

Profile of Inclusion

A Study of the Inclusion of Disabled
Children in Childcare and Play Settings



Childcare Inclusion Programme

Acknowledgments

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Contents

Foreword	(i)
Introduction	(ii)
Definition of Terms	(iii)
List of Charts and Tables	(iv)
Introduction to the Profile of Inclusion	1
Rationale for the Research	2
Methodology	3
The Results	
Summary of Key Findings	4
Description of Services Surveyed	5
Level of Inclusion	8
Reasons for not including disabled children	9
Services that had previously turned away a disabled child	10
Supporting Inclusion	11
Attitudes and Practices	13
Attitudinal Differences	14
Challenges to Inclusion	16
Benefits of Inclusion	17
Supports needed to be more Inclusive	19
Policies and Procedures	21
Identifying Specific Requirements	22
Feedback	24
Conclusions and Recommendations	26

Foreword

The key partners in the Childcare Inclusion Programme (CIP), - DESSA, the Dublin City Childcare Committee, the Dublin Inner City Partnership and the CIP Advisory Committee - welcome the publication of this study, 'A Profile of Inclusion: A Study of the Inclusion of Disabled Children in Childcare and Play Settings'. This research gives us a valuable description of existing opportunities for disabled children and their families to access local childcare and play settings and is an important element of the Childcare Inclusion Programme.

The Childcare Inclusion Programme, which was established by DESSA in 2006, is an innovative example of how community can play a role in empowering parents to do the best they can for their children and to help their children realise their full potential.

DESSA's challenge, and that of our partners, the Dublin City Childcare Committee and the Dublin Inner City Partnership, is to continue to support communities to promote equality for all children and all parents and to create a supportive community environment to ensure that disabled children are full and active members. In order to do this we need policy frameworks and adequate funding programmes specific to the needs of disabled children and their families. At the very least we must provide adequate systems of support to childcare and play providers, to ensure inclusion.

A Profile of Inclusion calls for appropriate tailored training in inclusion to be made available to all childcare and play practitioners. It also suggests the need for policy frameworks related to the inclusion of children with specific needs be introduced and advocates the establishment of a key agency with responsibility for this process of inclusion. It is our hope that the work, learning and achievements of the Childcare Inclusion Programme will inform the development of a coherent strategic approach to inclusion creating equal opportunities for disabled children and their families.

Jacqui Browne,
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Introduction

DESSA, the Disability Equality Specialist Support Agency is a national organisation whose mission is to support the inclusion and active and equal participation of disabled people in Irish society through community development action. Community Development is a way of working that creates opportunities for those experiencing exclusion to have greater participation in decision making and in social change. The Childcare Inclusion Programme is a social inclusion initiative established by DESSA in 2006. The central vision of this programme is that all children, irrespective of ability, and their families will be able to attend childcare and play settings of their choice. Over a two year period the Childcare Inclusion Programme supported childcare and play providers in developing skills, knowledge and confidence so that they, in turn, could offer an inclusive service to all children within their communities.

A key feature of the Childcare Inclusion Programme was an examination of disabled children's participation in existing childcare and play services. This research report *A Profile of Inclusion: A Study of the Inclusion of Disabled Children in Childcare and Play Settings* identifies the key challenges facing childcare and play providers in offering a childcare service that is open and accessible to all. In particular, it identifies the actions required in removing the barriers that prevent disabled children from participating in local childcare and play services. Such inclusion will benefit disabled children and their families enormously: participation in mainstream childcare and play settings will provide opportunities for disabled children and their families to be active members of their communities.

Alice Griffin
Manager DESSA



Definition of Terms

Community Development Projects (CDPs)

Community Development Projects focus on working with marginalised groups who live in geographical communities, or communities of interest, experiencing high levels of poverty and social exclusion. CDPs are funded under the Community Development Programme within the Department of Community, Rural & Gaeltacht Affairs.

Family Resource Centres (FRCs)

Family Resource Centres are community development organisations involved in anti-poverty and social inclusion initiatives in their communities, which focus on identifying the needs of families and providing community based supports. FRCs are funded by the Family Support Agency through the Family and Community Services Resource Centre Programme.

Childcare and Play Settings

Services which provide day-care and sessional facilities for pre-school and school going children out of school hours, including any facility or service which offers childcare and play opportunities to children, apart from home based childcare.

Disabled Children

The term disabled children is seen to accurately reflect the social model of disability. It illustrates that children experience disability because of society's inability to accommodate their impairments, or meet their specific requirements.

The Medical Model of Disability

The focus is on the impairment, which is seen as a "medical problem", requiring the person to be cured or cared for.

The Social Model of Disability

The view that disability is a form of discrimination against people on the basis of their impairments, which is reflected in people's attitudes, the built environment and institutionalised systems.

Inclusion

Inclusion means that all children, disabled and non-disabled have the right to choose what service they attend and be treated as individuals, with equal opportunities to participate. This is distinct from 'integration', which involves placing a child into a setting and expecting them to fit in, possibly with a particular worker during specified hours.

Lists of Charts & Tables

Table	Page
1 Type of childcare service provided by each category of service	6
Charts	
1 Categories of services surveyed	5
2 The number of different types of childcare services provided by each category	7
3 The number of children catered for within each category of service	7
4 Services who have/are including disabled children	8
5 A snapshot of disabled children being included at present	8
6 Reasons why services had no disabled children attending their service	9
7 Services who have turned away a disabled child	10
8 Reasons why services have turned a disabled child away from their service	10
9 Respondents who have received training	11
10 Respondents who were linked to an agency	12
11 Attitudes to and practices in Inclusion	13
12 Difference of opinions between respondents who had experience of inclusion and those who had none, as to whether including a disabled child would mean undertaking substantial changes in the service.	14
13 Difference of opinions between respondents who had experience of inclusion and those that had none, as to whether including a disabled child would mean extra work and time commitments.	15
14 Main challenges in including disabled children	16
15 The main benefits in including disabled children	18
16 Supports identified by providers to help them become more inclusive	19
17 Services with protocols and procedures for disabled children wishing to attend their service	21
18 Types of protocols and procedures services have for including disabled children	21
19 Services that have a method of identifying children's specific requirements	22
20 The manner in which specific requirements are identified for children attending childcare services	23
21 Services who ask for feedback from parents/carers using their service	24
22 Has disability ever been mentioned in the feedback received from parent/carers?	25

Introduction to the Profile of Inclusion

The completion of this research meets one of the key objectives of the Childcare Inclusion Programme: to develop a profile of the level of inclusion of disabled children in mainstream childcare and play settings in the Dublin area. In achieving this, information was compiled from both primary and secondary sources, involving a variety of childcare and play settings (private & community), Community Development Projects (CDPs) and Family Resource Centre's (FRCs) in the greater Dublin area.

This Report comprises the following sections:

- Rationale for undertaking the profile
- Methodology used
- Findings from the research
- Analysis and conclusions arising from the results.



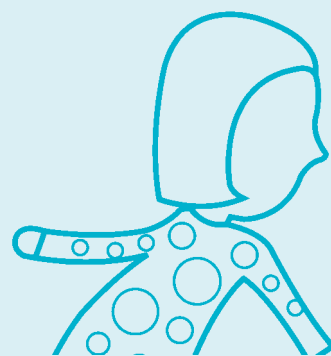
Rationale for the Research

The research is part of an overall process undertaken by DESSA, through the Childcare Inclusion Programme, the core focus of which is to develop a model of inclusion that promotes the rights and benefits of all children growing, playing and learning together in the same settings.

In order to effectively address the fears and concerns of childcare and play providers around inclusion, it was considered necessary for the Childcare Inclusion Programme to determine the current level, extent and quality of the inclusion of disabled children in settings within their communities. In addition, a detailed examination of the issues and barriers as identified by service providers is essential to establish the type of supports which are available and those which should be made available, to promote inclusive provision.

The objectives of the research process, which involved a wide variety of childcare and play settings, was to establish:

- What type and size of childcare settings children are attending?
- What kind of resources childcare settings have?
- What kind of policies and procedures are in place?
- What kind of training have childcare providers received?
- Whether childcare providers have support mechanisms they can rely on and if so what are they?
- What kind of interaction and relationships providers have with parents using their service?
- What has been childcare providers' experiences of and attitude towards inclusion?
- What resources would help providers to become more inclusive?



Methodology

The methodology employed comprised both quantitative and qualitative data collected from a wide sample of stakeholders. This included the distribution of a detailed questionnaire and facilitation of a number of focus groups, as well as informal conversations and interviews with parents and service providers.

Quantitative Data

Contact was made with childcare providers using two methods of communication – postal and direct contact. During the preliminary months of the Childcare Inclusion Programme, the team focused on promoting the various elements of the programme to childcare providers and organisations Dublin wide. As part of this process contacts were compiled on a database. The questionnaire was posted to all of the contacts on the database. Participants in the inclusive play training were also asked to complete the questionnaire. During September and October 2006, childcare providers who took part in Childcare Committee and Local Network meetings were invited to complete questionnaires.

A database of CDPs and FRCs, who were identified as having a childcare facility (including those with summer projects) was collated and all were contacted, sent questionnaires and asked to post, fax or complete them over the phone. Out of the forty sent, twenty eight were completed, representing a 70% return. (Approximately ten were completed over the phone and the remaining eighteen were posted back).

In total 124 questionnaires were completed by services throughout Dublin. 4 questionnaires were completed by services outside Dublin (Kildare, Limerick, Monaghan and Cavan).

Qualitative Data

Qualitative data was collected through a number of informal conversations and three planned focus groups, which provided insights into fears, expectations, attitude, opinions, resource requirements and training needs. The focus group sessions were conducted in three different areas of Dublin, involving a wide variety of childcare providers.

