EXECUTIVE SUMMARY

Partnerships for Inclusion
~ Nova Scotia ~

AN EVALUATION BASED ON THE FIRST COHORT OF CHILD CARE CENTRES

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THE NATIONAL CENTRE
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EXECUTIVE SUMMARY

Partnerships for Inclusion – Nova Scotia
AN EVALUATION BASED ON THE FIRST COHORT OF CHILD CARE CENTRES

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INTRODUCTION

Recent bilateral agreements between the Government of Canada and provincial governments, and new funding to expand and improve early learning and child care across Canada, reflect solid commitments to expand access to high quality early learning and care programs that enhance children's development and are universally inclusive. As a consequence, there is considerable interest in learning about initiatives that can provide evidence-based examples of ways to enhance program quality and improve inclusion capacity that might be expanded or adapted in other jurisdictions.

This evaluation report describes the initial offering of an innovative approach, *Partnerships for Inclusion - Nova Scotia (PFI-NS)* that combines assessment, on-site consultation, and the provision of resources and personal support to directors and lead educators (head teachers) in preschool rooms in licensed child care centres. The project was designed to achieve two goals: (1) To improve overall program quality in child care centres, with a focus on promoting change in the preschool classrooms, and (2) to enhance child care centres' inclusion capacity and inclusion quality. Evaluation procedures were used to determine both immediate and longer-term impacts of this model on a first cohort of 22 child care centres in Nova Scotia that volunteered to participate in the program.

The 10-step model utilized in *PFI-NS* is based on a successful consultation model that was developed at the University of North Carolina at Chapel Hill, and was modified based on research and experience in Canada, particularly the work of Dixie (VanRaalte) Mitchell in developing the *Keeping the Door Open*[1] project in New Brunswick, Prince Edward Island and Saskatchewan. Funding for *PFI-NS* was provided by the government of Nova Scotia through an allocation of resources received under the terms of the Federal/Provincial/Territorial *Early Childhood Development Agreement*[2]. *PFI-NS* was administered by Early Intervention Nova Scotia (*EINS*) with additional support provided by Dr. Sharon Hope Irwin, SpeciaLink: The National Centre for Child Care Inclusion. The evaluation was conducted by Professor Donna S. Lero of the University of Guelph and Dr. Sharon Hope Irwin.

The *PFI-NS* project was run over the course of a year, beginning with a start-up and training phase in November/December 2002 and extending until November of 2003. The project coordinator, Ms. Carolyn Webber, and four inclusion facilitators (quality consultants), who were selected for their knowledge and experience, worked with a director and a lead preschool educator in each centre. Inclusion facilitators worked directly with centre staff, engaging them in collaborative action planning and providing a range of resources and support to facilitate improvements. Each director, lead educator and inclusion facilitator was trained in how to administer a well-known measure of overall program quality [the *Early Childhood Environment Rating Scale-Revised* (*ECERS-R*)][3] and

inclusion facilitators were trained to administer two additional measures[4] to assess progress towards the provision of high quality inclusive care for children with special needs.

The project included a baseline assessment followed by collaborative action planning, a 6-month period of active consultation and support, and a follow-up sustainability phase. Each inclusion facilitator worked with the director and a lead preschool educator in five centres to develop collaborative action plans to improve quality following the initial assessments, and provided consultation, workshops, resources, and direct personal support to enable positive change — usually on a weekly basis for about six months. A second set of assessments was made at the end of the active consultation phase and a complete report was provided to the director and lead educator to help them see where improvements had been made. The report to the centre and the second set of scores were used to develop a second collaborative action plan to promote continued improvement through a sustainability period of 4-5 months.

Descriptive information about the centre, inclusion experiences, and staff's education and attitudes was obtained from the director and lead educator at the beginning of the project. Measures of program quality, inclusion principles and inclusion practices were obtained at Baseline, at the end of the active consultation period, and after an additional 4-5 months.

The evaluation method used to assess the short-term and longer-term impacts of *PFI-NS* in this first cohort of centres involved assessing quantitative changes in program quality (using the *ECERS-R*) and inclusion practices and principles (using the 2001 versions of the *SpeciaLink Inclusion Practices Profile* and the *SpeciaLink Inclusion Principles Scale*) at three points of time:

- at Baseline, before or at the very beginning of the *PFI-NS* assessment and consultation process;
- at the end of the active intervention / support phase — Time 2; and
- approximately 4-5 months after the active support phase ended (the end of the sustainability phase — Time 3).

