



Australian Children's  
Education & Care  
Quality Authority™

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

Consultation  
Summary Report  
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.*

# Overview

Reviews of the [Disability Standards for Education 2005](#) (the Disability Standards) in both 2010 and 2015 recommended considering extending the application of the Disability Standards to 'child care' providers. The 2015 Review noted the sector had undergone significant reforms which increasingly emphasised the educational purpose of early childhood education and care (ECEC) services, and considered the exclusion of 'child care' from the Disability Standards appeared to be an anomaly.

As part of the [2020 Review of the Disability Standards](#), the Australian Government Department of Education, Skills and Employment (DESE) examined the extent to which families, educators and early childhood education and care providers know about, understand and comply with existing rights and responsibilities under the *Disability Discrimination Act 1992* (DDA). The [final report](#) following the 2020 Review of the Disability Standards was published on 12 March, 2021.

To inform the 2020 Review of the Disability Standards, ACECQA on behalf of all governments, undertook consultations with providers of ECEC and school age education and care – as well as other sector stakeholders – about awareness and understanding of obligations and rights in regard to children with disability under the DDA. This included questions of access and participation to ECEC and school age education and care.

On 21 August 2020, ACECQA released a [stakeholder discussion paper](#)<sup>1</sup> and online survey to seek feedback on a range of questions regarding children with disability's access and participation in ECEC and school age education and care. Additionally, ACECQA consulted directly with a range of service providers, peak bodies and other relevant stakeholders to seek a range of perspectives about how the system(s) works to support children with disability – and what more might need to be done.

This summary report provides a high level snapshot of the results of ACECQA's consultations, which were subsequently provided to governments to inform their deliberations on the 2020 Review of the Disability Standards.

ACECQA acknowledges and thanks the many individuals and organisations who so generously shared their insights, experiences and expertise as part of this work.

1 ACECQA (2020). [Children with disability in ECEC and school age education and care – Discussion paper](#).

# 1. Stakeholder engagement – mechanisms and reach

## 1.1 *Have Your Say* online survey

The *Have Your Say* online survey was targeted at approved providers of ECEC and school age education and care services, however, could be completed by any type of organisation or individual.

The survey was open between 21 August 2020 and 16 September 2020. The questions from the stakeholder discussion paper, which were adapted into an online survey format, are listed at **Appendix A**.

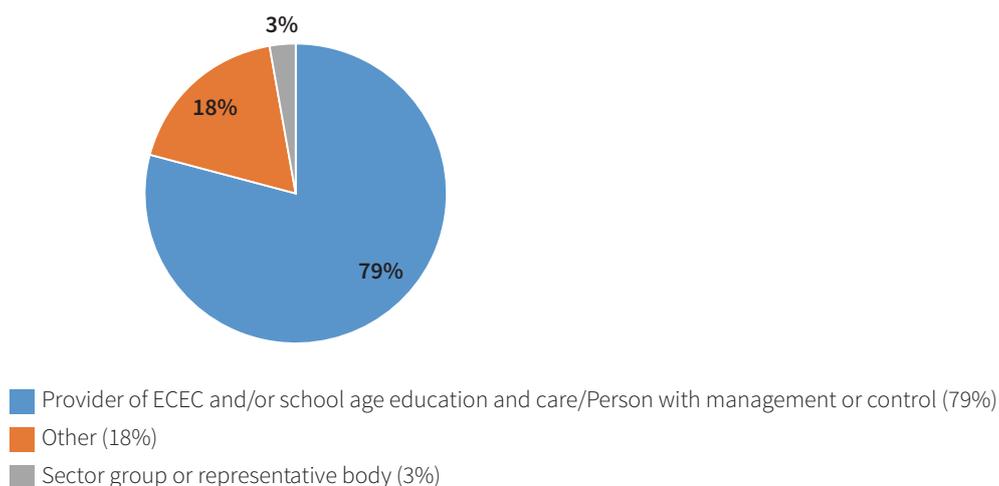
### Survey respondents

A total of 801 responses to the survey were received, of which:

- 634 (79%) were from 'providers of ECEC and/or school age education and care' – or a 'person with management or control (PMC)'
- 26 (3%) were from a 'sector peak group or representative body'; and
- 141 (18%) were from an 'other' type of organisation or individual (such as an Inclusion Agency/Inclusion Support professional or an educator).

