

Supporting Children with Additional Needs (SCAN) funding scheme

**GUIDELINES FOR  
IDENTIFYING LEVEL  
OF SUPPORT NEEDS**

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NSW Department of  
Community Services

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## Section One

### 1. Introduction

Supporting Children with Additional Needs (SCAN) funding scheme is a program that aims to provide eligible NSW funded children's services providers with resources they may require to assist children with additional needs to have equal access with all other children to a quality early childhood or vacation care experience.

Payments made under the SCAN funding scheme are a contribution only to the cost of a child's placement in a service. Funding allocations are determined using formula designed by SCAN organisations in consultation with their Area Reference Groups (ARGs).

The NSW Office of Childcare (OCC) in consultation with the SCAN State Reference Group (SRG) share responsibility for the ongoing development and review of the guidelines. These guidelines replace the draft guidelines that were distributed to services in December 2001.

#### 1.1 Purpose of guidelines

The purpose of guidelines is to assist eligible service providers, families of children with additional needs and SCAN organisations to identify and determine the level of support need for children with additional needs under the SCAN funding scheme.

#### 1.2 Eligible children's services

NSW children's services that are State only funded and are not an approved service for the purpose of receiving the Commonwealth Child Care Benefit (CCB) are eligible to apply for SCAN funding.

Generally eligible services are:

- Preschools
- Occasional care services
- Vacation care services
- Some places in multipurpose services where these places are State funded only and not eligible for CCB

#### 1.3 The four target population groups

The target population groups for children with additional needs eligible to access SCAN funds are:

- Aboriginal and/or Torres Strait Islander (ATSI) children
- Children from culturally and linguistically diverse (CALD) backgrounds
- Children with challenging behaviours (CB)
- Children with disabilities (Dis)

The children in attendance at the eligible services may be between birth and 12 years of age.

#### 1.4 The four key areas

In determining a child's level of support needs, service providers first consider each child's ability to access the service and program in relation to the following four key areas:

1. The child and family's belonging and participation
2. The child and family's communication
3. The child's thinking and learning
4. The child's caring for her/himself

#### 1.5 The four levels of support need

When making application to the SCAN organisation for funds there are four levels of support need that a service provider considers in relation to each child's ability to access the service and program.

Levels of support need are:

##### *Level 1: Entry*

- where few, once-only or minor adjustments are required to the service and program such as minor physical modifications to the premises, staff training, gathering information or additional low cost resources, eg additional training, information and resources are required by the service to facilitate the child's inclusion.

##### *Level 2: Low Support*

- where simple ongoing adjustments are required to the service and program such as the provision of intermittent additional support for the child, additional minor equipment or resources, eg the child needs intermittent additional adult support to access some aspects of the program.

##### *Level 3: Medium Support*

- where relatively complex ongoing adjustments are required to the service and program such as regular additional support for the child, education of other children, resources and cultural, social or other adjustments to the program, eg the child requires regular additional adult support to participate in many aspects of the program.

##### *Level 4: High Support*

- where a number of complex ongoing adjustments are required to the service and program such as constant one-on-one adult support and supervision for the child, extensive additional resources and cultural, social or other adjustments to the program, eg the child requires constant one-on-one adult support and supervision to participate in the program.

When assessing an application the SCAN organisation determines payment funding amount based on the agreed allocations for each level as devised by the SCAN organisation in consultation with the ARG.

## Section Two

### 2. Roles and responsibilities

All individuals and groups involved in the SCAN funding scheme must work together to assist the delivery of satisfying, quality early childhood and vacation care experiences to children with additional needs.

The Department recently approved continuation of the ARGs and SRG. These groups provide an avenue for service providers, communities and families to be involved in the implementation and development of the scheme.

DoCS has appointed SCAN organisations to manage the funding scheme in each of the DoCS Networks. The SCAN organisations have signed service agreement contracts with the Department commencing from mid-2002 for a three-year period. These organisations are responsible to distribute funds to eligible children's services providers.

Service providers are responsible to identify children with additional needs in the target group populations who attend their services, to determine the child's level of support needs and to complete and forward funding applications to their SCAN organisation.

#### 2.1 Family of child with additional needs

Parents/carers are included as partners in planning an environment in which their child can be best accommodated at their service of choice. The child's family will need to work closely with service providers to assist them to understand their child's specific needs.

If additional expertise is required to make accurate determinations of the child's support needs the child's family must either arrange contact with support agencies or give permission for service providers to contact or gather information about their child from support agencies.

The parents/carers responsible for the child are able to access observations and other records the service has kept on their child.

#### 2.2 Service providers

Service providers are responsible for identifying children in their service who have additional needs and for determining the level of support need required by each child to access the service and program.

Service providers must not act outside their area of expertise when determining the level of support need of a child or establishing a program of support for the child.

Service providers are responsible for completing and forwarding funding applications with the required documentation attached to their SCAN organisation.

#### 2.3 SCAN reference groups

SCAN reference groups were established as an outcome of the community consultations held in 2001.

The OCC is responsible for the selection of SRG members and convening SRG meeting. Nominations for SRG membership are made by the ARGs. The role of the SRG is to advise the OCC on matters concerning the implementation and development of the new scheme.

DoCS Networks and SCAN organisations are responsible for the selection of ARG members and convening ARG meetings. The role of the ARG is to represent the interests of the target population groups and to provide advice and support to the SCAN organisations.

#### 2.4 SCAN organisations

SCAN organisations are responsible for the management and distribution of funding. From the start of 2003, SCAN organisations will pay funds based on information provided by service providers in their funding applications. The SCAN organisations develop their own policies, procedures and administrative systems including service agreements and application forms.

