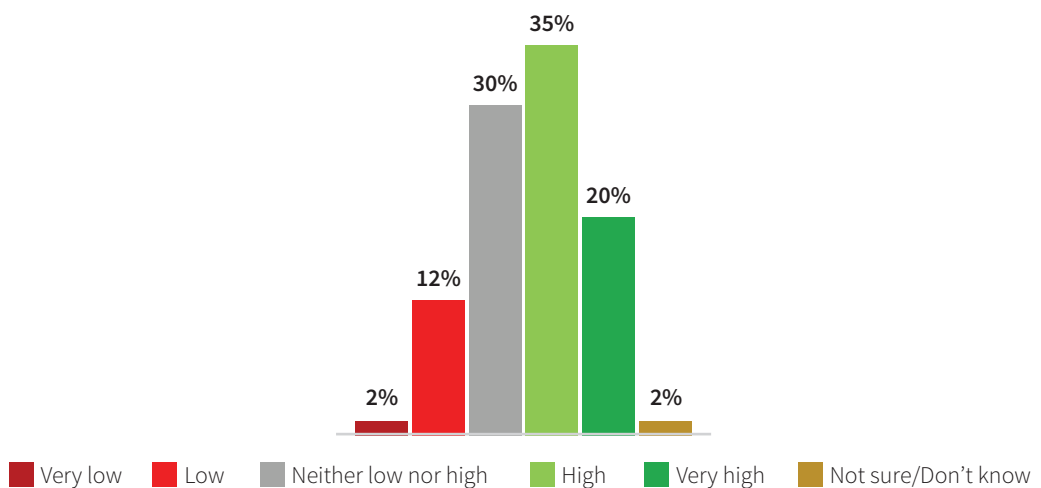
**Figure 5: Respondents' level of awareness of the DDA by stakeholder group**



*How would you rate your organisation's understanding of the obligations under the Disability Discrimination Act 1992?*

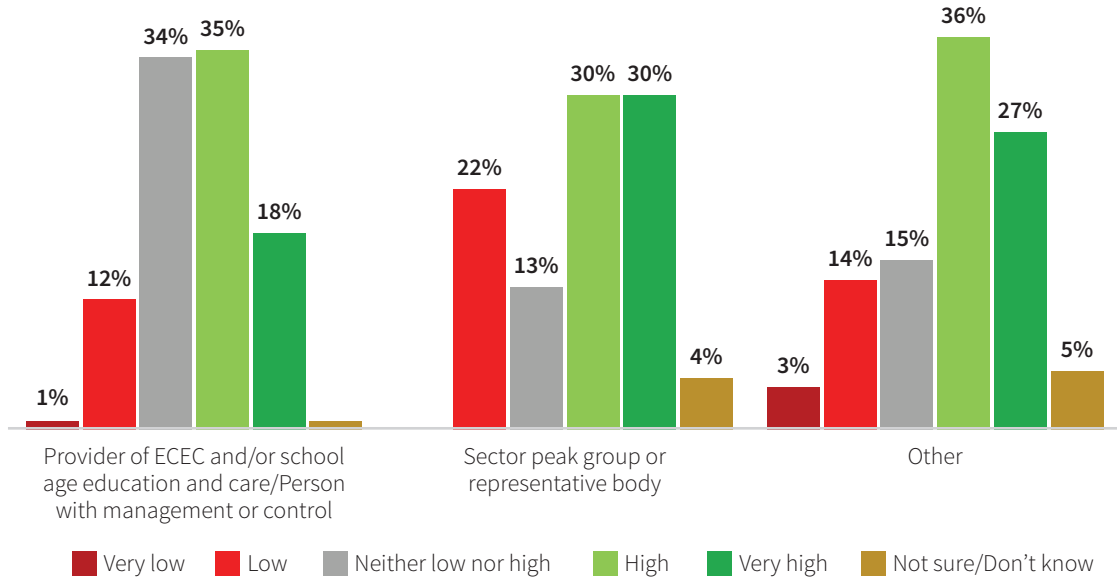
Similar to the responses received in relation to respondents' level of awareness of the DDA, the majority (55%) of respondents indicated that their organisation has either a 'high' (35%) or 'very high' (20%) level of understanding of the obligations under the DDA, with only 14% citing 'low' (12%) or 'very low' (2%) awareness.

**Figure 6: Respondents' level of understanding of DDA obligations**



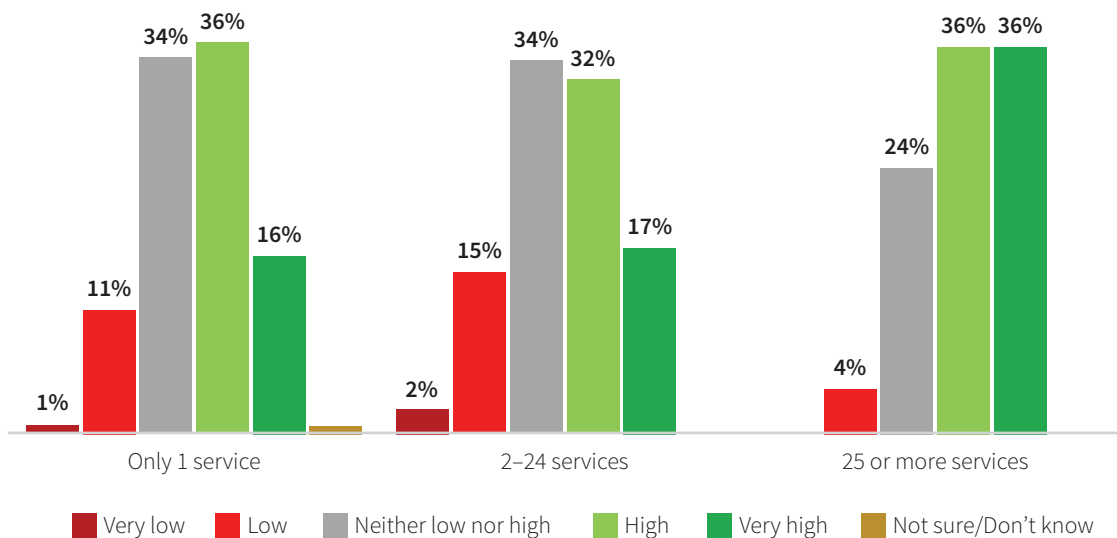
Similar to how respondents rated their awareness, a smaller proportion (18%) of providers/persons with management or control indicated that they had a 'very high' level of understanding of the obligations under the DDA and a greater proportion (34%) indicated that they had a 'neither low nor high' level of understanding, when compared with respondents from sector peak groups/representative bodies and other stakeholder groups.

**Figure 7: Respondents' level of understanding of DDA obligations by stakeholder group**



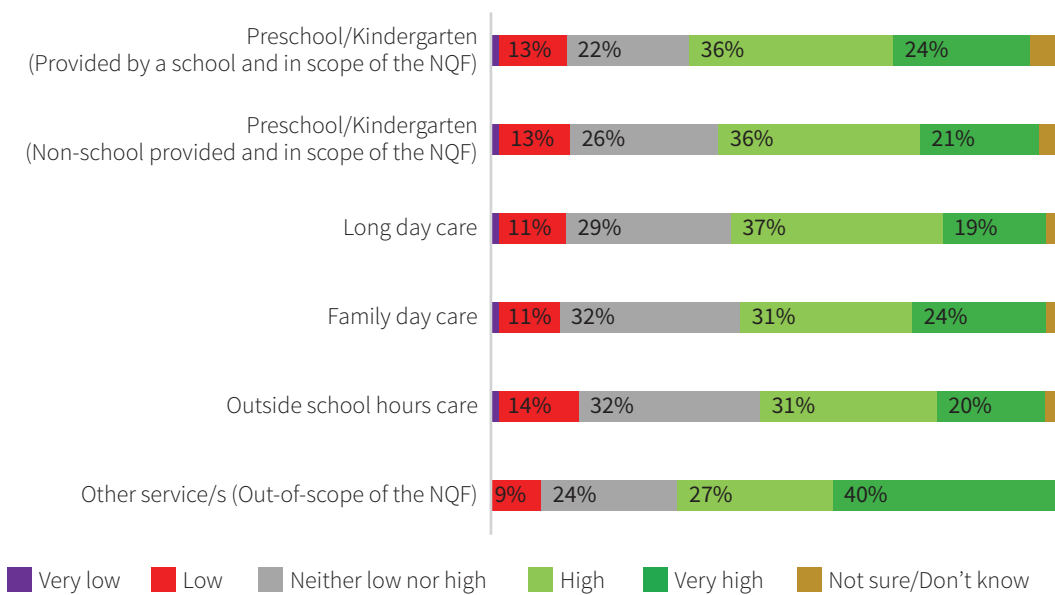
71% of provider respondents that operate 25 or more services regarded their organisation to have a 'high' (36%) or 'very high' (36%) understanding of the obligations of the DDA. This was comparatively higher than medium and small service providers, with 49% and 52% respectively indicating their organisation had a 'high' or 'very high' understanding of their DDA obligations.

**Figure 8: Respondents' level of understanding of DDA obligations by provider size**



The level of understanding expressed by stakeholders was relatively consistent<sup>1</sup> across different service types. Respondents involved with preschool/kindergarten provided by a school (60%) and non-school provided (57%) considered their organisation to have either a 'high' or 'very high' understanding of their obligations under the DDA, which was slightly higher than respondents involved with other service types.

**Figure 9: Respondents' level of understanding of DDA obligations by service sub-type**



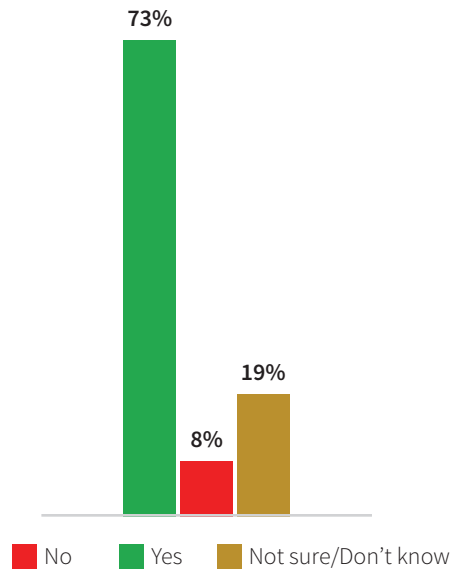
### *Is further work required to improve ECEC/school age education and care providers' awareness and understanding about the Disability Discrimination Act 1992?*

Despite a greater proportion of respondents across all stakeholder groups, provider sizes and service types considering their organisations to have high levels of awareness and understanding of the DDA, an overwhelming majority (73%) of all respondents considered that further work was required to improve ECEC/school age education and care providers' awareness and understanding of the DDA.

<sup>1</sup> While the 'other service' respondent category cites the highest levels of awareness of the DDA by 'service sub-type', caution should be taken in making meaning from this data, given the much lower numbers of respondents in this category, and may also reflect that particular stakeholders well acquainted with inclusion – in particular Inclusion Support Agencies and professionals – are known to have completed this survey, and may have selected this 'other service' category.



**Figure 10: Is further work required to improve provider awareness and understanding of DDA?**



Respondents that said further work was required to improve awareness and understanding of the DDA were also asked to elaborate about how such an objective could be achieved. The most commonly cited initiatives related to professional development/ education and training, and also guidance for services to follow, with specific suggestions relating to seeking more effective:

- professional development or training that is subsidised, mandatory (as part of qualifications or a legislative requirement) and/or attended regularly; and
- training and guidance (such as factsheets, email notifications or webinars) about the DDA, inclusion and how to navigate intersecting funding and support pathways, which can be easily understood and translated into practice.