Of the 801 respondents, 522 (65%) completed the entire survey.<sup>2</sup>

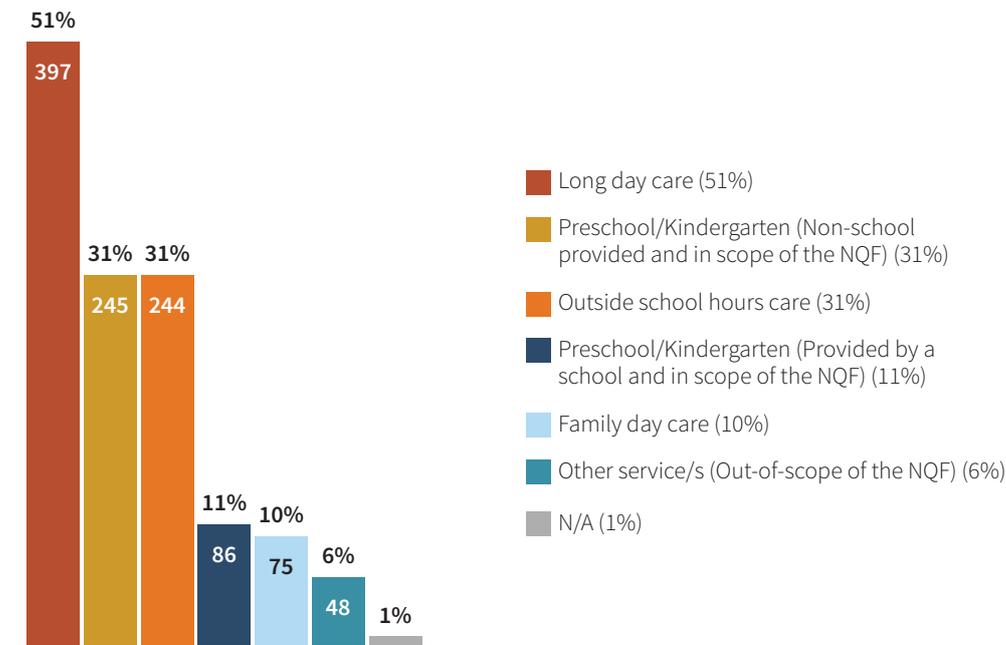
**Figure 1: Survey respondents by stakeholder group**



<sup>2</sup> The profile of the providers of ECEC and / or school age education and care who completed the survey are in most cases not too dissimilar with the profile of providers nationally under the NQF, and are described in more detail below. However, due to the voluntary nature of the survey, the views expressed may not be representative of the sector more broadly. For example, respondents may be more likely to be engaged in the issues it explores, and therefore possess greater awareness and understanding of the DDA. Additionally, ACECQA is unable to confirm how respondents from services out-of-scope of the NQF compare with all out-of-scope services.

Respondents were asked which service type(s)<sup>3</sup> they 'provide, support or represent'. 781 respondents answered this question, with Figure 2 illustrating the distribution of responses across service types.<sup>4</sup>

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



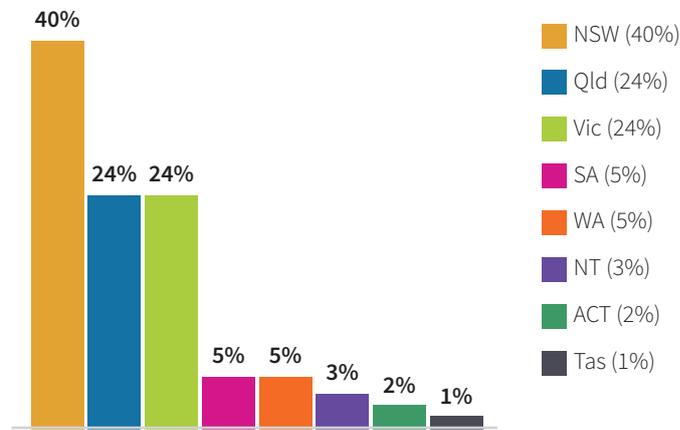
Respondents that identified as 'providers of ECEC and/or school age education and care' or a 'PMC' were asked how many services they operate. Of the 626 respondents that answered this question:

- 404 (65%) stated they operated 'only 1 service' (small providers)
- 168 (27%) stated they operated '2–24 services' (medium providers); and
- 54 (9%) stated they operated '25 or more services' (large providers).

