

HIGHLIGHTS FROM INCLUSION

The Next Generation
in Child Care in Canada



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Invitation

Dear Early Childhood Educators, directors, policy makers, trainers, advocates, parents and other interested people:

Here is **HIGHLIGHTS FROM INCLUSION: The Next Generation in Child Care in Canada**. While it illustrates inclusion successes, it also alerts us to new challenges and gives us solid recommendations for the job ahead.

Until recently, “child care” has been a service on the periphery of federal policy. And *inclusive* child care has been on the periphery of that periphery. Now that the federal government has made “child care” a priority and has made “inclusion” a key priority in child care,* the effective inclusion of children with special needs will be on the table as a policy issue.

It is critical that this policy be grounded in evidence-based research on effective inclusion.

HIGHLIGHTS provides a summary of our Canadian study into resources needed to successfully include children with special needs in child care centres in Canada, and warnings about potential problems and barriers to these goals.

Copies of the complete 278-page research report **INCLUSION: The Next Generation of Child Care in Canada** can be ordered from Breton Books at www.capebretonbooks.com (Wreck Cove, Nova Scotia B0C 1H0; phone toll free 1-800-565-5140). Additional copies of **HIGHLIGHTS** can be downloaded at no cost from www.specialinkcanada.org

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* *Multilateral Framework on Early Learning and Child Care* (2003) and *The Liberal Party Platform*, “Foundations: The National Early Learning and Child Care Program” (2004).

HIGHLIGHTS FROM

INCLUSION: THE NEXT GENERATION

IN CHILD CARE IN CANADA

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INTRODUCTION

As more children with special needs are included in community child care settings, the relationship between overall program quality and inclusion quality in child care becomes increasingly critical. Whether one views effective inclusion as an optional add-on to high quality programs or as a more recently recognized dimension of high quality child care, the two concepts are inextricably linked (Irwin, Lero, & Brophy, 2000). High quality programs are important for all children. And children with special needs most certainly benefit much more in programs that not only provide opportunities for social interactions with others, but also afford them opportunities to develop their skills and abilities in stable, well-run programs that are attentive to their needs and to their parents' concerns.

There is continuing interest in the field of early childhood education and child care in identifying which policies and practices are most likely to promote high quality care and positive developmental outcomes for young children. Research studies have confirmed the importance of attending to structural

aspects (such as adult-child ratios, group size, and early childhood educators' ECE-specific training), wages and working conditions, the provision of a stimulating learning environment, and responsive positive teacher-child interactions (Arnett, 1989; Goelman, Doherty, Lero, LaGrange, & Tougas, 2000; Harms, Clifford, & Cryer, 1998; Helburn, 1995). Jorde-Bloom (1992, 2000), among others, has identified the important role that centre directors have in encouraging staff to be continuous learners and involving them in decision-making. A policy approach that supports high quality care through stable and appropriate funding mechanisms, regulations, and quality improvement initiatives is a critically important contextual factor that supports all other approaches (Cleveland & Krashinsky, 1998; Friendly, 1994).

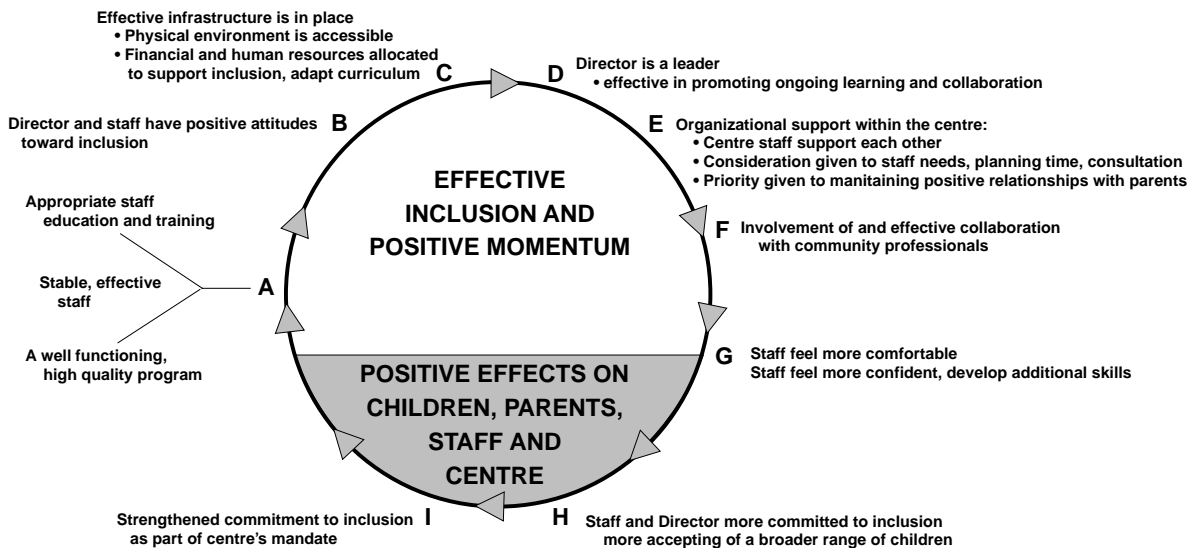
An additional body of research is emerging that has identified some of the critical elements needed to promote and sustain high quality inclusion practices within community-based child care programs. This literature has identified directors' and early childhood educators' knowledge and training about inclusion, their attitudes, and their

access to a range of resources and supports (including additional trained staff, time for planning and consultation, support from resource consultants and specialists in the community, and parents' involvement) as essential ingredients for quality inclusive care (Irwin, Lero, & Brophy, 2000; Odom, Beckman, Hanson, Horn, Lieber, Sandall, Schwartz & Wolery, 2002; Sandall, McLean & Smith, 2000). Directors' leadership has been identified as critical to inclusive practice (Odom *et al*, 2002; Wolery & Odom, 2000). A policy context that supports high quality inclusive care is attentive to these elements and proactively supports centres in their efforts (Harbin & Salisbury, 2000; Roeher Institute, 2003).

Inclusion: The Next Generation continues a program of research on inclusive child care which was begun by Sharon Hope Irwin in 1990 and now involves Professors Donna Lero and Kathleen Brophy from the University of Guelph. Our earlier research (*A Matter of Urgency: Including Children with Special Needs in Child Care in Canada*, 2000) identified what centre directors, front-line teaching staff, and travelling resource consultants perceived to be important factors for successful inclusion. That research led to the development of theoretical models of virtuous and discouraging cycles. (See Figure 1.) Our current work both deepens and extends that research.