There were three key questions used in each of the focus group sessions:

- 1. What has been your experience of including disabled children in your service?**
- 3. How would you make your service more inclusive?**
- 3. What supports would assist you to make your service more inclusive?**

The Results

Summary of Key Findings

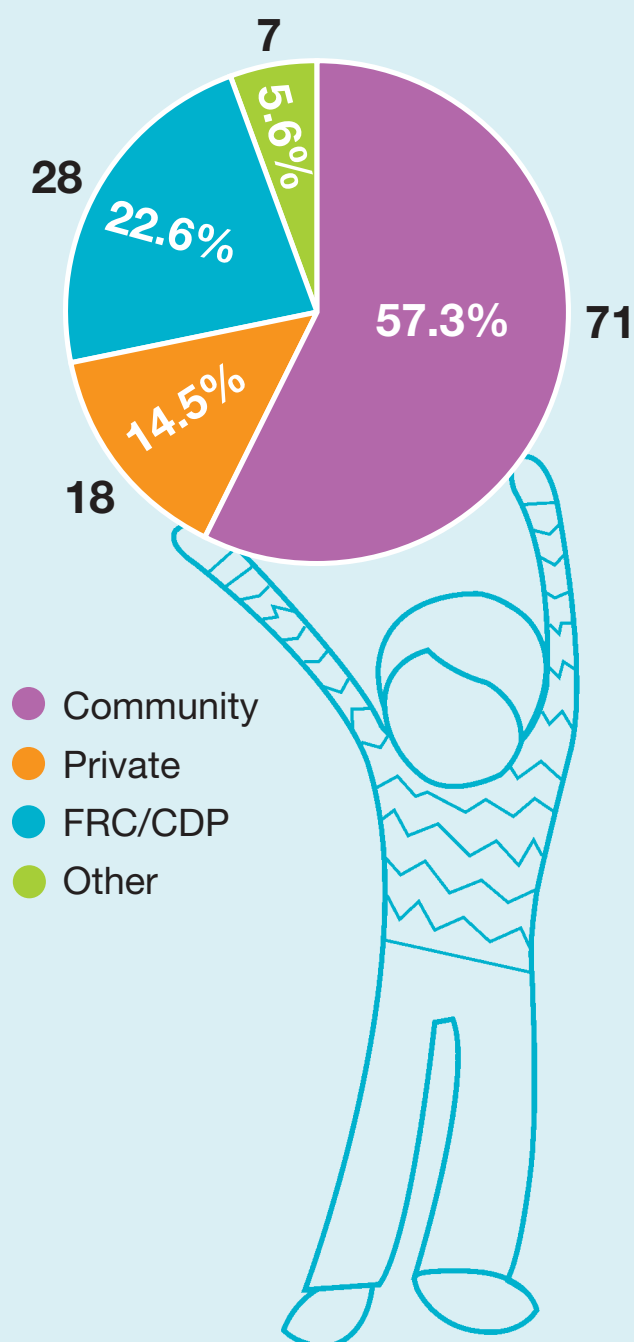
- 57% of respondents have previously included disabled children in their services, while 43% have not previously included disabled children in their services.
- 21% of respondents said they had previously turned a disabled child away from their service; those who specified a reason gave accessibility issues, not being able to meet needs and a lack of training as the main reasons.
- Respondents who had received some form of training were three times more likely to have included a disabled child in their service.
- Respondents who said they were linked to an agency who provided them with support were four times more likely to have included a disabled child.
- 80% of respondents who had previously included disabled children disagreed that they would need to undertake substantial changes in the layout and organisation of their service to become more inclusive.
- 65% of those who have never included a disabled child believe that to do so would create a lot more work and their staff would not have the time, while only 8% of those who had experience of including a disabled child agreed with this statement.
- The three main challenges to inclusion identified by providers are lack of trained staff, 'ensuring you are doing the right thing' and having a suitable space.
- The three main benefits to inclusion identified by respondents are that: it promotes difference and acceptance, allows all children to learn together and promotes children's rights and equality.
- The three future supports identified by respondents which would assist them to be more inclusive are: practical training for staff on inclusion, a source to access the right information and support in a timely manner and being able to operate from an accessible building.

Description of Services Surveyed

Categories of Services

Chart 1 illustrates the categories of services surveyed to complete the Profile of Inclusion. Of 124 respondents, 57% said they were community funded¹, 14% private and 23% were Family Resource Centre's (FRC) or Community Development Projects (CDP) with childcare facilities and 6% described themselves as other.

Chart 1:
Categories of Services
Surveyed (n=124)



Types of childcare provided

Respondents were asked the number and type of childcare provided within their service.

73% of respondents said they provided just one type of childcare, 18% said they provided two kinds of childcare, 6% provided three, 2% said they provided four and similarly 2% said they provided five.

The most common types of childcare provided were:

1. Playschool/group (23%)
2. Crèche (16%)
3. Crèche & preschool (13%)
4. After schools care provision (13%).

¹ Community childcare represents childcare that is 'not for profit' outside of FRC's and CDP's

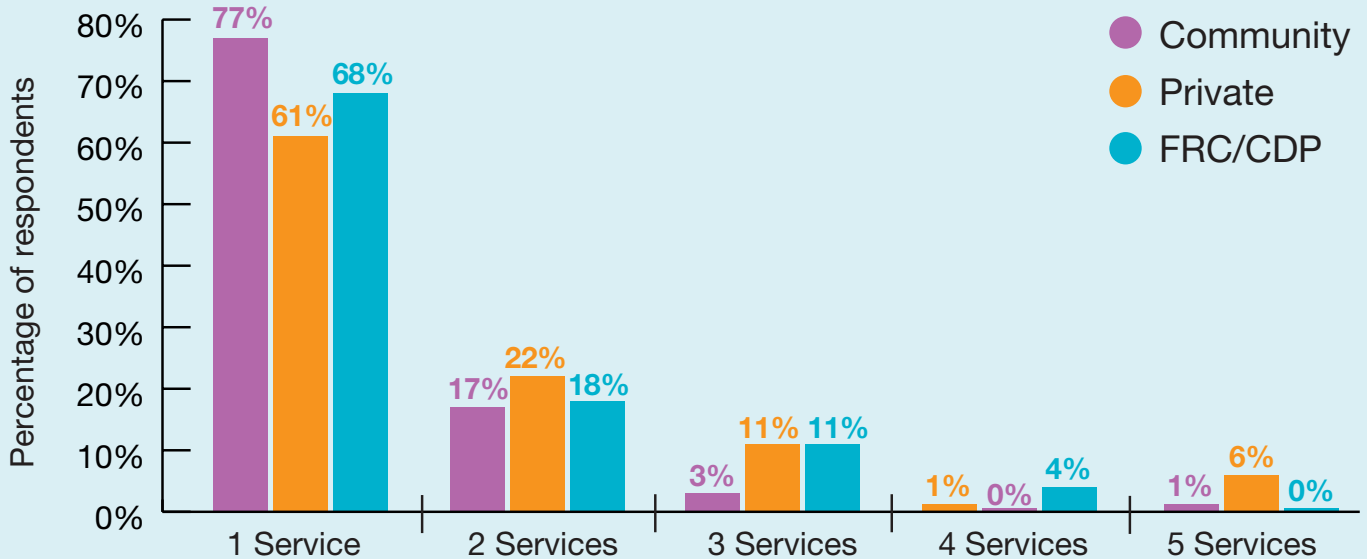
Table 1: Type of Childcare Service provided by each category of service (n=124)



Services provided	Community		Private		FRC/CDP	
	Number of responses	%	Number of responses	%	Number of responses	%
Playschool/ Group	25	27%	6	21%	5	13%
Crèche	14	15%	5	17%	9	23%
Crèche & Playschool	14	15%	2	7%	5	13%
After School	12	13%	4	14%	5	13%
Crèche, Preschool & After School	8	9%	3	10%	4	10%
Summer Project	6	7%	1	3%	9	23%
Crèche, Playschool / Group	5	5%	0	0%	0	0%
Drop-in	3	3%	0	0%	2	5%
Montessori	2	2%	6	21%	0	0%
Play Development	1	1%	0	0%	0	0%
Transitional Housing Association	1	1%	0	0%	0	0%
Breakfast Club	0	0%	1	3%	0	0%
Workplace Crèche	0	0%	0	0%	0	0%
Parent & Toddler Group	0	0%	0	0%	1	3%
Homework Club	0	0%	1	3%	0	0%
Total	91	100	29	100	40	100

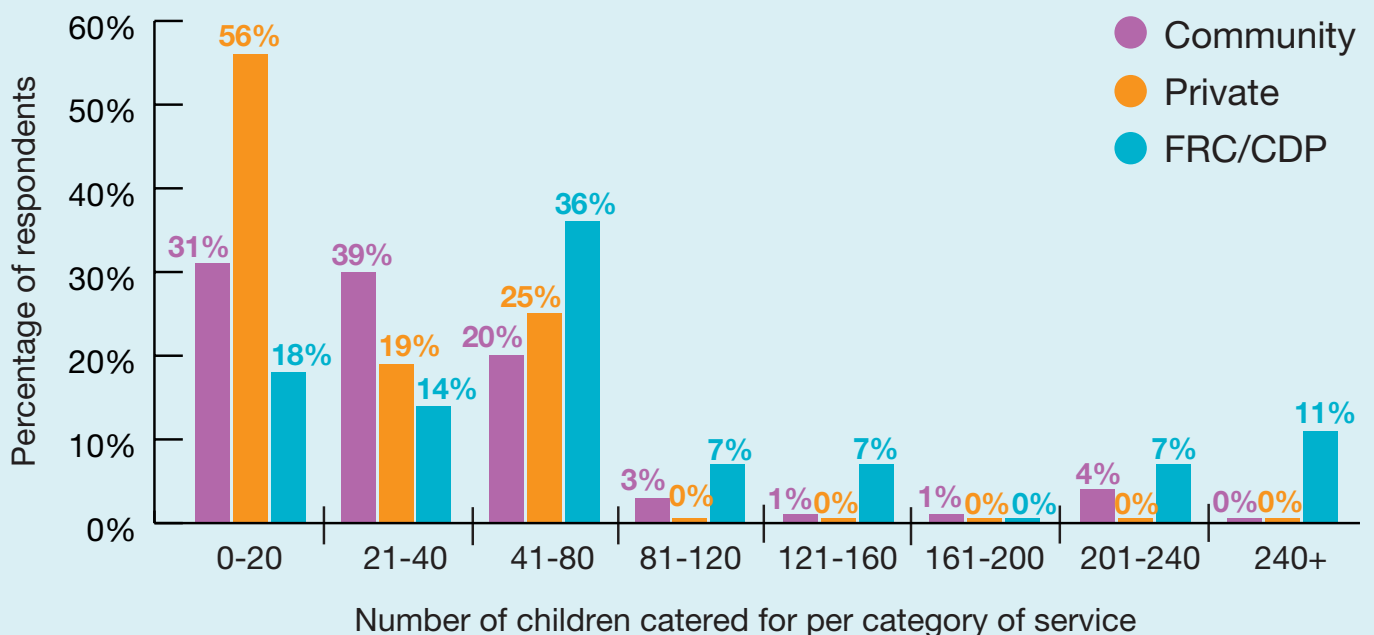
The number of different types of childcare services and number of children cared for

Chart 2: The number of different types of childcare services provided by each category (n=124)



The above chart illustrates that of those surveyed, the majority of services provide one type of childcare, between 17% and 22% provide two, between 3% and 11% provide 3, between 1% and 4% provide 4 and between 1% and 5% of community and private providers offer up to five different types of childcare.