The following community organisations were contracted by the Department to manage the SCAN funding scheme from 1st October 2002:

- **Children First Inc.** for DoCS Blacktown / Baulkham Hills, Cumberland / Prospect and Nepean Networks
- **Illawarra Children's Services Ltd** for DoCS Illawarra, Southern Highlands and Metro South West Networks
- **Inverell Disability Services** for DoCS New England Network
- **Jumbunna Preschool & Early Intervention Centre** for DoCS Far North Coast Network
- **KU Children's Services** for DoCS Northern Sydney Network
- **SDN Children's Services** for DoCS Metro South East Region and Inner West Network
- **The Samaritans Foundation** for DoCS Central Coast Network and Hunter Region
- **Orange Community Resource Organisation** continues for DoCS Central West Network, and
- **DoCS Mid North Coast Network Office** will manage the scheme in that Network and **DoCS Western Region Office** will manage the schemes in the Orana Far West and Riverina/Murray Networks until community organisations are appointed.

## Section Three

### 3. The two types of funding applications

Two types of funding applications may be made:

- Individual
- Project

The draft guidelines did not provide information about project funding applications. Definitions for the two types of funding applications have now been devised and are:

**Individual** – This funding application is for an individual child, enrolled in a service, who has been identified as requiring additional support to access the service and program.

**Project** – This funding application is for:

- A service to undertake a project that will assist identified families and children in the local community to access the service and program, eg the service strategic plan identifies a number of ATSI families and children in the local community who do not access the service. The service provider devises a project to contact local ATSI agencies and build links between these families and the service.
- A service to undertake a project that will assist a number of children who are enrolled in that service and are identified as requiring similar types and/or levels of support to access the service and program, eg a service provider has identified a number of children who are enrolled in the service, who understand and speak English and staff lack knowledge of the children's culture/s and language/s. The service provider devises a project to increase staff knowledge about the children's cultural and linguistic backgrounds.
- A number of services propose to undertake a joint-project that will assist a number of children who are enrolled in these services and who are identified as requiring similar types and/or levels of support to access these services and programs, eg a number of vacation care service providers devise a project to transport children with disabilities to and from services. In their project application the service providers may request a contribution of funds towards the cost of a community bus.

When assessing a project funding application, the SCAN organisation should include criteria requiring the project proposal to be over and above normal service delivery expectations.

### 3.1 Identifying a child's need for additional support

#### 3.1.1 How to identify a child as an applicant for SCAN funding

When considering whether an application for funding is required, a service provider needs to answer four questions about an individual child's ability to access the service and program in relation to the four key areas (see Section 1, clause 1.5).

The questions are:

- What, if anything, is preventing **this child** from participating in all the early childhood or vacation care experiences offered by **this service**?
- To what extent do these barriers arise from features of **this service**?
- To what extent can these identified barriers be removed or reduced **without** additional funding?
- To what extent can these identified barriers be removed or reduced **only with** additional funding?

Decisions as to adjustments required to the service and program relate to the severity of the challenges and barriers each service faces in meeting the needs of the individual child.

Generally, any adjustments will relate to:

- Physical premises
- The number, skills and experience of staff
- Specific areas of the program (excursions, routines, individual activities and small group experiences)
- The needs of other children in the service.

#### 3.1.2 How to determine level of support

To determine the level of support required by a child, service providers need to:

- Observe the child in the early childhood or vacation care setting
- Work with the child's family to understand the child's specific additional needs
- Gather information with parental permission from support agencies.

The specific observations outlined below are offered as guides. They are not intended to be exhaustive. Service providers will need to record additional objectives to ensure all aspects of their specific service and program are dealt with.

Observations in the four areas include:

#### 1) *The child and family's belonging and participation*

- The child and family's interaction with other children, families and staff

- The degree to which the child and family involve themselves in the program
- How other children in the service react to the child and what factors may contribute to this
- The physical, cultural and social bases of the program that may pose barriers to the child's participation
- Any cultural, skill-base or experience issues that may impact on the way staff respond to the child

#### 2) *The child and family's communication*

- The child and family's willingness to and success in communicating with other children, staff and service management
- Any language, cultural or social barriers that may impact on the ability of other children to understand and respond to the child
- Any language, cultural, social, skill-base or experience issues that may impact on the ability of staff to understand and react appropriately to the child and family

#### 3) *The child's thinking and learning*

- The child's reaction to learning opportunities provided by the program and by staff
- The child's ability to assimilate new knowledge about the premises and program
- The degree to which the child remembers and builds on prior experiences both physical (eg knowing where to look for facilities and resources) and cognitive
- Any physical (in terms of the premises), sensory, cultural, social, staff skill-base or experience issues that may impact on the ability of staff to adjust learning opportunities provided so that they are appropriate for the child
- Any physical (in terms of the premises), sensory, cultural, social, staff skill-base or experience issues that may impact on the ability of staff to assist the child to acquire and remember information about the premises or the program

#### 4) *The child's caring for self*

- The child's ability to express her/his needs eg hunger, thirst, tiredness, toileting, discomfort etc
- The child's ability to meet her/his own needs for food, drink, toileting, sleep, medication, avoiding risks etc
- Any cultural, social or language barriers that may prevent the child from successfully communicating her/his needs to other children or staff
- Any physical barriers that may prevent the child from accessing facilities or resources

The service provider determines the type of funding application based on observations made on an individual child and family.

### 3.2 A child identifying with more than one target population group

Where a child clearly identifies with more than one target population group the level of support needed in each of the target population groups would need to be stated by the service provider in the individual funding application.

For example a child who understands and speaks limited English and has Down Syndrome may be identified as belonging to both CALD and disability target population groups.