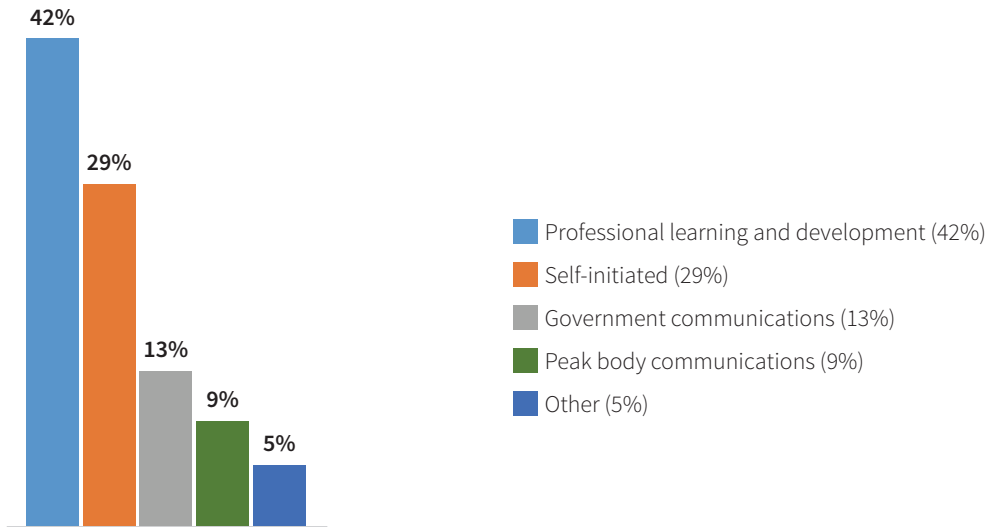
Other comments related to better communicating and explaining the DDA to families/carers, better enforcement of the legislation, more resourcing for service providers to better enable inclusion, or enacting other regulatory changes.

### *How did you become familiar with the Disability Discrimination Act 1992?*

Respondents that said their organisation had 'neither high nor low', 'high' or 'very high' levels of awareness of the DDA were asked about how they became familiar with the DDA.

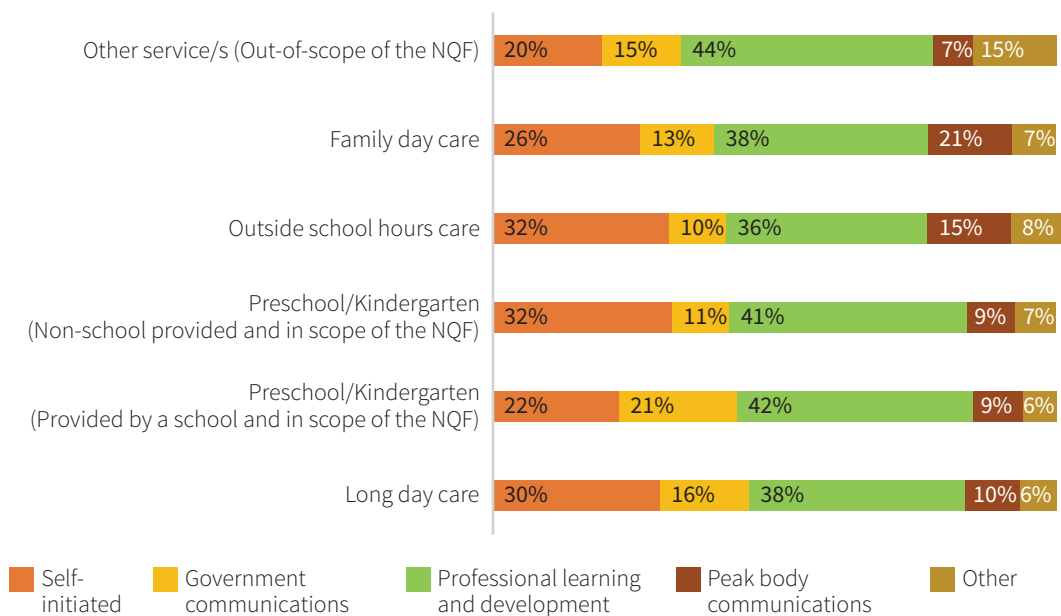
'Professional learning and development' (42%) was the most cited avenue for respondents to have become familiar with the DDA, followed by 'self-initiated' (29%) and 'government communications' (13%).

**Figure 11: How respondents became familiar with the DDA**



Professional learning and development was also the most cited avenue across service types for how respondents became familiar with the DDA.

**Figure 12: How respondents became familiar with the DDA by service sub-type**



## 1.1.2 Large provider/peak body consultations and written submissions

In contrast to the findings from the survey, large provider/peak body participants in bilateral meetings with ACECQA generally agreed there are mixed levels of awareness and understanding of the DDA across the sector. Additionally, some limited familiarity or recognition of the Disability Standards was noted, given they only apply to a small cohort of ECEC services.

It was consistently acknowledged that the sector is highly regulated with a 'hierarchy' of legislative requirements, under which the DDA is most unlikely to be at the forefront of providers'/services' considerations. The NQF is viewed as one of the principal legislative frameworks (in addition to child protection and work, health and safety legislation) that informs the development of policies and procedures – including around how the needs of the individual child are addressed. At the same time, there was consensus that there is a need for a greater focus on the DDA and its role in promoting inclusion.

Larger providers typically considered that their scale enables retention of specialist capability to interpret and translate multiple legislative obligations, helping to inform organisational policies and procedures that clarify obligations. However, the extent of awareness at a service level is variable due to the effect of [identified barriers](#) relating to services' capacity and capability to support inclusive education, and become acquainted with the specific requirements of the DDA. Additionally, large providers and peaks considered that small 'stand-alone' service providers may not have the capacity/capability to similarly interpret/translate all applicable legislation for their service.

While not directly asked, a number of large providers/peak bodies – both in bilateral discussions and through written submissions – indicated support for extending the Disability Standards to incorporate all ECEC and school age education and care services. In doing so, these stakeholders raised a number of implementation considerations, should any future decision be made to apply the Disability Standards to these services.

There was general consensus that further work is required to improve knowledge and understanding of rights and obligations under the DDA.

### Example comments from written submissions

- Information and professional learning on the DDA needs to be communicated to all tertiary and training institutions, allied health professionals and ECEC services (Large provider).
- Further work will always be required in a mixed market sector with thousands of providers across different provider types, such as ECEC, to ensure all providers are aware of their obligations under the DDA (Peak body).
- Extending the Standards to all ECEC services would provide greater clarity and consistency for children and families as well as service providers (Large provider).

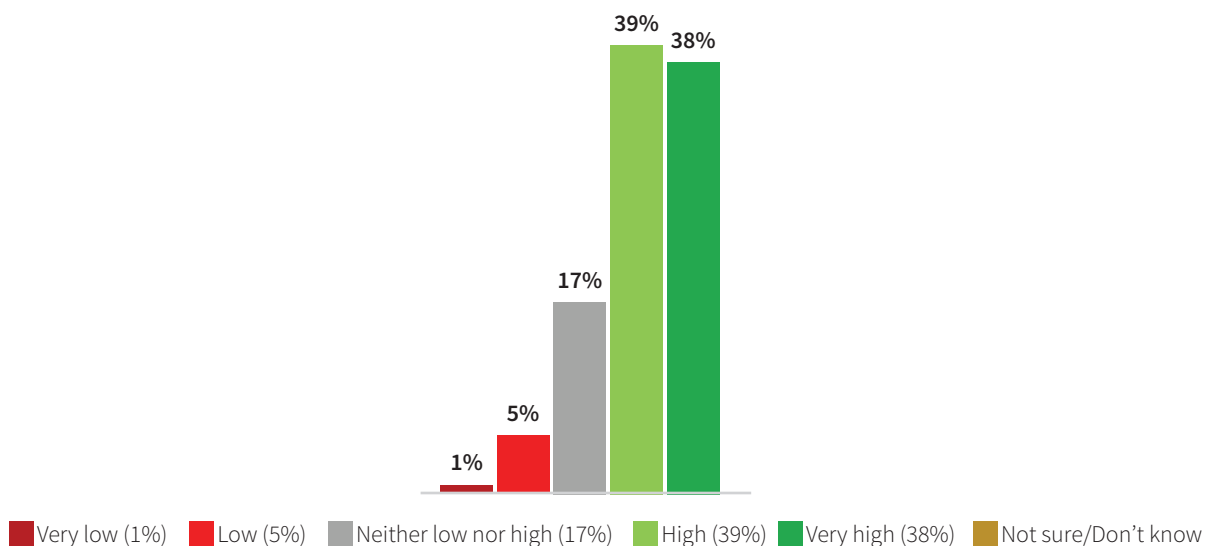
## 1.2 Experience with making reasonable adjustments

### 1.2.1 Survey

*How would you rate your organisation's understanding of the obligations for making reasonable adjustments to ensure a child with disability can participate in ECEC/school age education and care?*

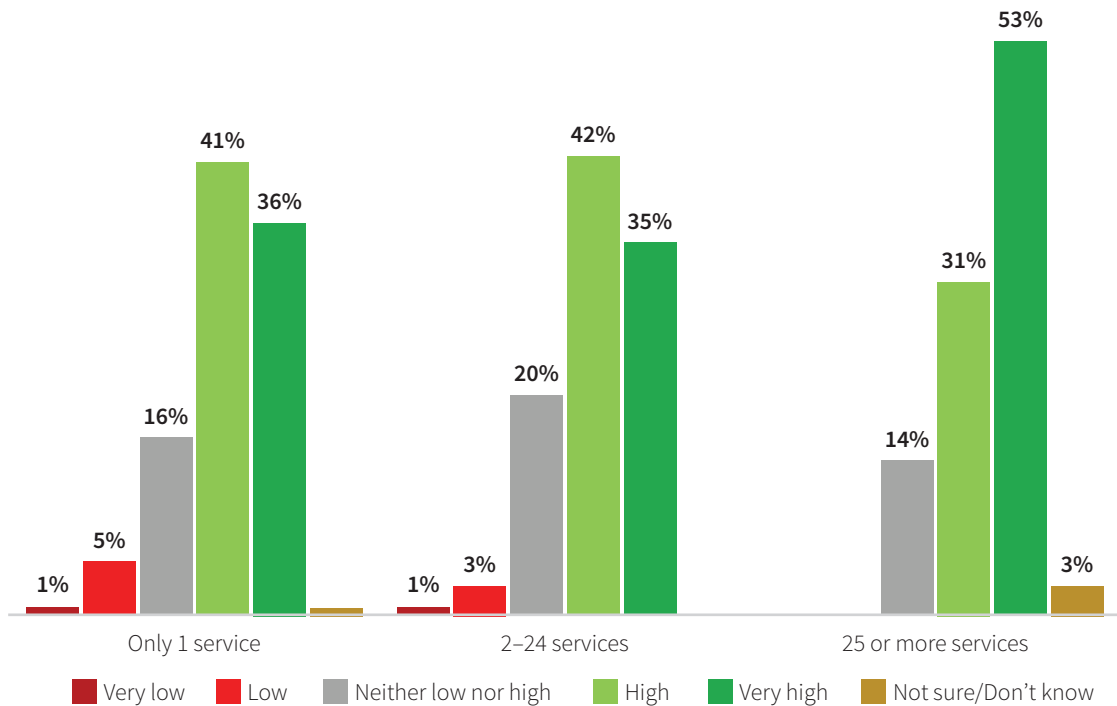
Similar to the trend regarding reported high levels of awareness and understanding of the DDA broadly by survey respondents, the majority (77%) of respondents also indicated their organisation has either a 'high' or 'very high' understanding of the obligations for making reasonable adjustments.