Figure 1

A Virtuous Cycle That Supports Effective Inclusion



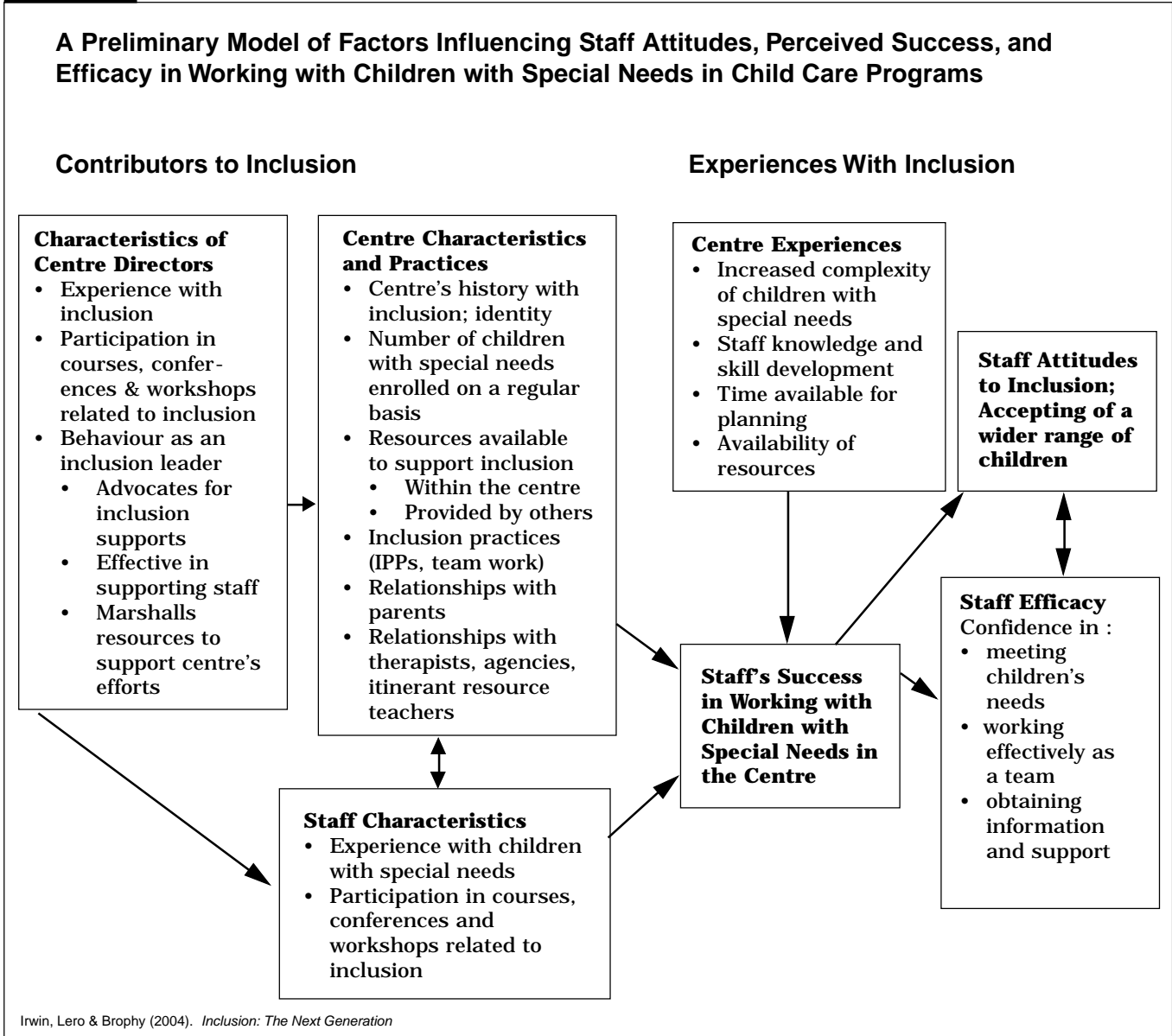
Policy goals and centre resources that promote quality child care services and effective inclusion

Irwin, Lero & Brophy (2004). *Inclusion: The Next Generation*

This report presents findings from our two most recent studies of inclusive child care in Canada. *Study 1* is based on further analysis of the data collected from centre directors and teaching staff and explores the role of centre directors as inclusion leaders. *Study 2* is based on new data collected from 32 centres in four provinces. Questionnaires, interviews and observations were used to determine the importance of centre quality and

other resources within centres — particularly human resources — that affect inclusion quality. The nature of resources and supports provided to centres was explored in some detail, and two models for supporting inclusive programs were compared. The results of these two studies have important implications for policy, research, and practice aimed at ensuring that all centres have the capacity to offer high quality, inclusive care.

Figure 2



STUDY 1: THE EFFECTS OF DIRECTORS AS INCLUSION LEADERS ON INCLUSION PRACTICES AND ON STAFF'S ATTITUDES, TRAINING, AND EFFICACY

Objectives

Given the critical role that directors appear to play in promoting and sustaining quality inclusive practices, one of our key goals was to determine to what extent directors influence staff's attitudes and beliefs about inclusion, their commitment to inclusion in child care programs, their willingness to accept a broader range of children with special needs, and their perceived success and sense of efficacy in their work with children.

A second goal was to identify the pathways through which directors and centre experiences influence staff outcomes. A third goal was to develop a set of recommendations that would be useful for child care practitioners, funders and policy makers, university and college faculty, and others who are in a position to provide training, mentoring, and other resources that can support effective inclusion. The key variables we focused on are shown on the previous page in Figure 2.

Brief Discussion of Methodology in Study 1

The availability of a paired data set from *A Matter of Urgency* (data from directors and staff in the same centres) from 97 centres across Canada enabled us to directly test the relationships among director, centre and staff variables.

In our analyses, two methods were

used to examine the impact of the directors' leadership in their centre and with staff. One method used a two-part classification to compare centres and staff under conditions of high and low leadership for inclusion. A second method examined the separate effects of a director's participation as an inclusion advocate and as a provider of training for her staff using correlational analyses based on the total sample.

Directors were asked two questions to assess the degree of leadership they have shown to centre staff and to others. The first survey question asked whether directors had been involved in one or more advocacy activities related to the inclusion of children with special needs (such as presenting a brief, writing to an MP or MPP, being on a task force, taking part in a lobby, etc.) in the previous six years. The second question asked directors if they had provided any workshops or in-service training to others on topics related to children with special needs. We reasoned that these behaviours could function as markers of a broader constellation of attitudes, skills and behaviours, including a pattern of relationships with staff, parents, board members, and community professionals that should result in high quality care and effective/successful inclusion.

Among the 97 directors, 28 (29%) were classified as showing high inclusion leadership, and 35 (36%) were classified as showing low leadership, based on these two questions. The remaining 34 directors (35%) were intermediate, having said yes to one of the two questions but not to the other.

Research Findings

As part of the staff survey, child care staff responded to 30 items in a scale that assessed pro-inclusion attitudes.¹ Each item presented a particular condition or health problem, and respondents indicated the extent to which they agreed that a preschool child with that condition should be enrolled in a regular child care program. (Each item was scored 1-5, with 1 indicating the respondent strongly disagrees with including a child with that condition in a regular program, 2 = disagree, 3 = uncertain, 4 = agree, and

5 = strongly agree.) In general, staff had scores indicating a positive attitude toward including children with a wide range of medical, developmental, sensory and behavioural conditions.

Staff whose director was an inclusion leader had significantly more positive attitudes towards including a wide range of children in child care programs than were staff in centres where the director was not an inclusion leader. (See Table 1.)

In addition to assessing staff's attitudes, we also asked them to re-

Table 1

Variables That Were Significantly Correlated with Staff Becoming More Accepting of a Wider Range of Children in Child Care Programs		
Director	Centre	Staff
Advocates for inclusion	Centre is described as inclusive, designated as an integrated setting	Attends conferences and workshops on inclusion
Attends many conferences and workshops on inclusion	Centre has a resource teacher or resource consultant to support inclusion	Strong pro-inclusion attitudes
Strong pro-inclusion attitudes	Resources available to support inclusion in the centre: <ul style="list-style-type: none"> • extra on-site staff • therapists, specialists • parental involvement 	Positive beliefs about the value of inclusion
		High score on perceived self-efficacy scale; more confidence in abilities to be effective when including children with special needs
Changes in director over time: <ul style="list-style-type: none"> • has become more committed to inclusion, • has become more accepting of a wider range of children 	Changes over time in centre: <ul style="list-style-type: none"> • children with more complex needs enrolled, • greater availability of resource teachers, integrations workers, etc., • centre staff have become more effective, work as a team 	Changes in this staff member over time: <ul style="list-style-type: none"> • has become more committed to inclusion, • has become more comfortable working with children with special needs, • increase in own knowledge and competencies

Irwin, Lero & Brophy (2004). *Inclusion: The Next Generation*

¹ For further information about the questions and scales used, please refer to Irwin, Lero & Brophy, 2000, *A Matter of Urgency: Including Children with Special Needs in Child Care in Canada*. Copies of the full questionnaires are available as appendices to *MOU*.

spond to a number of belief statements that reflect how strongly they value inclusion and support inclusion as a principle and practice goal for all children. (See Figure 3.) Staff with directors who are leaders more strongly believe that inclusion benefits all children — both those with special needs and their typically developing peers. (See Figure 4.)

A particularly important indicator that affects inclusion is how staff feel about including children with more complex needs. Front-line educators' views about this matter reflect their training, their experiences with inclusion in their centres, and the support available to them.

Our research demonstrated that staff who reported having become more accepting of a broader range of children with special needs in

their centre were more likely to be working in centres where their director is an inclusion leader. (See Figure 5.)