Support need requested could include a CALD worker to assist staff with the child's cultural and language needs as well as access to a disability specialist to assist staff understand the child's needs. It is the responsibility of the SCAN organisation to consider the application and allocate a contribution of funds to assist the service meet the child's levels of support need in both CALD and disability as necessary.

### 3.3 Late funding applications

Service providers are advised to discuss the process for late applications with their SCAN organisation. All SCAN organisations maintain contingency funds to manage payments for any late applications.

## Section Four

### 4. Documentation requirements

All individual and project funding applications where a child is named in the application requires the child's parent/carer to complete a 'Permission Form'. The child's parent/carer must sign a permission form to permit the service provider to apply for funding.

*For Levels 1 & 2* - Service providers are not required to attach supporting documentation to funding applications. However, service strategic plans (eg ASPARDs), observations, children's developmental and any other records to support claims must be maintained and available at the service.

#### 4.1 ATSI child

*For all Levels* - Service providers must maintain a completed enrolment form that shows the child's cultural identity and provides details about any home and community language/s used by the child and/or family.

*For Level 3* - A letter of referral, or an assessment, or a diagnostic report about the additional needs of the child is required from a relevant professional with recognised experience working with ATSI people.

*For Level 4* - An assessment or a diagnostic report about the additional needs of the child is required from a relevant professional with recognised experience working with ATSI people.

Relevant professionals may include:

- Early Childhood Teacher not working with the child for whom funding is sought (for early childhood services only)
- Primary Teacher not working with the child for whom funding is sought (for vacation care services only)
- A General Practitioner, social worker, community leader, case worker or government agency involved with the child and/or family

#### 4.2 Child from a CALD background

*For all Levels* - Service providers must maintain a completed enrolment form that shows the child's cultural background, religion and provides details about language/s other than English used by the child and/or family.

*For Level 3* - A letter of referral, or an assessment, or a diagnostic report about the additional needs of the child is required from a relevant professional with recognised experience working with CALD people.

*For Level 4* - An assessment or a diagnostic report about the additional needs of the child is required from a relevant professional with recognised experience working with CALD people. Applicants who are asylum seekers and/or torture/trauma victims may provide a Department of Immigration, Multicultural and Indigenous Affairs (DIMIA)

letter, or Temporary Protective Visa, or documentation from an organisation such as *Services for the treatment and rehabilitation of torture and trauma survivors* (Startts).

Relevant professionals may include:

- Early Childhood Teacher not working with the child for whom funding is sought (for early childhood services only)
- Primary Teacher not working with the child for whom funding is sought (for vacation care services only)
- A General Practitioner, social worker, community leader, case worker or government agency involved with the child and/or family

#### 4.3 Child with challenging behaviour or a disability

*For Level 3* - A recent comprehensive behavioural/medical observation report, or a referral letter, or an assessment, or a diagnostic report about the additional needs of the child is required from a relevant professional working with the child with challenging behaviour or a disability.

*For Level 4* - An assessment or diagnostic report about the additional needs of the child is required from a relevant professional working with the child with challenging behaviour or a disability.

Relevant professionals may include:

- Early Childhood Teacher with an additional\* qualification in Special Education not working with the child for whom funding is sought (for early childhood services only)
- Primary Teacher with an additional\* qualification in Special Education not working with the child for whom funding is sought (for vacation care services only)
- A General Practitioner, social worker, therapist, case worker or government agency involved with the child and/or family
- Specialists including medical, audiologist, registered psychologist, psychiatrist, speech pathologist, and professional qualified to administer psychometric assessments (eg paediatrician)

Professionals providing supporting documentation may be requested to submit their personal details and curricula vitae to the SCAN organisation. The SCAN organisation in consultation with their ARG will determine assessment criteria and maintain a register of relevant professionals.

SCAN organisations may require additional documentation prior to making a decision. It is expected that in this case the organisation would discuss the application with the service provider.

\* A four year Early Childhood or Primary Teacher qualification with no less than 12 months study in Special Education is deemed equivalent to an additional qualification, and where assessment of the qualification is unclear the SCAN organisation has scope for decision making.

## Section Five

The following tables are provided as an easy guide for identifying level of support needs.

<b>ATSI CHILD</b>		
<b>Level 1 Entry Level</b>	<b>Few, once only and/or minor adjustments are required for the child to access the service and program. Staff require training, information and resources to facilitate the child's inclusion.</b>	
<b>Criteria</b>	ATSI children and families reside in local community but few access the service.	
<b>Documentation</b>	Strategic plans, observations and any other records of support are maintained and available at the service.	
<b>Areas</b>	<b>Examples of indicators</b>	<b>Suggested implications and support strategies</b>
Belonging and Participation	Few ATSI families access service, eg lack of transport, awareness about service.  No evidence of ATSI families or agencies participating in the service and program.	Service management investigates access issues for ATSI families, eg transport, social justice within the local community.  Service management identifies, contacts and establishes links with ATSI agencies and services in local community.
Communication	Service lacks knowledge about and experience in communicating with ATSI people.	Service management and staff receives training about ATSI people.
Thinking and Learning	Staff lack knowledge about ATSI thinking and learning styles.	Service staff receives training about ATSI thinking and learning styles to facilitate cross-cultural experiences in the program.
Caring for Self	Staff lack knowledge about ATSI community and family practices.	Staff receives training about ATSI community and family practices to facilitate cross-cultural experiences in the program.