**Figure 13: Respondents' level of understanding about obligations to make reasonable adjustments**



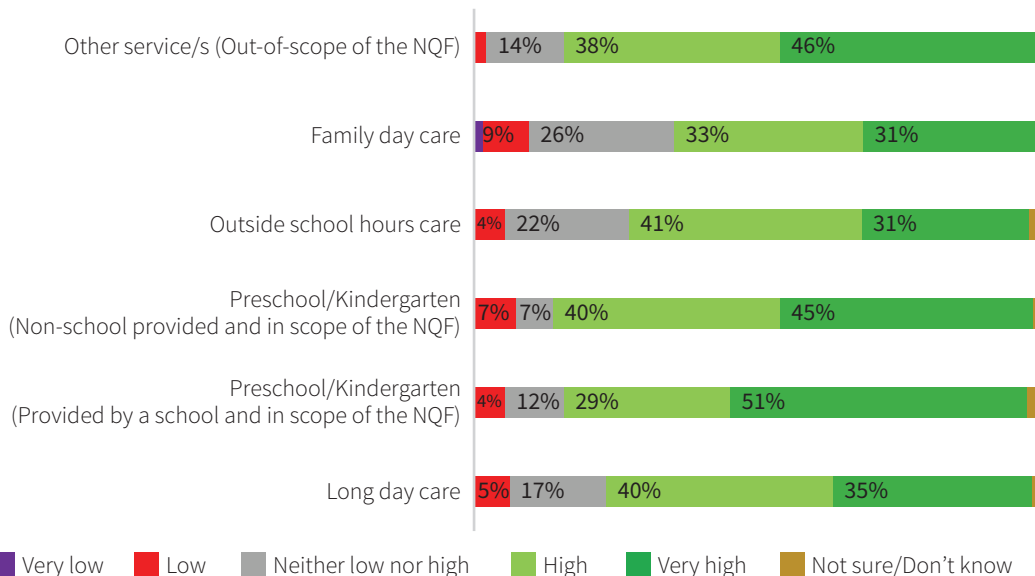
A slightly larger proportion of respondents from providers that operate 25 or more services indicated their organisation has a 'high' or 'very high' level of awareness (84%) compared with respondents from providers of 2–24 services (77%) and providers of only service (77%).

**Figure 14: Respondents' level of understanding about obligations to make reasonable adjustments by provider size**



Respondents involved with preschool/kindergarten provided by a school (80%) and non-school provided (85%) considered their organisation to have either a 'high' or 'very high' understanding about the obligation to make reasonable adjustments, which was slightly higher than respondents involved with other service types. While still a majority, respondents from family day care (64%) had the smallest proportion of respondents that reported to have a 'high' or 'very high' level of understanding about the obligation to make reasonable adjustments compared with other service types.

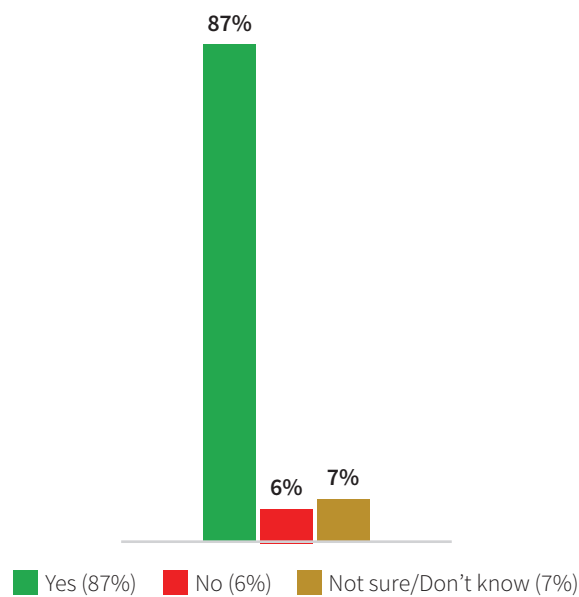
**Figure 15: Respondents' level of understanding about obligations to make reasonable adjustments by service type**



*Has your organisation ever made a reasonable adjustment to ensure a child with disability can access and participate in ECEC/school age education and care?*

A significant majority (87%) of respondents indicated that their organisation had previously made a reasonable adjustment to ensure a child with disability could access and participate in ECEC/school age education and care. This sentiment was reported in similar proportions across jurisdictions, provider sizes and service types.

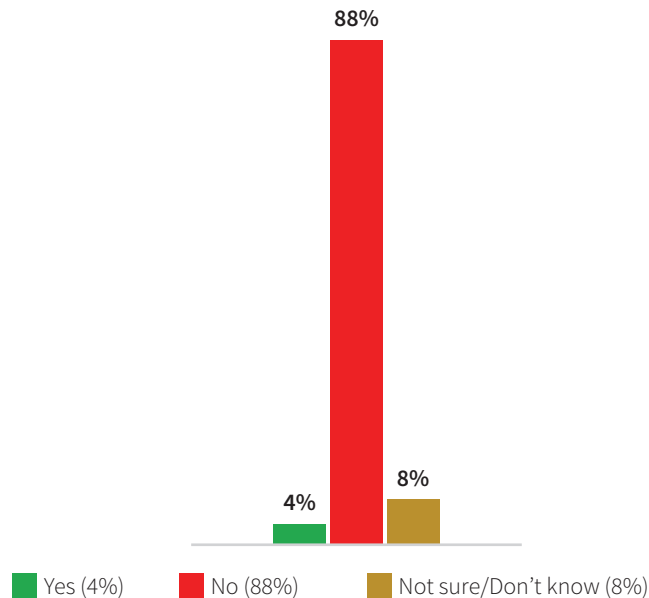
**Figure 16: If organisation has previously made a reasonable adjustment**



*Have any parents/carers said that your organisation was not meeting its obligations under the Disability Discrimination Act 1992?*

A significant majority (88%) of respondents also reported that parents/carers had not previously said that their organisation was not meeting its obligations under the DDA. Again, this sentiment was reported in similar proportions across jurisdictions, provider sizes and service types.

**Figure 17: If a parent has previously said organisation not meeting DDA obligations**



The proportion of respondents (4%) which stated that parents/carers had previously said their organisation was not meeting its obligations under the DDA were subsequently asked to elaborate on how their organisation addressed this allegation. While noting only 12 respondents were both eligible and took the opportunity to submit commentary, most responses could be characterised as either defending the original approach taken, or discussing the situation with the parent/carer. However, a small number of respondents indicated their organisations subsequently adjusted their practice(s) to facilitate access and/or participation of a child with disability, or otherwise indicated a mediated/compromise outcome was reached between the organisation and parent/carer.

### *How has your service/s supported children with disability to access and participate in ECEC or school aged education and care (including any support to transition to school)?*

All respondents were asked to discuss how children with disability were supported to access and participate in the service. While a diverse array of responses was received, the largest proportion of responses related to services taking the following types of actions:

- utilising specialised and/or inclusion support services (such as the Australian Government's Inclusion Support Program and/or other available state/territory inclusion support funding)
- networking or collaborating with relevant external organisations or individuals (such as schools and allied health professionals); and
- prioritising allocation of extra staffing or resources (such as self-funding of inclusion support staff where ineligible for, or cross-subsiding shortfalls in, government-funded support, or hiring/purchasing purpose-built equipment).

There were also numerous responses highlighting other types of actions to support access and participation of children with disability, such as:

- enabling professional development/training for educators
- consulting with family members/carers on an ongoing basis
- modifying the physical environment; and
- adjusting or tailoring the educational program.

### 1.2.2 Large provider/peak body consultations and written submissions

A consistent perspective was that identifying and making reasonable adjustments occurs along a continuum.

It was indicated that proactive investment in professional development for educators, accompanied by 'a whole of service approach to inclusion', was the most effective approach to delivering an inclusive program, and may even limit the need for major adjustments.

Participants consistently identified that providers and their service teams would benefit from greater clarity and guidance to understand what comprises a 'reasonable adjustment' and what constitutes an 'unjustifiable hardship'.

Calls for more information and guidance were also made for:

- educators to assist with often difficult/sensitive conversations with families/carers, including discussing adjustments and what is 'reasonable'; and
- families/carers to understand their rights, and manage their expectations, to better equip them to effectively advocate for their child.

Other points raised included:

- the nature of school age education and care and FDC means that it is not always possible to make a reasonable adjustment, where identified as necessary. School age education and care services are often located in a specific area of a school site and may have limited control over the modifications they can make to accommodate a child with disability, and often limited access to all parts of the premises upon which the school is located. FDC services are generally delivered from the family residence and modifications are dependent on the educator's willingness and ability to invest in making changes to their home
- reasonable adjustments that involve increasing staff ratios can be a barrier for children with disability, as it may often be considered an 'unjustifiable hardship' for the provider. This was noted as particularly relevant in FDC and school aged education and care settings due to the lower ratio of educators to children in both settings compared with other settings such as long day care and preschool.
- there can be a reluctance to make changes to the physical environment given costs involved and resources required to make relevant modifications. Examples were offered of providers investing in modifications to their services to enable a child's access and participation, with parents/carers subsequently choosing another service or the child only attending sporadically.



### Example comments from written submissions

- The cost of funding adaptive equipment to enable access to the educational programs is often prohibitive for ECECs and equipment borrowing libraries no longer exist (Provider).
- . . . School aged Care (SAC) sites are located within a specific part of a school setting (typically a hall) which the provider has been given the permission to use. This arrangement significantly curtails the provider's capacity to make 'reasonable adjustments' to accommodate the needs of a child with disability, in line with the standards (Large provider).

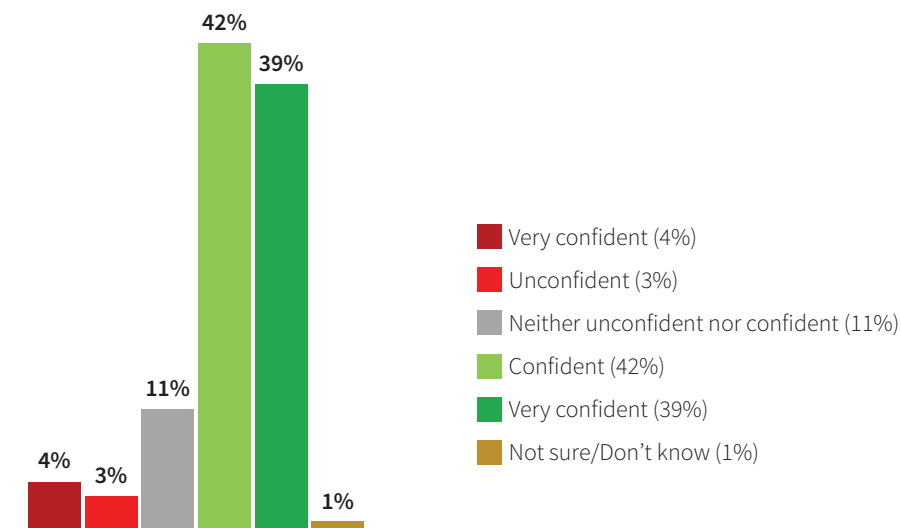
## 1.3 Confidence in making reasonable adjustments

### 1.3.1 Survey

#### *How confident do you feel in identifying and implementing a reasonable adjustment in consultation with a parent or guardian?*

