A Matter of Urgency:

Including Children with Special Needs in Child Care in Canada

Sharon Hope Irwin • Donna S. Lero • Kathleen Brophy

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INTRODUCTION

Children with special needs are often excluded from child care in Canada. Despite the acknowledged role high quality early childhood care and education has in promoting children's development, most governments in Canada have failed to fully capitalize on the opportunities to use child care programs as a developmental resource for children with special needs. Moreover, exclusion of children with special needs from child care often means that their parents cannot participate in paid employment, or receive the kinds of support that could assist them as parents.

While all provinces and territories have made some provision for the inclusion of children with special needs, in no jurisdiction is it illegal to exclude a child from child care on the basis of disability or other special needs. And while many provincial officials and child care consultants have worked diligently to make inclusion a reality in their jurisdictions, written policies, training requirements, and resource allocation seldom suggest systematic, stable support for inclusion. Consequently, it often falls to individual child care centres to choose whether to include or exclude these children — a situation that is antithetical to the rights-based system defined in the *UN Convention on the Rights of the Child* to which Canada is a signatory, and to the spirit of the 1998 *In Unison* accord of the federal, provincial and territorial governments.

Despite the lack of pro-active legislation and policy that would prohibit exclusion and facilitate the effective inclusion of children with special needs in child care, many centres have gone ahead and included children with special needs. This study, *A Matter of Urgency*, focuses on understanding what has enabled and what has frustrated efforts to include children with special needs in Canadian child care centres. It is based on a sample of 136 child care centres that have a long history with inclusion. It tracks their experiences with inclusion over time, and identifies the most critical factors that have contributed to their success or frustrated their efforts. The findings identify what steps are required to ensure that other child care programs (typically with less experience with inclusion and often with fewer resources) will be able to provide effective child care and developmental stimulation to children with a wider range of special needs.

The findings in *A Matter of Urgency* suggest that regular Canadian child care programs, when adequately resourced, *can* provide appropriate care for children with special needs. However, the research findings also demonstrate that continued underfunding, cutbacks, lack of training, and lack of clear governmental di-

rectives compromise the capacity of even the most experienced and committed child care programs to continue to provide effective inclusive care and developmental stimulation to children with special needs.

The findings in *A Matter of Urgency* demand unequivocal answers from policy makers and politicians regarding the inclusion of children with special needs in child care. In 1982, under Canada's *Charter of Rights and Freedoms*, children with special needs finally gained the right to attend school in all provinces and territories. In signing the *UN Convention on the Rights of the Child* in 1991, Canada made additional commitments to children with special needs. Today, it is a *matter of urgency* that children with special needs finally gain the right to attend child care programs in all provinces and territories with their non-disabled peers, and that these programs be adequately resourced to meet their needs. These children must no longer be excluded and segregated.

FINDINGS

One of our main findings is that early childhood educators' actual experiences with inclusion, not their general attitudes and beliefs, most strongly influence their commitment to inclusion, their acceptance of a broader range of children with special needs being included, and their comfort and confidence in working with children with special needs. Positive experiences for the staff and children depend on having additional resources to support inclusion (e.g., appropriate training, additional staff, time to plan and work collaboratively with parents and community-based professionals, and sometimes structural modification if the program is not accessible) that build on a base of high quality care.

Positive experiences for the children also require care provided by committed, well-trained staff in centres that have stable funding and are able to provide children with developmentally appropriate experiences on a consistent basis. Poor experiences with inclusion occur when staff are not trained or resourced to meet the needs of children with disabilities, when they have few resources or supports available within the centre, and no or little support from specialists in the community. Under these circumstances, and with continued financial pressures on centres, programs are hard pressed to include any children with special needs, or to do so with positive results.

A second very strong finding is related to the crucial importance of the centre director as a leader. Since child care centres are not required to include children with special needs, it is not surprising that their willingness to do so is usually highly influenced by the director's commitment to inclusive principles and practices. Centres that were described by resource consultants in our study as extremely effective with inclusion had directors who were leaders, who showed sensitivity to staff needs, and who were effective in finding and allocating additional resources to support inclusion.

Even these positive indicators must be tempered by the finding that 89% of the directors reported reductions in funding, staffing, or access to professionals that had affected their centre's capacity to be inclusive, and 41.5% reported cuts or changes that were causing *serious*

problems in maintaining that capacity in the year preceding data collection. Under these circumstances, centres may cease to enroll any children with special needs, or do so only on occasion, accepting children who fit a narrow band of conditions that they feel they can accommodate, retrenching from a view of their centre as an inclusive program.