Finally, staff with directors who display high inclusion leadership were much more likely to rate themselves as successful in their work with children with special needs than were staff whose lead-

Figure 3

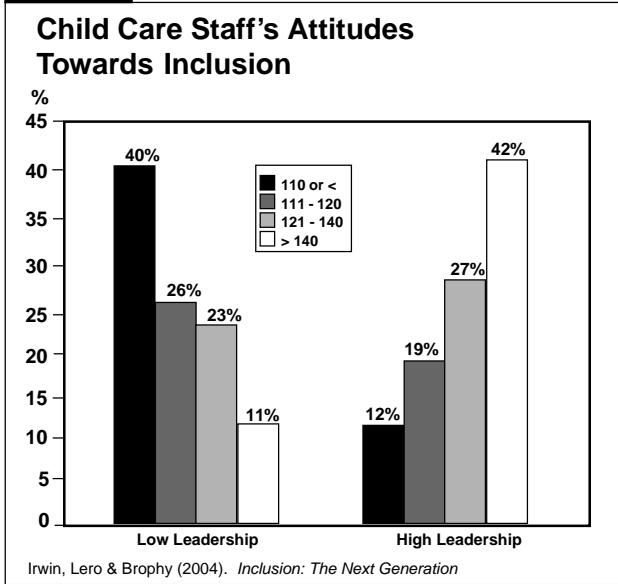


Figure 4



Figure 5

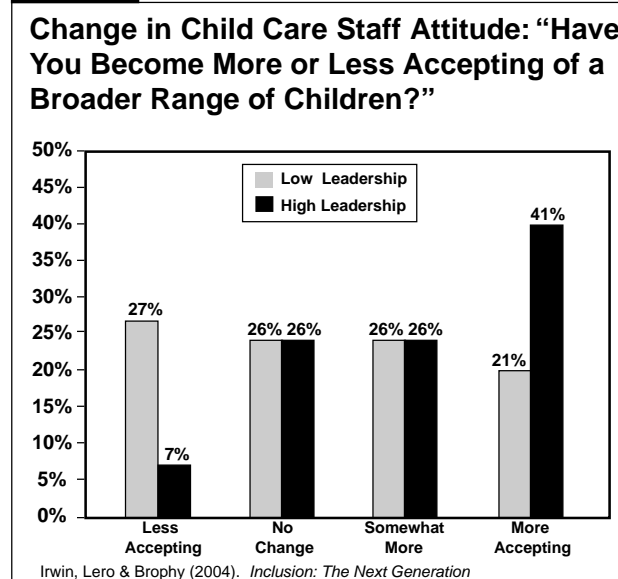
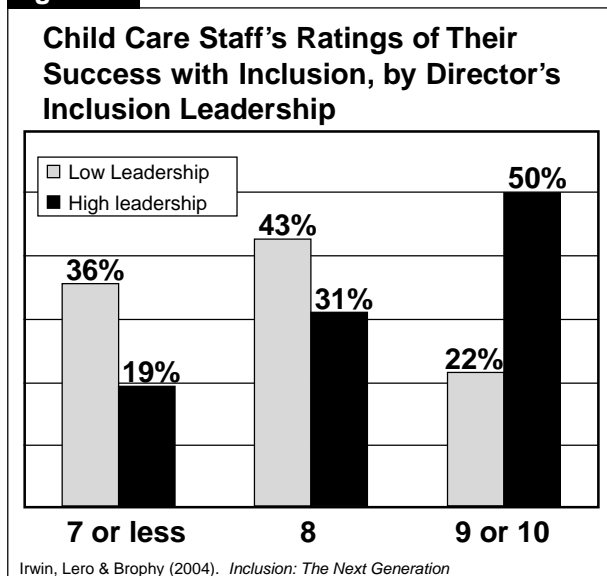


Figure 6



ers display less inclusion leadership. (See Figure 6.)

This *Highlights* document provides only some of the significant research findings from *Study 1*. Clearly, the role of directors as inclusion leaders is an important one, as it has multiple effects on centre practices (enrollments of children with special needs) and on staff's attitudes, beliefs, commitment to inclusion, perceived success in working with children with special needs, and self-efficacy.

Implications of Findings From Study 1

Our findings have strong practical and policy implications. Among the most obvious are the following:

1. Directors' commitment to inclusive practice as part of quality provision and as a basic value is a critical factor that underpins their leadership for inclusion in their centre and in their community.

Inclusion leadership is, in fact, best understood as a cluster of experi-

ences, attitudes and behaviours that typify almost one third of the directors in this selected sample of centres. The length of experience directors have in working with children with special needs and, particularly, the extent to which they participate in conferences and workshops related to inclusion, appear to be important factors that support their values and skills.

2. Directors' inclusion leadership is most often observed in provinces that have historically provided some assistance to child care programs to support inclusion.

The importance of policies and funding is observable both in the extent to which directors have access to in-house resource teachers and additional staff support, and in directors' concerns about the negative effects of reduced or limited funding to support inclusion.

3. Positive experiences of including children with special needs in centres, accompanied by having appropriate supports within the centre — such as an in-house resource teacher or additional staff member, support from specialists and itinerant resource teachers in the community, access to specialized equipment, and positive relationships with parents — reinforce positive attitudes and provide opportunities for skill development and the nurturing of a team approach within centres.

Under these circumstances, directors accept more children with special needs and children with more complex needs over time.

4. Directors who are not inclusion leaders are likely to include only one or two children with

special needs in their centres, and not necessarily do so continuously. These directors often feel they do not have the resources required to enable children with special needs to attend the program without overloading their staff or compromising the quality of care they can provide. Typically they also have not been exposed to examples of effective inclusion through conferences and workshops.

Failing to assist these directors and centres to develop additional skills and to have positive experiences with inclusion results in inequitable loads on other more effective inclusive centres in the community, and reduced capacity to meet the needs of children and families who could benefit from effective, inclusive child care programs.

5. Directors influence staff's attitudes and experiences related to inclusion through several pathways.

Directors who are inclusion leaders articulate their values and influence staff's attitudes, mentor and support their staff, encourage staff to attend conferences and workshops on inclusion, and work to ensure that staff have the support they need from others, both to enhance positive outcomes for children and staff, and to ameliorate additional stress. To the extent possible, directors who are inclusion leaders try to provide staff with additional time for planning and consulting with parents and specialists.

Training for directors should be available to inform them about the importance of their role in supporting staff, and to help them learn

from other directors who are inclusion leaders.

6. Staff, in turn, are most likely to be successful in their work with children with special needs when they have: the opportunity to attend a variety of conferences and workshops on inclusion; a director who is a leader and learner about inclusion and who is responsive to their needs for support; access to therapists and specialists who can provide them with guidance and practical advice; positive relationships with parents; and positive models to learn from — both in their own centre and among their peers.

7. Staff's success, feelings of confidence, and willingness to include children with a broader range of needs in the program are both important outcomes of effective inclusion, and important contributors to it.

Our findings verify a continuing virtuous cycle whereby positive experiences with inclusion, strong support from a director who is an inclusion leader, and support provided by specialists, resource consultants and parents can help staff develop additional skills and reinforce their attitudes.

Similarly, when staff do not have appropriate training, when their director is not a leader and/or resources are not sufficient, they are less likely to have a positive experience with inclusion. In these cases, staff can feel pulled between the child with special needs and other children, frustrated with expectations that are not realistic, and ultimately become less accepting of having children with special needs in their centre (a discouraging cycle).

STUDY 2: ESSENTIAL RESOURCES FOR INCLUSION QUALITY

Objectives

This study had three main goals. The first was to examine the relationship between overall program quality and inclusion quality. A second purpose was to compare and contrast alternative models or approaches to support effective inclusion practices in child care centres. The third purpose was to empirically determine what elements and/or combinations of in-centre resources and external supports are most likely to result in sustainable, high levels of inclusion quality.

Brief Discussion of Methodology in Study 2

Selecting Instruments for Studying Inclusion Quality in Child Care

The *Early Childhood Environmental Rating Scale-Revised (ECERS-R)* was used as a measure of overall program quality in this study. Item #37 from the *ECERS-R* instrument: “Provisions for Children with Disabilities,” and average scores on the *Specialink Inclusion Practices Profile* (Irwin, 2001a) and the *Specialink Inclusion Principles Scale* (Irwin, 2001b) were used to assess inclusion quality. (All measures are described in detail in the full report.)