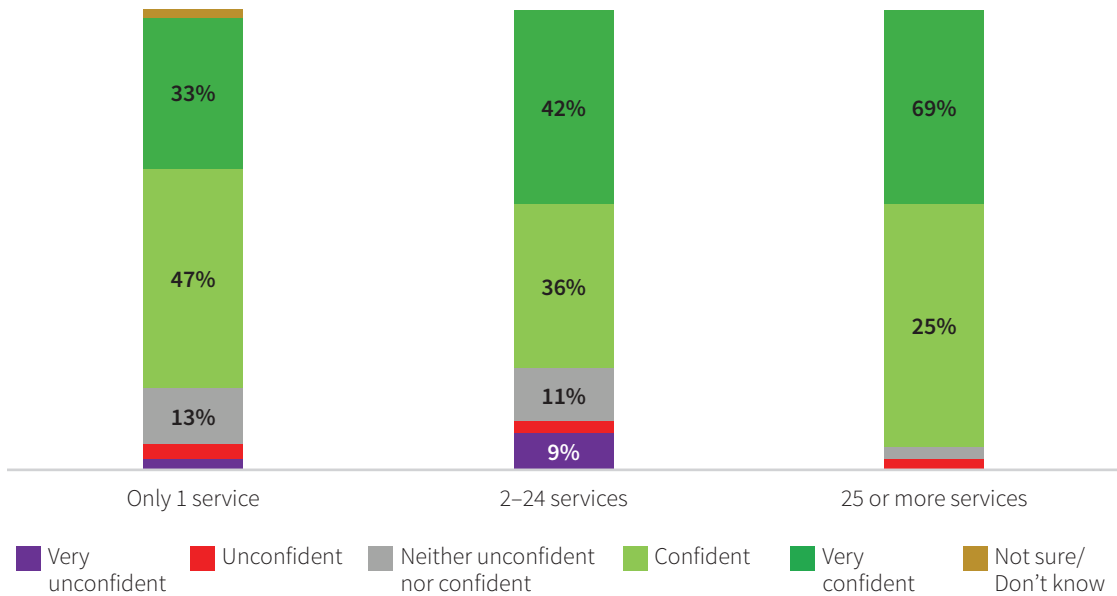
A significant majority (81%) of respondents indicated that they felt either 'confident' (42%) or 'very confident' (39%) about identifying and implementing a reasonable adjustment in consultation with a parent or guardian.

**Figure 18: Confidence of respondents in making reasonable adjustments**



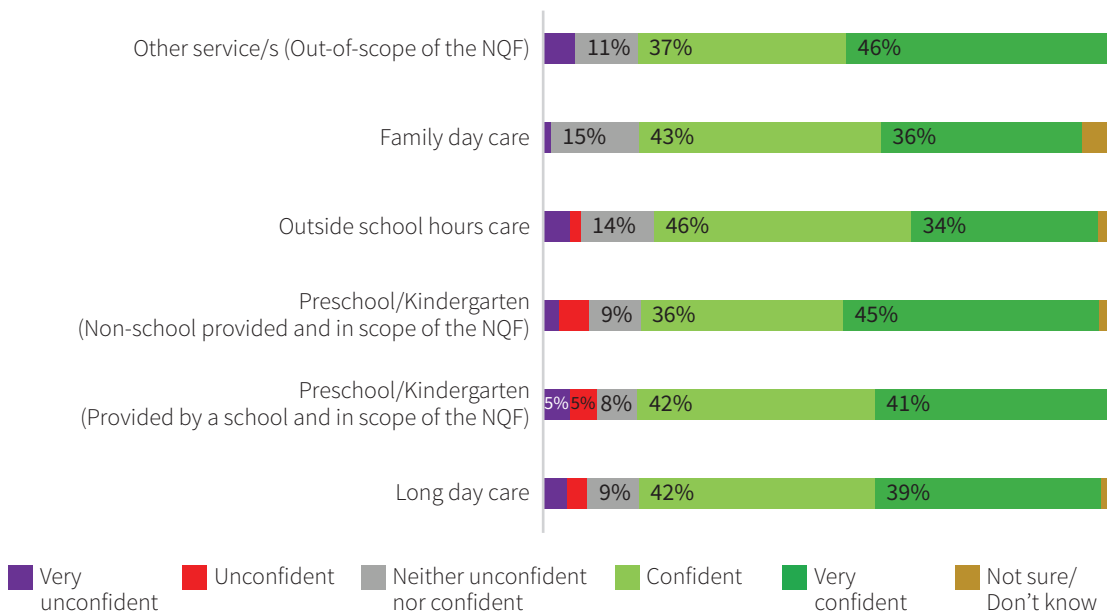
Respondents from large providers (with 25 or more services) reported the highest levels of confidence (94% either 'confident' or 'very confident'). This was slightly above confidence levels reported by medium size providers (2–24 services) and providers with only one service, with 78% and 80% respectively reporting they were either 'confident' or 'very confident' in making reasonable adjustments.

**Figure 19: Confidence of respondents in making reasonable adjustments by provider size**



High levels of confidence were also reported across service types, with very similar proportions indicating they were 'confident' or 'very confident' in making reasonable adjustments, as shown by **Figure 17**.

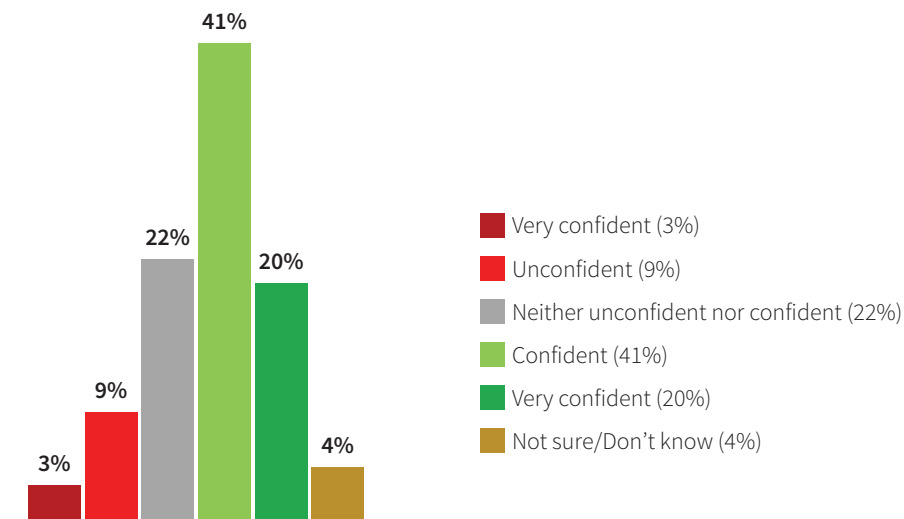
**Figure 20: Confidence of respondents in making reasonable adjustments by service sub-type**



### *How confident are you in assessing whether an identified adjustment would result in your service experiencing unjustifiable hardship?*

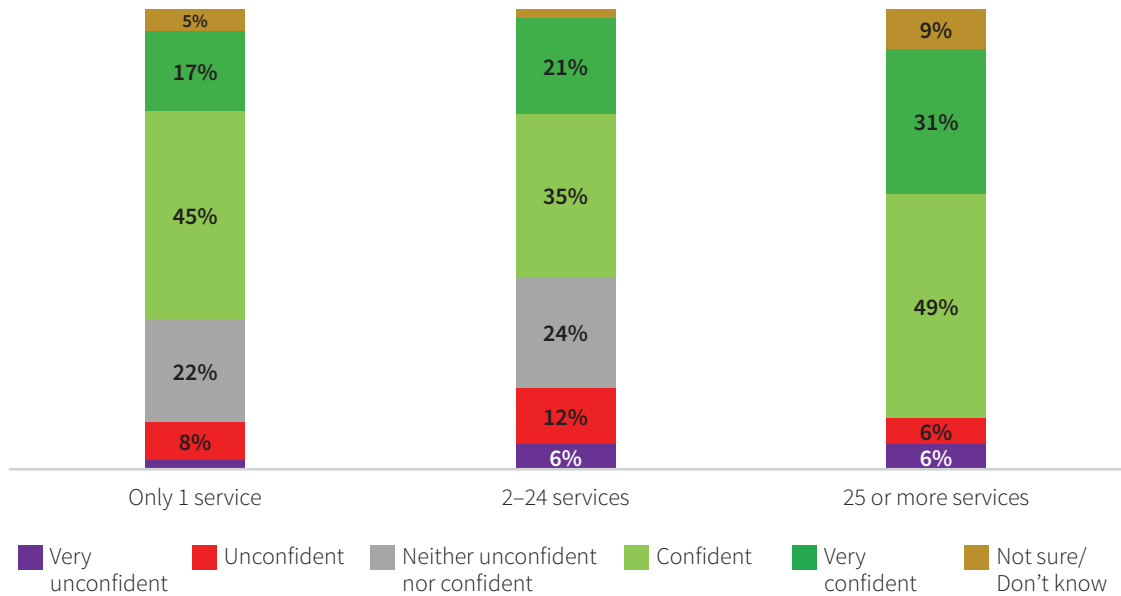
Again, a majority of respondents (61%) indicated they felt either 'confident' (41%) or 'very confident' (20%) in relation to their ability to assess whether an adjustment would result in 'unjustifiable hardship' being experienced by the provider. This is lower than the proportion of respondents that reported being 'confident' or 'very confident' (81%) in relation to their ability to identify and implement an adjustment in consultation with a parent/carer.

**Figure 21: Confidence of respondents in assessing whether adjustment would result in unjustifiable hardship**



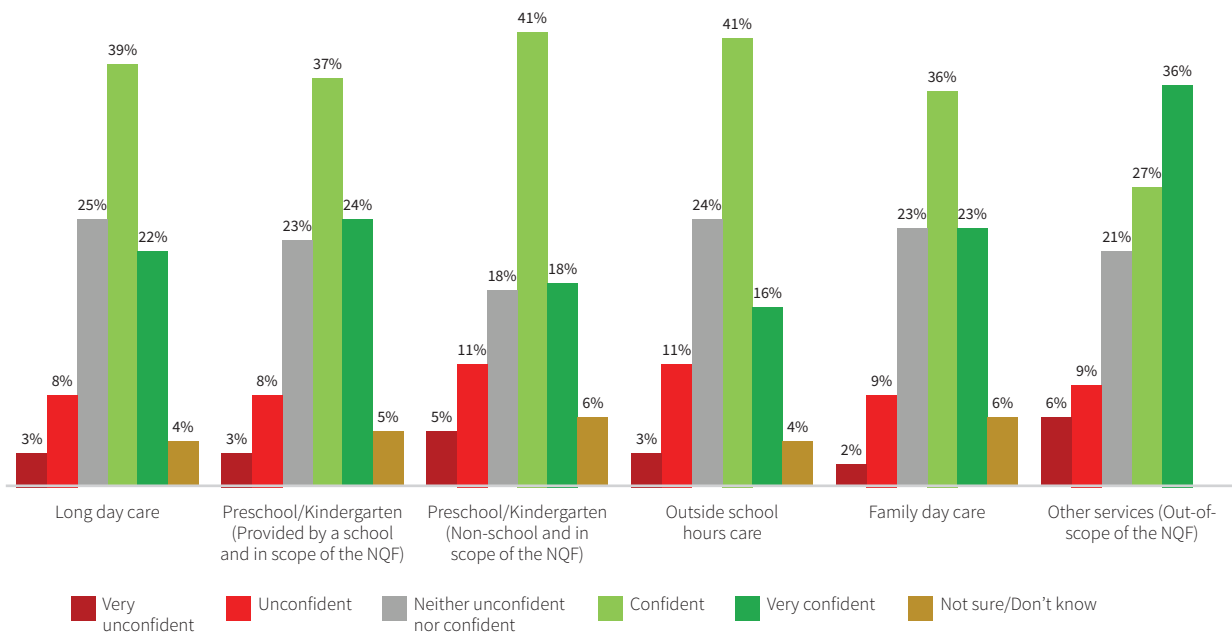
In line with previously noted trends, respondents from large providers (25 or more services) reported the highest levels of confidence (80% either 'confident' or 'very confident'), with providers of 2–24 services reporting the least amount of confidence (56% either 'confident or 'very confident').