CONCLUSIONS

The results of our study indicate that Canadian child care centres, when appropriately resourced, can and do include children with special needs, and have substantial positive impacts on their development. 78.7% of staff who worked with children who had moderate or severe disabilities rated their success as high.

A large majority of front-line child care centre staff and centre directors in our sample believe that children with special needs should have the right to attend child care programs, and that legislation should be passed to prevent their exclusion. 89.5% feel that most child care centres would be willing to include children with special needs if adequate resources were in place to support their efforts.

Also on the positive side, the majority of child care staff felt more competent and confident in working with children with special needs as a result of positive experiences with inclusion in their centres and through their attendance at workshops and conferences. Directors of centres identified as extremely effective at inclusion demonstrated leadership skills that enable them to access additional resources, to establish productive relationships with staff and external professionals, and to act as advocates for inclusion.

Many child care centres in our sample were including children with a wide range of special needs, and more than 60% of the directors say that their centres have become more effective and inclusive over time.

In our opinion, it is a credit to this workforce that they have reached this level of commitment despite the lack of clear policy directives from governments and in the face of insufficient funding, inadequate staffing and resources, and the general lack of support for inclusive child care. That said, it is critical to point out that the limits of voluntary inclusion may have been reached in these centres, that they have gone about as far as they can go without clear policy directives and guidelines, and without additional funds and resources.

Our findings confirm and extend the published research on inclusive child care. They point to obvious recommendations for policy makers, post-secondary training programs in Early Childhood Education and related areas, for the child care field, and for disability rights advocates and parents. Most importantly, our findings identify two major policy issues that must be addressed if effective inclusive practice is to become a reality across Canada: 1) The need for clear governmental directives and guidelines regarding the responsibilities of child care centres to include children with special needs given appropriate resources to enable them to do so and, 2) The importance of high quality child care programs as a necessary base for supporting the optimal development of young children with special needs and their

typically developing peers.

1. Directives and Guidelines

Historically, many inclusive child care centres have developed on an individual basis, often as the result of commitment by a strong director, who initially responded to the plea of a particularly persuasive parent. Some funding and support frequently followed, and service agencies, as well as provincial child care offices, began to refer children with special needs to these centres. However, this situation is characterized by *ad hoc*-ery, wherein one centre may include children with special needs and another, with identical resources, may not.

Without policy directives and appropriate resources from government, inclusive child care is likely to continue to be hit-and-miss, variable across and within jurisdictions, and sustainable only to the degree that exceptional individuals make it happen.

2. The Role of High Quality Child Care in Achieving Effective Inclusion

The second major policy issue that this study raises is the relationship between effective inclusion of children with special needs and the quality of child care centres. Whether one views effective inclusion as an optional but possible add-on to high quality programs, or whether one views it as a more recently recognized dimension of high quality child care, the two concepts are inextricably linked.

Despite the lack of both pro-active, supportive public policy in most jurisdictions and appropriate funding, inclusive child care *does* happen. Children with special needs are included in many child care centres across Canada and receive a good, developmental experience there. Taking nothing away from those directors and staff who, with limited supports, find a way to make inclusion happen, it is obvious that this is not a secure system. It is always fragile. It is subject to changes in funding and support and rests on the backs of exceptional directors and staff. Without a coherent child care system and consistent coordination with related health professionals, the likelihood of sustaining such centres is questionable.

Research and practice lead to the same conclusion: effective inclusion only happens in high quality child care.

Today, a convergence of three factors provides a positive context for governments and early childhood professionals to respond to the recommendations in this report:

- new knowledge about the importance of developmental stimulation in the early years and the benefits of early intervention and support for children with special needs and their parents
- recognition of the rights of individuals with disabilities to fully participate in their communities,
- federal/provincial/territorial agreements to invest in a systematic, long-term effort to build and strengthen Early Childhood Development services

Doing so would not only benefit individual children and families; it would also move Canada further as a nation that has made important commitments to support families and communities in their efforts to ensure the best possible future for *ALL* of Canada's children. This is, indeed, *A Matter of Urgency*.