Chart 3: The number of children catered for within each category of service (n=124)

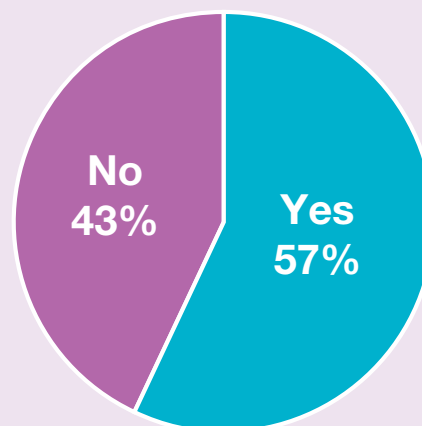


More community services provide care for between 21 – 40 children, while most private providers accommodate between 0 – 20 children. Most FRC/ CDP based services care for between 41 – 80 children.

Level of Inclusion

Chart 4: Services who have/are including disabled children (n=124)

Chart 4 illustrates that 57% of services surveyed had presently or previously included disabled children in their service.



Respondents were asked to identify which type of impairments were most common in children they had included in their service².

Chart 5: A snapshot of the disabled children being included at present (n= 52)

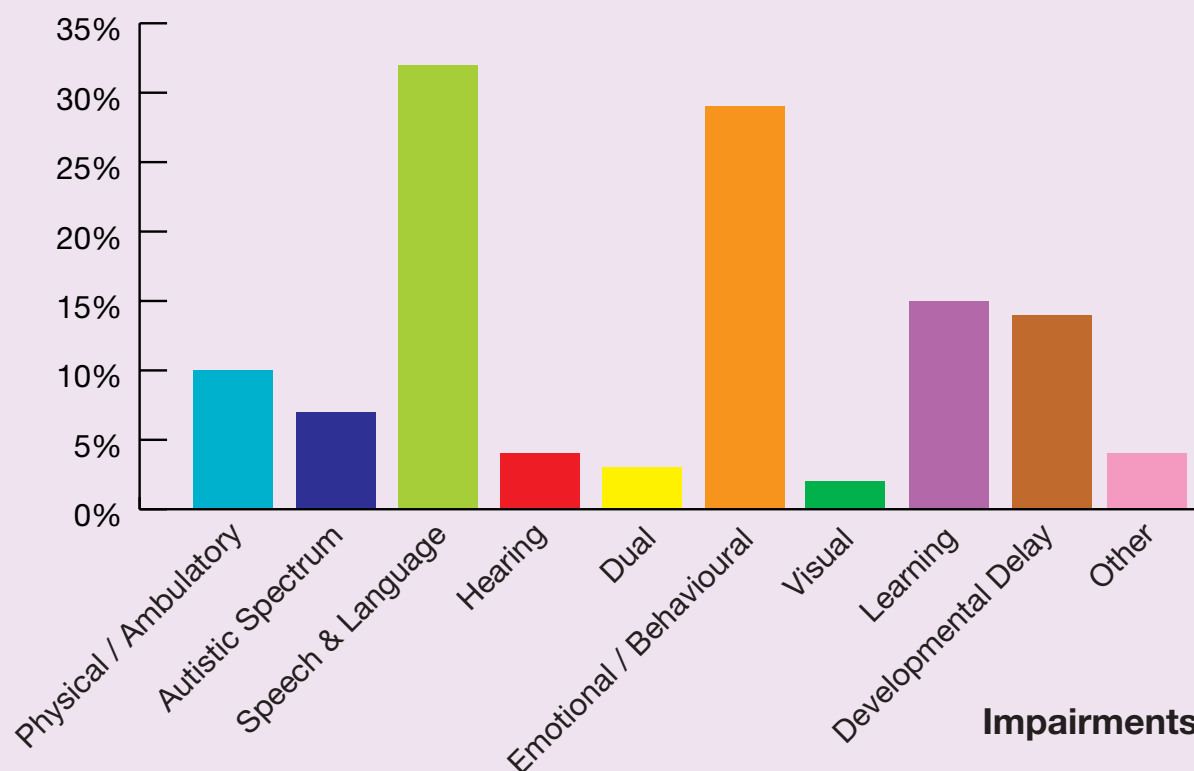


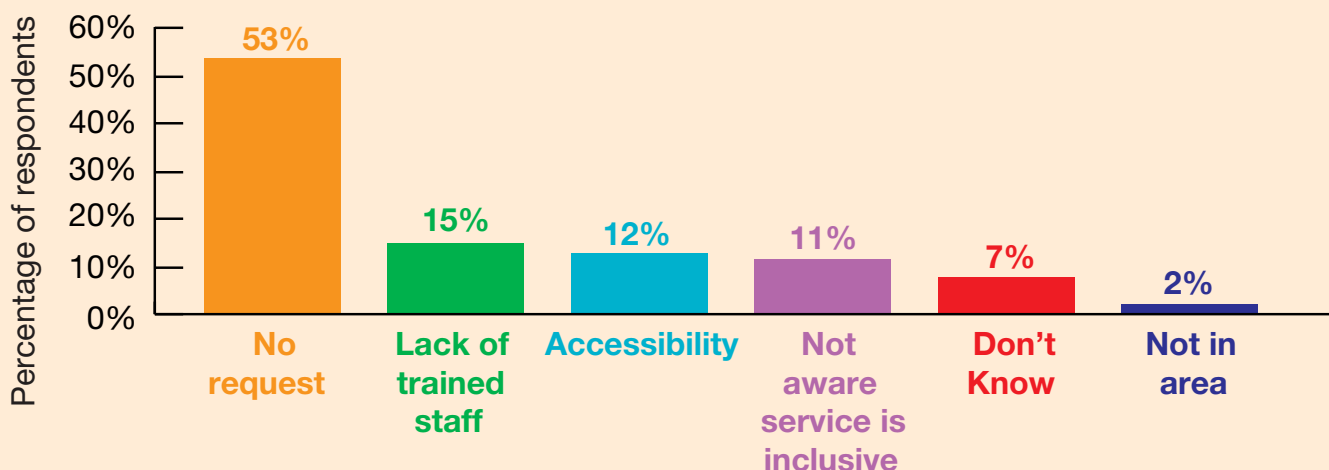
Chart 5 illustrates that children with speech & language and emotional/behavioural impairments are more likely to have been included in the childcare services surveyed. Following this, are learning and developmental impairments. The least included were children with hearing and visual impairments.

² While DESSA strongly advocates that children should be treated as children first and not classified by their impairment or diagnosis, it was deemed necessary to determine whether children with particular impairments are more often included than others.

Reasons for not including disabled children

The 54 respondents (43%) who had no previous experience of including disabled children were asked why this was so. The reasons are illustrated in Chart 6 below.

Chart 6: Reasons why services had no disabled children attending their service (n=52)



Why no disabled children were attending

Chart 6 illustrates that over half the respondents who have had no experience of including disabled children said that it was because they have never been asked to do so. 11% of respondents believe that parents/carers were not aware they run an inclusive service. In focus group discussions it emerged that most providers have never considered advertising their service as inclusive.

15% of respondents believed that they had no disabled children in their services due to a lack of trained staff. 12% said that the reason was because either their building was inaccessible or their service facilities were inaccessible. 7% said that they did not know why they had no disabled children and in examining this issue further in the focus groups, the main response was that “we never had to think about it before.” 2% believed that it was because they were not aware of any disabled children in their area.

What the respondents said about not being inclusive....

“People would not be aware that disabled children would be accepted in our service”

“Staff are not trained to deal with children with any sort of disability”

“We could have children with mental disabilities in our services but we would not have children with physical disabilities as our building is not wheelchair accessible.”

Services that had previously turned away a disabled child

Chart 7: Services who have turned away a disabled child (n=124)

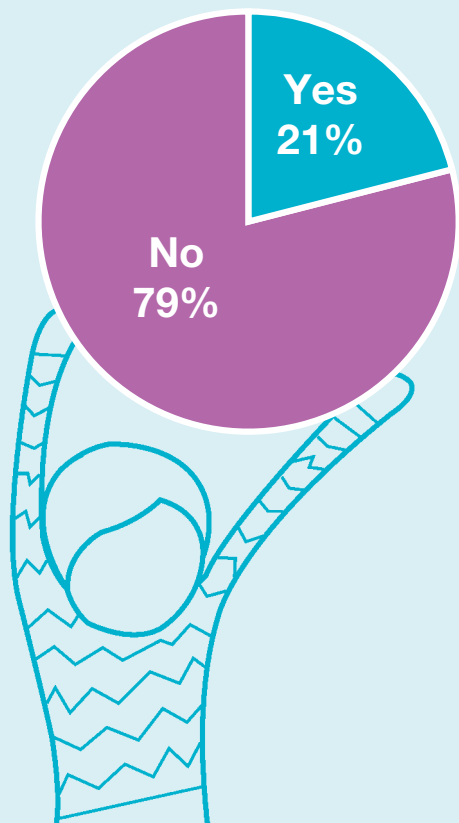
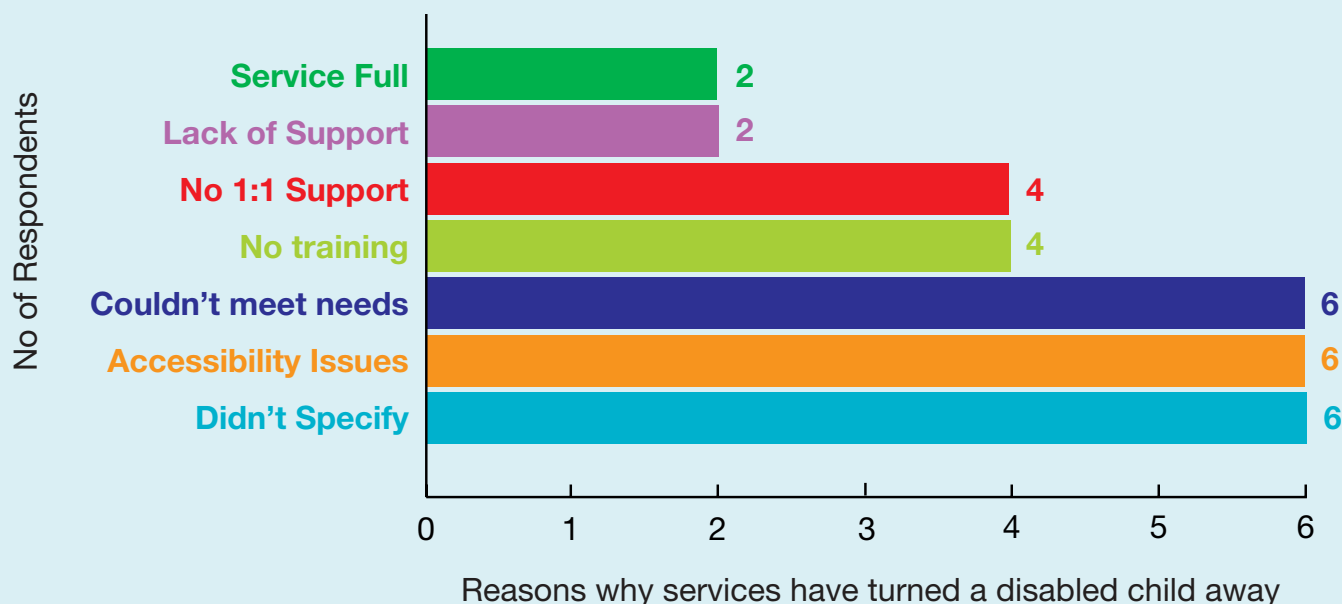