<b>ATSI CHILD</b>		
<b>Level 2 Low Support</b>	<b>Simple, ongoing adjustments to the service and program are required for the child to access some aspects of the program. Intermittent, additional adult support is required to facilitate the child's inclusion.</b>	
<b>Criteria</b>	Child is identified as ATSI in the child's enrolment form.	
<b>Documentation</b>	Observations, developmental and any other records of support are maintained and available at the service.	
<b>Areas</b>	<b>Examples of indicators</b>	<b>Suggested implications and support strategies</b>
Belonging and Participation	Family not able to relate or get their message across to management. Family does not participate in program.	ATSI worker evaluates service and suggests ways for management to develop a sense of belonging for ATSI families. ATSI worker evaluates parent participation and provides ideas for staff to involve ATSI families in the program.
Communication	Family experiences difficulties with enrolment procedures and newsletters. Child uses home and community languages as well as standard English at service. Child displays hearing difficulties.	Service management consults with ATSI families and agencies to improve enrolment procedures and newsletters. Staff receive training about language development for ATSI children and include new learning in the program. ATSI health worker visits service, checks children's hearing and provides staff information about otitis media.
Thinking and Learning	The program lacks interest for child.	Staff receive training about ATSI beliefs, learning styles and cultural experiences and include new learning in the program, eg bush tucker, dreamtime and legends.
Caring for Self	Child has difficulty with some routines, eg transitions.	Staff use pictures and community language words to assist children develop independence with routines.

<b>ATSI CHILD</b>		
<b>Level 3 Medium Support of</b>	<b>Relatively complex and ongoing adjustments are required to the service and program for the child to participate in many aspects the program. Regular additional adult support is required to facilitate the child's inclusion.</b>	
<b>Criteria</b>	Child is identified as ATSI in the child's enrolment form <b>and</b> the child has communication difficulties due to home/community languages used or health/social concerns.	
<b>Documentation</b>	A letter of referral or an assessment or a diagnostic report about the additional needs of the child from a relevant professional with recognised experience working with ATSI people.	
<b>Areas</b>	<b>Examples of indicators</b>	<b>Suggested implications and support strategies</b>
Belonging and Participation	Family is culturally isolated, as there are no/few other ATSI families using the service.  Family has limited experience of early childhood and vacation care services.	Service management facilitates links with other ATSI families and support agencies.  ATSI worker supports families, children and staff at the service.  ATSI worker assists staff to implement a culturally sensitive program to alleviate stress families and children experience from being in an unfamiliar environment.
Communication	Service and family experience communication difficulties.  ATSI child mainly uses home and community languages and limited standard English.	ATSI worker assists service and families to communicate.  ATSI worker assists staff to incorporate language used by ATSI children in the program, eg staff and peers support child's use of home and community languages through learning and using key words.
Thinking and Learning	Child intermittently displays anger as a result of cultural isolation.	ATSI worker assists individual children to interact with the cultural and social environment.  Staff develop cross-cultural understanding in the program.
Caring for Self	Child experiences difficulty with service routines, eg transitions.  Poor housing standards, poor nutrition and other health concerns are prevalent in local community, eg otitis media a known cause for hearing loss and speech delay in some communities.	ATSI worker assists child to learn and manage routines.  Service management organise nutrition and health workshops for families and staff.  Staff and families receive training in early identification of health issues such as otitis media.

<b>ATSI CHILD</b>		
<b>Level 4 High Support</b>	<b>Complex and ongoing adjustments are required to the service and program for the child to participate in the program. Constant additional adult support and supervision is required to facilitate the child's inclusion.</b>	
<b>Criteria</b>	Child is identified as ATSI in the child's enrolment form and the child has learning difficulties due to family/community social/health concerns or trauma experience.	
<b>Documentation</b>	An assessment or a diagnosis report about the additional needs of the child from a relevant professional with recognised experience working with ATSI people.	
<b>Areas</b>	<b>Examples of indicators</b>	<b>Suggested implications and support strategies</b>
Belonging and Participation	Family and child are suffering from a traumatic experience, eg domestic violence, alcohol and/or drug abuse, death in family. Family and child experience difficulties establishing trust relationships.	Family and child are receiving support from an ATSI or other agency as necessary. Staff receive training and counselling as necessary to enable them to assist traumatised families and children. ATSI worker facilitates the establishment of trust relationships.
Communication	Family and service experience communication difficulties. Child's communication skills are delayed in all areas.	ATSI worker facilitates communication between service and ATSI family. Staff liaise with family to arrange specialist support services to assist development of child's communication skills.
Thinking and Learning	Child is not able to focus on the program due to trauma experience. Family not able to support children's learning due to trauma experience.	An ATSI worker provides child with constant assistance to interact with staff, peers and the service environment. An ATSI worker supports family to help their child learn and develop at home.
Caring for Self	Trauma experience impacts on family's ability to assist in the development of child's self care.	An ATSI worker assists the child's family in the home and staff at the service to develop the child's self care skills.

**CHILD FROM A CALD BACKGROUND**

<b>Level 1 Entry Level</b>	<b>Few, once only and/or minor adjustments are required for the child to access the service and program. Staff require training, information and resources to facilitate the child's inclusion.</b>	
<b>Criteria</b>	CALD children and families reside in the local community but few access the service.	
<b>Documentation</b>	Strategic plans, observations and any other records of support are maintained and available at the service.	
<b>Areas</b>	<b>Examples of indicators</b>	<b>Suggested implications and support strategies</b>
Belonging and Participation	Few CALD families access service, eg unaware of the service.	Service management make contact with CALD agencies to develop awareness about the service, produce service documentation in relevant community languages and access interpreting services.  CALD resources are purchased and displayed at service to improve access and recognise diversity.
Communication	Service lacks knowledge about and experience in communicating with CALD people.	Service management and staff receive training about CALD people.
Thinking and Learning	Staff lack knowledge about the thinking and learning styles of children from CALD backgrounds.	Staff receive training to enable them to facilitate cross-cultural experiences for all children in the program.
Caring for Self	Staff lack knowledge about the community and family practices of children from CALD backgrounds.	Staff receive training to enable them to respond appropriately to diverse family practices and expectations.