1. INTRODUCTION AND BACKGROUND

Donna S. Lero, Sharon Hope Irwin, Kathleen Brophy

1.1 INTRODUCTION

The present study is a unique, in-depth and multidimensional examination of inclusive child care in Canadian child care centres. Our purpose was to develop a comprehensive understanding of the various factors that affect the inclusion of children with special needs in early childhood programs, based on the perspectives and experiences of front-line staff, centre directors, and external resource consultants.

Our national sample of centres and child care professionals was purposively selected to maximize the opportunity to learn from those who have had considerable experience in including children with special needs. However, the information gained from this sample should be relevant to other programs that have had less experience or are struggling with inclusion, since the findings indicate both factors that support positive experiences and result in a sustained, deepening commitment to inclusion, as well as those factors that are likely to be significant barriers and frustrators to effective inclusion.

This study will also provide important information for policy makers, trainers, related professionals, parents and advocates — for all people who have a stake in fully including children with special needs in child care.

The abstract factors that are related to successful inclusion — funding, commitment, experience, training, support, the base quality of programs, etc. — are well known and frequently discussed in the literature and in public fora. But what factors, this study asks, have *actually* made a difference in Canadian child care centres that successfully include children with special needs and in those centres that have been less successful?

In 1990, one of the authors[1] surveyed a purposive sample of child care directors and front-line staff working in child care centres that included children with special needs. In 1996, the original sample (augmented as necessary[2]) was surveyed again. By 1996-97, these centres had been including children with special needs for at least seven years, most of them for more than a decade. Thus, this study is about centres and staff whose level of experience, training and commitment to inclusion are unusual in Canada. In a large number of these centres, many of the major obstacles to successful inclusion had been overcome or

Our goal was to answer the question: "What produces, enables, supports and sustains effective inclusion, from the standpoint of staff and directors in child care programs?"

made manageable. Thus this study provides a portrait of what inclusive child care can become in all of Canada.

Typically, inclusion is considered successful if it has positive impacts on children's development, particularly for children with special needs, but also for typically developing children who may become more tolerant, accepting of diversity and empathetic. It is thought that all children are likely to benefit when centre staff become more knowledgeable and skilled through their work with a broader range of children and when inclusion brings additional resources to the centre.

As a result, most studies focus either on some identifiable child outcomes, or on processes in which children are engaged that might suggest successful inclusion (e.g., progress in meeting Individual Educational Program [IEP] goals; time spent in child-initiated activities in which both children with special needs and typically developing peers are involved; time spent in various kinds of play activities with peers and objects, as opposed to time spent interacting with teachers or alone). Rigorous research that can assess the outcomes of participating in inclusive programs for children requires a longitudinal design with control or comparison groups and valid measures or indicators of progress or success.

In contrast to these approaches, our study was directed towards understanding how inclusive practice is viewed and experienced within centres by program staff themselves, by the directors of child care programs, and by external resource consultants who provide assistance to those programs. Rather than assessing outcomes for individual children and families, our focus was oriented towards understanding inputs and processes within child care programs that relate to staff's experiences, attitudes, and capacities to include children with special needs in their programs and to do so effectively. In effect, our focus was on explaining what successful inclusion might look like from the standpoint of centres and centre staff. Our goal was to answer the question: "What produces, enables, supports and sustains effective inclusion, from the standpoint of staff and directors in child care programs?"

Since we relied on survey data gathered through mailed questionnaires with no direct observations of practice, our analyses of correlates of effective inclusion are based on respondents' perceptions and self-reports. However, we view these not as weak proxies for observable data, but as critically important in their own right, reflecting the views and perceptions of front-line staff and directors. The importance of their views lies in the fact that if, in their eyes, the program is struggling to include children with special needs, or if staff are wavering in their commitment to inclusion, or if both directors and teaching staff see resources as being inadequate to sustain their existing efforts and negatively affecting the quality of care provided to children in the centre, then on-going, successful inclusion is compromised. On the other hand, if child care professionals see that their skills, resources, and supports are enabling them to effectively include children with special needs, then they provide evidence of how successful inclusion can be accomplished, and what is necessary to maintain and enhance child care inclusion in Canada.

1.2 BACKGROUND

In the last few years of the 1990s, consultations about the scope and importance of a national agenda for children have been held across Canada, and the early years have been recognized (again) as a critically important time to support children's optimal development. *The National Children's Agenda*, *Centres of Excellence for Children's Health and Well-Being*, the *National Child Tax Benefit* and the *Reinvestment Fund*, and extended parental leave under the Employment Insurance Program are the most visible items on the federal/provincial/territorial agenda related to young children and their families.