One of the innovations resulting from this study was the development of a multidimensional measure of inclusion quality, the *Inclusion Quality Index (IQI)*. The *IQI* is a composite measure based on all three instruments. The *IQI* reflects a variety of practices, such as the

effective use of individual program plans; adapting activities and schedules to accommodate children’s special needs; facilitating full participation of children with special needs in centre activities and in interactions with other children and staff; and effective collaborations and partnerships with parents and with specialists/therapists. It also includes the extent to which centres have developed and use principles to guide their practices and to support children’s full inclusion. Many of the quantitative analyses in this study employed *IQI* scores, or contrasts between centres that evidenced high and low inclusion quality, based on their relative standing on this composite measure.

Sample Selection

A total of 32 child care centres participated in this study, consisting of eight centres in each of four provinces. We selected British Columbia, Ontario, Nova Scotia and Prince Edward Island because each jurisdiction contained some centres with in-house resource teachers (in-house RTs) as well as other centres that relied on consultative assistance [e.g., itinerant resource teachers (IRTs)] and, sometimes, program aides/special needs workers to support individual children for a specific contract period. Provinces that contained centres that exemplified both models for supporting inclusion were favoured in this study in order to minimize confounding the type of inclusion support model that characterized a centre and the potentially overriding influence of different provincial policies, practices, and financial support for child care programs.

We asked knowledgeable individuals to identify programs that met our criteria (full-day centre-based programs, roughly with a “natural proportion” of children with special needs, and either an in-house RT or an IRT consultative support model), avoiding selection of unique programs that might be atypical of other child care programs in the region. To as great an extent as possible, we tried to pair in-house and IRT centres in each province by size, history of inclusion, salary scales, and other factors, but must stress that we are presenting case studies, not an experimental matched-pairs design.

All of the centres included some children with special needs; the majority had been doing so for more than five years. At the time centres were observed, one third of the centres enrolled 1-3 children with identified special needs, and two thirds had 4 or more children with special needs attending. Children with special needs had a wide range of conditions and health problems. Most commonly, the children had developmental delays, autism, behavioural problems, and cerebral palsy. A much smaller number of children had visual or auditory impairments or chronic health conditions. Only two children in wheelchairs were evident among all the children observed.

What is the Relationship Between Overall Program Quality and Inclusion Quality?

The 32 inclusive centres in this sample had scores on the *ECERS-R* measure of program quality that ranged from 2.7 to 6.9 out of 7, with an average score of 4.8 – a value very similar to that found in the Canadian national *You Bet I Care!*

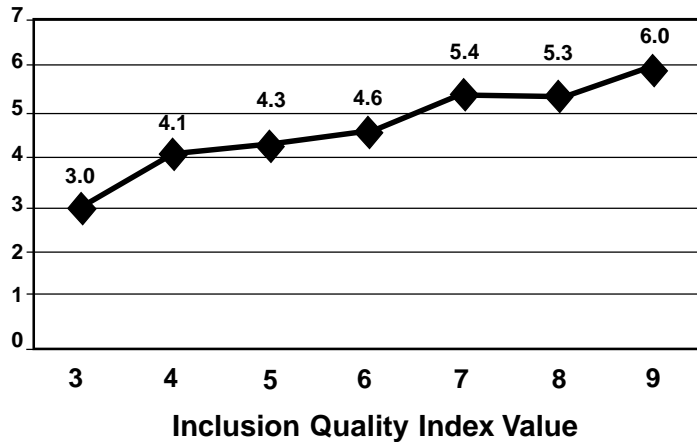
study (Goelman et al, 2000). Based on Harms, Clifford and Cryer’s (1998) guidelines, three centres in our sample (9.4%) had quality scores that indicate inferior program quality; 14 centres (43.8%) had scores in the minimal to mediocre range, and a similar proportion (46.9%) had scores in the good to excellent range.

We used two methods to examine the relationship between overall program quality (as measured by scores on the full *ECERS-R*) and inclusion quality (as assessed by each of our three criterion measures, along with each centre’s rank on the *Inclusion Quality Index* created from them). The first method used correlational analyses; the second method contrasted the top and bottom seven centres, based on their standing on the composite *Inclusion Quality Index* (i.e., centres that evidenced high and low inclusion quality).

Program quality was found to be strongly correlated with each measure of inclusion quality and with centres’ standing on the composite *Inclusion Quality Index* derived from them. Because *ECERS-R* item 37, itself, contributes to the full *ECERS-R* score, we calculated correlations based on the full scale minus this item as well. The correlations between the corrected *ECERS-R* score and scores on the *SpecialLink Inclusion Practices Profile* and the *SpecialLink Inclusion Practices Scale* remained significant at the .001 level and ranged from .59 to .65. The correlation between the corrected *ECERS* score and scores on the *Inclusion Quality Index* was .74. Clearly, there is a strong association between observed overall program quality and

Figure 7

Average ECERS-R Quality Scores, by Inclusion Quality Index Values



Irwin, Lero & Brophy (2004). *Inclusion: The Next Generation*

inclusion quality, as shown in Figure 7.

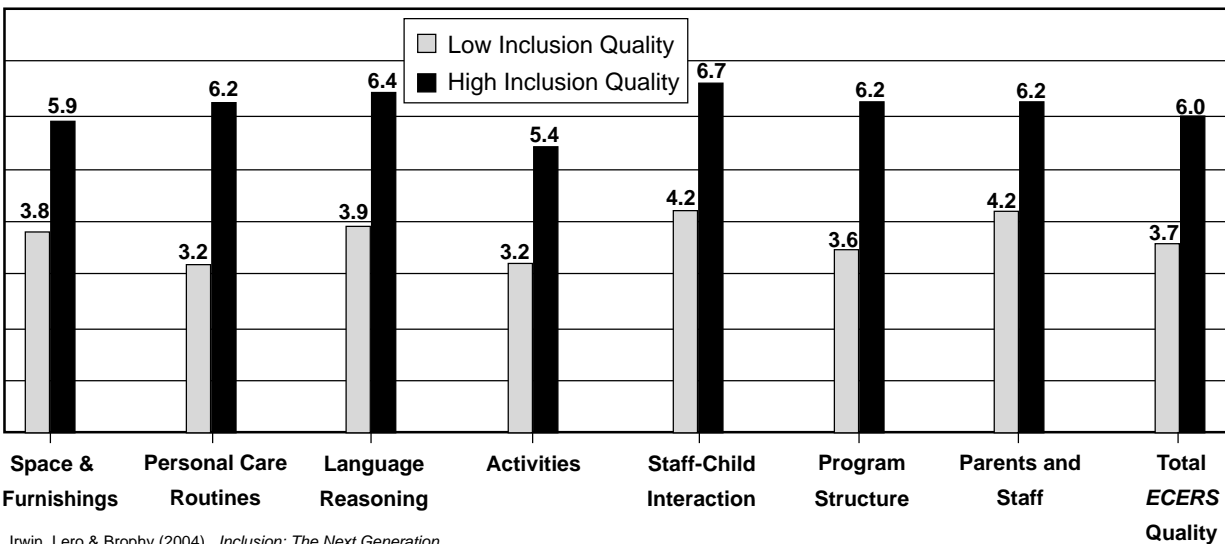
A second method used to test the relationship between overall program quality and inclusion quality involved comparing centres that

demonstrated high or low inclusion quality. We contrasted the top and bottom 7 centres on the *IQI* for these analyses. (The 7 centres in the top group scored in the top third on each measure of inclusion quality; the bottom 7 centres placed in the bottom third of scores on at least two, if not all three, measures of inclusion quality.) Centres in these two groups differed significantly on the full *ECERS-R* measures and each of its seven subscales. (See Figure 8).

There was a small number of centres that had reasonably high *ECERS-R* scores that evidenced low to moderate levels of inclusion quality. However none of the centres that demonstrated high inclusion quality had scores below 5.0 (the threshold for describing programs as providing good quality, developmentally appropriate learning and care). Program quality seems to be a necessary, but not sufficient, condition for inclusion quality. The latter requires additional resources and supports.

Figure 8

Average ECERS-R and Subscale Scores for Centres Classified as High or Low on Inclusion Quality



Irwin, Lero & Brophy (2004). *Inclusion: The Next Generation*

What Characterizes Centres that Demonstrate High Inclusion Quality?

