

ARTICLE

Child Care professionals are tasked with what seem to be ever expanding responsibilities. As if caring for *someone else's children is not a big enough job!* We are further expected to provide care that is of a high quality and to include children with widely differing backgrounds, abilities and needs in the same environment. Simultaneously, it seems, we are caring for more and more children who have difficulties – be this social, emotional, behavioural or developmental – or some combination of all!

The West Australian Interagency Taskforce on Children's Futures¹ highlighted the seriousness of children's behavioural problems, their potential to be long term and to have significant impact on a range of dimensions throughout later education, adolescence and adulthood. This research showed that interventions likely to be most effective commence in the first four years of life; work to strengthen families and provide support to optimise the child's physical, emotional, social, cognitive and language development.

The report also showed that positive interventions mirrored those things that we recognise as being associated with 'high quality' in the Child Care environment - particularly strong adult/child attachments and secure supportive environments. The statistics detailing the number of children in WA with behaviour problems is disturbing, yet reflects what we in the Child Care community have long been experiencing – that is, the numbers of children with problem behaviour seem to be increasing and we need to support both the child and the family if we are to 'make a difference'.

We could be forgiven for feeling that our job has just become too big. We have to provide quality Child Care; our programmes have to be developmentally appropriate, age appropriate, ecologically appropriate, culturally appropriate AND we have to include children with disabilities, additional needs or behaviour problems generally within existing staff

ratios and budgetary constraints. At times we all feel that we are stretched too thinly and trying to do too much with too little.

It can be daunting to try and get your head around all the expectations that are placed upon you, to provide appropriate documentation to support your programming strategies, and to find time to develop positive relationships and attachments with all the children in your care. For those caregivers in centre based long day care, the last few years seem to have been devoted to gaining accreditation to prove the level of care in the service². For those who work in the family day care or outside school hours care sectors, the last year has 'threatened' the introduction of a system designed to measure 'quality'³. It almost seems that the paperwork and other administrative processes have swamped the ideal that we are trying to achieve – high quality Child Care.

So what is **quality** Child Care? And what about **inclusive** Child Care? Are they perhaps the same thing? If we can get a clear understanding of quality and best practice then we will be better able to understand the fundamental relationship between quality and inclusive practice in Child Care.

There has been a lot written about 'quality' and the research overwhelmingly indicates that the quality of the Child Care programme is 'critical to the long-term outcome for children.'⁴ Some factors associated with high quality and good practice form part of the state-based Child Care regulations. They include such structural things as group size and age range, buildings and available space, numbers of staff and staff qualifications. These factors **contribute** to quality by making it more likely that good practice is able to happen. They establish the baseline on which good quality programmes rest but they do not, on their own, necessarily result in quality Child Care.

When you read further, it becomes obvious that the essential component in the provision of quality Child

¹ Child Behaviour Problems: A Literature Review of the Size and Nature of the Problem and Prevention Interventions in Childhood" – launched 17 November 1999.

² See Box 1 on page 5 for information on the Quality Improvement and Accreditation System in the long day care sector.

³ OSHC sector also faces the need for initial minimum standards regulations

⁴ Hutchins, T (1995) **Babies Need More Than Minding**. AECA: Canberra. p2.

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Care is people – the adults, the children, the families – and the ways they all fit together and what they do. If we want to translate this into early childhood ‘quality’ language and ‘best practice’, this becomes all **interactions** between service staff and users (adults and children) and the **Child Care programme**. The nature and type of interactions together with the style of programme are far more important than the amount of equipment or number and frequency of interactions between caregiver and child.

Dombro, Colker and Dodge (1997)⁵ suggest that high quality programmes share certain elements and they describe seven key indicators.