Notwithstanding the rhetoric and some renewed interest and reinvestments in child care and early intervention programs in many parts of the country, advocates for children with special needs were able to make a compelling case in 1999 that Canada is not in compliance with the *UN Convention on the Rights of the Child* in its provisions for children with special needs.[3] It is still the case that not all children in Canada have access to the range of health, educational, and community-based services that are needed to ensure their healthy development. Against this backdrop, those concerned about the availability, affordability, and quality of early childhood services must reflect on the capacities of child care programs to provide high quality, inclusive care for all of Canada's children and families.

Research on the topic of inclusive early childhood programs is quite limited in Canada, but has been the subject of a number of investigations in the United States, in part due to a different history that mandates access to free, appropriate education for children with special needs in the least restrictive environment. Currently, the published research suggests that, on the one hand, there appears to be growing acceptance of inclusion in early childhood programs as an effective and appropriate way to support children's development, and as a positive indicator of program quality. On the other hand, significant barriers to effective inclusion remain.

In Canada, no province or territory mandates access to early childhood programs for children with special needs. Hence, whether a centre chooses to enroll children with special needs at all, and/or what criteria are used for deciding which children to enroll depend largely on the director's and staff's attitudes towards inclusion, and their perceptions of their centre's capacities, given limited additional resources. Federal and provincial/territorial policies that would provide the necessary infrastructure and funding support to enable programs and communities to ensure appropriate access remain undeveloped.

In 1995, for example, no provincial or territorial government had written policies regarding equitable access to child care for children with special needs. Funding supports for programs *willing* to include children with special needs varied from none to limited grants, inequitably available across the country. Only two provinces had any education/training requirements for staff in child care programs who are working with children with special needs, and none had developed formal policies to promote and support collaboration between program staff and community-based professionals in

health, speech and language services, and other specialties.

Post-secondary Early Childhood Education (ECE) training institutions have played a key role in moving the field forward toward viewing child care as holistic, inclusive and family-centred. Yet, in 1996, across Canada, only 15% of certificate programs for Early Childhood Educators (ECEs), and only 66% of the diploma programs contained either a course or significant mention ("explicit infusion approach") about special needs.[4]

Recent national data suggest that a substantial number of child care staff are attending in-service workshops on topics related to children with special needs and that a surprisingly large proportion of centres (as many as 60 to 70 percent) reportedly enrolled at least one or two children with special needs in 1998.[5] It therefore seems that some child care centres and their staff are making considerable efforts to begin to include children with special needs in their programs, even in the absence of policies and programmatic supports.

Meanwhile, despite a few proactive and creative initiatives at the policy level that have emerged from time to time or been partially implemented, there have been no significant or systemic efforts made to determine the extent to which early childhood programs in Canada have the desire, the capacity, and the resources needed to include children with special needs effectively — or to sustain their commitment to do so over time. Well-designed initiatives have not been rigourously evaluated to determine what combinations of training, supports and resources are most effective for meeting the needs of children, families, and communities — with child care programs as a major partner in those efforts. Without such research, it is difficult to make specific recommendations to policy makers, to faculty in post-secondary institutions who provide pre-service and continuing education to the child care field, to child care administrators, and to related health and social service professionals that could address the unmet needs of child care centres and their staff and provide the infrastructure they need to provide high quality, inclusive care.

1.3 DEFINING "INCLUSION"

Writers and researchers on the topic of inclusive programs acknowledge that a single, clear definition of inclusion would be useful, but no single definition has yet been accepted. The terms mainstreaming, integration, and inclusion have sometimes been used as synonyms and sometimes as different and contrasting points on a continuum that runs from segregation and exclusion on one end to full inclusion on the other. We have adopted the views of Odom, Peck, Hanson, Beckman, Kaiser, Lieber, Brown, Horn and Schwartz (1996) and Kontos, Moore and Giorgetti (1998) who refer to inclusion (particularly in early childhood programs) as a multi-dimensional concept that embodies several aspects.