Chart 7 illustrates that 21% of respondents had previously turned away a disabled child from their service.

Further investigation was needed to ascertain why services had turned disabled children away and what were the elements influencing such a decision.

Chart 8 summarises the reasons offered by the respondents who said they had turned away a child (some gave more than one reason).

Chart 8: Reasons why services have turned a disabled child away from their service (n=26)



Of the respondents who had turned a disabled child away from their service, 6 respondents did not offer any reason why this was so. 6 respondents stated that it was due to accessibility issues, which included having an inaccessible building, having inaccessible facilities and one respondent reported that they could not bring a child on a trip because their bus was inaccessible. 6 other respondents said that they could not meet the needs of the child but did not specify why.

4 respondents said that training was the issue, with one respondent stating that none of the staff had training on any disability issues and would not know how to cope. Another 4 respondents specified not having one to one support as the reason, while 2 respondents specified it was because of the lack of external support, in particular support from agencies and support from parents. 2 reported that their service was already full.

It is interesting to note that the above responses were also identified by respondents as challenges to inclusion, which appears later in the document (Chart 14).

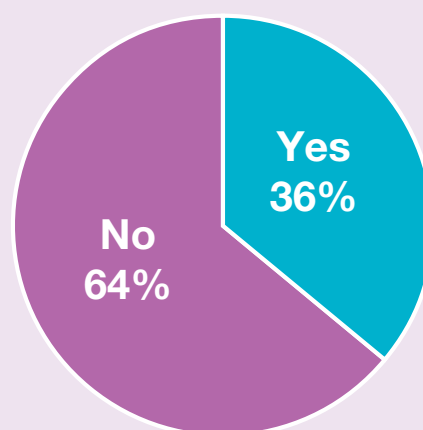


Supporting Inclusion

In the course of consulting with childcare services, it became evident that there was a general desire among childcare providers for practical training and support in including disabled children. The research attempted to quantify the actual impact that access to training has on whether or not a service is inclusive.

TRAINING

Chart 9: Respondents that have received training (n=124)



36% of respondents had received some form of training around disability. The FETAC ‘Integrating Children with Additional Needs’ module is the most common training which has been accessed by respondents (65%).

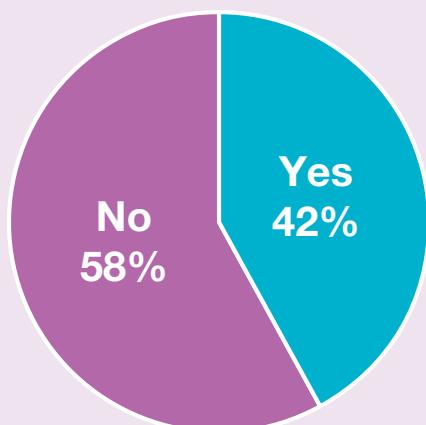
Detailed analysis of the results found that services that had included a disabled child were nearly three times more likely to have received training.

The importance of training was further confirmed in the focus groups, where participants said it made them feel more confident. A number of further issues in relation to training were raised in the focus groups. Providers felt that while they valued the training they received, the content was generally not practical enough in relation to including disabled children. Providers also raised the point that it was sometimes difficult to free up staff to participate in training and that sometimes when specific training was needed, it is not available. One of the experiences shared is as follows....

“We had observed some behavioural difficulties with one of our children, who had become quite disruptive and unhappy. His parents took him out of the centre to have him assessed and it was agreed that the child would return the following September. The child did receive his assessments and he did return to our centre that September. However none of my staff received any training in between times in how best to work with the child on his return.”

BEING LINKED TO AN AGENCY

Chart 10: Respondents that were linked to an agency (n = 124)

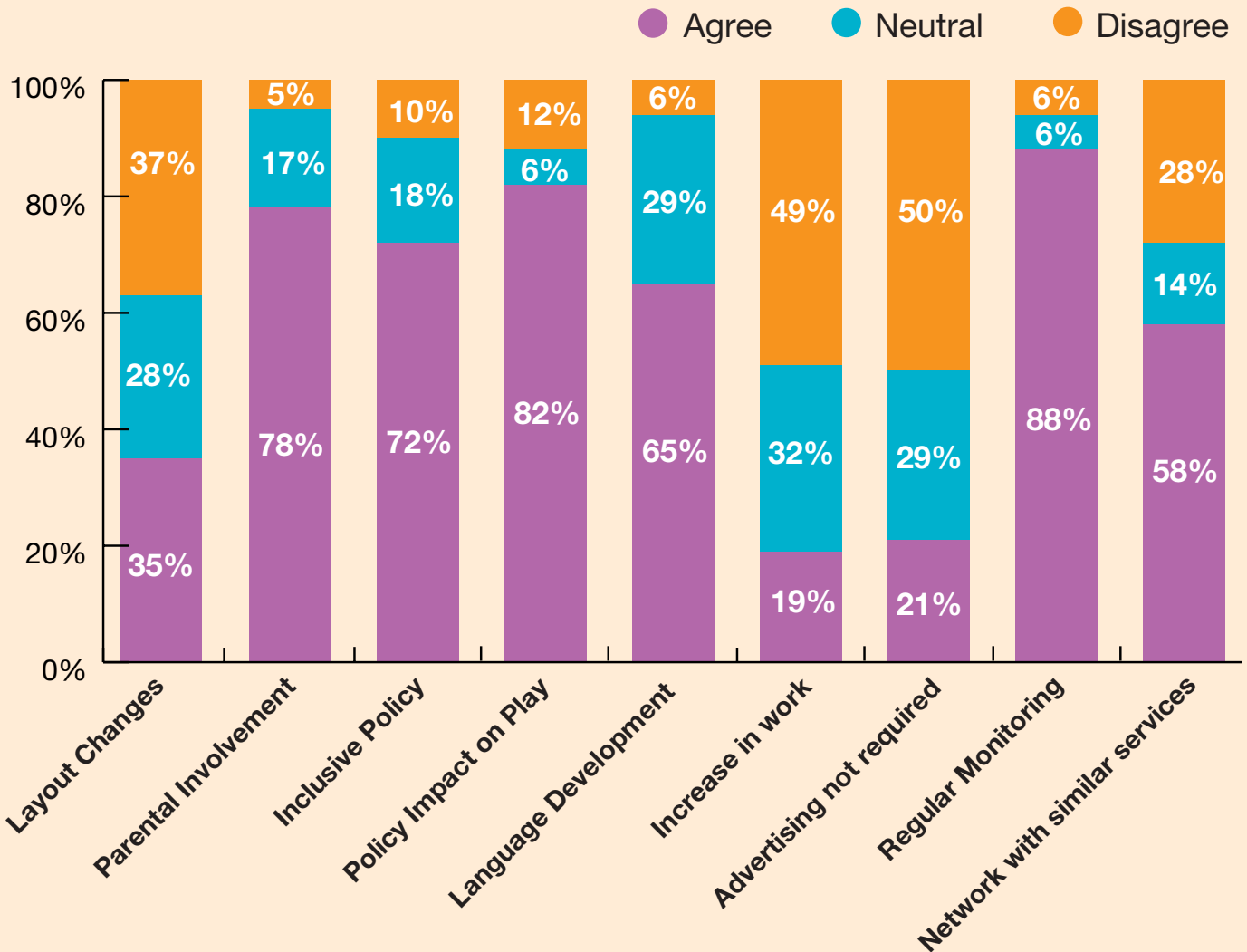


42% of respondents said they were linked to an agency which has provided support. Of those respondents, nearly half (46%) of those respondents were linked to St Michael’s House. Other agencies mentioned were DESSA, Enable Ireland, St John of Gods and the Central Remedial Clinic.

It was found that respondents who are linked to an agency are nearly four times more likely to have included disabled children in their service. The value of being linked to an agency was further articulated in the focus groups where providers felt the link provided access to information, advice and reassurance.

Attitudes and Practices

Respondents were asked to indicate their level of agreement to nine statements relating to key elements of inclusive provision. The results are illustrated in Chart 11 below.



Attitudes to Inclusion

The statements:

- A. To include a disabled child in my service, I would have to undertake substantial changes in the layout and organisation of my service.
- B. I think it is important for parents to become involved in my service rather than just dropping their child off.
- C. If I have a policy on inclusion it means that my service and all my policies are inclusive.
- D. The policies I create can have a significant impact on children's potential to play in my service.