1. The programme is based on accepted theories of child development.
2. The programme is individualised to meet the needs of every child.
3. Each family’s culture is respected and family members are encouraged to participate in the programme.
4. The physical environment is safe, healthy, and contains a variety of toys and materials that are both stimulating and familiar.
5. Children select activities and materials that interest them, and they learn by being actively involved.
6. Adults show respect for children and interact with them in caring ways.
7. Staff and providers have specialised training in child development and appropriate programming.

They describe a process that involves planning, implementing, and evaluating a developmentally appropriate programme.⁶ Diagram 1. provides a visual representation of their model and the following description makes it easier to comprehend.

In light of Dombro’s key indicators and this model, let’s consider some of the things that really make a difference to the level of care provided.

1. Interactions

Child Care is about people so let’s begin by thinking about the ways in which all the people concerned relate to one another and fit together.

‘A quality programme begins with the key players and the trusting responsive relationships that exist among them. It evolves and changes as a result of interactions between the caregiver, the children, their families and the community. You play a central role in nurturing these relationships. The children in your care are learning who they are as people. How you relate to them affects how they will feel about themselves and others. As you model, guide, listen and respond, you help children feel good about who they are and you help them learn how to relate to people and to objects in their world. As the children grow and change, you adapt your interactions to promote greater independence, more complex use of their skills, and further learning. Knowledge of patterns of child development and the individual characteristics of each child with whom you work forms the basis of the many decisions you make each day.’⁷

You also interact each day with families and other people who are significant in the children’s lives – including other staff members. While you have your own relationship with these people, you are also a role model for the children and must be prepared to actively demonstrate and support positive ways to interact with others – both adults and children. You have the additional responsibility of supporting and facilitating children’s interactions with one another. You help them learn to be positive, helpful and considerate. You also guide them to an understanding of what behaviour is acceptable and what is not. When we take a positive approach to guiding behaviour, we help children learn how to relate constructively and co-operatively to others. We have an active role to play in helping children develop and master a whole range of social and behavioural skills. They can begin to develop self-discipline and learn to make good decisions for themselves.

⁵ Dombro, A, Colker, L and Dodge, D (1997) *The Creative Curriculum for Infants and Toddlers*. Teaching Strategies, Inc: Washington DC pp 4-5

⁶ Dombro et al (1997) use the term “developmentally appropriate” in the more recent and broadest sense to include age appropriateness, individual appropriateness and cultural/social appropriateness.