In addition to quantitative data collected at these three points of time, semi-structured interviews were conducted with directors and lead educators at the end of the active consultation period to capture their thoughts about the project and its impacts on staff, on programming, and on the children attending the centres. These interviews and the extensive case notes provided by the facilitators and project coordinator provided rich information about the change processes that occurred, and also provided contextual information that was useful for identifying what facilitated change and what acted as impediments or barriers. While no control group data were available, this multi-method approach provides rich information about the project and its impacts, based on a variety of data sources.

A BRIEF DESCRIPTION OF THE CENTRES AT BASELINE

The 22 centres that participated in this first cycle of *PFI-NS*[i] were drawn from five regions of the province: the Halifax/South Shore region, Dartmouth/Valley, Antigonish, Truro/Northern region, and Cape Breton. While not a statistically representative sample of centres in the province, the

[i] Two more cycles of *PFI-NS* have been offered in Nova Scotia, and a third is underway.

centres are a fairly diverse group in a number of ways. The majority of centres (68%) are non-profit, community-based programs, including some that operate as individual, stand-alone programs and others that are affiliated with another organization or service (a college or university, a military base, a community centre). One program offered child care and early education at more than one site. Two of the centres offered only full-day care; most offered both full-time and part-time programs. Some centres were purpose-built as child care centres, but a number of others are converted homes or are located in other buildings, many of which are not wheelchair accessible, especially if the centre is on more than one level.

The number of children that centres were licensed for ranged from as few as 21 to as many as 140. Half the centres in this sample were licensed for fewer than 50 children, including six (27%) that were licensed for fewer than 40 children. By contrast, five centres (23%) were quite large, licensed to accommodate more than 100 children.

The programs in this cohort of centres offered care to children of many ages. Infants from as young as 3 months of age to school-aged children up to and including 12-year-olds were included. The majority of programs (73%) provided care to children under two years old, including seven centres (32%) that offered care to infants under one year old. Slightly more than one third (36%) of the centres offered care only to children younger than 5 years of age, while the remaining two thirds accommodated school-aged children as well.

About half of the centres in the sample (55%) were described by their director as a "regular centre," while 45% were described as integrated or with contracted spaces. Those in the latter category are more likely to have had more continuous involvement in including children with special needs, one or more staff members with at least 5 years of experience with inclusion, and to have benefited from past or current relationships with community-based professionals. About one third of the lead educators had only recently begun to work with children with special needs, however. Most directors and lead educators evidenced fairly positive attitudes towards the principle of including children with special needs in child care programs; however all agreed that doing so effectively requires appropriate funding and support.

Program Quality at Baseline

Two measures of program quality (in actuality, quality within the particular preschool room that was the focus of the project) were used — the *Early Childhood Environment Rating Scale-Revised (ECERS-R)* and the *Caregiver Interaction Scale* (*CIS*)[5]. At Baseline, prior to the active consultation phase, the 22 centres averaged 4.56 on the full *ECERS-R* scale. A score of 4.5 would be interpreted as indicative of a mediocre level of quality by Harms, Clifford & Cryer, the developers of this assessment procedure, and is not atypical in North American samples. Individual centre scores ranged from a low of 2.4 to a high of 5.8 out of a maximum of 7. While only one of the centres scored in the inadequate range (less than 3.0), most centres (15 or 68%) had scores in the minimal to mediocre range (3.0 - 4.9), and only six centres (27%) had scores indicative of good to very good overall quality at Baseline. Average scores on the seven *ECERS-R* subscales at Baseline indicated that the educators in these centres were generally very positive and responsive to children and encouraged positive peer interactions. The average score on the *Interaction* subscale was 5.9, and this high score was confirmed by scores obtained on the *CIS*, which reflected generally high scores on an index of teacher Sensitivity and low scores on indices of observed Harshness and

Detachment. All other *ECERS-R* subscale scores averaged between 3.6 and 4.9, reflecting mediocre levels of quality. Average scores were lowest on the *Activities* (3.6) and *Language and Reasoning* (4.3) subscales, indicating a need to enhance curriculum activities and enrich language opportunities.

Inclusion Capacity and Inclusion Quality at Baseline

As mentioned previously, approximately half the centres in this sample were described by directors as integrated or having contracted spaces, thus a history of including children with special needs. Within the sample were centres that had little or no experience with inclusion and one centre that was recognized as a leader in the province with more than 25 years of experience as an inclusive centre. Eight of the 22 centres had a formal (written) inclusion philosophy at the start of the project. Despite this diversity, directors and staff shared the desire to extend their capacity to include children with special needs fully and comfortably in their programs and evidenced fairly positive attitudes towards the inclusion of children with special needs in community-based child care programs.