The primary method used to answer the question, “What characterizes centres that demonstrate high inclusion quality?” involved comparing centres in the top and bottom groups based on *IQI* scores, in addition to correlational analyses that employed specific variables of interest. For this purpose, all of the data from director and staff questionnaires, interviews, the *ECERS-R* assessments, the *Specialink* measures of inclusion principles and practices, observers’ field notes, and phone interviews with resource consultants were reviewed, and case study profiles were written up. Consequently, ratings were developed of 11 types of resources that can support effective inclusion. *Within-centre* resources included both material resources and human resources. *Resources provided to centres* included support from IRTs, specialists and professionals in the community, government (in the form of funding), and parents.

Ratings of material resources *within centres* were based on the quality of the physical environment — particularly accessibility and the extent to which the layout allowed free and easy movement for children and staff between areas and activities. Human resources within centres included: the director’s role as an inclusion leader and the director’s and staff’s commitment to inclusion; evidence of ongoing capacity to sustain effective inclusion over time; the director’s and staff’s training and experience related to inclusion; the level of training and effectiveness of other staff, such as program assistants and aides; and staff’s overall effective-

ness in working together as a team to support inclusion success.

Analyses confirmed that there were significant differences between centres that evidenced high and low inclusion quality on almost all of these dimensions. The analyses confirmed that effective or successful inclusion requires a mix of resources within centres and supports to centres. Centres that displayed high inclusion quality were accessible and offered well designed programs. These centres had developed a strong commitment to inclusion over time; had stable, additional staff above ratio — most often, an in-house RT — and had invested considerable time and energy to learn more about inclusion through conferences, workshops, and in-service training. Staff in these centres had strong relationships with parents and benefited from effective support from a range of specialists and agencies in their community.

Centres that demonstrated low inclusion quality often lacked the critical human resources to support inclusion within their centres, and also manifested lower program quality and limited physical resources to support inclusion. These missing or weak components could rarely be compensated for by other, external factors. These findings suggest that policies designed to promote effective inclusion must be attentive to a range of factors operating together. Moreover, programs that evidence high inclusion quality require ongoing support if their success is to be sustained over time. The loss or withdrawal of trained and committed resource teachers, and/or the retirement of a director who has been a strong inclusion leader can destabilize a centre’s effectiveness. Neither pro-

gram quality nor inclusion quality can be taken for granted. Each must be nurtured and recreated on an ongoing basis.

Alternate Models for Supporting Quality

One of the main purposes of *Study 2* was to examine the differences between two models of supporting inclusive child care, originally conceptualized as A) a model of resourcing centres to be effective through funding an in-house RT or additional ECE above ratio, or B) providing IRT support and other supports (such as training, consultation, and program assistants) on a case-by-case basis, allocating resources that “follow the child.” In practice, we found that there were a few centres that had neither an in-house RT nor IRT support, and there were some centres that benefited from IRT support in addition to having an in-house RT. Consequently, analyses were performed that compared centres that had an in-house RT or additional ongoing trained staff member above ratio to centres that had no additional, stable in-house supports. We also noted the importance of appreciating the extent and nature of IRT support provided to centres and the context in which that support was received as important factors. Centres that never had an in-house RT and receive much attention and support from a sensitive IRT differed from those who recently had an in-house RT withdrawn against their wishes in favour of more flexible allocations.

There were many important, statistically significant differences between centres that had an ongoing, trained in-house RT or equivalent and centres that had no on-

going additional staff support within the centre. Centres with in-house RTs enrolled more children with special needs on a continuing basis and generally included children with more complex needs over time. Centres that had no ongoing in-house RT typically enrolled fewer children (often one or two), and had not developed a view of themselves as an inclusive centre with a centre-wide ethic or commitment to continually include children with special needs.

Centres that had in-house RTs and those with no dedicated additional staff did not have significantly different scores on the *ECERS-R* measure of program quality (with averages of 5.1 and 4.5, respectively), although twice as many centres with an in-house RT or equivalent had *ECERS-R* scores that typify good to excellent quality. The centres did differ significantly, however, on all three measures of inclusion quality and on the *Inclusion Quality Index*, reflecting differences in practices (such as developing and using individual program plans, working successfully as a team, working collaboratively with professionals, and having strong partnerships with parents).

Significant differences between centres with and without in-house RTs were also noted in ratings of:

- the centre’s ongoing capacity to sustain effective inclusion over time,
- inclusion-specific training and experience of the director and teaching staff, and
- the level of leadership and commitment to inclusion evidenced by the director and teaching staff.

In addition, staff in centres with an in-house RT had more favourable

attitudes towards inclusion, were more confident of their ability to meet the developmental needs of most children with special needs in their program, and felt more confident about their capacity to obtain advice and information from others to help them work with and plan for children with special needs.

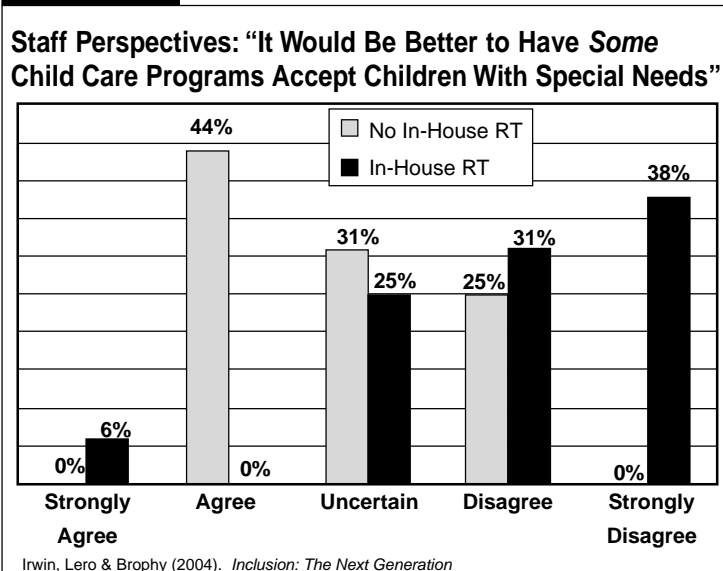
Two other differences of particular interest were also noted that speak to the experiences of children and staff in child care centres. One emerged from the rich field notes provided by the experienced observers who participated in this study that speaks specifically to the quality of children’s experiences in the program. They noted that it was far more common for children with special needs to be “accepted” in centres with additional in-house staff. In these settings children could choose what areas and activities to engage in and interacted freely with all teachers in the setting. The contrast — observed in several centres with IRT support and program aides who often had

part-time, temporary positions, was one of “segregated inclusion.” In these circumstances observers noted that regular staff had few interactions with the children with special needs — both the child and his/her aide were often on the periphery, with fewer interactions with peers for that child as well.

Directors also spoke of the difficulty and variability in the training and skills that program assistants had to help children be fully integrated in the program; a factor related to the difficulty of finding trained early childhood staff who wish to work on a part-time basis with no job security. Interestingly, centres that had only IRT support and had higher scores on the *IQI* often were more likely to have been given funding to hire an additional full-time staff member for 6 months or a year (a circumstance that begins to emulate an in-house RT model for some period of time).

A second important finding of note relates to early childhood educators’ beliefs about inclusion. We have noted that staff attitudes and beliefs reflect their level of training, their experiences with inclusion in their programs, and the supports available to assist them to be successful. When asked their views as to whether it would be better to have some child care programs accept children with special needs (with specialized resources) than try to have all child care programs be inclusive, staff in centres with an in-house RT were more likely to disagree. Only 6 percent of staff in centres with an in-house RT agreed with this statement, while 44% of staff in centres that had no ongoing in-house RT or equivalent agreed with this opinion. (See Figure 9.)

Figure 9



This finding has important implications for the future of inclusive programs. Even staff who are committed to inclusion in principle are reluctant to extend their efforts further when the resources are not in place to support their efforts, and when they perceive the quality of care for both children with special needs and other children will be compromised.

Critical Combinations that Support Inclusion Quality in Child Care Centres

Another important set of analyses was done to determine which resources within centres and supports extended to centres are most critical for inclusion quality. Intensive case study analysis and further comparisons between centres in the high and low inclusion quality groups were utilized for this purpose. We noted that there were a number of variables that not only were important for inclusion quality, but also evidenced a pattern where there was no overlap between high and low inclusion groups. We concluded that the following factors are essential for inclusion quality:

- High overall program quality.
- The centre is accessible and well-designed to permit easy transitions between areas and access to running water and toileting facilities.
- The centre has committed, well-trained staff, including an in-house RT or additional trained staff position when there are four or more children with special needs or fewer children with particularly high or specialized needs.
- The director and staff are active learners who attend confer-

ences and workshops on inclusion and extend their knowledge and skills, as well as their contacts with other professionals.