The distribution of survey respondents identified as providers / PMCs across different provider sizes was not too dissimilar to the distribution of provider sizes amongst NQF approved providers, albeit with some underrepresentation in small providers, and greater representation from medium and large providers.

<sup>3,4</sup> More than one service type could be indicated.

**Figure 3: Survey respondents by jurisdiction**



## 1.2 Bilateral consultation sessions with large providers and peak bodies

Between 21 August and 19 October 2020, ACECQA held 29 electronic ‘face-to-face’ meetings with identified large providers and peak bodies representing a cross section of all service types, as well as Inclusion Agencies and Inclusion Support professionals.

## 1.3 Written submissions

Eight written submissions were received from large providers and peak bodies.

All three consultation sources have been considered in the development of this summary, which reflects the key themes arising from consultation across these sources.

## 2. Key findings

### 2.1 Levels of provider understanding and awareness of the DDA

The overwhelming majority of all participants across all forms of consultation clearly indicated a need to further clarify, and promote awareness and understanding of, rights and obligations under the DDA for providers of ECEC / school age education and care – and for the families/carers of children accessing, or seeking to access, their services.

For example, despite a majority of survey respondents reporting their organisations to have high levels of awareness and understanding of the DDA, a clear majority still considered that further work was required to improve ECEC/school age education and care providers' awareness and understanding of the DDA.

- 2.1.1 There are diverse perspectives about levels of provider awareness and understanding of the DDA, with feedback differing across stakeholder groups and consultation forums.
- 2.1.2 The majority of survey respondents indicated their organisation has 'high' or 'very high' levels of awareness and understanding of the DDA, with only a small proportion of respondents citing 'low' or 'very low' levels of awareness and understanding. Large providers (25 or more services) were more likely to report 'high' or 'very high' levels of awareness and understanding than small providers (only 1 service) and medium providers (2–24 services).
- 2.1.3 In contrast to survey respondents, the majority of Inclusion Agencies (IAs)/Inclusion Support (IS) professionals consulted considered levels of awareness and understanding to be low amongst providers, while large providers and peak bodies consulted through bilateral meetings generally agreed there are mixed levels of awareness and understanding of the DDA across the sector.
- 2.1.4 Additionally, while there was a general consideration that many providers, educators and other service staff are well-acquainted with inclusive education principles and concepts, such familiarity did not generally extend to specific awareness and understanding of the DDA.
- 2.1.5 Bilateral discussions with large providers and peak bodies also identified provider size can influence the extent and reach of understanding and awareness across an organisation. For example, it was considered that large providers typically benefit from being better able to retain specialist capability to ensure all provider compliance obligations are well understood and translated for the provider's service(s) contexts. However, diffusing this level of awareness and understanding at an individual service level remains challenging in any case due to an array of cited existing barriers (**see 2.3 below**), which are seen to limit many service's ability to effectively cater for the diverse needs of children with disability.

- 2.1.6 The most commonly cited initiatives by stakeholders to improve awareness and understanding of the DDA related to more effective professional development, education/training, and also guidance for services to follow, with other respondents citing a need for more effective communications about the DDA with families/carers, as well as enforcement of existing legislative obligations.
- 2.1.7 While not directly asked, a number of large providers/peak bodies – both through bilateral discussions and in written submissions – indicated support for extending the Disability Standards to incorporate all ECEC and school age education and care services.