**CHILD FROM A CALD BACKGROUND**

<b>Level 2 Low Support</b>	<b>Simple, ongoing adjustments to the service and program are required for the child to access some aspects of the program. Intermittent, additional adult support is required to facilitate the child's inclusion.</b>	
<b>Criteria</b>	Child's cultural background, religion and language/s used by the child are stated in the child's enrolment form.	
<b>Documentation</b>	Observations, developmental and any other records of support are maintained and available at the service.	
<b>Areas</b>	<b>Examples of indicators</b>	<b>Suggested implications and support strategies</b>
Belonging and Participation	Family experience difficulty getting their message across to service management and staff. Family do not participate in program, the service environment does not reflect family's culture.	CALD worker evaluates service and suggests ways for management to develop a sense of belonging for the CALD family at the service and in the program, eg artefacts and posters of the family's culture and language are displayed, a personal invitation is made to family to participate in program.
Communication	Family experience difficulty with enrolment procedures and newsletters. Staff and other children are not familiar with home language and gestures the child uses to communicate.	Service management consult with CALD families and agencies to improve enrolment procedures and newsletters, eg provide documents in relevant community languages. Staff receive training about how to communicate with families and children from CALD backgrounds.
Thinking and Learning	Child is unsettled and becomes frustrated with play activities as has limited experience of play and is unfamiliar with expectations.	Staff work in partnership with the child's family to learn and understand child's interests and include in the program so the child is supported to learn and reach her/his potential. Staff plan culturally and religiously appropriate activities and celebrations in consultation with families and include in the program for all children. Staff use cultural artefacts, pictures and utensils that reflect the child's home experiences and expectations in the program.
Caring for Self	Child is not familiar with service routine expectations, eg using cutlery, independent toileting.	Staff provide additional support to assist child to manage routines, eg eating utensils from child's culture are made available.

**CHILD FROM A CALD BACKGROUND**

<b>Level 3 Medium Support</b>	<b>Relatively complex and ongoing adjustments are required to the service and program for the child to participate in many aspects of the program. Regular additional adult support is required to facilitate the child's inclusion.</b>	
<b>Criteria</b>	Child's cultural background, religion and language/s used by the child are stated in the child's enrolment form, the child is being raised in an environment where English is not the dominant language, the child understands and speaks limited English and the child is culturally isolated at the service.	
<b>Documentation</b>	A letter of referral or an assessment or a diagnostic report about the additional needs of the child from a relevant professional with experience working with CALD people.	
<b>Areas</b>	<b>Examples of indicators</b>	<b>Suggested implications and support strategies</b>
Belonging and Participation	Family and child are isolated as few/no other families from the same cultural group are at the service. Culture of the family and child is not reflected in service environment or personnel.	Service management and staff facilitate linkages with other families and support workers. Staff gather information and resources about the family and child's culture and include in the service environment. Staff use pictures that reflect the child's home experiences to support child's belonging.
Communication	Family and child understand and speak limited English. Staff do not understand or speak the family's language. Communication exchanges between the family and child and service are difficult on a daily basis.	CALD worker assists with communication at the service. Relevant documentation is translated or interpreted in the required language/s. Staff use photos of routines and child's work to assist communication with child's family. Staff and other children learn and use key words from the child's language in the program.
Thinking and Learning	Child is not engaging in play activities with other children, social interaction is delayed for age, eg displays limited understanding of sharing, taking turns.	CALD worker assists staff implement strategies to assist the child to interact with other children and the service environment. Staff gather information and resources from the family, support teams and ethnic organisations to learn about the child's cultural, linguistic and religious background and include in the service program and environment.
Caring for Self	Child needs assistance with all routines as has limited experience of being independent, eg eating, toileting and dressing.	Staff work closely with the child's family to achieve consistent self help routines, both at the child's home and at the service, that are respectful of the family's cultural practice.

### CHILD FROM A CALD BACKGROUND

<b>Level 4 High Support</b>	<b>Complex and ongoing adjustments are required to the service and program for the child to participate in the program. Constant additional adult support and supervision is required to facilitate the child's inclusion.</b>	
<b>Criteria</b>	Child's cultural background, religion and language/s used by the child are stated in the child's enrolment form, the child understands very limited English and does not speak English, the child and family are culturally isolated at the service and in the community or the child has experienced torture/trauma.	
<b>Documentation</b>	An assessment or a diagnostic report about the additional needs of the child from a relevant professional with experience working with CALD people or a DIMIA letter or Temporary Protective Visa or supporting documentation from an organisation such as Startts.	
<b>Areas</b>	<b>Examples of indicators</b>	<b>Suggested implications and support strategies</b>
Belonging and Participation	Child is not on waiting list and requires emergency placement. Family and child are extremely distressed due to trauma experience and child is not settling into the service, eg domestic violence, alcohol and/or drug abuse, death in family. Family and child experience difficulty establishing trust relationships.	Family and child and service are receiving specialist support. Eg counselling, interpreter services. Service management organise emergency over licence placement through DoCS as necessary. Service management organise specialist support for staff as necessary. CALD support worker provides constant support to service, family and child to develop sense of belonging at service.
Communication	Family and child do not speak or understand any English. Staff do not speak or understand family's language.	CALD worker speaks language of the family and facilitates communication at the service. Critical communication is facilitated through meaningful pictures and photos that reflects the child's home experiences.
Thinking and Learning	Child isolates self and does not play with equipment/toys. Child does not interact with other children. Child's cognitive, social and/or physical development is delayed due to trauma experience.	Child requires constant support and supervision to interact in the service environment. Staff seek specialist support to enable them to assist the child achieve her/his potential.
Caring for Self	Child's self care skills are significantly delayed due to trauma experience.	Child requires constant support and supervision to manage self care routines. Staff respect and work closely with the family to achieve child's independence facilitating the cultural and religious practices of the family.