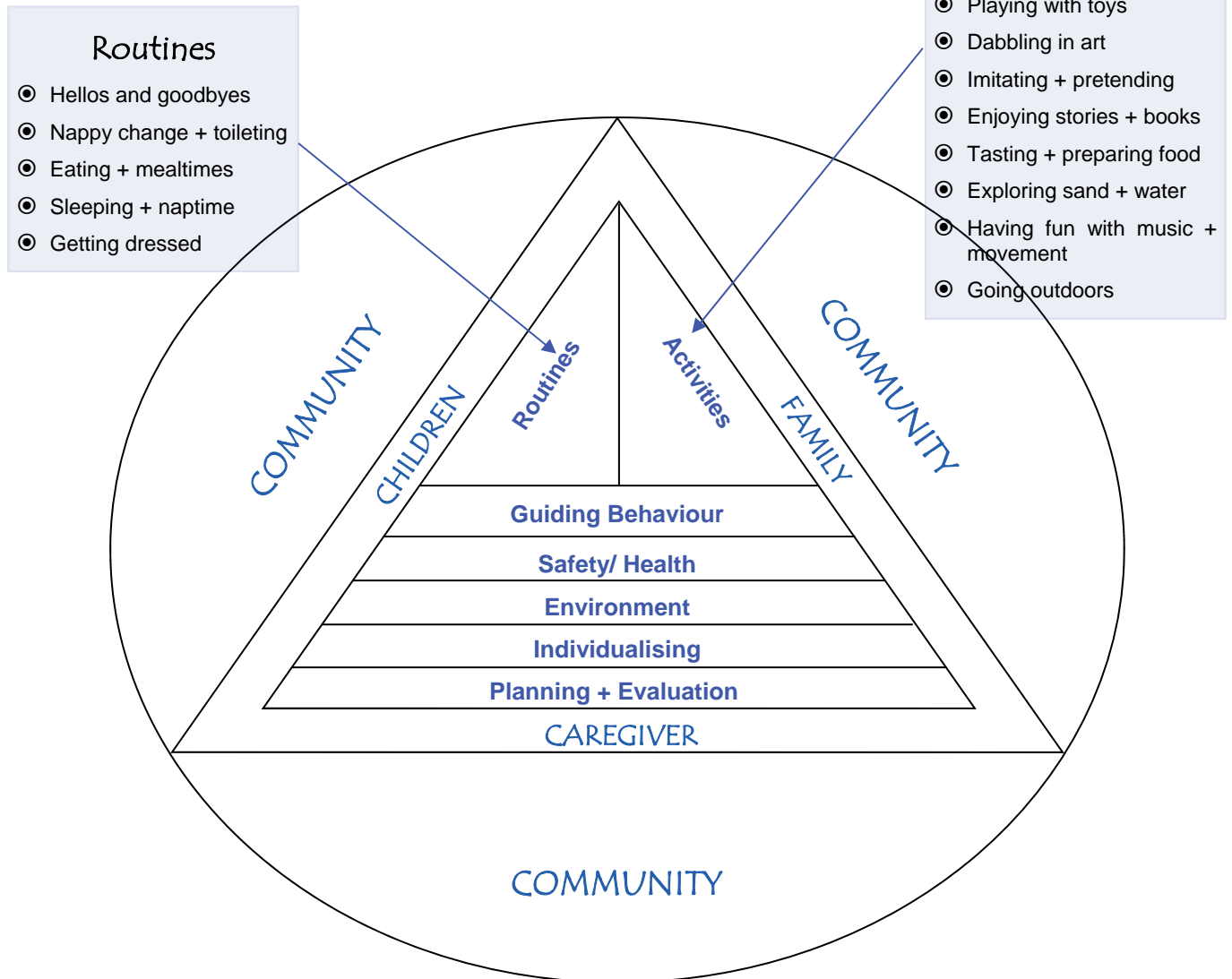
⁷ Dombro et al (1997) op.cit.p21

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DIAGRAM 1: CURRICULUM IN HIGH QUALITY PLANNING

From Dobro, Colker + Dodge (1997)

'The Creative Curriculum for Infants and Toddlers', p7



'You are at the foundation and the children and families are the focal points of your work. They are also your equal partners. Your relationship with them is central to all that happens in your programme. Surrounding you is the community in which you live. The values and culture of that community are a constant, if less immediate, influence on your programme. You set the stage for *children's learning by planning and continually evaluating your programme*. You individualise the programme based on what you learn about each child and family from your observations and daily interactions. You create a warm inviting environment, ensure that children are safe, and follow practices that promote children's health. You guide children's behaviour in positive ways. You use daily routines as opportunities to build relationships with children and promote learning. And you plan activities that respond to the growing interests and abilities of the children in your care.'⁸

⁸Dombro, et al (1997) op. cit. pp 7-8

2. Knowledge of Child Development

All of our planning must begin with a sound knowledge and understanding of child development. We must understand how children grow and develop, what makes them unique; and the cultural context and family environment in which they develop.

'All the decisions you make to create a quality programme stem from this knowledge. The more you know about children the more effectively you can meet their needs. You need to know and understand how children learn:

- ⊙ about themselves – self-concept development;
- ⊙ about their feelings – emotional development;
- ⊙ about other people – social development;
- ⊙ to communicate – language development;
- ⊙ to move and do – physical development; and
- ⊙ to think – cognitive development.