## 2.2 Experience and confidence with reasonable adjustments

While many providers expressed confidence in identifying and implementing reasonable adjustments, that view is not universally shared. In any case, a clear majority across all stakeholder groups expressed a need for greater clarity and guidance for service providers to understand what constitutes a 'reasonable adjustment' and 'unjustifiable hardship' in ECEC and school age education and care.

- 2.2.1 While survey responses were largely consistent, feedback through other mechanisms about providers' experience and confidence in making reasonable adjustments was more mixed.
- 2.2.2 A significant majority of survey respondents (across jurisdictions, provider sizes and service types) indicated that:
- their organisation had previously made reasonable adjustments to ensure a child with disability could access and participate in ECEC/school age education and care; and
  - parents/carers had never alleged that their organisation had not been meeting its obligations under the DDA.
- 2.2.3 Similarly, a majority of survey respondents reported being 'confident' or 'very confident' about both:
- identifying and implementing a reasonable adjustment in consultation with a parent or guardian; and
  - assessing whether an identified adjustment would result in unjustifiable hardship.
- 2.2.4 In explaining how children with disability are supported to access and participate in ECEC or school age education and care services, the largest proportion of responses identified 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 the allocation of extra staffing or resources (such as self-funding inclusion support staff where ineligible for, or cross-subsiding shortfalls in, government-funded support, or hiring/purchasing purpose-built equipment).

2.2.5 Outside the survey, consultation participants and written submissions indicated that professional development at the service level for educators – supported by a strong commitment to inclusive principles embedded in the provider/service philosophy – was the most effective approach to enabling effective inclusion practices.

2.2.6 In contrast to survey respondents, other consultation participants often stated that providers, educators and other service staff often lack the knowledge, experience and confidence in identifying and making reasonable adjustments for children with disability. The reasons cited tended to highlight inadequacies within qualifications held by educators, with inclusive practice not considered to be specifically or adequately addressed in relevant qualifications/training programs.

2.2.7 A need for greater clarity and guidance to understand what constitutes a 'reasonable adjustment' and 'unjustifiable hardship' in an ECEC or school age education and care context was consistently highlighted by all stakeholders.

## 2.3 Barriers to access and participation

There was a consistent, clear message received through all stakeholder forums that barriers exist to the effective **access** and **participation** of children with disability in children's education and care. Barriers cited are consistent for both **access** and **participation**, and are exacerbated in regional and remote areas. Barriers can be categorised as either **systemic** and/or **societal** in nature.

The vast majority of stakeholders also identified that there are barriers specific to service types, in particular for school age education and care and FDC services.

2.3.1 The main barriers cited by survey respondents were the same for both **access** and **participation** of children with disability, and can be categorised as either **systemic** and/or **societal** in nature:

- **provider/service capacity and capability:** including financial capacity to cater for a particular level of need and the predisposition of some providers and staff to enrol children with disability in their service
- **workforce:** limited education, training or experience of educators – and/or access to those suitably qualified educators – to retain the 'complex capability' necessary to effectively facilitate the inclusion of children with disability
- **inclusion support access:** with limitations cited in current inclusion support avenues to services (including limitations in the process and/or criteria and/or inadequacy of funding) to enable timely interventions to best support the inclusion of children with disability.