- The director or RT is an effective and sensitive inclusion leader in the centre.

- Human resources are in place within the centre to sustain the capacity and commitment necessary to meet new challenges, address the needs and concerns of children and parents, and build on an important set of shared experiences.

- External supports — particularly support from specialists (Speech and Language therapists, Physiotherapists and Occupational therapists, medical practitioners, those with particular experience with hearing and vision impairments), from parents, and from government — are essential. In this study, support from IRTs was not a critical factor for inclusion quality, although it was evident that some centres benefited from sensitive and responsive support from IRTs and resource consultants. However, centres that demonstrated high inclusion quality typically had at least a moderate, if not a high, level of collaborative support from specialists.

- Our data did not suggest evidence of any significant compensatory effects between IRTs and other specialists and professionals. Low levels of support from both sources concurrently was related to low inclusion quality. Further research is needed to provide a better understanding of how, and under what conditions, IRT support extends centre resources and facilitates collaboration with parents and other professionals.

Implications of Findings From Study 2

The findings from this study have major implications for policy, practice, and research. We have identified a number of factors that, individually and in combination, are critical contributors to inclusion quality. In addition, the findings call into question recent policy initiatives that trade off stable staff resources within centres to ensure inclusion quality, in order to increase the number of children with special needs being placed in child care centres.

Some of the major findings from this study are the following:

1. There is a strong relationship between overall program quality and inclusion quality.

Statistically, *ECERS-R* program quality scores were highly correlated with each measure of inclusion quality, as well as scores on the *Inclusion Quality Index*. Centres that evidenced high inclusion quality had an average *ECERS-R* score of 6.0, indicating very high quality across a number of domains; centres that evidenced low inclusion quality had an average *ECERS-R* score of 3.7, reflecting a relatively low level of program quality. Observers commented on related differences in the quality of the physical environment, the variety and quality of program activities and materials available to promote learning and skill development, the extent to which staff-child interactions encouraged language development and extended learning through play, and the extent to

which peer and adult-child interactions conveyed that all children are welcomed and respected in the program. There were a few centres in this study with moderately high scores on the *ECERS-R* measure (5.2 – 5.9) that evidenced only moderate levels of inclusion quality. *We therefore conclude that high program quality, in and of itself, is not a sufficient factor to ensure inclusion quality.* Other resources and supports must be in place as well. Program quality does appear to be a necessary factor however. No centre that scored in the top quartile on our *Inclusion Quality Index* scored less than 5.1 on the *ECERS-R* measure.²

All children benefit from participating in high quality early childhood education and care programs. However, our findings confirm that overall program quality is a critical correlate and contributor to inclusion quality, and is likely to have a strong impact on the extent to which children with special needs benefit from their participation in a child care setting.

2. Inclusion quality is strongly related to centre, director and staff characteristics that form a web of within-centre resources that support inclusion quality.

Consequently, all of the elements that make up this infrastructure must be considered and supported if inclusion quality is to be assured and sustained over time.

Two aspects of the physical or material resources within centres were strongly related to inclusion quality: the centre's physical structure and accessibility, and the availabil-

² A score of 5.0 is considered a threshold with scores above 5.0 indicating centres that exemplify high quality and developmentally enhancing practices.

ity of specialized equipment and materials.

- Specifically, centres that evidenced high inclusion quality were typically accessible (most often when purpose-built as child care centres), with well-designed layouts that allow children and staff to move freely and easily between areas and activities. This aspect was highly related to program quality as well, and appears to be an essential contributor to inclusion quality. While some centres may make accommodations for individual children, inaccessible environments typically result in restricting some children entirely from a program, and poorly designed layouts are problematic for children and for staff. Accessibility and good design criteria are necessary ingredients for inclusive child care programs, especially when viewed over a longer term and wider population.

- Centres that evidenced high inclusion quality were also significantly more likely to have specialized equipment and materials in the centre or readily available if needed. Having particular specialized equipment and material may not be essential, depending on the children who are enrolled and their specific needs; however, for some children specialized material or equipment is necessary to enhance their developmental capacities, ensure their full participation in the program, and reinforce therapeutic interventions. As centre staff learn how to use specialized material and equipment (typically with assistance from therapists and parents), they gain more skills and confidence, and become more accepting of a wider range of children in the centre.

3. Based on our findings, the quality of human resources within centres is critically important for inclusion quality.

Five dimensions of director and staff characteristics were explored. These dimensions capture:

- i) the director's leadership related to inclusion, and the director's and staff's commitment to inclusion; ii) evidence of ongoing capacity within the centre to sustain effective inclusion; iii) the director's and staff's training and experience related to inclusion; iv) the level of training and effectiveness in promoting inclusion observed among special needs workers or program assistants; and v) the staff's overall effectiveness in working as a supportive team.

All five of these dimensions were significantly correlated with inclusion quality, with considerable differences noted between centres in the top and bottom inclusion quality groups. Generally, centres that evidenced high inclusion quality had ratings of medium plus or high on each human resource dimension; centres that evidenced low inclusion quality were typically rated as low to medium on each dimension, often with little overlap in ratings between groups. Ratings on these five human resource dimensions were also highly intercorrelated.

Our findings determined that the director's leadership and director and staff's commitment to inclusion, the director's and staff's training specific to inclusion, and a staff complement that typically includes a continuing in-house resource teacher or trained ECE above ratio, are all essential — both for present high levels of inclusion

quality and for being able to sustain inclusion quality over time.

Centres in this study that had the highest observed levels of inclusion quality had developed a strong ethic about being inclusive, had benefited from years of working together and with therapists and parents, and were an effective and supportive team. Their practices in including children with special needs were observed to be accepting and oriented to ensuring full participation in the program. These centres can serve as positive and powerful models for others, and as locations where other child care staff might have the opportunity to learn about best practices for use in other programs.

4. Continuing in-house resource teachers and trained ECE staff above ratio are a critical component in inclusion quality. Policies oriented to increasing the number of centres that accept children with special needs should not compromise quality for quantity.

Our analyses revealed that having a continuing in-house resource teacher with additional training related to inclusion plays a critically important role in centres that exemplify high inclusion quality. A previous policy approach in a number of provinces ensured that additional funding was provided for an in-house resource teacher or contracted child care support worker (or differential fees enabled this to happen) when centres continually included four or more children with special needs. Indeed, that policy approach was instrumental in enabling many of the centres in this study to develop the strengths they had when we visited them to collect data in the Spring of 2001.

Our analyses also revealed that a shift in policy designed to increase the number of children with special needs in child care programs on the basis of reallocating the limited funds that supported continuing in-house resource teachers is very problematic. In at least two instances in this sample, centres that lost their in-house RT were no longer accepting as many children with special needs and were providing a lower level of inclusion quality than they had previously. Other centres that had recently lost an in-house RT or supervisor who provided leadership for inclusion quality were also not providing a high level of inclusion quality, nor were centres that had no ongoing special needs worker allocated to them by itinerant resource teachers or consulting agencies. Observers noted that inclusion quality was compromised in centres when part-time and/or short-term contract staff are hired on a child-by-child basis to support inclusion. In these cases, there were often difficulties observed in ensuring that staff worked well together as an effective team, and evidence of “segregated inclusion,” where neither the child nor his/her aide were well integrated and accepted in the program. These effects were most notable when the special needs workers had less training and experience than regular centre staff.

It is critically important that more research, particularly multifaceted program evaluations, be done on how resources can best be used to enable a larger number of children with special needs to benefit from positive experiences in high quality, community-based child care programs. Based on this study, however, it appears that withdrawing critical resources from well-functioning programs is a short-

sighted and ineffective way to extend the benefits of inclusive care to more children and families. There is good reason to ensure that centres that continually enroll children with special needs and children at risk have stable, committed staff to support inclusion quality.

5. Child care centres require sufficient funding and strong partnerships with others to provide high-quality inclusive care.

Our findings confirmed that centres that evidenced high inclusion quality benefited from having more funding to support inclusion (often to hire an ongoing resource teacher or supported child care worker), and positive and effective collaborative relationships with therapists in the community. Stronger and more positive relationships with parents were shown to be both a component of, and contributor to, inclusion quality. Support from itinerant resource teachers and agencies did not play a major role in ensuring inclusion quality in this sample, although individual centres clearly did benefit from high levels of support from this source.