At the beginning of the project, 14 of the 22 directors said their centre had become more inclusive or more effective in including children with special needs in the previous seven years as a result of having additional personnel, such as resource teachers, stronger support for inclusion amongst centre staff, and more assistance from professionals. Despite this positive statement, 18 directors reported that inclusion at their centre has been limited or frustrated in the previous seven years by inadequate funding to support inclusion, staff not being adequately trained, and/or stress caused by additional workload and time demands on centre staff. Ten directors reported having turned down children with special needs in the past 3 years — four because they already had the maximum number of children with special needs they could support with additional resources, and six for other reasons, including lack of staff for 1:1 support for children who needed it, inappropriate physical access, and lack of funding or appropriate technical support.

Fifteen lead educators commented on their current (at Baseline) or recent experiences in working with one or more children with disabilities or complex health problems. Most described themselves as moderately successful in including children with special needs in their program. Their comments emphasized both their commitment to inclusion and the need to have appropriate resources in place (funding, human resources, equipment, training and support from professionals) to support their efforts.

Sixteen of the participating 22 centres had at least one child with identified special needs enrolled in the centre at the start of the consultation phase. In most cases only one or two children with special needs were enrolled in a centre; however two programs reportedly had four or more children with special needs attending. The children with special needs had a range of conditions — the most common of which were autism, speech and language problems, global or pervasive developmental delay and cerebral palsy. The nature and extent of support provided to centres by specialists and intervention agencies varied depending on the children's and staff's needs and the availability of support in the geographic area.

Three measures related to inclusion were obtained at each data point, when appropriate. At Baseline, of the 13 classrooms that included a child with special needs, 5 were assessed as having

inadequate provisions to support inclusion, while 8 classrooms were rated as having very good or excellent provisions to support inclusion using Item 37 of the *ECERS-R*. Measures of *Inclusion Practices* and *Inclusion Principles* on a centre-wide basis also showed considerable variability (with average scores of 3.3 and 3.6, respectively, out of a maximum of 5). Based on a composite *Index of Inclusion Quality* developed by Lero in an earlier study, 2 of the 13 classrooms/centres would be classified as evidencing high inclusion quality, one would be classified as evidencing low inclusion quality, and the majority would be in the moderate range.

The *Partnerships for Inclusion - NS* interventions in this cycle were focused primarily on enhancing program quality (and, hence, inclusion capacity) in participating centres. Specific efforts to improve inclusion practices were limited to a smaller number of centres, particularly when a child with special needs was in the preschool room or would be moving to that room, or improving inclusion practices was a high priority among the staff.

IMPACTS OF *PFI-NS* INTERVENTIONS

Program Quality as Assessed by the *ECERS-R*

The data clearly show strong, positive effects of the *PFI-NS* interventions on program quality at the end of the consultation phase that were maintained over a 4-5 month sustainability period. The average *ECERS-R* score increased from 4.57 at Baseline to 5.49 at Time 2 and 5.6 at Time 3. At Baseline, five centres (22.7%) had overall *ECERS-R* scores in the minimal or inadequate range (below 4.0); including one with an average score below 3.0; only five centres (22.7%) had scores of 5.0 or above. At Time 2 and Time 3, 80% of the 21 preschool rooms for which data were available[ii] had overall *ECERS-R* scores above 5.0, the cut-off that indicates good overall quality, including 5 classrooms that exhibited very good quality with scores above 6.0. None of the rooms scored below 4.0 at Time 2 or Time 3.

Statistical comparisons revealed highly significant differences between Baseline and Time 2 on total *ECERS-R* scores and on each of the seven subscales. Prior to intervention, average scores on 5 of the 7 subscales were in the mediocre range. At Time 2, average scores on all but one subscale, *Activities*, indicated good development-enhancing practices and experiences were observed, and by Time 3, all subscales scores averaged 5.0 or better. Scores on the *Activities* and *Program Structure* subscales showed the greatest average improvement. The specific items that showed the greatest average improvement from Baseline to Time 2 were:

- Item 25, Nature and science (average change of +2.71),
- Item 34, Schedule (+2.48),
- Item 3, Furnishings for relaxation and comfort (+1.86),
- Item 7, Space for gross motor play (+1.71), and
- Item 22, Blocks (+1.62).