### CHILD WITH CHALLENGING BEHAVIOUR

<b>Level 1 Entry Level</b>	<b>Few, once only and/or minor adjustments are required for the child to access the service and program. Staff requires training, information and resources to facilitate the child's inclusion.</b>	
<b>Criteria</b>	Family and/or staff are concerned about the child's behaviour, which are outside normal developmental expectations.	
<b>Documentation</b>	Observations detailing behavioural concerns, developmental and any other records of support (eg parent/carer concerns) are maintained and available at the service.	
<b>Areas</b>	<b>Examples of indicators</b>	<b>Suggested implications and support strategies</b>
Belonging and Participation	Family require assistance to investigate formal referral. Child repeatedly does not interact with peers and staff in a positive manner.	Staff support family to access assessment or support services. A specialist worker evaluates and makes suggestions to ensure the program meets the needs of the child. The service gathers resources and forms links with local community agencies to enhance program support.
Communication	Child requires additional support to communicate and interact with peers. The child requires additional assistance to communicate their needs and rights appropriately.	Specialist staff assist with assessment of the child's development, behaviour and the environment. Staff gather information about the child's communication style.
Thinking and Learning	Child relies on staff to foster interactions and self-regulation. Child is often rejected or neglected by peers during play.	Staff receive training about using visual aids to support learning about social behaviour. Resources such as 'Social Skills Programs' are purchased for staff training. Child settles to learning with assistance from a quality program with modification to teaching strategies.
Caring for Self	Child is often non-compliant during routine and transition times over time. Child does not recognise safety boundaries.	Inservice for staff focuses on developing teaching strategies that manage challenging behaviour to ensure child/peers' safety. Staff are trained to ensure early identification of health issues such as otitis media, asthma, or dietary concerns.

## CHILD WITH CHALLENGING BEHAVIOUR

<b>Level 2 Low Support</b>	<b>Simple, ongoing adjustments to the service and program are required for the child to access some aspects of the program. Intermittent, additional adult support is required to facilitate the child's inclusion.</b>	
<b>Criteria</b>	Child's behaviour is of such intensity, frequency or duration that the physical safety of the child or those nearby is often put at risk or their behaviour limits the child's ability to participate in daily life and enjoy wider experiences in some parts of the daily program.	
<b>Documentation</b>	Observations detailing behavioural concerns and any other records of support are maintained and available at the service.	
<b>Areas</b>	<b>Examples of indicators</b>	<b>Suggested implications and support strategies</b>
Belonging and Participation	Child requires support to participate in unfamiliar activities. Child expresses frustration and anger in an inappropriate manner for their age.	A specialist worker evaluates and makes ongoing suggestions to ensure the program meets the needs of the child and their peers. Staff help peers to recognise and respond appropriately to the child's behaviour.
Communication	Child often requires support to communicate and interact with peers. The child often requires assistance to exert their needs and rights appropriately. Child is dependent on staff to maintain social interactions and participation in the program.	Specific activities are planned to support the child's learning within the social context. Staff and parent training address specific behaviour management techniques for home and the service. Staff and family work in partnership to develop a consistent and coordinated approach to managing behaviour.
Thinking and Learning	Child is unsettled and needs some extra support outside the regular program to learn. Child is regularly rejected or neglected by peers during play.	Resources are purchased to facilitate play-based experiences and to develop social relationships.
Caring for Self	Child requires assistance to learn to care for self in an age appropriate manner. Child remains non-compliant during routine and transition times after simple interventions have been implemented.	Staff use a variety of communication approaches, eg pictures, gestures and simple language to communicate expectations. An appropriately trained support worker assists the child to learn self care skills.

### CHILD WITH CHALLENGING BEHAVIOUR

<b>Level 3 Medium Support</b>	<b>Relatively complex and ongoing adjustments are required to the service and program for the child to participate in many aspects of the program. Regular additional adult support is required to facilitate the child's inclusion.</b>	
<b>Criteria</b>	Child's behaviour is of such intensity, frequency or duration that the physical safety of the child or those nearby is often and unexpectedly put at risk and their behaviour limits the child's ability to participate in daily life and enjoy wider experiences in many aspects of the daily program or the child has been involved in a traumatic incident and is being supported by a specialist worker.	
<b>Documentation</b>	A recent comprehensive behavioural observation report or a referral letter or an assessment or a diagnostic report about the additional needs of the child from a relevant professional.	
<b>Areas</b>	<b>Examples of indicators</b>	<b>Suggested implications and support strategies</b>
Belonging and Participation	Child is excessively dependent on staff to maintain social interactions and participation in the program. Child is always rejected or neglected by peers during play. Child is isolated from the group because of behaviour.	Families are linked to support agencies and workers. A detailed program outlines expectations for managing disruptive behaviour at critical times. An additional adult supports the child to participate positively in the daily program.
Communication	Child often requires ongoing and regular support to communicate and interact with peers. The child often requires ongoing and regular assistance to exert their needs and rights appropriately.	Experiences are designed to extend acquisition of the child's communication with peers. Communication is enhanced through regular planned social activities with additional adult support.
Thinking and Learning	Child uses equipment inappropriately and sometimes endangers others. Child uses some force to resolve conflicts. Child is unable to apply previously demonstrated strategies to manage behaviour with support.	Specific strategies are implemented to assist the child to interact with the social environment. Staff are trained to identify critical times of the day and implement appropriate techniques to assist the child to manage situations positively.
Caring for Self	Child ignores safety boundaries and directions. Child is inflexible during routines and transitions.	Staff facilitate the child's understanding of risk using specific strategies.