**Figure 22: Confidence of respondents in assessing whether adjustment would result in unjustifiable hardship by provider size**



Relatively high levels of confidence, with very similar proportions indicating ‘confident’ or ‘very confident’ responses, were also reported across service types, as shown by Figure 20.

**Figure 23: Confidence of respondents in assessing whether adjustment would result in unjustifiable hardship by service sub-type**



### 1.3.2 Large provider/peak body consultations and written submissions

In contrast to survey outcomes, large providers and peak bodies expressed a general feeling that educators and other service staff often lack the knowledge, experience and confidence in identifying and making reasonable adjustments for children with additional needs.

Discussions centred on the adequacy of qualifications, with a majority of participants indicating that new educators are often ill equipped to embed inclusive practice, given inclusion is seen as not specifically or adequately addressed in relevant educator qualifications/training programs.

It was indicated that there was a need to embed the concept of inclusion, including the requirements of the DDA, into degree and vocational education and training.

#### Example comments from written submissions

- The Certificate III in Children's Services does not adequately train staff members to understand the needs of children with disability. Early Childhood Educators who are skilled and experienced in this area often burnt out due to lack of support from their less-experienced colleagues and the weight of responsibility they feel to families who are attending the centre (Provider).

## 1.4 Barriers to access and participation

### 1.4.1 Survey

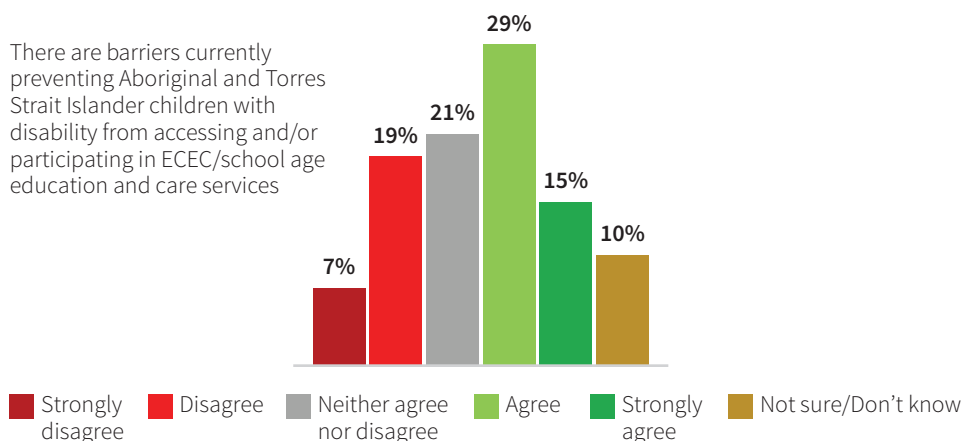
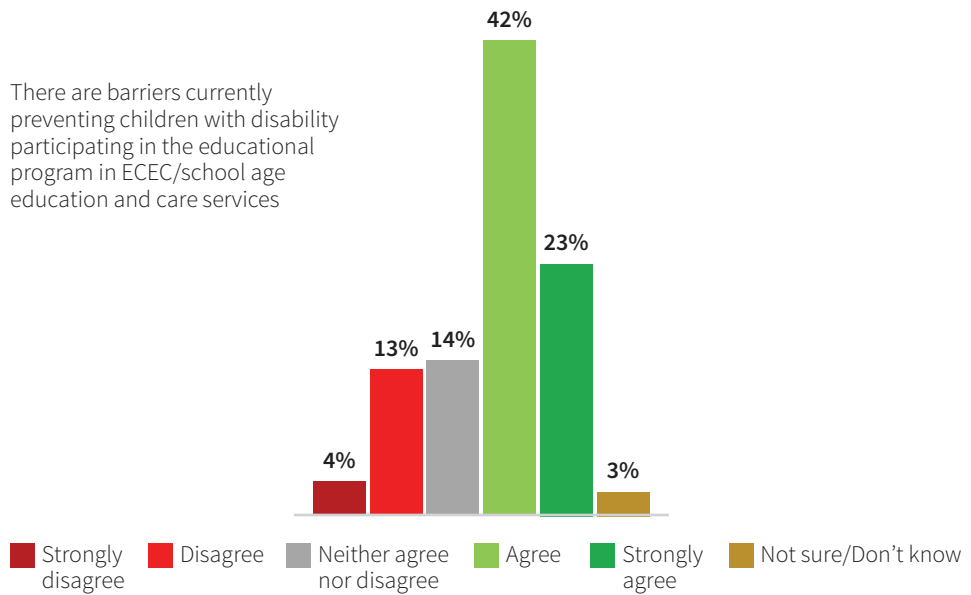
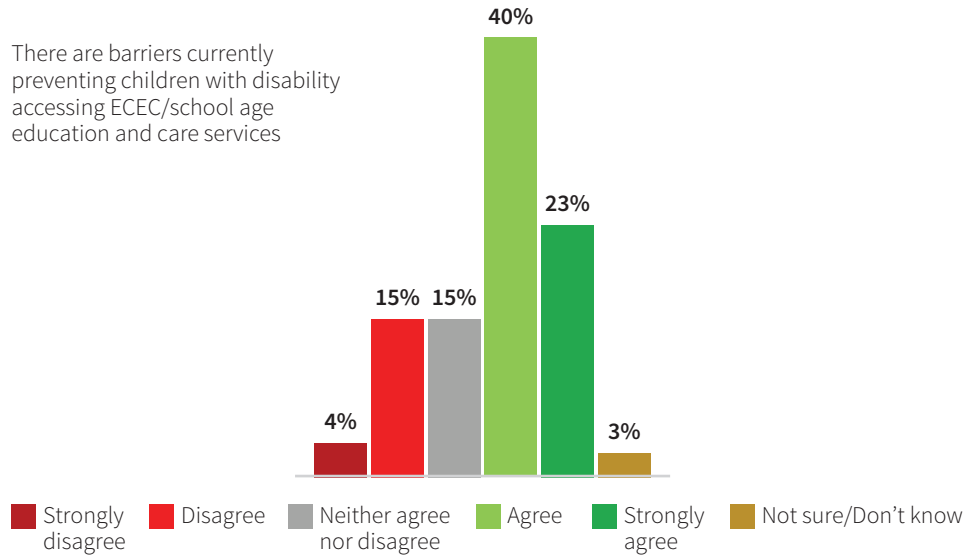
#### *To what extent do you agree or disagree with the following statements?*

- There are barriers currently preventing children with disability accessing ECEC/school age education and care services
- There are barriers currently preventing children with disability participating in the educational program in ECEC/school age education and care services
- There are specific barriers currently preventing Aboriginal and Torres Strait Islander children with disability from accessing and/or participating in ECEC/school age education and care services

The majority of respondents either 'agreed' or 'strongly agreed' that there are barriers preventing children with disability from both **accessing** (63%) and **participating** (65%) in ECEC/school age education and care services. 44% of respondents either 'agreed' or 'strongly agreed' that there are barriers preventing the access and/or participation of Aboriginal and Torres Strait Islander children with disability in ECEC/school age education and care services.



**Figure 24: Barriers to access, participation and barriers to access and/or participation for Aboriginal and Torres Strait Islander children**



Respondents that 'agreed' or 'strongly agreed' that there are barriers to either the access or participation of children with disability, or the access and participation of Aboriginal and Torres Strait Islander children with disability, were subsequently asked to elaborate on what they considered to be these exact barriers.

The main barriers for all children raised were:

- the capacity and capability of providers/services (including financial capacity and the predisposition of some providers and staff) to cater for a particular level of need
- limited education, training or experience of educators necessary to facilitate the inclusion of children with disability
- limitations in current inclusion support avenues to services (including limitations in the process or criteria and/or inadequacy of funding) to enable the inclusion of children with disability; and
- the attitude/predisposition of providers and/or staff to enrol children with disability in their service.

Regarding access and participation of Aboriginal and Torres Strait Islander children, respondents also emphasised the limited capacity/capability of providers, with comments additionally focusing on:

- a lack of cultural awareness /understanding by providers and educators
- family/carer predispositions (including a hesitancy, lack of trust, or differing cultural approaches to 'disability' ); and
- limitations in inclusion and/or cultural support for services (including limitations in the process/criteria and/or adequacy of funding).

#### 1.4.2 Large provider/peak body consultations and written submissions

There was clear consensus across large providers and peak bodies that systemic and societal barriers exist to children with disability fully accessing and participating in ECEC and school age education care services. Notable barriers cited included:

##### *Workforce capability and capacity*

- Diversity in qualifications and experience across the sector means parts of the workforce often have limited knowledge, capacity and capability to support children with additional needs.
- A level of experience and confidence is required to have difficult conversations with families, and educators often feel they lack the knowledge or confidence to raise development concerns with families. Opportunities for early intervention are therefore being missed.

### *Resourcing inclusive access and participation*

Several issues were raised about the difficulties encountered in resourcing inclusive access and participation. These included:

- Administrative processes for providers to obtain identified support funding from governments is viewed as often burdensome, with limited assistance to navigate the system. This had led to:
  - needing to employ additional staff specifically to manage funding application processes
  - non-timely access to necessary support/interventions.
- Inadequacy of available support for effective inclusive access and participation. Examples identified include:
  - providers identified a need, where possible, to undertake significant cross-subsidisation to address gaps in available support funding streams with the actual cost of delivering effective, meaningful inclusive practice
  - ongoing financial viability of services, as available support funding was considered to not cover the costs involved in providing an adequate inclusive program.

### *Difficulty in navigating support systems*

- Navigating the numerous pathways for inter-connected support systems is challenging and families/carers, educators and other service staff often have limited knowledge on how to connect the services together.
- The Victorian Early Years Learning and Development Framework was cited as an exemplar government initiative that promoted integrated practice principles – and articulates the respective roles of all early childhood professionals – to effectively support the learning and development of children with disability.<sup>2</sup>

### *Collaborative relationships*

- Building strong relationships with families is key to delivering the best outcomes for a child with disability. A governance/leadership environment that encourages services, families and allied health professional to collaborate is needed to design and deliver an inclusive program that enables a child is to participate to their level of potential.
- Families/carers and allied health professionals could better collaborate with service providers to ensure more informed, consistent understanding of an individual child's strengths and needs.
- Families/cares are often influenced by past experiences, and may be unwilling to share information about development delays or disabilities at time of enrolment for fear their child being excluded

<sup>2</sup> Victorian Government – Department of Education and Training (2016) [Victorian Early Years Learning and Development Framework](#).



### *Attitudinal*

- There are a wide range of provider and staff predispositions to enrolling children with disability in their service.

### *Physical environment*

- Modifications to the physical environment can be costly and not all services are in a financial position or can access resourcing to make identified, necessary adjustments.
- In the case of OSHC/vacation care services, there are typically limits to a school's premises/facilities areas that can be accessed under agreements made with the service, and limitations on what modifications can be made.
- Service providers are not always equipped to manage the needs of all children with disability and the environment may not always be suitable for some children.

### *Geographic/demographic*

- Services and educators in rural and remote areas are often isolated, and may have limited opportunities to access professional development or support from allied health professionals. Investing in effective technology would make it possible for educators to access support from allied health professionals, participate in professional development opportunities and enhance workforce capacity and capability.

### *Funding support often linked to diagnosis*

- Due to the younger age of children in ECEC, a developmental delay or disability may not yet be diagnosed, which is often needed to access some support funding mechanisms.
- It was also noted that there is a lack of consistency across service systems about the need for a medical diagnosis to access supports (e.g. differing eligibility requirements under the NDIS, vs the ISP).