Funding is critical both to ensure the base level of quality in child care centres and to provide adequate salaries for early childhood educators, supervisors, and resource teachers. Limited funding has multiple effects and, in fact, has contributed to an alternate policy that may be compromising inclusion quality in centres that had previously developed considerable strengths. Policies that pit extra funding to centres against funding to community agencies inhibit communities' capacities to achieve and sustain the goal of increasing the number of centres that

enroll children with special needs when, at best, only part-time or short-term staffing support is provided. Indeed, our data indicate that under these conditions, staff are more likely to feel that "only some child care programs with specialized resources" should include children with special needs — an attitude that is counter to policy goals and evolving practice standards.

Support from therapists and other specialists in the community was found to be an essential contributor to inclusion quality. Therapists can educate child care staff about how best to work with children with special needs with which they are unfamiliar, thereby helping them develop skills and greater confidence. We note that this collaboration is likely to be successful when staff have support from their director, are able to be involved in planning and progress reviews, and function in high quality programs.

Parents play a crucial role as well. Centres that exemplify high inclusion quality have strong relationships with parents of children with special needs, engaging with them as partners in promoting their children's development, and as mutual sources of support. Time that is allocated to meeting with parents and to responding to their concerns, as well as learning from them, appears to be particularly critical, especially for children with high needs. All parties appear to benefit from strong, mutually positive and supportive relationships between parents and centre staff.

In summary, this study provided an important opportunity to learn more about the ecology of inclusion as it exists within child care cen-

tres across Canada. Rich data provided many insights and form the basis for the recommendations that follow. We hope that this report will be used as an opportunity for researchers, policy makers, and child care professionals to continue to learn about inclusion, and to design policies and practices that best serve the needs of all our children.

Toward The Next Generation in Child Care in Canada

Since 2000 when our previous study, *A Matter of Urgency: Including Children with Special Needs in Child Care in Canada* (Irwin, Lero, Brophy) was published, there has been a strong convergence of developments in public policy and legislation, practice, and public support that makes us cautiously optimistic about the future of inclusive child care for children with special needs in Canada.

The National Children's Agenda (1997) signalled a renewed interest of federal/provincial/territorial governments in the well-being of Canada's children. *The Multilateral Framework on Early Learning and Child Care* (2003), signed by the federal/provincial/territorial ministers, presents a framework for providing access to affordable, quality, provincially and territorially regulated early learning and child care programs and services. Modest initial funding will be provided by the Government of Canada. Included as one of the five *Multilateral Framework* principles is *inclusive* — described as “Early learning and child care should be inclusive of, and responsive to, the needs of children with differing abilities; Aboriginal (i.e., Indian, Inuit and Métis) children; and children in various cultural and linguistic circumstances....” This is

the first F/P/T accord that includes reference to children with “differing abilities” and, as such, is a major step forward.

Canada's signature on the *UN Convention on the Rights of the Child* and the subsequent advocacy actions for compliance, notably the work of Senator Landon Pearson and of the Canadian Coalition for the Rights of Children (CCRC), has popularized the concept of children's rights, and given visibility to the special rights of children with special needs.

Continuing emphasis on the critical importance of the early years by researchers and governments, as a basis for all later learning and social/emotional development, has also supported growing demand — and funding — of initiatives for young children and their families.

Child care practice in Canada appears to be increasingly inclusive, with many provinces offering inclusive quality improvement initiatives to centres, generally with financial support from the *Early Childhood Development Initiative* (2000).

And, finally, numerous anecdotal reports suggest that the child care field, and parents who use child care, are increasingly sensitive to the need to be proactive if children with special needs are to be included. The recent public response to a draft document on a future for child care (Child Care Advocacy of Canada, 2004) was strong in its demand that “inclusive child care” and “children with special needs” be specifically referenced in the final document. Popular media presentation of children with visible disabilities in typical settings has increased public acceptance of the concept of inclusion.

While these developments are positive, it remains to be seen whether

Canadian governments (and publics) will develop and support effective public policies and program approaches to ensure that high quality, affordable, accessible, *inclusive* child care for *all* children becomes a sustainable reality. Without such a commitment, child care will continue to flounder, marginalized, insufficiently supported, inaccessible to many families, and plagued by frequent staff turnover and stress, caused by low wages and limited recognition.

A *Matter of Urgency* included 21 recommendations, organized under two categories: *Legislation, Policy Development and Funding* (3 recommendations) and *Capacity-Building* (18). Most of the recommendations remain valid today, although the changes listed above, particularly in legislation and policy, would be reflected in slight revisions. We have included our earlier recommendations as *Appendix C* in the full report. The recommendations from this report, *Inclusion: The Next Generation*, affirm the earlier recommendations, but concentrate on specific areas that were the focus of this research.

RECOMMENDATIONS

A Focus on Leadership

Inclusion: The Next Generation confirms the critical role of the child care centre director as inclusion leader. Some of the programs in this study lacked resource teachers; some lacked regularized funding for the extra costs of resource supports; some lacked strong boards — but none of the successful programs lacked strong, committed directors. Activities and programs that enhance that role are critical. Fully inclusive child care centres are still rare, and their

sustainability is in question as founding directors retire or move on. We strongly recommend that:

1. Governments must target inclusive directors as key change agents, and fund projects that enhance their impact on the broader child care community.

This can be achieved through projects that:

- Bring key people from successful inclusive child care sites together to share learnings and best practices, and to strategize about practical initiatives;
- Sponsor inclusion leadership training institutes for directors, and for potential directors, with demonstrated commitment to inclusion;
- Support networking opportunities for directors/supervisors of inclusive centres;
- Create a national mentorship program for inclusion, with successful directors/supervisors of inclusive centres as mentors, nominating in-province leaders who are “ready to include”;
- Support field-based speakers’ bureaus on inclusion, with directors/supervisors — credible practitioners — as key figures;
- Promote a career ladder and encourage existing successful inclusion practitioners to become trainers.

There is a tremendous reserve of “practice wisdom” that should be widely shared and utilized to enhance inclusive practice and to encourage the next generation of directors and child care professionals.

2. Governments must fund a variety of opportunities (using in-person presentations, print materials, videos, and web-base

resources) to share with others knowledge acquired by leaders in inclusive child care programs.

A Focus on Training

3. Provincial and territorial governments must ensure that there is a variety of courses, conferences and workshops on inclusion that are accessible, affordable, and available to staff and directors on an ongoing basis, addressing the range of topics and issues that are important for successful inclusion.

4. College and university programs in ECE must incorporate more materials about inclusive practice in their curricula and in post-diploma and graduate courses.

5. Practica and placement courses in ECE and related programs must be strategically developed to ensure that students have the opportunity to learn about inclusion by participating in successful centres.

6. Colleges and universities must reconceptualize (in consultation with the field) post-diploma/graduate programs for resource teachers and special needs workers in early childhood education. These should reflect the multiple roles of direct service, collaborative practice, consulting, and adult education. They should also address the needs of short-term contract workers who work in inclusive child care settings, often without training.

7. Intensive inclusion quality enhancement programs, such as *Keeping the Door Open* in New Brunswick; *Measuring and Im-*

***proving Kids' Environments (MIKE)* in Prince Edward Island; and *Partnerships for Inclusion* in Nova Scotia, must be offered to centres in all provinces.**

A Focus on Policy

Provincial/territorial/municipal policy must support effective inclusion practice. Funding must be provided to ensure that centres and their staff have access to the resources (both financial and human resources) they need to continue to be effective and to expand their capabilities, and are compensated for the valuable work they do. Among policy concerns to be addressed are:

8. Child care centres that enroll children with special needs must have timely access to child assessments, both to determine eligibility and to help child care staff in their planning efforts.

9. Child care centres must have additional funds to enhance ratios (or employ an in-house resource teacher) when four or more children with special needs are enrolled, or when any children have extremely high special needs. Funding should be stable and adequate to recruit and retain trained and experienced ECEs for this work.

10. Itinerant resource teachers must be available to child care programs to support the effective inclusion of children with special needs.

11. Child care centres must have appropriate levels of support from therapists and other related specialists in the community when they enroll children with special needs.