Odom et al. have written about four features of inclusion:

"First, inclusion is the active participation of young children with special needs and typically developing children in the same classroom....and/or community settings. Second, services should

be provided that support the child in accomplishing the goals established for him or her by the parents and a team of professionals. Third, these services are usually provided through the collaboration of professionals from different disciplines (e.g. early childhood education teachers, special education teachers, speech pathologists). Fourth, the effect of the inclusion program on children with special needs is evaluated to determine if the child with special needs is making progress toward goals established by parents, teachers, and other professionals."[6]

Kontos, Moore and Giorgetti (1998) suggest that definitions of inclusion typically involve "a child with special needs receiving comprehensive services in a developmentally appropriate program side-by-side with children without special needs and participating in the same activities, with adaptations to those activities (or the child's involvement in them) as needed." They also suggest that this definition of inclusion represents "a blended approach that integrates early childhood special education, regular early childhood education, and therapeutic interventions and presumes a team approach to early intervention."[7]

Other working definitions of inclusion add elements of anti-discrimination. SpeciaLink,[8] for example, proposes that, in full inclusion, no children are excluded because of level or type of special need. Building on a base of high quality core child care, this definition includes five elements: 1) zero reject; 2) naturally occurring proportions of typically developing children and children with special needs; 3) full participation of all children in all activities; 4) same range of options for attendance of all children (e.g., part-day; full-day, casual); 5) advocacy, pro-action, and parent participation to the maximum extent desired by parents.

The Division of Early Childhood (DEC) of the Council of Exceptional Children adopted the following position in 1993:

"Inclusion, as a value, supports the right of all children, regardless of their diverse abilities, to participate actively in natural settings within their communities. A natural setting is one in which the child would spend time had he or she not had a disability. Such settings include but are not limited to home and family, play groups, child care, nursery schools, Head Start programs, kindergartens, and neighbourhood school classrooms."[9]

In 1994, the National Association for the Education of Young Children (NAEYC), the largest U.S. early childhood organization, endorsed the DEC position and began to address issues related to inclusion in their research, advocacy, conferences, and popular and scholarly publications.

These discussions of definition are helpful in clarifying some of the underlying assumptions that must be examined before we can use the term "inclusion" consistently and meaningfully. Clearly, what is being referred to is more than simply the physical presence of children with special needs in early childhood programs or in a limited range of activities within those programs. A definition can also be an ideal. It is understood that full inclusion is premised on a program supplied by well-trained and well-resourced early childhood educators, who are

supported by external professionals as required

In this report, when we use the term *inclusion*, we mean a blended approach — one that actively involves early childhood educators, resource teachers/support workers, resource consultants, centre directors, parents, and a range of community-based specialists in collaboratively planning and collaboratively implementing mutually supportive efforts to ensure that the early childhood program and its staff provide an environment that is developmentally appropriate for the full range of children who attend.

Research and practical experience suggest that this outcome is not likely to emerge and be sustained in the absence of sufficient resources and inputs — especially when programs attempt to include children with more complex health conditions or challenging behaviours or when programs are not of high quality to begin with.

At issue is not only what is needed to provide support, appropriate stimulation, and program modification for individual children with special needs, but also what is needed to include the child with special needs within a group of young children while maintaining appropriate, responsive care for all of the children in attendance. While there may not be agreement on the answer to that question, it is essential that child care and related professionals and policy makers use this research study and others to develop and act on an understanding of what resources are needed to assure effective inclusion — inclusion that works for the children, for the staff and their centres, and for their communities.

1.4 OUR THEORETICAL MODEL: THE ECOLOGY OF INCLUSIVE CHILD CARE

An ecological approach has been used by a variety of researchers both to study inclusion processes and outcomes, and to understand the complexity of factors that affect the quality of child care programs. Bronfenbrenner's (1979)[10] conceptualization of the ecology of human development has been adopted by many writers as a useful framework for understanding the complex array of influences that shape children's development. In simple form, this model is often described as a system of systems – from those most immediate to the developing child to those that are further removed. Bronfenbrenner's own analogy is to a set of Russian dolls with smaller ones nested in larger ones. There are four levels of systemic influences that are typically referred to, including microsystems, mesosystem relations, exosystems, and macrosystem influences.