### *Cultural/community contextual factors*

- Cultural understanding and language barriers can heavily impact engagement with children with disabilities and their families
- There is a need to recognise additional barriers for children/families from low-socio economic areas, including the potential for low literacy levels of parents/carers.
- For some cultures and communities, there may be an increased apprehension to seeking out specialist support – or identifying that a child may have a particular need. This can be due to particular stigmas, cultural differences in how disability may be viewed (including the role of family in caring for family members with disability); and
- Culturally and linguistically diverse families/carers of children with disability may not be effectively supported with information that is relevant and/or comprehensible.

### Example comments from written submissions

- Not all students that require additional educator support have a diagnosis and therefore essentially excluded from accessing the funding stream . . . This cost must be met by the provider (Provider).
- Older services, particularly those in modified residential settings, have not always been designed with inclusion in mind, and thus may require extensive renovations in order to comply (Peak body).
- The funding provided for inclusion support does not cover the costs involved in providing an adequate inclusive program (Provider).
- Services unable to meet the specific needs of a child with disability may claim that to be inclusive would represent an 'unjustifiable hardship', mostly on the grounds of financial viability (Peak body).
- It has also been noted that parental denial about a development delay remains a significant challenge for early learning educators across settings (Large provider).

## 1.5 Service type-specific barriers

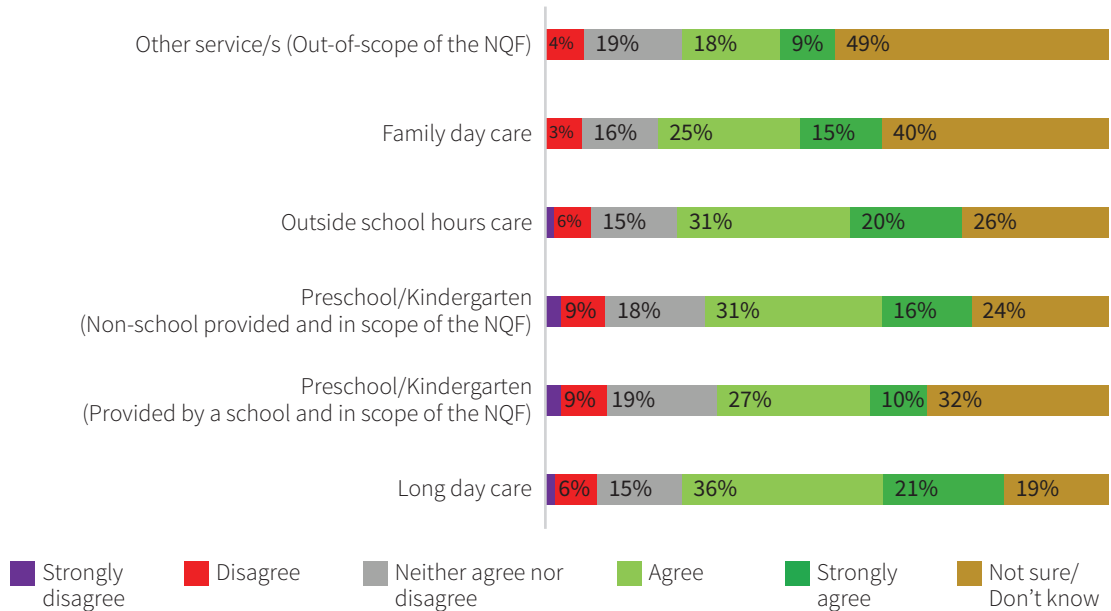
### 1.5.1 Survey

*To what extent do you agree or disagree that the following types of ECEC/school age education and care services face specific challenges in implementing inclusive practices for children with disability?*

- Long day care
- Preschool/Kindergarten (Provided by a school and in scope of the National Quality Framework)
- Preschool/Kindergarten (Non-school provided and in scope of the National Quality Framework)
- Outside school hours care
- Family day care
- Other service/s (Out-of-scope of the National Quality Framework)

For all service types, there was a larger proportion of respondents that either 'agreed' or 'strongly agreed' that particular service types face specific challenges in implementing inclusive practices for children with disability, compared with respondents that 'disagreed' or 'strongly disagreed'. Long day care (57%) and outside school hours care (51%) had the greatest proportion of respondents who 'agreed' or 'strongly agreed' there were specific challenges facing these types of services.

**Figure 25: Specific challenges for service sub-type**



Respondents indicating they either ‘agreed’ or ‘strongly agreed’ there are challenges for a particular service type in implementing inclusive practices for children with disability, were subsequently asked to elaborate on what they considered to be these challenges.

Despite asking about challenges specific to each service type, the most common types of challenges raised were similar across all service types, and related to:

- the capacity of providers (including their capability or financial capacity) to cater for a particular level of need
- limitations in current inclusion support avenues to services (including limitations in the process/criteria and/or inadequacy of funding) to enable the effective inclusion of children with disability
- limited education, training or experience of educators necessary to facilitate the effective inclusion of children with disability.

For **long day care**, other challenges raised also related to:

- the attitude/predisposition of providers and/or staff about enrolling children with disability in their service
- the inherent nature of LDC service delivery (such as often longer days for children attending the service)
- limitations in the design of some services’ physical environments
- the predisposition of some families (such as reluctance to seek diagnosis to enable services to obtain government-funded inclusion support assistance).

For **outside school hours care**, other challenges raised also related to:

- limitations in the design of some services' physical environment
- inherent nature of OSHC service delivery (such as mixing different age groups and ratios and how children are cared for after the school day has concluded); and
- the predisposition of some families, such as limited understanding about access to services and availability of inclusion support pathways.

The types of challenges raised in respect to both **non-school provided** and **school-provided preschool/kindergarten** were largely similar, with other challenges raised relating to:

- limitations in the design of some services' existing physical environment
- the attitude or predisposition of providers and/or staff about enrolling children with disability in their service.

For **family day care**, many respondents cited:

- the challenge of a service's capacity to cater for a particular level of need in the context of FDC educators operating as the sole educator in their own residence. Respondents indicated this model can exacerbate an inability to adequately and effectively educate and care for children with disability
- complexities surrounding modifying an educator's personal residence to be suitable for catering to some children with disability, where identified as necessary.

There were no other notable observations in responses received unique to '**other service/s (Out-of-scope of the NQF)**', with the exception of a very small number of respondents citing that not being in-scope of the NQF may, in itself, reduce outcomes for children with disability.

### 1.5.2 Large provider/peak body consultations and written submissions

Discussions with large providers and peak bodies also identified that there are barriers specific to service types, in particular for school age education and care and FDC services.

There was a strong view that these service types must be viewed through a specific lens that recognises their unique service context.

For **outside school hours care**, other challenges raised related to:

- complexities of how families'/carers' access OSHC services compared with, for example, a LDC service, and the impact this has on resourcing. Enrolment in an OSHC program can often be very 'last minute' and/or sporadic compared. This often more short term or sporadic nature of OSHC service provision creates inherent workforce challenges in providing educator continuity, which is seen as critical to providing an effective approach to supporting children with disability
- the age span of children accessing OSHC, which can range from four up to 13, creates additional challenges given the diverse array of needs that children with disability may experience across this cohort

- whether a child with particular, high level needs accessing an OSHC service is always in the best interests of that child. For example, it was indicated that when a child accesses an identified school for children with moderate to high learning and support needs, accessing a 'mainstream' OSHC service before or after school may not always be a desirable and/or a feasible option, but other options are very limited
- demand for OSHC – particular in some inner urban areas of large cities – remains high. This in itself can inhibit some families/carers from identifying that their child may have an additional need due to fear of not being able to access a service place
- an effective and appropriate physical environment is critical to delivery of an inclusive educational program. There is an assumption that schools have been designed or modified to ensure inclusion, yet the service may only be licensed to access certain parts of the school environment. Appropriate facilities (i.e. accessible toilets, specific equipment) may therefore not be available for use by the service to support the full access and participation of a child with disability
- more limited enrolment processes can lead to insufficient information being provided about individual children's needs, with the service often not appropriately prepared to cater for the child when they first access the service
- children with disability can be excluded from accessing OSHC programs due to limitations and constraints of funding programs. Approval for funding, including potential need for a medical diagnosis, can take time and providers may have to absorb the cost, which is not sustainable in the longer term.

For **vacation care**, other additional challenges raised related to the:

- very sporadic nature in which it occurs – with bookings/enrolments often undertaken right up to the point of the session of care. This leaves little time to adequately assess the needs of each child and determine whether any particular adjustments are required to fully support inclusion
- service model's large emphasis on accessing facilities/environments outside of the service premises through planned leisure activities/excursions. This raises additional considerations for inclusive access to third party community/private facilities.

For **family day care**, other challenges raised related to:

- the single staff model means educators often work in isolation and have limited access to additional support
- limited availability of educators with the knowledge, capability and confidence to be able to provide effective education and care that meets the needs of some children with disability
- costs associated with making modifications to the physical environment – where identified as necessary – noting that this is typically the educator's own home
- work, health and safety implications e.g. lifting of a child and effect on educator well being

- accessing appropriate professional development to build educators' knowledge and confidence is difficult
- support funding mechanisms seen as challenging, with claims there is little to no financial incentive for an educator to include a child with disability.

However, it was also noted by a number of large providers and peak bodies that the unique nature of FDC service delivery – namely comparatively smaller numbers of children in a home-like setting – is seen as an attractive education and care option for families/carers. Some centre-based service providers noted it is not uncommon to occasionally refer families/carers of children with disability to an FDC service, when it is considered to be a more effective option for a particular level of need.

For **occasional care**, it was noted that, while the unique service model provides very high levels of flexibility for families/carers of children with disability – whereby shorter sessions of education and care can be arranged around other appointments and parents/carers are only charged for those sessions attended – similar staffing issues as cited for other service types prevail. Additionally, being outside the NQF may – in and of itself – limit the extent to which some occasional care service providers have embedded inclusive practices.

#### Example comments from written submissions

- Our services have also seen how fear of discrimination affects how parents make casual bookings for care, such as vacation care, where parents may not disclose a child's disability at the point of enrolment. This failure to disclose places a significant burden on both the provider and the parent at the point of drop off as our service staff adjust to accommodate the child whose disability has not been disclosed in advance (Provider).

## 1.6 Role of the NQF to support inclusive education

### 1.6.1 Survey

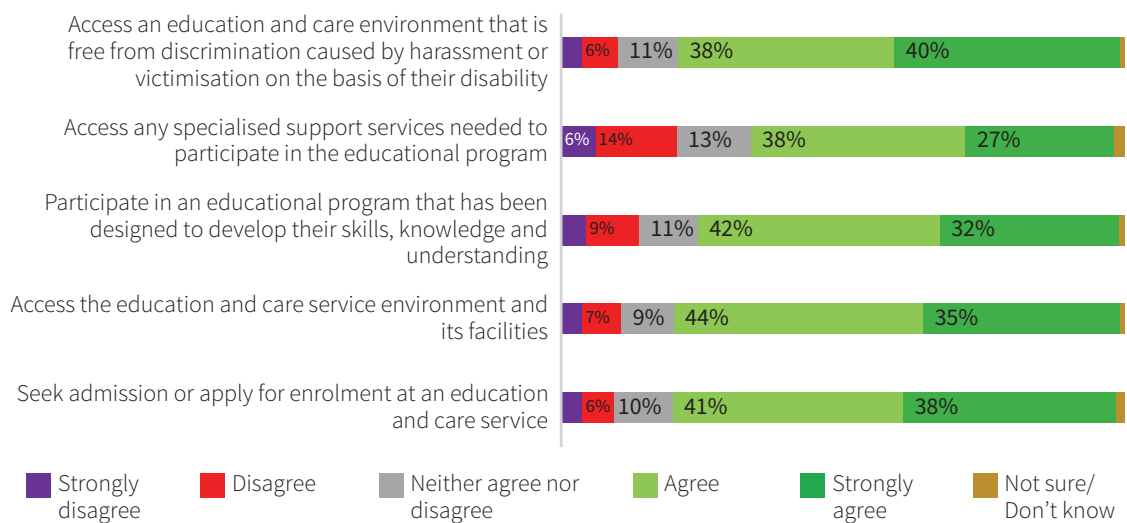
*In complying with your organisation's obligations under the NQF, to what extent do you agree or disagree that children with disability are supported to do the following on the same basis as a child without a disability?*

As illustrated in **Figure 23**, the majority of respondents 'agreed' or 'strongly agreed' that under the NQF, children were supported, on the same basis as a child without a disability, to:

- seek admission or apply for enrolment at an education and care service (78% 'agree' or 'strongly agree')
- access the education and care service environment and its facilities (79% 'agree' or 'strongly agree')
- participate in an educational program that has been designed to develop their skills, knowledge and understanding (74% 'agree' or 'strongly agree')

- access any specialised support services needed to participate in the educational program (64% 'agree' or 'strongly agree'); and
- access an education and care environment that is free from discrimination caused by harassment or victimisation on the basis of their disability (78% 'agree' or 'strongly agree').