- E. I update myself and staff regularly in the correct language to use in conversation and on notice boards to ensure no person is inadvertently offended.
- F. Including disabled children in my service would mean a lot more work and my staff do not have the time.
- G. Advertising that my service welcomes disabled children is not important, families will know they can come.
- H. Regular monitoring and evaluation of my service is important and should be done by all staff, parents and children.
- I. I regularly network with other similar services to share information, support and advice.

Attitudinal Differences

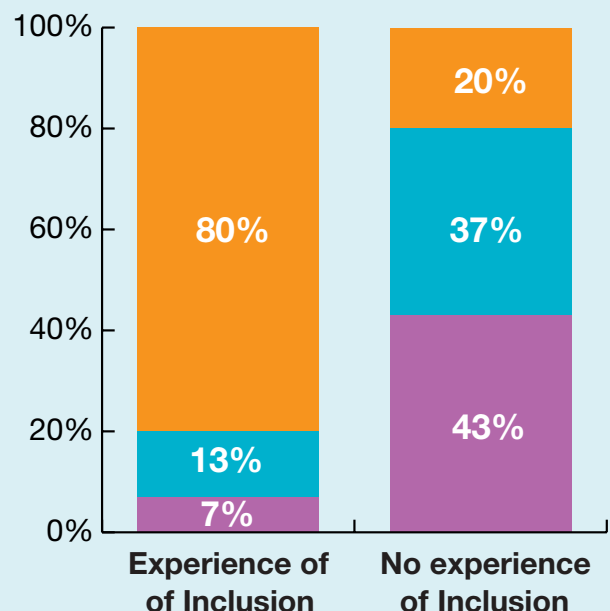
The results showed that in all of the above statements, those who had included disabled children were slightly more likely to agree that:

- parents should be involved
- policies have a significant impact
- language needs to be updated
- regular monitoring and evaluation is important
- services need to advertise they are inclusive.

There were three statements where there was a significant difference between those who had experience of including disabled children and those who had not. These were statements A, F and I.

Chart 12: Difference of opinions between respondents who had experience of inclusion and those who had none, as to whether including a disabled child would mean undertaking substantial changes in the service (statement A).

● Agree ● Neutral ● Disagree



80% of Respondents who had included disabled children disagreed that they would need to undertake substantial changes in the layout and organisation of their service, while only 20% of those who had not included disabled children disagreed with this. For those who had experience of including disabled children only 7% agreed that substantial changes would have to be made.

Chart 13: Difference of opinions between respondents who had experience of inclusion and those that had none, as to whether including a disabled child would mean extra work and time commitments (statement F).



Chart 13 illustrates that 65% of those who have never included a disabled child believe that in doing so they would have a lot more work and their staff do not have the time compared to just 8% of those who have included disabled children agreeing with this statement.

The findings in Graphs 12 and 13 clearly illustrate that perceptions about inclusion are very different to reality. Providers who had previous experience of including disabled children realise that inclusion does not demand huge changes in services nor that staff are going to be overextended.

On further analysis of statement A and statement F, a significant correlation was found between the two statements ($r=0.271$, $n=116$, $p<0.01$, two-tailed). The two-tailed analysis shows that a strong relationship exists between them of 99%.

Finally, those who had previous experience of inclusion also appear to value regular networking.

- I. I regularly network with other similar services to share information, support and advice.

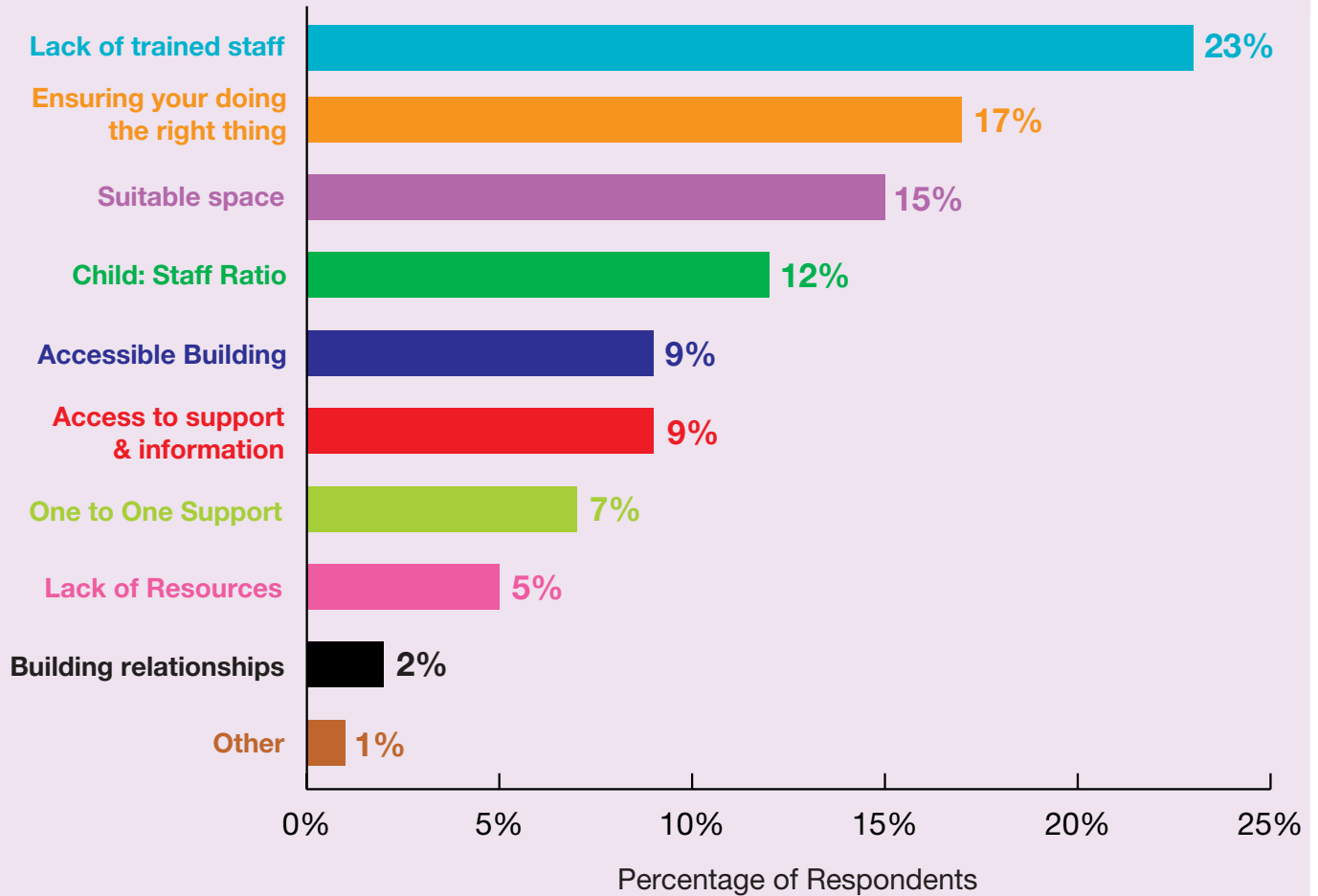
73% of those had previous experience of inclusion agreed with this statement compared to just 27% of those who had no experience.

Challenges to Inclusion

Respondents were asked to identify the main challenges to including disabled children in their services.

Chart 14: Main challenges of including disabled children (n=72)

Challenges to Inclusion



Collectively, the challenges can be grouped into three categories:

- Attitudinal challenges relating to fear and confidence
- Environmental challenges relating to access and space
- Institutional challenges relating to appropriate training, support, information, resources.



In the Inclusive Play Seminar facilitated by DESSA in Dublin in 2005, stakeholders identified fear and the lack of appropriate training as key challenges to inclusion. Similarly, in focus group discussions, providers reported that the main barriers and challenges for their services were being able to access the right training, the right information and the right resources. Attitudinal challenges were also articulated. Particularly, the fear of not doing the right thing leading to a lack of confidence in their own ability, with many feeling that they needed some 'special expertise' to be qualified in inclusion. In discussions about adult child ratio issues, the main concern was that many services were already working 'flat out' and that including a child that was 'different' involved more work. However, for those providers who had persisted in their effort to include, most said that their efforts were well rewarded and that everyone in their service benefited.

What the respondents said about challenges.....

"Mobility problems - upstairs of the crèche is inaccessible. Mentally - staff sometimes feel they are given extra work - hard to change their mindset"

"We are afraid sometimes of not doing the right thing and meeting all the child's needs so that he could reach his full potential"

"There is a huge gap for training for staff. Lack of in-depth training and only superficial training provided. No technique & not practical enough."

In summary, the challenges highlighted are a lack of training, uncertainty of doing the right thing, including meeting needs; having suitable space, accessible buildings and facilities; adult child ratios; access to support and information and having one to one support within the service. This leads to the assumption that challenges experienced by childcare providers are currently acting as barriers and preventing providers from including disabled children in their services.

Benefits of Inclusion

Studies have found that inclusion clearly benefits all children, parents and childcare providers. Disabled and non-disabled children benefit from the social and developmental experience of being with their peers. In inclusive settings children learn to respect individuality, appreciate and accept difference and develop a diversity of communication styles.

Respondents were asked to identify what they perceived as the main benefits of including disabled children.