In addition to knowing about child development in general, you must take time to get to know each child in your programme.⁹

Too often we begin our planning by focussing on the routines and activities that consume a child's day. This is not real programme planning as it has no solid foundation. Quality programmes are well thought out. They have clearly articulated and defined goals and objectives for both children and their families. Long term and short term programme plans can then be developed based on these primary goals. These plans should take into consideration the changing needs, interests, and special characteristics of all the children in your care. This will ensure that you develop a programme that is adaptable and responsive to children's changing needs. You can then begin to assess what is working and what isn't. This evaluation will inform your planning and the cycle of continuous assessment and improvement goes on. You use what you learn from your evaluation to guide your decisions and take steps that improve your programme.

QUALITY IMPROVEMENT AND ACCREDITATION SYSTEM

'The Quality Improvement and Accreditation System, which applies to all long day care settings, was introduced in mid-1993. By the end of June 1995 all long day care centres were required to have submitted self-study reports to the National Child Care Accreditation Council.¹⁰ The emphasis was on the process of self-study, with staff, families and management involved in ongoing evaluation and improvement, culminating in rating the quality the centre was achieving on each of the 52 principles.

After the completion of the self-study report, a reviewer, who is a peer with recent experience in long day care, will visit the centre and validate the centre's rating on each principle. The centre's and reviewers comments are then moderated by a panel of experts in early childhood education, and a final recommendation will be made on the number of years (up to a maximum of three) between reviews.'

Arthur, L, Beecher, Dockett, S and Farmer, E (1996) **Programming and Planning in Early Childhood Settings**. Harcourt, Brace and Co.,:NSW p.5

Programming Based on Individual Needs

Our overall knowledge of child development helps us to recognise how 'typical' children behave at different stages of development. However, each child is an individual, and, in addition to our general understanding of child development, we must take the time to learn about the special characteristics, needs and interests of each child. All children have needs to be met and these may vary from time to time and change as the child develops. Use your knowledge of typical development to assess where each child is at developmentally.

⁹ Dombro et al (1997) op cit p31

¹⁰ It is recognised that some variations in time frames have occurred.

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'Because children and families come to your programme with distinct needs, strengths and values, your challenge is to customise the programme's goals to fit the particular circumstances of each child. One of the hallmarks of a high quality programme is this ability to individualise. To individualise for children, you begin by identifying developmental goals and objectives on which to focus, then determine how you can best support children's mastery of them.'¹¹

These developmental goals and objectives for children may include, but are not restricted to, social, emotional, language, self concept, physical and cognitive areas of development. The more organised you are, the more time you have to observe children regularly. Observation enables you to learn about each child and individualise your programme. It also helps you to follow their growth and development – one of the most interesting and rewarding aspects of working with children. Using specific strategies for observing, you will be able to set goals for each child and plan your work.

'To truly meet the needs of every child in your care, you'll need to find out where each one is in terms of development. Then you can meet that child at a wholly appropriate level and help him or her to reach the next step.'¹²

INCLUDING CHILDREN WITH ADDITIONAL NEEDS IN CHILD CARE

If we are planning to include a child with additional needs in our Service – where do we start? We gather information (on enrolment, from forms, from parents, and from any other appropriate or available source) that will help us gain knowledge and understanding of any special planning required. We consider the child as an individual and try to learn about special interests, likes/dislikes together with an understanding of his/her abilities in a range of areas. Children with very different interests and ability levels can be included and feel successful in open-ended activities and daily routines.

We also learn about any special equipment, medication or processes or procedures required. We build a relationship with the family and use this relationship to learn more about their needs and to gain access to more information and people to help us care for the child – this may include other family

members, specialists or therapists.¹³ We use our knowledge and understanding of child development to inform our goals and plans for the individual child and feed this information into the overall programme plan for the group.