In addition to tests of statistical significance, 13 of the 21 participating *PFI-NS* classrooms (61.9%) demonstrated an "observable change" in program quality between Baseline and Time 2, the end of

[ii] One centre was excluded from analysis after the Baseline period because of multiple changes in the lead educator position. *PFI-NS* consultation was provided to the centre as a whole in this instance, rather than being focused primarily on one preschool classroom, as was the case in the other centres.

the active intervention period. An observable change is defined in the literature as a change from one quality category to another (i.e., a change from inadequate to adequate care or adequate to good quality care *or* an increase of 1.0 or more on the *ECERS-R* in centres that were already evidencing good quality care).

The fact that almost all centres showed some improvement is important, as it indicates that the *PFI-NS* model has positive effects across the range of centres, including those that started off with scores indicating overall good quality. Obviously, centres that had the lowest scores on the *ECERS-R* measure at Baseline had the highest potential for improvement.

Changes Made in Classroom Arrangements and Teacher Practices Related to Measured Quality; Comments on Effects on Children's Behaviour and Experiences

Directors and lead educators' responses to semi-structured interviews and the inclusion facilitators' case notes described the changes that were made in each area measured by the *ECERS-R*, changes in staff attitudes and behaviour, and corresponding changes observed in the children.

- *Space and Furnishings*: Changes in this area were often made first and provided a visible way to demonstrate how classrooms could be made more comfortable and attractive for children, with better organization of materials, more defined activity centres, and with child-related displays. Creation of a quiet area with soft furnishings, a more attractive and effective room layout, purchase of and/or better access to equipment and materials to support learning, more accessible materials, and better use of child-related displays were commonly reported. Directors and educators commented that these changes enhanced children's participation and enjoyment. The development of a quiet area was seen as one change that was particularly appropriate to enhance inclusion capacity.

- *Personal Care Routines*: 70% of directors and 80% of lead educators reported changed snack and meal time practices that enabled children to be more involved in helping and provided more comfortable, pleasant, and extended interactions between staff and children. Other changes included greater awareness and consistency in hand washing and toileting procedures and, in some centres, increased interaction between staff and parents during arrival and departure times.

- *Language and Reasoning*: A majority of directors and lead educators described changes related to staff interactions with children that promoted language development through the use of open-ended questions and more extended conversations, as well as greater awareness on the part of staff about the importance of doing so. Educators also reported becoming more encouraging of children's problem solving and interactions with other children. Forty percent of directors and 35% of lead educators also described improved access to books and more time spent reading to children, as well as rotation of books to ensure more varied content, diversity, and suitability to enhance children's development at different stages.

- *Activities*: A majority of directors and one third of educators reported development and expansion of different activity centres. Improvements were most notable related to dramatic play, art, science and nature activities, and music and movement. Directors, educators, and inclusion facilitators commented on staff becoming more creative, and the positive benefits they saw from adopting a more child-oriented curriculum approach.

- *Interactions*: Fewer changes were reported related to the nature of staff-child interactions, as this was an area of strength across the centres in this sample. Nevertheless, one quarter of directors noted that staff initiated more interactions with children and observed improved peer interactions, and 45% of lead educators reported being more focused on listening to and playing with the children. Thirty-five percent of educators reported that children were more often engaged in conflict resolution, were less confrontational, and were more cooperative with each other.

- *Program Structure*: Approximately half of the directors and lead educators commented that, as a result of *PFI-NS*, schedules were better planned and were more flexible, allowing smoother transitions between activities. Programs were said to have become more age-appropriate, to offer more choices for children, and to allow more time for small group activities. One in five directors and lead educators commented that their program was more inclusive of all children, including children with special needs, as a result of these and other changes.

- *Parents and Staff*: Sixty percent of directors and 30% of lead educators reported greater support for staff, including professional development, staff breaks, and more effective and consistent evaluation procedures. One quarter of directors and 20% of lead educators reported improvements in communication with parents, and, in some cases, increased parental involvement, as well as parents commenting on the positive changes that were being made in the centre.

Changes in Staff Attitudes; Creating Reflective Practitioners

Significant changes in staff awareness and attitude occurred in addition to, and concomitant with observed changes in the classroom environment and activities, the ways educators approached curriculum planning and teacher-child interactions. Directors, educators and inclusion facilitators made numerous references to the positive effects on staff awareness, attitudes and focus that occurred as a result of the project. Processes of assessing strengths and weaknesses, collaborative action planning, engagement in discussions with the facilitators and other centre staff, learning about new curriculum approaches and alternative ways of approaching activities, participating in professional development workshops, and receiving personal, responsive support from the inclusion facilitators that enhanced motivation and provided reinforcements resulted in many positive changes. Directors reported that, by and large, staff were more positive, more actively involved in their work, and more aware of how to deliver quality care to meet children's needs. Directors also described staff as more enthusiastic, focused and reflective about quality care, more knowledgeable, and more confident and involved in their work. Directors also reported that they had also benefited from the project in being better equipped to organize and evaluate staff, and in working more effectively with staff in their centre as a team to achieve longer-term goals.