Chart 15: The main benefits of including disabled children (n=72)

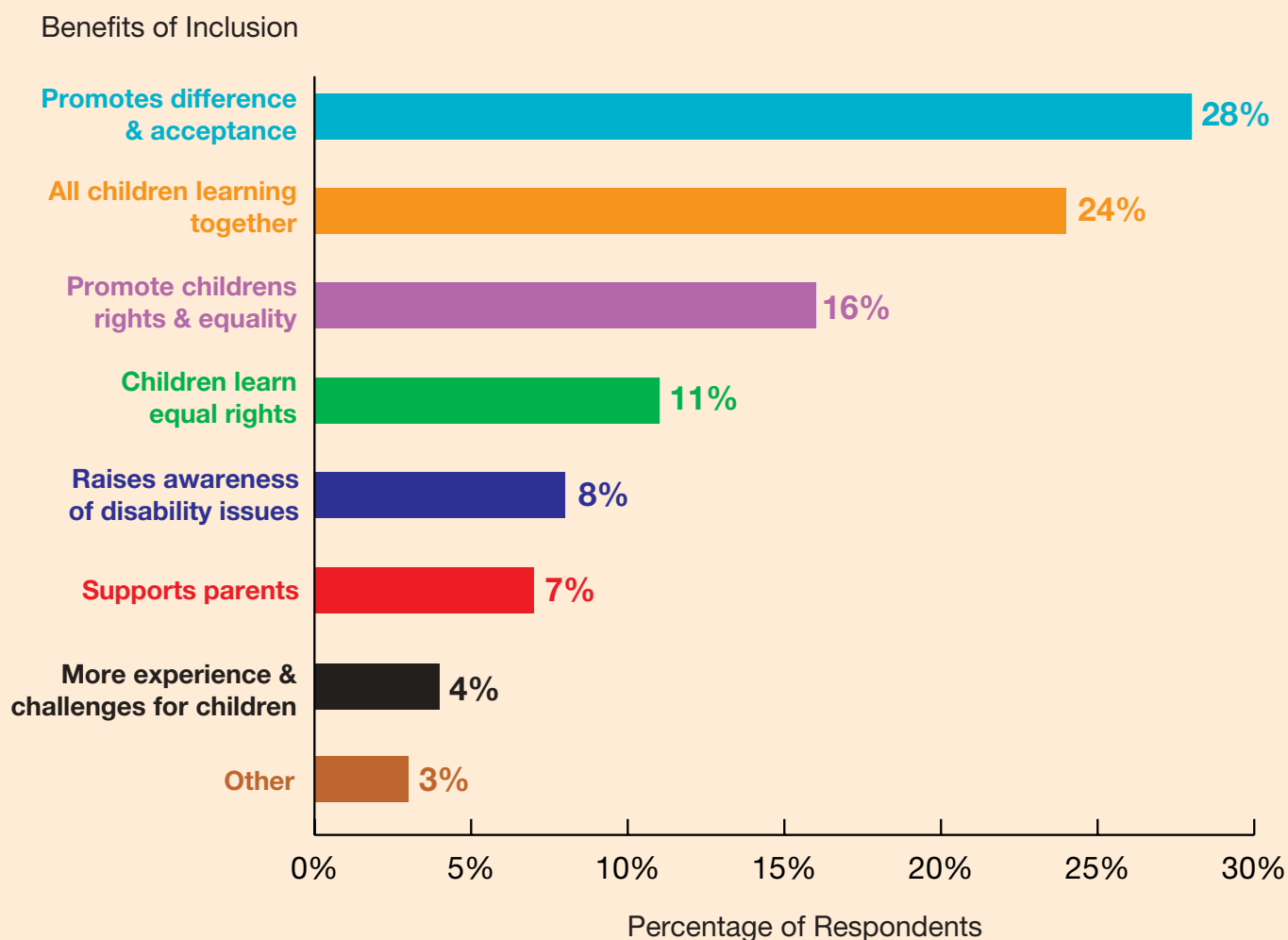


Chart 15 illustrates the benefits that respondents had experienced most from including disabled children in their service. The top three benefits identified are promoting difference and acceptance, all children being able to learn together and the promotion of children's rights and equality.

What the respondents said about the benefits....

"Diversity, young people learn we are not all the same and learn to interact. It's an equality perspective regardless of race, color, disability."

"We are a community crèche so we include everyone - all children should have a stimulating place to go. Inclusion benefits other children because they learn about differences."

"The benefits for inclusion would be in focusing on what the disabled can do rather than not do and also awareness for other children on disabilities."

Supports Needed

Chart 16: Supports identified by providers to help them become more inclusive (n=124)

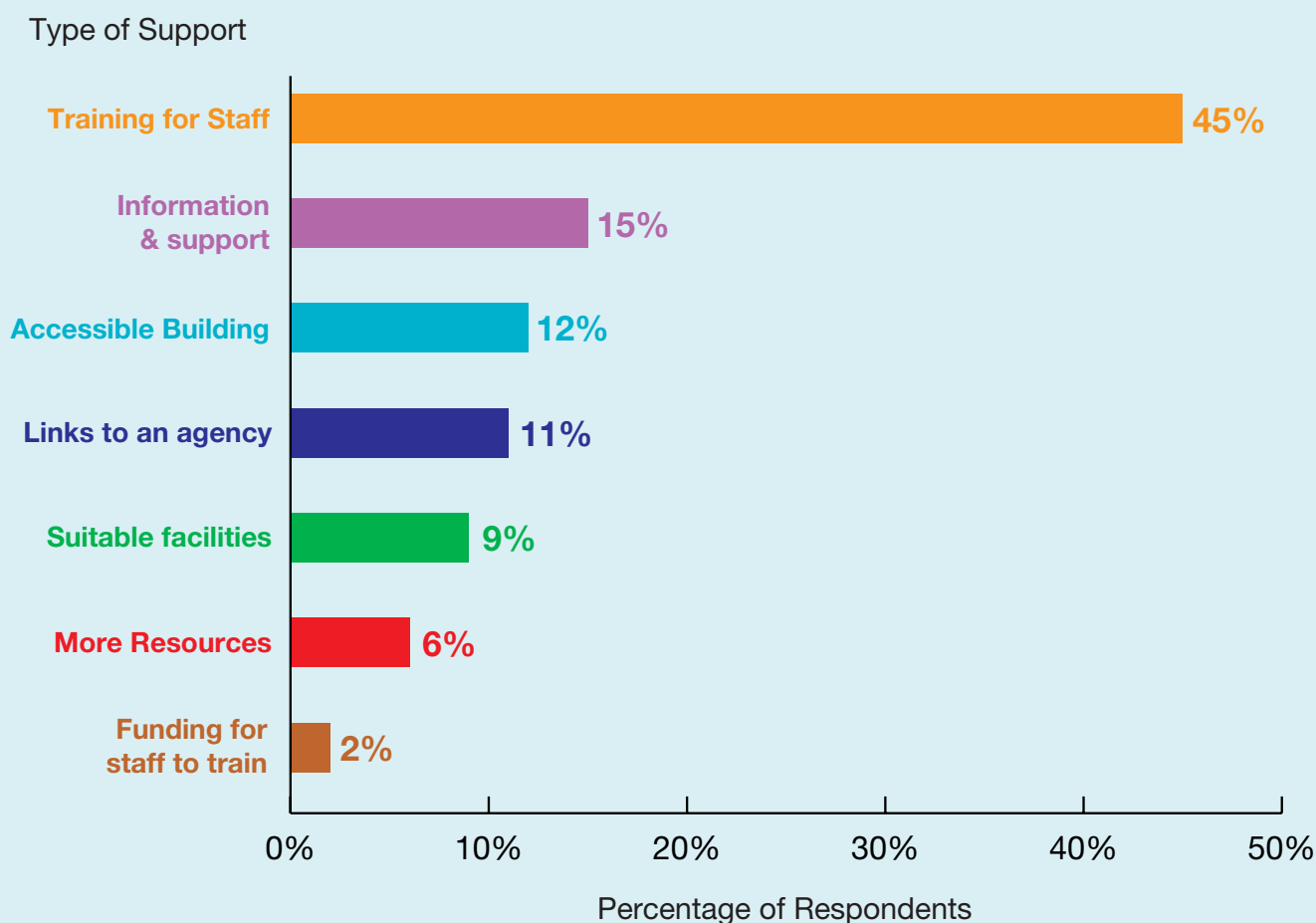


Chart 16 illustrates what the respondents considered as the most important supports which would assist them in making their service more inclusive. The question did not specify how many supports respondents should identify, therefore most gave more than one answer.

Nearly half of the respondents (45%) said that training would help them to be more inclusive.

In consultations and discussions, providers identified a range of hopes for future training, with better quality training in practical issues being most important.

In the evaluation of the first round of inclusive play training provided through the Childcare Inclusion Programme, participants reported a new-found energy, enthusiasm and a 'can do' attitude because the training was practical and offered simple solutions to addressing barriers to inclusion. In addition, they felt that "other training courses were based on the medical model of disability whereas this one is definitely based on the social model, which is what is needed to be inclusive."

The second and fourth most important supports identified are access to information and support (15%) and being linked to an agency (11%). It has been found that respondents who are linked to an agency are nearly four times more likely to have included disabled children and that providers use this support to access information and advice. However, less than half the respondents in this research reported that they were linked to an agency. Additionally, those respondents who were linked to an agency said that they still regularly found it difficult to access the right information in a timely manner, not knowing where to go and being sent from one agency to another to get the right information. They also conveyed that without the right support, providers don't feel equipped or confident in their efforts.

The following is a comment reported in one of the focus groups.....

“I think it is important to know what support agencies to link in with when you have a disabled child in your service. It's important that you know the best way to look after the child. You would be fearful of doing the wrong thing and setting the child back because you don't have the experience or the training. I suppose it's the fear of the unknown”.

The third and fifth most identified supports needed are having an accessible building (12%) and having suitable facilities (9%). The issue of access has been identified in this report and in the focus groups as a challenge. It is a reason why people believed they didn't have disabled children attending their service and also a reason for turning a disabled child away from their service. Specific reasons given include having an inaccessible building, having no lift within the building, inaccessible facilities such as toilets and changing rooms and having inaccessible transport for trips.

The final two supports identified are the need for more resources (6%) and funding to free up staff for training (2%). With regard to resources, providers identified books, games and play spaces suitable for disabled children as being important. The issue of relieving staff for training was reported as problematic and 2% of the respondents identified that being able to obtain funding to cover staff absences for training would be an effective solution.

What the respondents said about resources.....

“Training on how to include because fear is a big factor. If we had training then it wouldn't be such a struggle at the start and our work load wouldn't increase so much. After our first experience we were all wrecked but it was worth it in the end.”

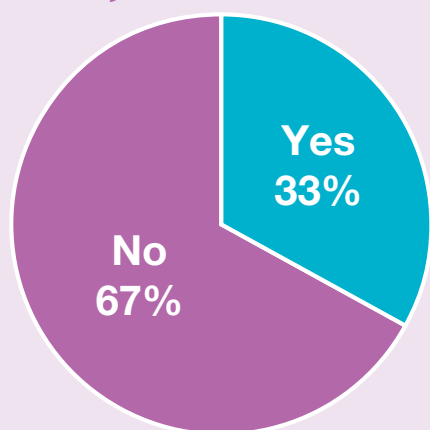
“I don't feel as if I am adequately resourced at present to be fully inclusive so help in this area would be good.”

“We need an information source, a kind of a one stop shop that would provide all the information we need or direct us to where to get it.”