## CHILD WITH CHALLENGING BEHAVIOUR

<b>Level 4 High Support</b>	<b>Complex and ongoing adjustments are required to the service and program for the child to participate in the program. Constant additional adult support and supervision is required to facilitate the child's inclusion.</b>	
<b>Criteria</b>	Child's behaviour is of such intensity, frequency or duration that the physical safety of the child or those nearby is put at risk constantly and the behaviour limits the child's ability to participate fully in daily life and enjoy wider experiences in all parts of the daily program and the child has been involved in a traumatic incident and is being supported by a specialist worker.	
<b>Documentation</b>	An assessment or a diagnostic report about the additional needs of the child from a relevant professional.	
<b>Areas</b>	<b>Examples of indicators</b>	<b>Suggested implications and support strategies</b>
Belonging and Participation	<p>Child is not on waiting list and requires emergency placement.</p> <p>Child has not established ongoing, positive relationships with staff over time and continues to have challenging behaviour.</p> <p>Child does not perceive self as a vital and contributing member of the group.</p> <p>Child has suffered trauma, eg domestic violence, alcohol and/or drug abuse, death in family.</p>	<p>Access counselling and behavioural support for child.</p> <p>Access to regular counselling support for staff to assist with child's support and address challenging behavioural issues.</p> <p>A specialist support worker will provide constant positive support to assist the child to participate safely and positively in the program.</p>
Communication	Child uses force to resolve a conflict, eg throws equipment.	A specialist worker will facilitate the relationship between home and the service.
Thinking and Learning	<p>Child is not able to accept reasonable compromise during conflict.</p> <p>Child is constantly disruptive during play, not settling to activities.</p> <p>Child does not modify behaviour.</p>	Child requires constant assistance and supervision to interact safely within the social environment.
Caring for Self	<p>Child constantly ignores safety boundaries and directions.</p> <p>Child needs intensive adult support to follow transitions and routines.</p>	Additional staff facilitate the child's understanding of risk and routines using specific strategies and a visual system.

<b>CHILD WITH A DISABILITY</b>		
<b>Level 1 Entry Level</b>	<b>Few, once only and/or minor adjustments are required for the child to access the service and program. Staff require training, information and resources to facilitate the child's inclusion.</b>	
<b>Criteria</b>	Family and/or staff are concerned about the child's development.	
<b>Documentation</b>	Observations detailing developmental concerns, and any other records of support (eg parent/carer concerns) are maintained and available at the service.	
<b>Areas</b>	<b>Examples of indicators</b>	<b>Suggested implications and support strategies</b>
Belonging and Participation	<p>Child's development requires further investigation by medical specialist, therapist or educator.</p> <p>Child has significant difficulty planning movement or excessive stumbling or unable to avoid obstacles.</p>	<p>Assessments are organised to assist with identification of support needs.</p> <p>Linkages with support agencies and other families are facilitated.</p> <p>The program celebrates children's achievements and recognises the diversity of all children.</p>
Communication	<p>Child uses limited communication strategies to gain attention.</p> <p>Child complains about loud noises, covers ears and often fails to respond to verbal directions.</p>	<p>Information is gathered about the child's communication skills in the service to assist with the assessment of the child's support needs.</p> <p>Staff receive training about facilitating communication for children with disability in the daily program.</p>
Thinking and Learning	<p>Child participates in limited play experiences.</p> <p>Child avoids using tools and equipment because it is frustrating.</p>	<p>Families and staff attend workshops about inclusion and facilitate disability awareness experiences for all children.</p> <p>Resources are purchased to address specific learning needs.</p>
Caring for Self	<p>Child has a medical condition that may (rarely) require additional intervention.</p> <p>Child has special dietary needs that require close and careful monitoring by staff.</p>	<p>Staff receive information about specific safety issues, eg hygiene, use of epipen, caring for hearing aids.</p> <p>Possible difficult situations are identified and a risk management plan is developed.</p> <p>Minor adjustments, eg handrails, to the physical environment facilitate access.</p>

<b>CHILD WITH A DISABILITY</b>		
<b>Level 2 Low Support</b>	<b>Simple, ongoing adjustments to the service and program are required for the child to access some aspects of the program. Intermittent, additional adult support is required to facilitate the child's inclusion.</b>	
<b>Criteria</b>	Child has delayed developmental or diagnosed disability or the child is at risk of a developmental delay if they do not receive intervention.	
<b>Documentation</b>	Observations detailing developmental concerns and any other records of support are maintained and available at the service.	
<b>Areas</b>	<b>Examples of indicators</b>	<b>Suggested implications and support strategies</b>
Belonging and Participation	Child is mobile but requires some assistance to move between areas in the service.	The daily program is modified to accommodate the needs of the child. Staff foster an understanding of the child's abilities and support needs within the peer group through play based experiences.
Communication	Child uses a limited combination of words, gestures and pictures to communicate.	Staff attend workshop to learn more about total communication strategies. Peers are taught alternative ways to communicate with each other. Additional resources are developed to facilitate play based language experiences.
Thinking and Learning	Child needs some extra support outside the regular program to learn within the group. Child needs some activities modified to ensure participation in all aspects of the program.	Staff collaborate with the family to learn more about child's strengths and interests so the child can be supported to learn within the daily activities. A regularly monitored individual program designed by a therapist is implemented within the daily program.
Caring for Self	Child requires support to develop care for self during routines.	Staff use pictures to communicate routines and expectations. Equipment is utilised or installed to assist independence.