When we look back at Dombro's model of quality child care (see Diagram 1 and key indicators listed on page 2), it is apparent that inclusive child care and quality Child Care are one and the same. The essential processes and understandings are identical. When we look at the literature of 'inclusion' we find a focus on attitudinal issues and encouragement to build play based programmes that are tailored to the needs of the individual child. They stress a climate of tolerance and a culture of acceptance. The Children's Services Programme of the Commonwealth Government's Department of Family and Community Services defines inclusion as:

'The process that provides each individual opportunities for acceptance, belonging and participation within the Child Care community. Therefore for each child, inclusive practice in children's services is the development of a programme that actively promotes:

- ⦿ a sense of belonging and involvement of the family
- ⦿ acceptance of individuality
- ⦿ programme planning which caters for all individual children
- ⦿ participation in all aspects of the Child Care day
- ⦿ opportunities for the child to interact with other children and adults.'¹⁴

Although the language has changed a little, the substance remains unaltered from those elements that make a positive contribution to quality Child Care. Each aspect of inclusive practice listed above is further described and these descriptions further highlight the parallel between inclusive practice and high quality Child Care. Consider the following description of **programme planning which caters for all individual children:**

¹¹ Dombro et al op cit p81

¹² Dombro et al op cit p82

¹³ Refer to previous insert 'Therapists in the Child Care Community' form RUCSN Newsletter Issue 3, 1999

¹⁴ Unpublished document from Department of Family and Community Services

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- ⦿ 'there are opportunities for team discussion about the needs and interests of the child and family,
- ⦿ staff observe children regularly to support programme planning,
- ⦿ staff put into place strategies/ideas that encourage the child's development,
- ⦿ staff adapt activities, environment, programmes, transitions and routines to meet the child's developmental needs and interests,
- ⦿ all members on the Child Care team share responsibility for the implementation of the child's programme, and
- ⦿ ongoing communication between family, staff and other relevant professional supports the programme planning.¹⁵

The emphasis throughout is on the people and what they do – the **interactions and the programme**. Supporting both of these areas is our foundation of theoretical knowledge and practical understanding of child development. If this is what is required for inclusion to occur and, simultaneously, what is required to achieve high quality child care, then we must recognise that **INCLUSION IS A QUALITY ISSUE. We can go further and acknowledge that high quality Child Care is, by definition, inclusive because it is built on the knowledge of child development, and it supports the growth and development of each child through individualised, needs-based programming. This process is underpinned by continuous programme evaluation and a genuine commitment to continuous improvement in the interests of best meeting the needs of children and families.**

WHAT IS INCLUSION? ¹⁶

INCLUSION means that ALL children belong equally and each individual is valued for their unique attributes and qualities.

An **INCLUSIVE** Child Care programme is one that:

- ⦿ Allows all children genuine opportunities to contribute and be part of the group.
- ⦿ Takes into account the differing abilities and skills of the children when planning and implementing the programme.
- ⦿ Fosters the development of a feeling of belonging.
- ⦿ Embraces and demonstrates the valuing of diversity.

SUPPORT FOR CAREGIVERS

If you are having difficulties including children with additional needs in your care environment, consider discussing your issues and problems with your Inclusion Support (ISA) Team. They have a wealth of experience and are able to offer practical advice, suggestions and information about local resources. They can also help with information about referral procedures. If you are unsure which Inclusion Support (ISA) Team covers your service, contact CHILD Australia on (08) 9249 4333 for further details. Inclusion Support teams and PSCWA can offer staff training if skill enhancement is required. Please telephone to discuss your requirements.

The CHILD Australia Resource Centre can provide all the resources used here as well as many others and all caregivers are members.

TRUE INCLUSION IS THE HALLMARK OF
HIGH QUALITY CHILD CARE

¹⁵ Unpublished document from Department of Family and Community Services.

¹⁶ From unpublished RUCSN (1999) workshop materials.

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This feature article was prepared by Lee Jeffery, Training and Resource Development Co-ordinator from materials, notes resources and discussion with Inclusion Support Workers and caregivers throughout the state. Any error, oversight or omission in attribution is regretted.

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