**Figure 26: NQF supporting inclusion**



Across all components of a child's experience in accessing and participating in a service (such as seeking enrolment and freedom from discrimination), a larger proportion (78%–88%) of respondents from large providers (25 or more services) 'agreed' or 'strongly agreed' that the children were supported compared with small (only 1 service) (69%–84%) and medium (2–24 services) (62%–76%) providers.

### *How does the NQF support you to deliver inclusive education practices?*

All respondents were subsequently given the opportunity to elaborate on how the NQF supports the delivery of inclusive education practices. While the most common types of responses related to the NQF quite broadly as an instrument that provides guidance for services to be inclusive, other responses also suggested that the key principles or fundamental concepts underpinning the NQF (such as educating and caring for each child) supported inclusion.

There were some responses that more specifically unpacked the components of the NQF, and considered the NQS to be an instrument that supports inclusion, and to a lesser extent, the Education and Care Services National Law and the Approved Learning Frameworks.

Conversely, a smaller number of respondents considered that the NQF does not sufficiently support inclusion. In some of these responses, other resources such as inclusion agencies, service philosophies and staff training were cited as the drivers behind inclusive practice in the ECEC/ school age education and care sector, rather than the NQF in any explicit way.

## 1.6.2 Large provider/peak body consultations and written submissions

There was broad consensus across most large providers and peak bodies that the NQF has had a significant, positive impact on raising the bar on inclusion and delivering improved outcomes across the education and care sector, with participants citing the NQF's fundamental focus on the strengths, needs and goals for each individual.

It was acknowledged that the NQF principles are central to inclusion, with minimum and quality standards set to improve outcomes for **each child**.

Overall, it was considered that the NQF has helped increase awareness and understanding and what constitutes high quality practice for children in a way that caters for need – and builds on strengths – at the individual level.

In summary, it was considered that the NQF is an instrument of regulating service providers that acts to guide service providers and educators to be inclusive, while noting implementation of inclusive practices varies across the sector.

A number of meeting participants indicated that while there may be risks in singling out prescriptive requirements within the NQF to support children with additional needs, there may be further opportunities under this legislative framework to support providers and educators to identify, design and adopt tailored, inclusive practices that meet the needs on each child. It was identified that this could be achieved by better clarifying how existing components of the NQF relate to children with disability, or reviewing language across the NQF.

Some modest support was expressed for creating new obligations for services providers relating to inclusive education and children with disability. For example, a number of Inclusion Agencies/ Inclusion Support professionals suggested that all service providers should be required to develop and maintain an assessment and planning tool for inclusion for their service, akin to the Inclusion Support Program's requirement for a Strategic Inclusion Plan.

### Example comments from written submissions

- The NQF guiding principles state 'equity, inclusion and diversity underpin the frameworks' however the word disability is not mentioned. Searching key words in our governing documents, such as 'disability', 'inclusion' or 'inclusive', doesn't feature nor explain a lot beyond categorisation. Future reviews of the NQF must include a review of language and definitions for consistency, specifically in relation to inclusion and disability, and in a way that aligns with the DDA (Peak body).
- The requirements of the National Quality Framework (NQF) however, are embedded with the concept of inclusion of all children. These provisions, coupled with the provisions of the Australian Government's Inclusion Support Program, have resulted in a culture of inclusivity across the sector (Peak body).
- The NQS needs to be more appropriately aligned to the needs of children who attend specialist schools (Provider).





- Future reviews of the NQF must include a review of language and definitions for consistency, specifically in relation to inclusion and disability, and in a way that aligns with the DDA (Peak body).
- When the Early Years Framework is reviewed, the inclusion of children with disabilities needs to be strengthened and made more visible (Large provider).

## 1.7 Identifying government mechanisms/initiatives to further promote inclusive access and participation

### 1.7.1 Survey

#### *What government mechanisms or initiatives could further promote and enable inclusive access and participation by children with disability in education and care services?*

All respondents were asked to discuss which government mechanisms or initiatives could be adopted to further promote inclusive access and participation. The two types of mechanisms/initiatives most frequently raised were:

- having greater or improved access to inclusion support pathways (such as increasing available support funding, expanding eligibility criteria and streamlining application processes); and
- making available education and training about disability and/or inclusion support (such as subsidised or mandatory professional development training or mandating training as part of formal qualifications).

Other mechanisms/initiatives also raised by respondents included:

- making available additional, clearer guidance about inclusive practice, service provider obligations under the DDA and available inclusion support pathways
- making available more information to families/carers about rights for children under the DDA and support pathways available to accessing ECEC or school age education and care services
- better coordination, communication and partnerships between government agencies, services and inclusion support/healthcare professionals.

### 1.7.2 Large provider/peak body consultations and written submissions

Many of the suggestions provided by participants are consistent with the responses received in the survey.

## *Awareness and understanding of the DDA*

Participants in bilateral meetings suggested the following ways in which sector knowledge and understanding of the DDA could be improved:

- development of a suite of different types of resources, that break down the rights and obligations of the DDA in concise, user friendly language. The Queensland Early Years Connect<sup>3</sup> professional development package was cited as an exemplar example of a suite of resources that provide quick access to key facts and practical advice about inclusion, disability support, legislative obligations and working with families and other professionals.
- extending the applications of the Disability Standards to all forms of ECEC and school age education and care
- making available more support/guidance to assist engagement with families/carers of children with disability, including the need to:
  - have sensitive conversations about the needs of children
  - manage family/carer expectations about the extent to which a service can meet the identified needs of a child
- making available more service-specific professional development opportunities for educators
- embedding the DDA within the NQF as knowledge, understanding and inclusive practice can be built through daily practice.

### **Example comments from written submissions**

- We support the extension of the Disability Standards for Education to the early childhood education and care sector, so that all Australian children can have the best start in life, including those with developmental delay and/or disability (Large provider).
- Professional learning resources to support educators in working with ALL families in understanding the DDA and need for inclusion within Early Childhood (Peak body).
- Make the DDA explicit in the Education and Care Services National Law and the National Quality Standard (NQS). The NQS refers to all children and does not explicitly identify children with a disability. In building understanding of the DDA in the sector via the NQS, we suggest being clear about:
  - Acknowledging specific needs for children with disabilities
  - Understanding that children with disabilities might need support at different levels of intensity at different times.
  - Ensuring that all new service approvals comply with a minimum set of criteria to ensure access and participation of children with a disability or a family member with a disability.
  - Better clarity on how services are to comply with the DDA with an associated compliance framework noting that this may require additional investment by Government to enact and monitor. (Large provider)

<sup>3</sup> Queensland Government – Early Childhood Education and Care (2017) – [Early Years Connect](#)



### *Barriers to access and participation*

Some of the suggestions raised in the consultation sessions for improving access and participation include:

- amending the current definitions of additional needs across relevant support programs to include eligibility of children without formal diagnosis or undergoing assessment for diagnosis
- streamlining the process for funding to reduce duplication and make it easier to navigate the system(s). It was suggested that support access criteria needs to be expanded to allow for more flexible, needs based support
- service providers are eligible for Australian Government Child Care Subsidy without a requirement that they implement priority access enrolment processes
- a need for university and vocational education and training courses to evolve to include a greater emphasis on inclusive practice to better prepare and equip graduates for the workforce. For example, it was suggested the DDA and Disability Standards could be embedded in relevant course content.

Participants in consultation sessions also suggested the following opportunities in an OSHC and vacation care context:

- seek to leverage access to staff with specialised skills who are working within dedicated support units within schools, or from identified schools that provide dedicated settings for students with moderate to high learning and support needs
- additional guidance/support for non-school OSHC providers to talk to schools (including principals) about accessing information and resources that may be used by the school to support inclusion of a child, that maybe similarly required to support effective inclusive practice in an OSHC setting.

## 2. Effective approaches to inclusive education – Case studies

The following are two case studies from education and care providers that seek to illustrate effective approaches to inclusive education in early childhood and school age care.

ACECQA acknowledges and thanks the individuals and organisations who offered these and other case studies, which give but a small insight into the considered, dedicated work that occurs on a daily basis to support positive outcomes for children with disability attending education and care services.

### Case study 1: Cairns Early Years Centre (CEYC)

This Benevolent Society program provides wrap-around services for local children and families. A key part of this is helping families with young children access early childhood education and care.

CEYC started in 2010 and is well known for working in partnership with the local community to support families in their time of need. Families concerned about their child's development are often referred straight to CEYC by local doctors, friends or neighbours.

CEYC runs four types of playgroups for children with a disability, suspected disability or developmental delay:

- **Explorers playgroup for children with a disability or suspected disability** is supported by an Early Childhood Educator, Child and Family Practitioner, Occupational Therapist and Speech Pathologist. Their assessments of children's needs help ensure resourcing and plans are ready by the time they start kindergarten.
- **Playgroup for children born prematurely, and children aged 0–2 years with a disability or suspected disability** is supported by allied health staff. They give these children more focused attention and support their transition into the Explorers playgroup.
- **Indy for Kindy playgroup** program supports children's transition into kindergarten. **Pre-Indy for Kindy playgroup program** is supported by kindergarten teachers who have worked in family support and visits by allied health workers. They help children from Explorers playgroup, or with additional needs, transition into kindergarten.

Children supported through these playgroups usually go on to enrol in the CEYC kindergarten, and the kindergarten teaching team is supported by:

- **A weekly brokered allied health service** which supports kindergarten staff, builds capacity in the kindergarten teaching team and provides scope for ongoing screening and assessment of children.
- **A Child and Family Practitioner** which works with families where there are additional needs, allowing home visits and additional support with appointments for the child.

This framework identifies children's needs early, allowing for better planning, and helps staff build collaborative relationships with parents, supporting families through the kindergarten year.

## Case study 2: TeamKids

'Joey' was a primary school child brought to TeamKids by a support agency working with his family. He was living with his father, who was a single parent receiving support to work and manage his other children's needs.

Joey had Autism Spectrum Disorder and other developmental delays, was non-verbal and communicated with gestures, and required toileting support. The support agency advised that he had been refused continuing care by another OSHC/Vacation Care provider as they were unable to manage his high needs.