For their part, lead educators also commented on the positive impacts the project made on themselves personally and on other staff. Almost half reported an improvement in attitudes, awareness and approach; most noted that they were more confident and comfortable in their abilities to meet the needs of children and parents and worked better as a team with other centre staff. Staff described not only increased knowledge and skills, but enthusiasm, personal and professional growth, a sense of renewal, and pride in the quality of care they were providing as a result of the changes they had made. The fact that most educators and centres were able to maintain the positive changes that had been made in the sustainability period, and in some cases continued to improve

towards longer-term goals, speaks to the fact that educators and directors remained committed and involved in monitoring quality and retained responsibility for its assurance.

Impacts of *PFI-NS* on Inclusion Capacity and Effectiveness in Including Children with Special Needs

Improvements in program quality and more child-centred practices can enable children with special needs to participate in child care programs more easily. However, other changes and additional resources are required to ensure that children with special needs will benefit fully and that staff are supported in their efforts. Three quantitative measures were used to assess changes over time in inclusion capacity and effectiveness, as well as specific questions posed to directors and lead educators in the semi-structured interviews at the end of the active consultation period. Additional insight was provided in inclusion facilitators' case notes.

There is evidence to support the statement that the interventions and support provided by *PFI-NS* enhanced centres' inclusion capacity, and improved inclusion effectiveness in *some* classrooms, but a more mixed picture emerges based on the quantitative measures that are specific to inclusion for a number of reasons. First, two of the three measures of inclusion effectiveness (Item 37 from the *ECERS-R*, and the *SpeciaLink Inclusion Practices Scale*) are only appropriate when children with special needs are both enrolled and present at the time of observation. While 15 of the 22 classrooms had at least one child with special needs attending at some point during the 10-11 month period of investigation, specific children with special needs came and left centres and sometimes transferred from one room to another within a centre. Consequently, only 8 classrooms had a child with special needs enrolled at all three data points, but not necessarily the same child or children. Secondly, considerable efforts were being made in most centres related to overall quality over the 5-6 month period of active consultation. In most centres, this absorbed the bulk of time and effort. Consequently, the project focussed particularly on improvements in overall quality as a way to address primary goals and to build a foundation for enhancing inclusion capacity. Facilitators did focus on inclusion practices and effectiveness in those centres and classrooms that were already evidencing high levels of overall program quality where children with special needs were present or were expected, and where staff indicated that improvements in inclusion effectiveness was something they wanted to address.

Improvements in inclusion capacity were evident in the ways that improvements in program quality and the educators' approach to working with the children more effectively allow children with diverse abilities and needs to participate in the program. For example, while creating a quiet area benefits all children, it is particularly helpful for children with autism or ADHD who often need a place to withdraw from the stimulation of a typical early childhood classroom. Similarly, adding picture labels, changes in program scheduling that lead to increased flexibility, the use of a curriculum approach that is more child-centred and child-initiated, and the provision and use of equipment that supports varying levels of development all enable centres and classrooms to more easily accommodate children with special needs who can participate at their own level of ability. Increased capacity was also evident in the fact that two thirds of directors and lead educators reported that they and their centre had become more accepting of including children with a broader range of special needs and that *PFI-NS* had increased staff's awareness and knowledge of inclusion principles.

While average scores increased modestly over time on the *SpeciaLink Principles Scale* and *SpeciaLink Practices Profile*, differences from Baseline to Time 2 and Time 3 were not statistically significant. (A revised version of both instruments has been developed that should increase the sensitivity of these measures.)[6] Given the fact that some centres had limited experience with inclusion, while others had more consistent involvement, changes in average scores may not appropriately capture improvements in these two different groups or in individual classrooms.

Despite the lack of quantitative data, inclusion facilitators' reports and the interviews provided examples of a number of centres and classrooms that made specific changes that enhanced inclusion effectiveness. These included the consistent use of individual program plans, more time spent in a relaxed and flexible manner with individual children with special needs, and the reduction of separate pull-out times in favour of more flexible accommodation of activities for several children together, thereby enhancing peer interactions between children with special needs and other children.