12. Child care centres must have additional assistants when they enroll children with more challenging needs.

13. Since accessibility and physical structure are so closely related to both inclusion quality and global quality, all new centres must be purpose-built to meet current standards, and older centres must be eligible for capital grants to increase accessibility.

A Focus on Planning for Transitions

Provincial/territorial policy must support a collaborative, interdisciplinary approach among early years professionals, including school personnel.

14. Early years personnel must develop protocols and strategies for effective planning and coordination of efforts to assist with child care transitions (from home or early intervention/infant development to child care, and from child care to school).

A Focus on Research

15. Governments must fund thorough evaluations of the effectiveness of different models of inclusion support.

16. Governments must fund the monitoring of progress toward “inclusiveness” in child care programs. Instruments for monitoring inclusion quality, such as the *SpeciaLink Inclusion Profile* and the *SpeciaLink Inclusion Practices Scale*, are available and are familiar to the field.

A Focus on the Profession

Wide variance exists in the roles, training, caseload size, duration and frequency of visits, focus of service, etc., of resource teachers in child care.

17. As an emerging profession, leaders in the field of resource teachers/specialists in Early Childhood must define their own code of ethics, mandates, appropriate caseloads, and standards of training and practice. Funding must be allocated for research and development projects oriented toward this goal.

Toward a System of High Quality, Affordable, Accessible, Inclusive Child Care Programs Across Canada

The continued under-funding and undervaluing of child care professionals is a serious concern that will affect the recruitment and retention of skilled individuals in this field.

A renewed commitment to a national child care program must consider the quality of early learning and child care, along with issues of affordability and expansion of spaces.

18. Federal/provincial/territorial governments must strengthen the funding component of the *Multilateral Framework on Early Learning and Child Care* to build a national Canadian child care system that includes career ladders with graduated salaries, and assures a continuing infrastructure to support high quality, inclusive programs.

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Sharon Hope Irwin

The director of Specialink, the National Centre for Child Care Inclusion, Dr. Sharon Hope Irwin has been actively involved in the frontline development of inclusive child care and early intervention programs for over twenty-five years. She is an advocate for young children with special needs and their families, locally, regionally, and nationally, serving on numerous commissions, working groups, task forces, and committees. Specialink takes her work across Canada, identifying, analyzing and disseminating successful inclusive practices and policies in child care. Her work for the special needs project of the Canadian Union of Postal Workers helped to add a labour partner to the growing movement for equitable treatment of children with special needs and their families, and resulted in the publication, *In Our Way: Child Care Barriers to Full Workforce Participation Experienced by Parents of Children with Special Needs — and Potential Remedies* (1997), co-authored with Dr. Lero. Other publications include *Integration of Children with Special Needs into Daycare and After-school Care Programs* (1992), *The Specialink Book* (1993), *Charting New Waters in Early Intervention* (1995), *Challenging the Challenging Behaviours* (1999) and *Inclusion Voices* (2004). *A Matter of Urgency: Including Children with Special Needs in Child Care in Canada* (2000) was written in collaboration with Drs. Lero and Brophy, co-authors of the current book.

Donna Lero

Noted for her involvement in child care research in Canada, Dr. Lero teaches undergraduate and graduate courses in child and family welfare, poverty, and family-related social policy at the University of Guelph. Donna co-founded the University's Centre for Families, Work and Well-Being and holds the position of Jarislowsky Chair in Families and Work. Her research in that capacity focuses on workplace policies and practices, public policies, and family supports. Her current research in the Centre includes evaluating parental leave and benefit policies; policy options to support self-employment; and policies and practices that facilitate an effective return to work following illness or injury. She is also involved in an international study of factors that impact on work-life conflict. Her research in the child care field is long-standing and includes her role as director of the *Canadian National Child Care Study* and as co-principal investigator in the *You Bet I Care!* Research project. Her research on children with special needs and their families has resulted in two books: *In Our Way: Child Care Barriers to Full Workforce Participation Experienced by Parents of Children with Special Needs* (with Dr. Irwin) and *A Matter of Urgency: Including Children with Special Needs in Child Care in Canada* (with Dr. Irwin and Dr. Kathleen Brophy).

Kathleen Brophy

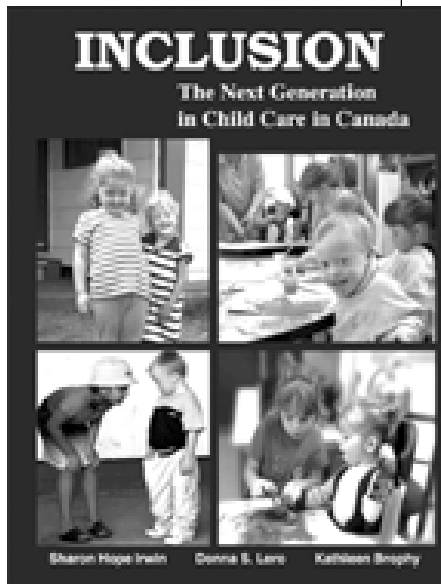
Dr. Kathleen Brophy is a professor in the Department of Family Relations and Applied Nutrition at the University of Guelph in Guelph, Ontario. She teaches undergraduate and graduate courses in curriculum development, play, and program evaluation, and supervises undergraduate students in field placements. For the past 10 years she has been a member of the Research Coordination Unit for the provincial prevention initiative *Better Beginnings, Better Futures* and has been site liason for the Onward Willow site for the project. In this capacity she has worked closely with community members, agency partners and program staff to develop and evaluate community-based intervention strategies for children and families. She is currently involved in the *Reaching In Reaching Out* project and, as a member of the research team, is developing training modules for students in Early Childhood Programs focusing on resiliency. She is currently a Program Coordinator for the Early Childhood Services degree/diploma program at the University of Guelph-Humber in Toronto, Ontario.

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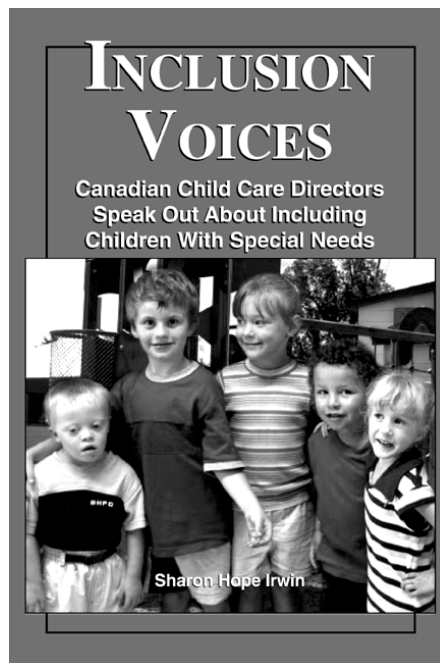
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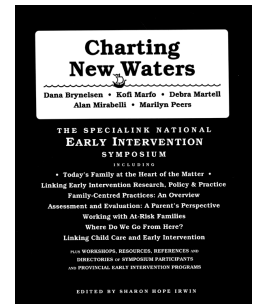
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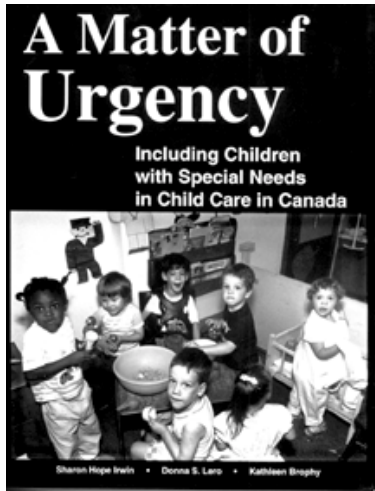
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“There has been a strong convergence of developments in public policy and legislation, practice and public support, that makes us cautiously optimistic about the future of inclusive child care for children with special needs in Canada.”



Donna S. Lero



Sharon Hope Irwin



Kathleen Brophy

The two studies in *INCLUSION: The Next Generation* provide a snapshot of current inclusion practices in child care in Canada. This book investigates what makes inclusion work, what makes quality child care for children with special needs a reality. As we enter the third generation, *INCLUSION: The Next Generation* focuses on critical roles and resources that sustain existing inclusive programs and that encourage more centres to enroll children with special needs.

This research gives us the opportunity to recommend evidence-based policies and practices that can support the next generation of inclusive child care centres in Canada.

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