Policies and Procedures

While it should not be necessary in an inclusive service to have a separate set of procedures to include a disabled child, the research set out to establish what protocols and procedures, if any, childcare services were using to include disabled children.

Chart 17: Services that have protocols and procedures for disabled children wishing to attend their service (n= 124)



The above chart shows that the majority of services do not, in fact, have protocols and procedures in place for disabled children. The services that did were asked to specify what these were.

Chart 18: Types of protocols & procedures services have for including disabled children (n=41)

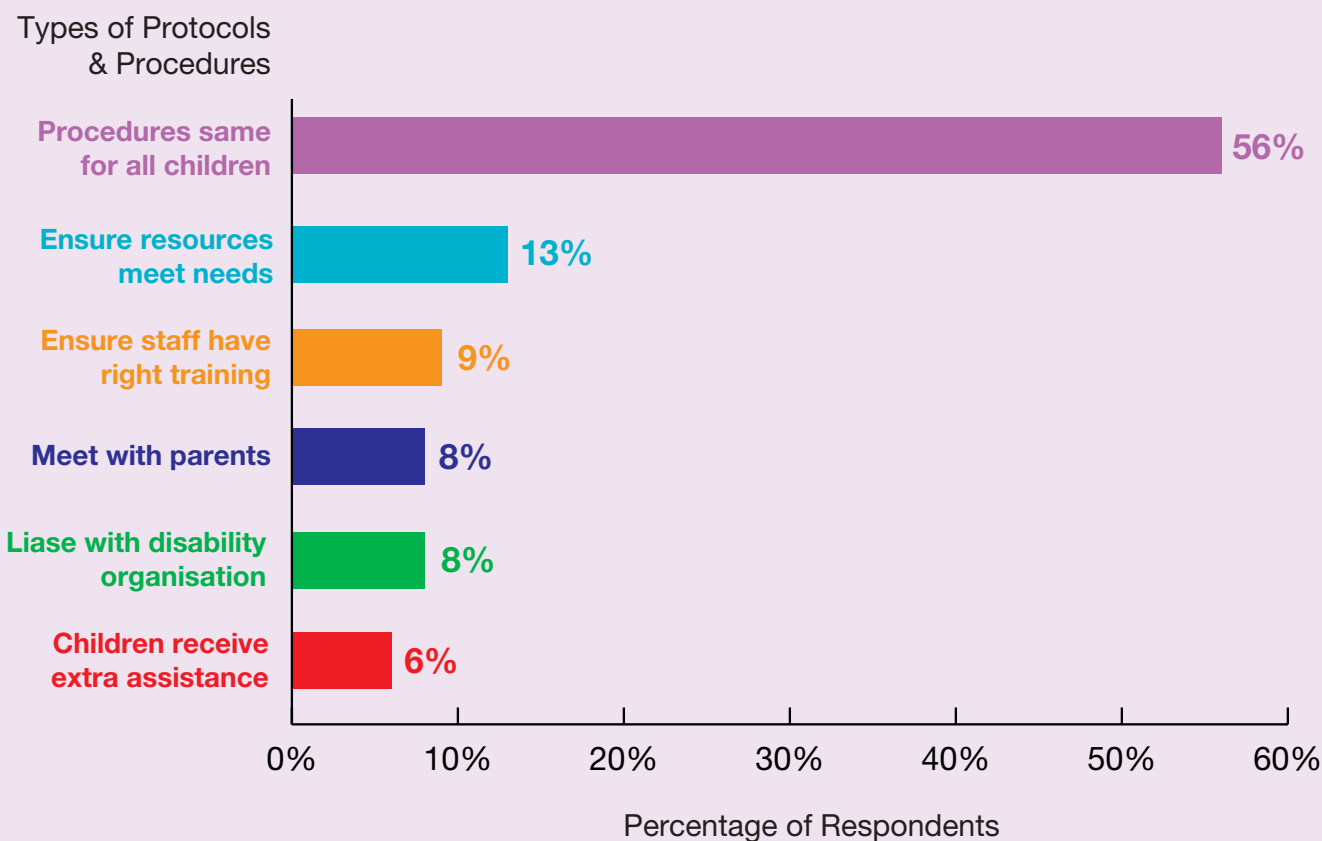


Chart 18 shows that over half the respondents (56%) who said they have protocols and procedures actually stated that their service uses the same protocols and procedures for all children.

The remaining 44% who said they had protocols and procedures in place, reported that these included ensuring that there are resources to meet needs, ensuring training is available for staff, or that children will get extra help.

What the respondents said about protocols and procedures....

“Nothing specific for disabled children but we have procedures for children wishing to attend in general”

“Our protocol is to try to be inclusive of all children regardless”

“Given equal opportunities to partake in all activities”

Identifying Specific Requirements³

The research attempted to establish what method childcare providers were using, if any, to identify the specific requirements of children, wishing to attend their service. The reason and significance of this is two-fold. Firstly, by directly asking about specific requirements, the childcare provider creates an atmosphere of open communication with the parents/carers, while also collecting the information needed to ensure the child’s needs will be met. This will assist in the child being included and participating in the activities they like and in a manner, which best suits them. Secondly, parents will feel valued as an expert on their own child and will have the opportunity to impact upon their child settling in and being included in their new environment.

Chart 19: Services that have a of method of identifying specific requirements (n=124)

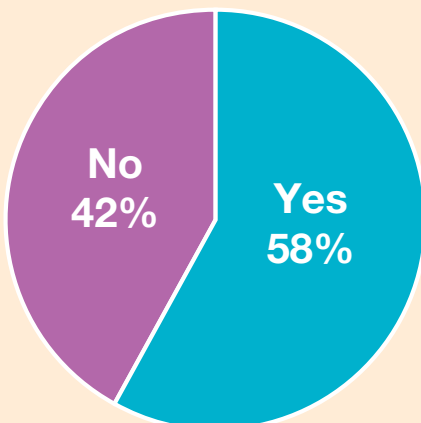
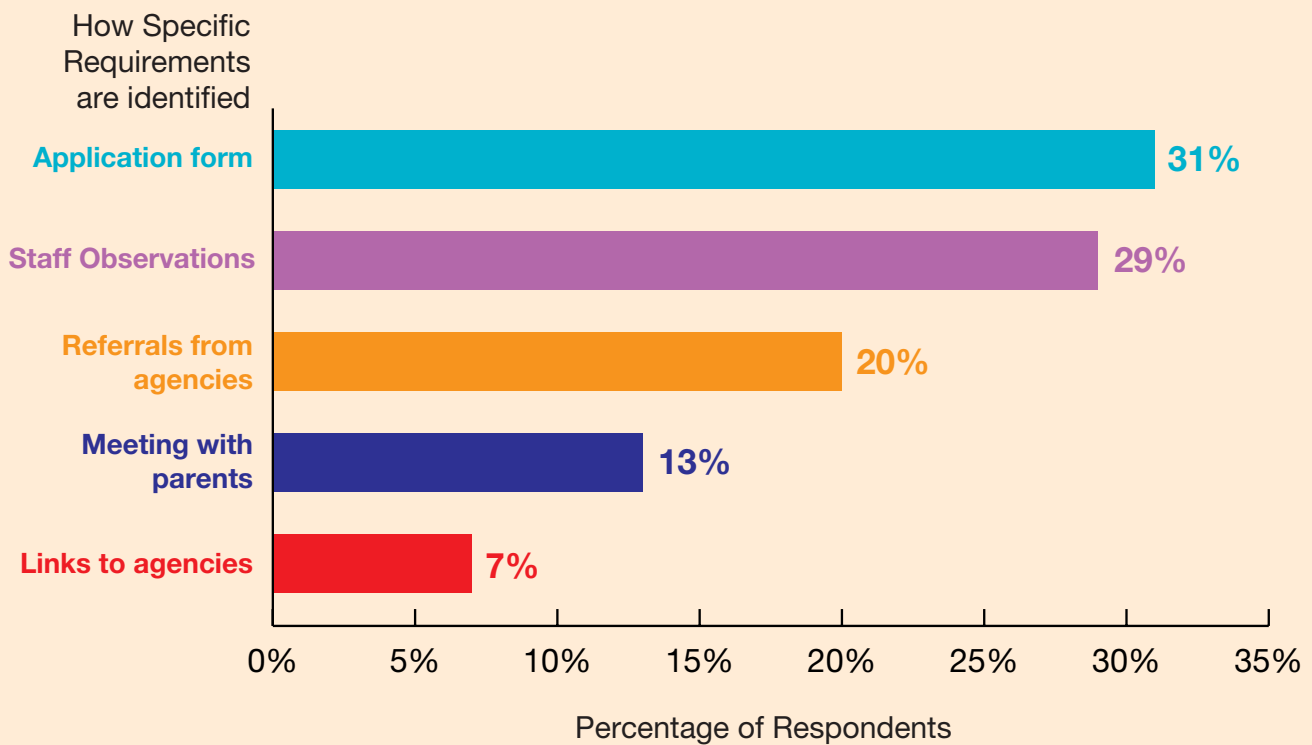


Chart 19 indicates that 58% of the respondents do have a way of identifying specific requirements and 42% do not. Those that have, were asked to specify what these were (See Chart 20).

³ Requirements that individual children need to have met to ensure their full and equal participation

Chart 20: The manner in which specific requirements are identified for children attending childcare services (n=72)



Of the 72 providers who said they have a way of identifying specific needs, 31% said they use their own application/ registration form when the child is first registered with their service. Staff observations (29%) are the second most common method when the child is already attending the service. The third most common method used is by referrals (20%) from agencies, such as the HSE or St. Michael's House. 13% of providers said they have an initial meeting with parents when the child starts with the service. The final method identified is being linked to an agency (7%), which provides advice to the service.

An issue highlighted by the providers in the focus groups was that many found it difficult to talk to parents about specific requirements that may arise. In summary, they said that it was difficult to approach parents, they felt parents were often in denial and that, as childcare providers, they were not in a position to diagnose a child if a parent asked what the issue may be. Some of the participants having completed the CIP training said they were now more confident in approaching parents and did not feel that it was their duty to label or diagnose behaviour: rather they would outline the behaviour and continue treating that child as an individual.

What the respondents said about specific requirements....

“Some children come through referral. Parents may make me aware of the ‘disability’. Sometimes I just see for myself and deal with situation as best I can.”