<b>CHILD WITH A DISABILITY</b>		
<b>Level 3 Medium Support</b>	<b>Relatively complex and ongoing adjustments are required to the service and program for the child to participate in many aspects of the program. Regular additional adult support is required to facilitate the child's inclusion.</b>	
<b>Criteria</b>	Child has an identified developmental delay or diagnosed disability associated with moderately delayed development or the child is at risk of significantly delayed development if they do not receive intervention or the child has limited ability to interact with their environment.	
<b>Documentation</b>	A recent comprehensive behavioural/medical observation report or a referral letter or an assessment or a diagnostic report about the additional needs of the child from a relevant professional.	
<b>Areas</b>	<b>Examples of indicators</b>	<b>Suggested implications and support strategies</b>
Belonging and Participation	<p>Child is diagnosed with a physical disability within moderate range and requires regular support to move around the service.</p> <p>Child needs adult support to move with safety across environments.</p> <p>Child requires specialist equipment to assist with mobility or positioning, eg standing frame.</p>	<p>Staff are trained in correct procedures to facilitate movement between activities during the day.</p> <p>Access to ongoing specialist support for staff to assist with child's inclusion.</p> <p>Family and other services meet to collaborate about the support needs of child to enhance inclusion.</p> <p>An additional support worker provides regular support strategies.</p>
Communication	Child has a moderate expressive or receptive language delay or disorder that makes communication and social interaction with peers difficult.	<p>A communication book is used to facilitate communication between agencies, the service and family.</p> <p>A picture communication system and identified gestures are used to facilitate communication with the child.</p> <p>Planned experiences are designed to facilitate the acquisition of the child's communication with peers.</p>
Thinking and Learning	<p>Child's limited play experiences with peers impacts on their social interaction.</p> <p>Child is isolated from the group and staff.</p>	<p>Specific strategies are implemented to assist the child to interact with the social environment.</p> <p>Tasks are broken down into small achievable steps.</p>
Caring for Self	Child needs regular supervision during routine tasks such as feeding to ensure safety.	A detailed medical care plan is developed and monitored regularly.

<b>CHILD WITH A DISABILITY</b>		
<b>Level 4 High Support</b>	<b>Complex and ongoing adjustments are required to the service and program for the child to participate in the program. Intensive additional adult support and supervision is required to facilitate the child's inclusion.</b>	
<b>Criteria</b>	Child has an identified developmental delay or diagnosed disability associated with severe developmental delay or the child is at a high risk of significantly delayed development if they do not receive intervention or the child has a chronic health impairment or the child is unable to act on their environment without intensive and constant support.	
<b>Documentation</b>	An assessment or a diagnostic report about the additional needs of the child from a relevant professional.	
<b>Areas</b>	<b>Examples of indicators</b>	<b>Suggested implications and support strategies</b>
Belonging and Participation	Child is not independently mobile and requires several pieces of specialist equipment to assist with mobility or positioning, eg corner chair, scooter, standing frame.  Family have complex support needs and need help to ensure their child's access.	Access to regular specialist support for staff to assist with child's inclusion.  Family and other services meet to collaborate about the support needs of child to support inclusion.  An additional support worker provides constant support strategies.  Staff are trained in correct lifting procedures to enable adults to safely move the child between activities and positions during the day.
Communication	Child has a severe receptive or expressive language delay and requires an augmentative communication system.	Communication with peers and adults is facilitated through an augmentative communication system that may include gesture, pictures and photos.
Thinking and Learning	Child does not play with equipment/toys.	Child requires constant assistance to participate in the daily program.
Caring for Self	Child's self care skills are significantly delayed for their age.  Child is unable to participate safely within the environment.	Additional adult support is required to assist child with regular self care tasks, eg nappy change, mealtime.  Appropriately trained staff constantly modify transitions and experiences to ensure the child is included.  Staff are fully trained and supervised when managing complex medical interventions.  A detailed medical emergency plan is monitored regularly.

## Section Six

### 6. Definition of Terms

*Aboriginal and/or Torres Strait Islander* children are defined as those children who are recognised by their community as being of Aboriginal and/or Torres Strait Islander descent.

Children from a *Culturally and Linguistically Diverse* background are defined as those children who were born overseas in a country where English is not the dominant language or culture, or have one or both parents born in such a country, or are being raised in a home environment where English is not the dominant language or culture.

Children with *Challenging Behaviour* are defined as those children whose behaviour is of such intensity, frequency or duration that the physical safety of the child or those nearby is put at risk. The behaviour may also limit the child's ability to participate in daily life and enjoy wider experiences in the daily program.

Children with *disabilities* are defined as those children who have a developmental delay or disability.

#### High Disability

Children are deemed to have a severe level of disability if they have an overt impairment or loss of physical structure or function such that they have an inability to act on their environment, or have a chronic health impairment, or have a recognised condition or syndrome which is associated with an established high risk of significantly delayed development.

#### Moderate Disability

Children are deemed to have a moderate level of disability if they have limited ability to interact with their environment or have a recognised condition or syndrome, which is normally associated with moderately delayed development.

#### Mild Disability

Children are deemed to have a mild level of disability if they have been identified as having increased probability for delayed or aberrant development.

### 6.1 Acronyms

<b>DoCS</b>	Department of Community Services
<b>SCAN</b>	Supporting Children with Additional Needs
<b>CCB</b>	Child Care Benefit
<b>ATSI</b>	Aboriginal and/or Torres Strait Islander
<b>CALD</b>	Culturally and Linguistically Diverse
<b>CB</b>	Challenging Behaviour
<b>Dis</b>	Disability
<b>ARG</b>	Area Reference Group
<b>SRG</b>	State Reference Group
<b>OCC</b>	Office of Childcare
<b>DIMIA</b>	Department of Immigration, Multicultural and Indigenous Affairs
<b>Startts</b>	Services for the treatment and rehabilitation of torture and trauma survivors.

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