2.3.2 Large providers, peak bodies and IAs/IS professionals, also raised these and other barriers, including:

- **system(s) complexity:** Navigating the system(s) – namely, ECEC/school age care and specialist disability support and other health/community supports – is complex. Providers and families/carers often lack knowledge, clarity and confidence in navigating pathways to seek access to the types of supports needed to apply a ‘child-centred’ approach to inclusion
- **geography:** Rural and remote regions have fewer services which limits choice for families, often alongside less feasible access to relevant professional development. Additionally, these regions often face difficulties in accessing other relevant services, such as allied health and/or disability specialist support, which are typically required to provide a holistic approach to inclusive access
- **cultural/community contextual factors:** For some communities, there may be an increased apprehension in 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). For some cultural groups, early intervention programs and supports may be seen as not culturally appropriate. Additionally, given disability often has a tendency to compound family/community disadvantage due to, for example, impediments to workforce participation or further education, there can be a socio-economic dimension that further impedes access
- **the role of diagnosis:** Children accessing ECEC in particular are a younger cohort than children in schools. Younger children with additional needs are more unlikely to have a formal ‘diagnosis’ of ‘disability’, which in itself can create additional barriers to access and participation as:
  - many specialist supports/funding require a diagnosis for eligibility
  - ECEC educators often work with children who may be beginning to present with particular needs. This creates challenges for effectively designing, implementing and assessing learning for individuals, and often necessitates sensitive conversations with families/carers. Educators can often be the first person to identify a potential additional need. When discussing this with families/carers, this may be the first conversation a family member/carer has had with a professional about their child’s development and any potential additional need.
- **transition to school:** Some ECEC providers noted observing ‘push back’ from some schools ‘strongly suggesting’ that children with an additional need complete another year of ECEC in the year before school (i.e. repeat preschool/kindergarten). Providers noted this reflected an outdated, but often prevailing notion, that ECEC’s purpose is to prepare ‘school ready’ children, rather than schools preparing themselves to be ‘ready for the individual child’.

- 2.3.3 All stakeholders identified a range of service type specific barriers, notably for school age education and care and family day care services, experience a variety of additional, unique challenges. For example, it was considered that, for different reasons, there can be greater impediments to modifying the physical environments of these services, where identified as necessary to support inclusion.

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

Through all consultation mechanisms, all stakeholder groups identified that more needs to be done to further raise awareness of the DDA and promote inclusive access and participation for children with disability.

A high proportion of participants indicated more could be done to enable greater access to inclusion support services and make it easier to navigate relevant systems – that is, ECEC/ school age care and specialist disability support and other health/community supports.

Workforce issues were also consistently cited, with stakeholders citing that university/ vocational education and training programs need to evolve to include a greater emphasis on inclusive practice to better prepare and equip educators.

- 2.4.1 The two most common types of government mechanisms/initiatives raised by survey respondents were a need for:

- enabling greater access to inclusion support services (through, for example, increasing available support funding, expanding eligibility criteria and streamlining application processes)
- education and training about disability and/or inclusion support (such as subsidised or mandatory professional development training, or mandating inclusion content within formal qualifications).

- 2.4.2 Other types of government mechanisms/initiatives also raised by survey respondents included a need for:

- making available to services more effective guidance about inclusive practice and obligations under the DDA, as well as information about support pathways available to families under the National Disability Insurance Scheme (NDIS) and its Early Childhood Early Intervention (ECEI) approach.
- more effective information to families/carers about rights for children under the DDA, as well as supports/pathways available to help access ECEC and school age education and care services
- having better coordination between agencies, including government agencies and inclusion support/allied health operators.

2.4.3 In addition to the above, stakeholders consulted through other forums identified a need for a comprehensive suite of detailed, practical advice and resources aimed at supporting inclusion. These stakeholders considered such resources should specifically target raising awareness and understanding of the DDA, as well as the role of the NQF in supporting inclusive education.

2.4.4 It was consistently raised that all governments should require priority access enrolment processes for all service providers as a condition of any government funding/access to government subsidies.

## 2.5 Role of the National Quality Framework in supporting inclusion

There is strong concurrence across all stakeholder groups that, as a regulatory framework with a fundamental focus on the strengths, needs and goals for each individual, the NQF has played – and continues to play – an important role in promoting inclusion for children with disability.

There was a clear majority view that the NQF has helped increase awareness and understanding of what constitutes effective inclusive practice in a way that caters for need – and builds on strengths – at the individual child level.

Modest support was expressed indicating that small refinements to how the NQF operates to support inclusion may realise further positive outcomes for children with disability to access and participate in education and care.

2.5.1 A very clear majority of survey respondents viewed the NQF as having an important role in supporting inclusion for children with disability. Specifically, a 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 do the following:

- 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).

2.5.2 Some stakeholders, particularly in large provider and peak consultation sessions, also considered that, while there is some alignment between the objectives of the NQF and the DDA/Disability Standards, the NQF could be refined – either through its application or through modest adjustment – to further improve outcomes for children with disability.

More detailed information about the findings is available at **Appendix B**.



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