At the same time, it is fair to note that directors, lead educators and inclusion facilitators noted other changes in policies, funding and access to additional training and resources that are required to ensure that centres have the resources they need to effectively include more children with special needs. In summary, it would appear that *PFI-NS'* impact on inclusion effectiveness could be strengthened by more focused efforts and planning with centre directors and staff, but that structural modifications to ensure accessibility, additional staff training and on-going support, including extra staffing and additional funding provided in a timely manner, are other important aspects that require attention.

Wider Impacts: Diffusion Effects to Other Classrooms and Other Positive Effects

One of the major additional positive effects of *PFI-NS*, mentioned by 85% of directors and lead educators, was a positive diffusion of intervention effects into other centre classrooms. Staff in other centre classrooms became interested in the changes that were occurring and often expressed interest and enthusiasm in understanding how to better meet children's needs in their rooms. Positive centre-wide effects occurred, both as a result of shared information, materials and encouragement, but also as a result of the *PFI-NS* inclusion facilitators being willing to provide professional development workshops to all staff (and in some cases to parents, as well), and sharing materials with other staff. One third of the lead educators reported that staff in other rooms adopted activity ideas and improvements, made changes in room arrangements and in the playground, changed personal care routines, and became interested in curriculum changes. In fact, one of the suggestions made by directors and educators was that *PFI-NS* should be offered on a centre-wide basis when possible.

A second wider impact that was noted was improved relationships with parents and increased parental satisfaction. Thirty percent of lead educators specifically commented that the project had resulted in more positive and frequent communication with parents and that parents were more involved and satisfied. Comments about the impacts of *PFI-NS* changes on children's behaviour have been noted above.

A third wider impact of the project described by directors, educators, and inclusion facilitators is related to enhanced community involvement and networking among ECEs both within and across centres. In several cases, *PFI-NS* inclusion facilitators arranged for staff to visit other centres or

provided professional development workshops that were open to staff from several centres in the same region. In addition, the project sometimes forged stronger connections with other community professionals, particularly in support of more effective efforts to include children with special needs. These experiences provided for both formal and informal networking and information sharing, and, in some cases, led to a stronger sense of professionalism and community building among centres and their staff.

ENABLERS AND FRUSTRATORS OF POSITIVE CHANGES

One focus of the evaluation was to identify those factors that enabled positive changes to occur and what factors limited or frustrated positive change. Interviews with the directors and lead educators provided important information in this regard, as did the inclusion facilitators' rich case notes. Enablers included:

- The capabilities, sensitivity and resourcefulness demonstrated by *PFI-NS* inclusion facilitators in gaining trust and providing the kinds of support that enabled directors and child care staff to commit to the project. Their professionalism and friendship was critical to the success of *PFI-NS* and enabled staff to feel supported and valued. Their skills and knowledge were also essential.
- Directors who provided leadership and demonstrated their support for making positive changes and following through by doing their part to address issues important to staff;
- Early childhood educators' active involvement in the process and receptiveness to change;
- Early childhood educators' increased knowledge, skills and understanding of how they can provide effective learning environments and interact with all children to enhance their learning and development; and
- In some cases, access to funding and additional resources to support centres' efforts to include children with special needs by government and community professionals.

Significant barriers or challenges included:

- High rates of staff turnover and instability. In a number of cases this was a significant impediment to making positive changes and maintaining momentum. Over the long run, the recruitment and retention of skilled, committed early childhood educators who are compensated for their efforts is a critical systemic factor that must be addressed to ensure program quality and inclusion capacity.
- Inadequate funding to make major changes to programs, including those that would improve access and facilitate the full participation of children with a variety of special needs.
- Initial resistance on the part of some staff to making changes in long-established routines and practices; disagreement among staff and lack of effective team work in a few centres;
- Lack of recognition or compensation for the additional time that was required on the part of early childhood educators to fully participate in the project; lack of resources to centres to provide paid planning time or professional development opportunities; and

- Continuing or new uncertainties about the availability and adequacy of extra support funding to support centre's efforts to include children with special needs.

LESSONS LEARNED

A number of lessons were learned from this evaluation and the process of delivering *PFI-NS* supports to this first cohort of child care programs. These lessons suggest that this type of community-based intervention can be an effective means to enhance universally inclusive, high quality developmental early learning and care programs, but that it should be part of a more systemic policy approach that addresses recruitment and retention, access to appropriate training and professional development, and specific supports for including children with special needs effectively.

Lessons Pertaining to Improvements in Program Quality

1. There is clear evidence of the project's success in effecting improvements in program quality, and in engaging staff in a process of renewal.