Joey attended the TeamKids service for a year and a half, and a good partnership with his father and the support agency continually adapted to support this, including:

- When Joey started, the support agency provided TeamKids with an **"All About Me" booklet detailing his strengths and challenges**, including his diagnosis and preferred communication and behaviour management methods. It also shared some of his likes and dislikes, and helped TeamKids' educators meet Joey's needs safely and increase their confidence working with him.
- TeamKids and the support agency agreed that an **additional support worker** would be provided to work with Joey as he required 1:1 supervision and care at all times, above the usual funding an OSHC service has access to. They were recruited through a support worker agency and TeamKids maintained a staff record on each person.
- A set of **guidelines for the support worker** clarified that Joey was in the care of the TeamKids service. TeamKids were responsible for his supervision overall and if they needed to assist Joey with toileting, one of its educators went with them. They were not permitted to take Joey away from the group.
- As with any child, **Joey's agency and ability to choose was always respected** by TeamKids. When he started attending the service, it was noted that he would not participate in experiences. TeamKids educators always offered Joey the option to participate in planned or spontaneous experiences, but when he refused, Joey was able to do what he wanted to, as long as it was safe to do so.
- Support workers held no qualifications, so **TeamKids maintained a positive relationship with the support agency**. If a support worker was found to be ineffective or inappropriate, the support agency was contacted and would replace them for the next shift.

Other children experienced engaging with a child that was 'different' to them and provided educators with a learning opportunity towards their career development.

Once Joey reached early puberty all parties supported his transition to another type of care.

TeamKids and the support agency formed a strong professional relationship. Three other high needs children who had been turned away from other OSHC providers attended other TeamKids services, allowing for their successful inclusion.

## 3. Data tables

The following data tables replicate all data from each of the graphs within the summary report. These tables are included to support accessibility.

**Figure 1: Survey respondents by stakeholder group**

Organisational association	Proportion of respondents
Provider of ECEC and/or school age education and care / Person with management or control	79%
Other	18%
Sector peak group or representative body	3%

**Figure 2: Survey respondents by service type**

Service type	Number of respondents	Proportion of respondents
Long day care	397	51%
Preschool / Kindergarten (Non-school provided and in scope of the National Quality Framework)	245	31%
Outside school hours care	244	31%
Preschool / Kindergarten (Provided by a school and in scope of the National Quality Framework)	86	11%
Family day care	75	10%
Other service/s (Out-of-scope of the National Quality Framework)	48	6%
N/A	8	1%

**Figure 3: Survey respondents by jurisdiction**

Jurisdiction	Proportion of respondents
NSW	40%
QLD	24%
VIC	24%
SA	5%
WA	5%
NT	3%
ACT	2%
TAS	1%



**Figure 4: Respondents' level of awareness of the DDA**

	Proportion of respondents
Very low	2%
Low	11%
Neither low nor high	28%
High	34%
Very high	24%
Not sure/ Don't know	1%

**Figure 5: Respondents' level of awareness of the DDA by stakeholder group**

	Very low	Low	Neither low nor high	High	Very high	Not sure/ Don't know
Provider of ECEC and/or school age education and care / Person with management or control	2%	11%	31%	34%	22%	1%
Sector peak group or representative body	0%	12%	16%	28%	36%	8%
Other	4%	11%	19%	32%	32%	3%
<b>Total</b>	<b>2%</b>	<b>11%</b>	<b>28%</b>	<b>34%</b>	<b>24%</b>	<b>1%</b>

**Figure 6: Respondents' level of understanding of DDA obligations**

Very low	Low	Neither low nor high	High	Very high	Not sure/ Don't know
2%	12%	30%	35%	20%	2%

**Figure 7: Respondents' level of understanding of DDA obligations by stakeholder group**

	Very low	Low	Neither low nor high	High	Very high	Not sure/ Don't know
Provider of ECEC and/or school age education and care / Person with management or control	1%	12%	34%	35%	18%	1%
Sector peak group or representative body	0%	22%	13%	30%	30%	4%
Other	3%	14%	15%	36%	27%	5%



**Figure 8: Respondents' level of understanding of DDA obligations by provider size**

	Very low	Low	Neither low nor high	High	Very high	Not sure/Don't know
Only 1 service	1%	11%	34%	36%	16%	1%
2–24 services	2%	15%	34%	32%	17%	0%
25 or more services	0%	4%	24%	36%	36%	0%

**Figure 9: Respondents' level of understanding of DDA obligations by service sub-type**

	Very low	Low	Neither low nor high	High	Very high	Not sure/Don't know
Long day care	2%	11%	29%	37%	19%	1%
Preschool / Kindergarten (Provided by a school and in scope of the National Quality Framework)	1%	13%	22%	36%	24%	4%
Preschool / Kindergarten (Non-school provided and in scope of the National Quality Framework)	2%	13%	26%	36%	21%	3%
Outside school hours care	2%	14%	32%	31%	20%	1%
Family day care	1%	11%	32%	31%	24%	1%
Other service/s (Out-of-scope of the National Quality Framework)	0%	9%	24%	27%	40%	0%

**Figure 10: Is further work required to improve provider awareness and understanding of DDA?**

Yes	No	Not sure/Don't know
75%	8%	18%

**Figure 11: How respondents became familiar with the DDA**

	Proportion of respondents
Professional learning and development	42%
Self-initiated	29%
Government communications	13%
Peak body communications	9%
Other	5%





**Figure 12: How respondents became familiar with the DDA by service sub-type**

	Self-initiated	Government communications	Professional learning and development	Peak body communications	Other
Long day care	30%	16%	38%	10%	6%
Preschool / Kindergarten (Provided by a school and in scope of the National Quality Framework)	22%	21%	42%	9%	6%
Preschool / Kindergarten (Non-school provided and in scope of the National Quality Framework)	32%	11%	41%	9%	7%
Outside school hours care	32%	10%	36%	15%	8%
Family day care	26%	13%	38%	16%	7%
Other service/s (Out-of-scope of the National Quality Framework)	20%	15%	44%	7%	15%

**Figure 13: Respondents' level of understanding about obligations to make reasonable adjustments**

	Proportion of respondents
Very low	1%
Low	5%
Neither low nor high	17%
High	39%
Very high	38%
Not sure/Don't know	1%

**Figure 14: Respondents' level of understanding about obligations to make reasonable adjustments by provider size**

	Very low	Low	Neither low nor high	High	Very high	Not sure/Don't know
Only 1 service	1%	5%	16%	41%	36%	1%
2–24 services	1%	3%	20%	42%	35%	0%
25 or more services	0%	0%	14%	31%	53%	3%
Total	1%	4%	17%	41%	37%	1%



**Figure 15: Respondents' level of understanding about obligations to make reasonable adjustments by service type obligations for making reasonable adjustments to ensure a child with disability can participate in ECEC / school age education and care?**

	Very low	Low	Neither low nor high	High	Very high	Not sure/ Don't know
Long day care	1%	5%	17%	40%	35%	1%
Preschool / Kindergarten (Provided by a school and in scope of the National Quality Framework)	0%	4%	12%	29%	51%	3%
Preschool / Kindergarten (Non-school provided and in scope of the National Quality Framework)	0%	7%	7%	40%	45%	0%
Outside school hours care	1%	4%	22%	41%	31%	0%
Family day care	2%	9%	26%	33%	31%	0%
Other service/s (Out-of-scope of the National Quality Framework)	0%	3%	14%	38%	46%	0%

**Figure 16: If organisation has previously made a reasonable adjustment**

	Proportion of respondents
Yes	87%
No	6%
Not sure/Don't know	7%

**Figure 17: If a parent has previously said organisation not meeting DDA obligations**

	Proportion of respondents
Yes	4%
No	88%
Not sure/ Don't know	8%



**Figure 18: Confidence of respondents in making reasonable adjustments**

	Proportion of respondents
Very unconfident	4%
Unconfident	3%
Neither unconfident nor confident	11%
Confident	42%
Very confident	39%
Not sure/ Don't know	1%

**Figure 19: Confidence of respondents in making reasonable adjustments by provider size**

	Very unconfident	Unconfident	Neither unconfident nor confident	Confident	Very confident	Not sure/ Don't know
Only 1 service	3%	3%	13%	47%	33%	1%
2–24 services	9%	2%	11%	36%	42%	0%
25 or more services	0%	3%	3%	25%	69%	0%

**Figure 20: Confidence of respondents in making reasonable adjustments by service subtype**

	Very unconfident	Unconfident	Neither unconfident nor confident	Confident	Very confident	Not sure/ Don't know
Long day care	5%	4%	9%	42%	39%	1%
Preschool / Kindergarten (Provided by a school and in scope of the National Quality Framework)	5%	5%	8%	42%	41%	0%
Preschool / Kindergarten (Non-school provided and in scope of the National Quality Framework)	3%	5%	9%	36%	45%	2%
Outside school hours care	5%	2%	14%	46%	34%	1%
Family day care	2%	0%	15%	43%	36%	4%
Other service/s (Out-of-scope of the National Quality Framework)	6%	0%	11%	37%	46%	0%



**Figure 21: Confidence of respondents in assessing whether adjustment would result in unjustifiable hardship**

	Proportion of respondents
Very unconfident	3%
Unconfident	9%
Neither unconfident nor confident	22%
Confident	41%
Very confident	20%
Not sure/Don't know	4%

**Figure 22: Confidence of respondents in assessing whether adjustment would result in unjustifiable hardship by provider size**

	Very unconfident	Unconfident	Neither unconfident nor confident	Confident	Very confident	Not sure/Don't know
Only 1 service	2%	8%	22%	45%	17%	5%
2–24 services	6%	12%	24%	35%	21%	1%
25 or more services	6%	6%	0%	49%	31%	9%
Total	3%	9%	21%	43%	19%	4%

**Figure 23: Confidence of respondents in assessing whether adjustment would result in unjustifiable hardship by service sub-type**

	Very unconfident	Unconfident	Neither unconfident nor confident	Confident	Very confident	Not sure/Don't know
Long day care	3%	8%	25%	39%	22%	4%
Preschool / Kindergarten (Provided by a school and in scope of the National Quality Framework)	3%	8%	23%	37%	24%	5%
Preschool / Kindergarten (Non-school provided and in scope of the National Quality Framework)	5%	11%	18%	41%	18%	6%
Outside school hours care	3%	11%	24%	41%	16%	4%
Family day care	2%	9%	23%	36%	23%	6%
Other service/s (Out-of-scope of the National Quality Framework)	6%	9%	21%	27%	36%	0%



**Figure 24: Barriers to access, participation and barriers to access and/or participation for Aboriginal and Torres Strait Islander children**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not sure/ Don't know
There are barriers currently preventing children with disability accessing ECEC / school age education and care services	4%	15%	15%	40%	23%	3%
There are barriers currently preventing children with disability participating in the educational program in ECEC / school age education and care services	4%	13%	14%	42%	23%	3%
There are specific barriers currently preventing Aboriginal and Torres Strait Islander children with disability from accessing and / or participating in ECEC / school age education and care services	7%	19%	21%	29%	15%	10%

**Figure 25: Specific challenges for service sub-type**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not sure/ Don't know
Long day care	3%	6%	15%	36%	21%	19%
Preschool / Kindergarten (Provided by a school and in scope of the National Quality Framework)	2%	9%	19%	27%	10%	32%
Preschool / Kindergarten (Non-school provided and in scope of the National Quality Framework)	2%	9%	18%	31%	16%	24%
Outside school hours care	2%	6%	15%	31%	20%	26%
Family day care	1%	3%	16%	25%	15%	40%
Other service/s (Out-of-scope of the National Quality Framework)	1%	4%	19%	18%	9%	49%



**Figure 26: NQF supporting inclusion**

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not sure/ Don't know
Seek admission or apply for enrolment at an education and care service	4%	6%	10%	41%	38%	2%
Access the education and care service environment and its facilities	3%	7%	9%	44%	35%	1%
Participate in an educational program that has been designed to develop their skills, knowledge and understanding	4%	9%	11%	42%	32%	2%
Access any specialised support services needed to participate in the educational program	6%	14%	13%	38%	27%	2%
Access an education and care environment that is free from discrimination caused by harassment or victimisation on the basis of their disability	4%	6%	11%	38%	40%	2%

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