“On our waiting list form we ask if there is any ‘special needs’. This way we can identify what is needed before a child starts so they can get the care they need.”

“We don’t ask direct questions but it usually comes up in discussion with parents. Children are young when they start so ‘special needs’ may not be known yet”

Feedback

The research set out to determine if services were requesting feedback from the parents/carers using their service and if disability has ever been mentioned as an issue. Actively seeking feedback is an effective way for providers to involve parents/carers, who then get the opportunity to influence how the service operates. By providing a variety of occasions for both formal and informal consultation, the parent/carer can have their say and feel comfortable in doing so. Together the provider and parent can work to build on the child’s interests, meets their needs and thus, enhance their participation and inclusion.

Chart 21: Services that ask for feedback from parents/carers using their service (n =124)

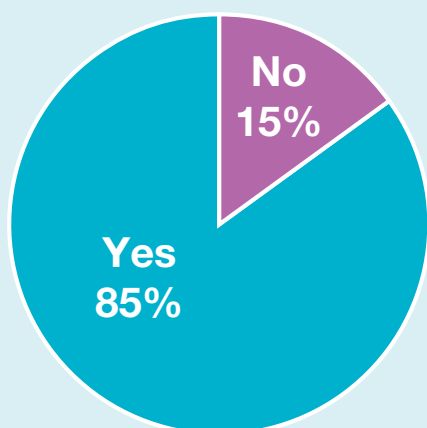


Chart 21 indicates that 85% of the respondents do request feedback, while 15% do not ask for any sort of feedback from parents/ carers. Those that have were asked if disability has ever been mentioned as an issue, the results are illustrated in Chart 22.

Chart 22: Has disability ever been mentioned in the feedback received from parents/carers? (n= 106)

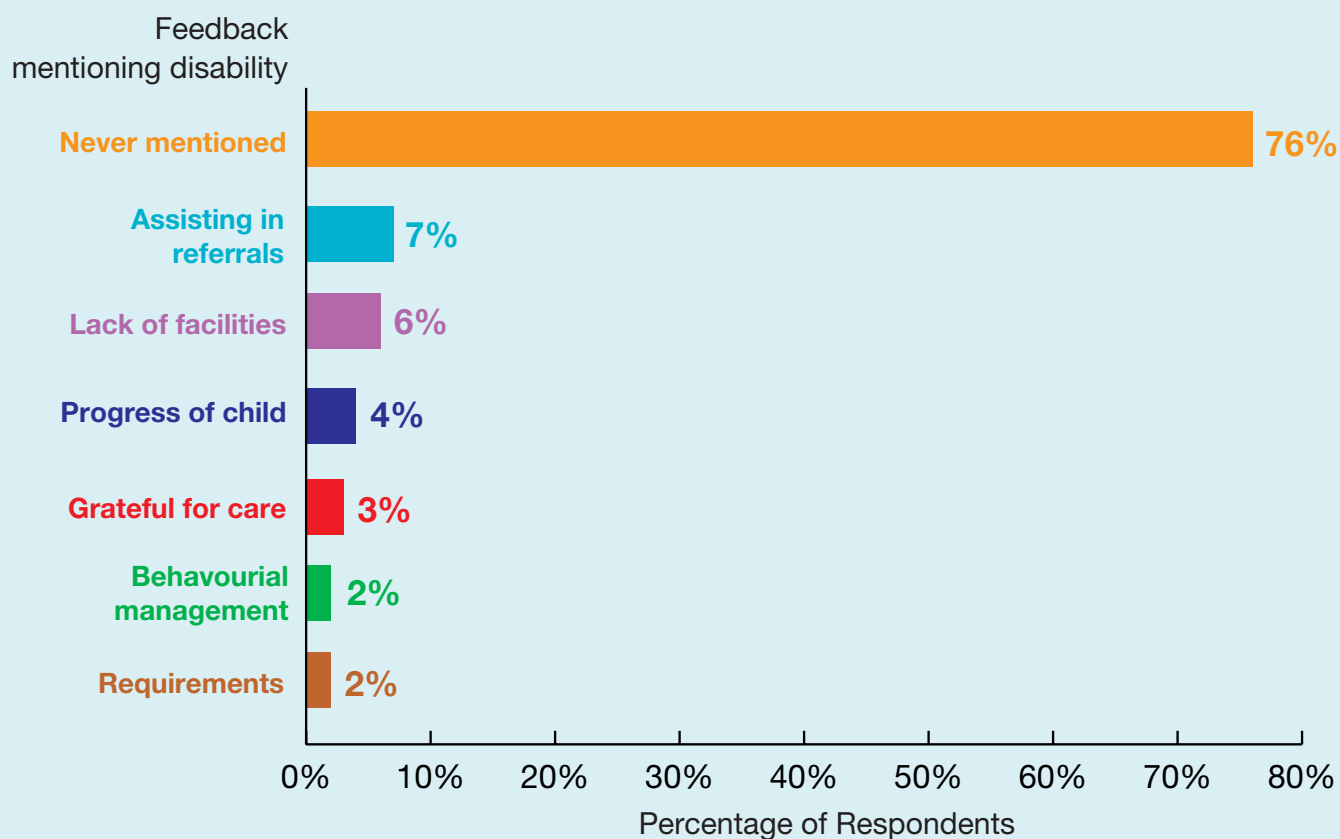


Chart 22 shows that over three quarters of the respondents (76%) said that disability has never been mentioned as an issue in the feedback they received. This may be a reflection on the experiences that parents of disabled children have had in accessing childcare and their expectations of services. These issues were identified in discussions DESSA held with parents as part of a consultation event in September 2006 – ‘Valuing Your Voice’. The following is an extract relating to parents, from the facilitators report on the consultation:

“In summary this group identified that local childcare services do not currently meet the needs of disabled children. Parents and carers of disabled children do not feel confident that local providers either welcome or can meet the needs of their disabled children. There is a definite desire for their children to be included in local services but as parents and carers they do not feel empowered to exercise a right to access these services⁴”.

Of the 23% that did mention disability issues in feedback, only 6% were actually connected to the child and not the impairment: Progress of the child (4%) and requirements for a trip (2%). The remaining 17% related to referrals, lack of services, ‘gratitude for inclusion’ and behaviour management issues.

⁴ Consultation, Training and Networking with Childcare and Play Providers, a Report by the Childcare Inclusion Programme, DESSA 2007

Conclusions and Recommendations

The need for practical training has been identified as crucial by the respondents in this research. The lack of the 'right kind of training' has been pinpointed as a significant issue for providers. Therefore, a key recommendation arising from the Profile of Inclusion is that training, which focuses on inclusion rather than impairments, should be available to all childcare and play providers.

Another central finding arising from this Profile is that providers experience difficulty in accessing information, support and advice about a child or children they may wish to cater for. This is seen both as a challenge to inclusion and as a future support necessary for inclusion. This finding is validated by comments from providers who have articulated the need for a 'one stop shop', which would offer information and practical support around inclusion directly to childcare and play services.

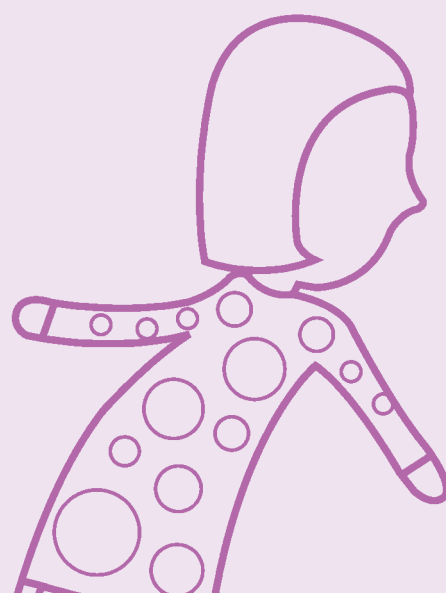
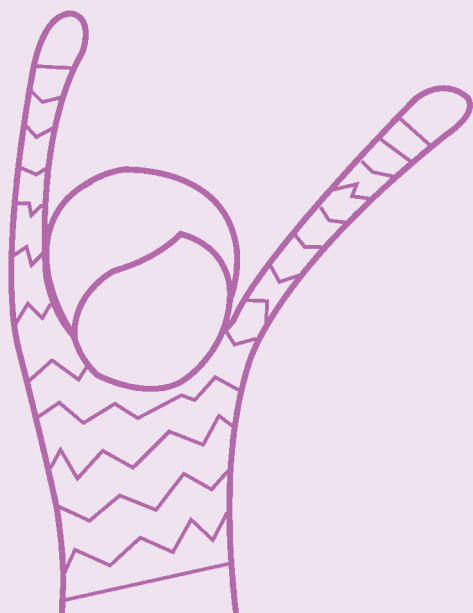
While policies and policy development are rated as being important by childcare providers, the reality is that most services are not aware of how to develop inclusive policies for their service. There is a general lack of knowledge around legislation and how it translates into service provision. This research has identified the need to provide tailored training in policy development to managers, management committees and staff teams. DESSA recommends that this support is provided in the form of workshops in inclusive policy development, which incorporates equality legislation and a rights perspective, based on the social model of disability.



While there is no doubt that training and support from an external agency, as well as access to resources enhances the readiness of providers to accommodate children with impairments, the central barrier to inclusion appears to be the perceptions of providers themselves. The opinion that including a disabled child automatically requires specific additional supports and resources is not one that is always borne out by fact. Similarly, while lack of accessible premises was identified as a barrier to inclusion, premises which may not be wheelchair accessible may still be suitable to accommodate children with a broad range of impairments.

In relation to the way in which resources are currently being allocated to individual children attending childcare and play settings, DESSA recommends that rather than specific support workers being placed in services where a particular child is attending, all childcare teams should have access to an Inclusion Facilitator or Inclusion Development Worker. Their role would be to provide information and training and promote awareness and confidence among staff, to enhance the ongoing capacity of childcare and to include both disabled and non-disabled children.

Therefore, the main recommendation arising from this research is that there is an acute need for a key agency or organisation to establish a new framework around inclusion, in partnership with other stakeholders. This development would represent a new departure for both the Early Years' sector and disability service providers and will require the support of agencies across the board. The function of this initiative would be to actively guide, promote and support the process of inclusion of disabled children in settings within their own communities, through the ongoing provision of training, resources and supports to child care and play providers.





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