   Improvements included those measured by the *Early Childhood Environment Rating Scale-Revised* (*ECERS-R*) and other changes in child care environments, teacher-child interactions, and staff attitudes and behaviour described by directors, lead educators and inclusion facilitators in interviews and case notes. By the end of the consultation period, 80% of centre classrooms received ratings indicative of good or very good quality, compared to only 27% of the preschool classrooms at Baseline.

2. Improvements in program quality were sustained over time.

   Improvements on all subscales and total *ECERS-R* scores were sustained for 4-5 months beyond the period of active consultation and, in some cases, continued. Staff involved in the project maintained their commitment and were able to act on their new knowledge and the collaborative actions plans for improving quality in which they had participated.

3. There were substantial diffusion benefits — *PFI-NS* had centre-wide impacts.

   Directors, lead educators, and inclusion facilitators reported that the benefits of the consultations tended to spread to other rooms in the centres beyond the individual preschool rooms that were the initial target of the *PFI-NS* intervention. Most directors, lead educators and facilitators felt, by the end of the project, that *PFI-NS* would be more effective if introduced on a centre-wide basis.

4. Sustainable quality in child care programs requires that systemic issues be addressed — *PFI-NS* is not a panacea.

   While centres were able to improve in many areas, they still faced challenges to enhancing quality and effectively including children with special needs. Staff turnover was a particular challenge in many centres, and was the biggest impediment to making and sustaining changes over the course of the project. Other concerns are lack of funding for capital improvements and to purchase materials and equipment, and opportunities for professional development that are locally available and of high quality. Many directors and staff also identified the need to be

assured that appropriate and timely access to additional funding and staff support will be available to support their efforts to include children with special needs, along with access to on-going training and support.

Lessons Learned about the Effects of *PFI-NS* on Inclusion Capacity

1. There was evidence of positive impacts of *PFI-NS* on directors' and educators' attitudes towards inclusion, their use of individual program plans to ensure children's continuing progress in making developmental gains, and staff comfort and confidence in being able to meet children's individual needs more effectively, but no clear improvements were noted across the full sample in the adoption of inclusion principles or specific practices. (The latter may reflect differences among centres with very different levels of experience with inclusion, limited time to address these issues with the six-month intervention period, and measurement difficulties.) Nonetheless, examples were evident of specific changes made to more effectively include individual children in specific classrooms and centres.
2. Improvements in centre and classroom environments and in teacher-child interactions benefit all children and enhance inclusion capacity.

   Lead educators and inclusion facilitators reported many positive impacts of the changes they made and their greater involvement with the children on children's behaviour and enjoyment. More flexible, child-centred programming is more suitable to accommodate children at different developmental levels and/or with varied rates of learning.
3. *PFI-NS'* impact on inclusion could be strengthened by more focused efforts and planning with centre directors and staff. Additional staff training and on-going support are also required. Centres must be confident that extra staffing and appropriate resources will be available, if needed, when children with special needs are enrolled.
4. Other issues must be addressed to ensure inclusion quality: trained support staff when children with disabilities are enrolled; environmental changes; access to specialized equipment; secure, prompt and adequate funding to support centres' efforts; additional staff training; and continuing and appropriate support from professionals are all needed.

Lessons Learned about Policy, Practice and Program Issues

1. *PFI-NS* is an example of the infrastructure that is needed to support program quality and inclusion capacity.

   PFI-NS was a time-limited experimental initiative that was provided to a small number of centres. It is an example of how provincial or municipal resources can be used to provide part of the community-based infrastructure that is required to support quality enhancement and its maintenance. It is unique in providing on-site assessments and resources "in situ" in ways that can have specific, visible impacts on programs. It can also play an important role in promoting greater professionalism and mutual support across child care programs and among early childhood educators. The project also helped build capacity among the inclusion facilitators/quality consultants who are in a position to help train others to participate across the province.

2. A resource such as *PFI-NS* can be particularly important when programs are under stress or during a period of major change.

3. *PFI-NS* requires significant involvement on the part of centre staff. Staff involvement should be recognized and compensated. Costs may be a barrier to participation and to improvements. One of the drawbacks to this model is that it may require substantial investments of unpaid overtime on the part of early childhood educators. Typically child care staff are not paid for preparation time or for attending staff meetings or professional development workshops after hours or on weekends. Releasing staff to participate in project activities requires hiring replacement staff — an additional cost to programs that have little discretionary revenue. Time and lack of funds to make quality improvements were both identified by directors and lead educators as impediments or problematic aspects.

   Policy makers who wish to facilitate centres' participation and recognize staff involvement might consider a stipend or budget for participating centres. Programs that make substantial improvements can be publicly recognized and reinforced. Staff who take on a leadership role as change agents and those who participate in many professional development workshops should also be recognized, with appropriate compensation and credits that are recognized as contributions to continuing professional education.

4. The importance of voluntary participation

   Discussions with the developers of the *PFI-NS* model and related initiatives suggest the importance of voluntary, rather than compulsory, participation by child care centres. Their view is supported by the findings that staff openness and engagement are foundational for success and that staff (and director) resistance is a major impediment to making positive changes.

5. The importance of administering quality enhancement programs through mechanisms that are arms-length from government

   This issue has also been discussed by the developers of the *PFI-NS* model, including Dixie (VanRaalte) Mitchell, who has extensive experience with a related program in New Brunswick. Their strong recommendation is to ensure that all *ECERS-R* scores and observations are treated as confidential information, with no sharing of such information with licensing officials. This approach is seen as critical for developing and maintaining trust and for ensuring honest and frank discussions about necessary quality improvements (the only exception being unusual circumstances that endanger children's health and welfare).

6. *PFI-NS* and related initiatives can be a component in Program Accreditation

   A number of jurisdictions are implementing or considering implementation of accreditation processes to promote centre quality. Accreditation is a voluntary system that uses external measures and criteria as a basis for determining whether a program meets specific standards indicative of high quality. Programs may or may not have access to funding and resources to assist them to meet accreditation criteria and subsidize the expenses of applying for accreditation. In some jurisdictions, accredited centres (and home day care providers) are eligible for higher per diem rates or other additional benefits.

   It is possible to easily use the *PFI-NS* approach as a component within an accreditation system. Specifically, the model offers centres an important vehicle for making the kinds of quality

improvements that would be included in accreditation criteria. Further, *PFI-NS's* attention to inclusion practices is unique and would add additional support to this aspect in an accreditation model. In effect, participation in *PFI-NS* processes and the use of the *ECERS-R* and other objective measures could easily support an accreditation approach and provide participating centres with additional recognition and reinforcement for participating. It also works on its own, however, without orienting to an external agent for validating the quality improvements centres make when empowered and supported to do so.

Lessons Learned for Further Research

1. The importance of continuing research

   The current study was an evaluation of the first trial of a new program to enhance program quality and inclusion capacity in Nova Scotia child care programs. The small sample size and lack of a randomized control group are limiting factors in this evaluation. Multiple methods and the use of a well-known and widely used instrument to assess quality and quality improvements are strengths.

   Further offerings of this project will provide additional opportunities to confirm the very positive impacts observed to date. Variations from one cycle of centres to another can also be studied as part of an on-going project that could gauge, for example, the effects of providing *PFI-NS* on a centre-wide basis from the start. Comparisons to related programs in other jurisdictions should also be useful, particularly since they would provide the opportunity to assess how differences in program implementation affect outcomes. In particular, no studies have compared such programs using planned variations in the frequency of visits or the nature of support provided, or with or without a stipend provided to centres.

2. Maintaining the integrity and usefulness of the research process

   This evaluation has suggested the importance of ensuring research integrity and research utility. Research integrity would be enhanced by having an independent person, other than the inclusion facilitator who works with a centre, participate in assessments. A second recommendation is the importance and evident value of having an external individual collect information on changes made, and on enablers and impediments to improvements from centre staff. These interviews provided an important window on the change process and provided unique information that informed this evaluation.

3. Assessing impacts on children and parents

   Another possible extension of this research would be to examine the impacts of program improvements and more effective inclusion practices on children and parents — particularly children with disabilities. These outcomes are important to capture well, since critical policy goals encompass ensuring that early learning and child care programs are both more universally inclusive and of high quality.

4. Studying program expansion and maturity

   Further follow ups and additional cycles of the project will evidence the processes that mark expansion and program maturity. It is important to study how initiatives like this can be ramped

up and expanded without losing their uniqueness, and what lessons we can learn from the facilitators as they gain more experience with a wider range of centres. In particular, it will be important to examine how *PFI-NS* changes if it becomes an on-going program, rather than a time-limited initiative or if it changes in any other significant way.

End Notes

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4 Irwin, S.H. (2001a). *The SpeciaLink Inclusion Practices Profile*. In S. H. Irwin, D.S. Lero & K. Brophy. *Inclusion: The next generation in child care in Canada* (Appendix A). NS: Breton Books. Available from Web Site: http://www.specialinkcanada.org.

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