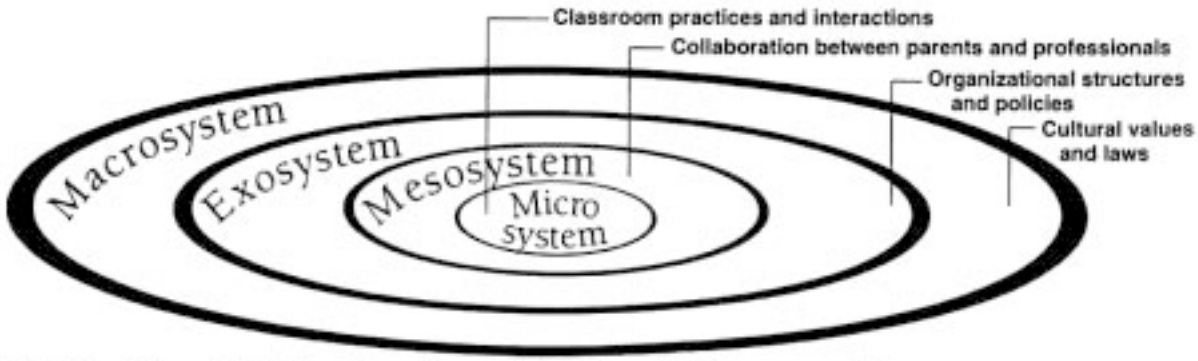
The **microsystem** level consists of the specific settings, such as the family or a child care classroom/group in which a child is an active participant. Each microsystem can be studied in terms of "the pattern of activities, roles, and interpersonal relations experienced by a particular child in that setting, including its particular physical and material characteristics." The majority of research on integrated early childhood programs has focussed on this level, including many studies that describe social interactions among children with special needs and their typically developing peers, characteristics of children's play and activities with peers and objects, and the nature of teacher-child interactions.

The **mesosystem** level actually refers to the manner in which two or more microsystems relate to each other. Most obviously, the nature of home-school and parent-caregiver relations come to mind as important factors to consider in understanding how children may be influenced differentially depending on whether the links between these microsystems are characterized as strong or weak, mutually supportive or antagonistic, communicative or distant, reflecting similar or different values and expectations with regard to the child's abilities and behaviour, and the role of parents, teachers, and others. Since the concept of inclusion, as defined earlier, requires collaboration and communication, the nature of these mesosystem links is quite important, not only for their contribution to positive child outcomes, but also because they affect the experience of each adult participant.

The **exosystem** level is defined by Bronfenbrenner as consisting of one or more external settings that do not involve the developing person as an active participant, but are locations in which events occur that affect, or are affected by, what happens in the setting that does contain the developing child (or other target person). Examples often include a parent's workplace as an environment in which work-family conflicts may be engendered or reduced, depending on work characteristics, the degree of flexibility provided to the parent employee, etc. In terms of inclusive child care, exosystems might include municipal planning bodies, school boards, and health units and other agencies in the community, whose policies, resources, and organizational mandates or structures can affect the availability of resources allocated/allocatable to support inclusion in child care programs. Government policies, regulations and funding mechanisms across a variety of program areas, but particularly those related to early childhood services, play a major role at the exosystem level that determine the nature of microsystem resources and mesosystem relations that are more immediate to the experiences of children in inclusive programs.

Figure 1.1

Ecological Model of Inclusive Child Care



Adapted from: Odom et al (1996). Inclusion at the preschool level: An ecological systems analysis.

Finally, the **macrosystem** level is described by Bronfenbrenner as reflecting broad organizational properties of a society, including fundamental beliefs, assumptions and values (ideologies) that influence social organizations and social structures, and are manifestly evident in laws, professional practices, and media images. Beliefs about the role of government, individuals, families and charitable institutions are part of the macrosystem, as are changing views about people with disabilities and their citizenship rights. The macrosystem refers to the culture as a whole, general prototypes, and recorded laws and regulations which overarch society. There may be differences between subcultures with respect to macrosystem values. While of overarching significance, macrosystem components are mutable and change over time, especially as a result of concerted influence by an electorate or powerful individuals who are in a position to effect significant change.

In addition to articulating these different levels of influence, an ecological analysis pays special attention to the dynamic, reciprocal interactions that are always occurring between levels. As Odom et al (1996) and Peck (1993) have noted, studies of important factors at the micro-system level (e.g., teacher-child interactions or staff attitudes) that occur without reference to the social, organizational, resource, or political/values context in which programs operate provide a decontextualized or partial perspective on inclusion.

"Each aspect of the research provides a view of one piece of the puzzle — a single dimension of the inclusion process. Yet inclusion is influenced by a dynamic set of factors operating inside and outside the classroom. Understanding the linkages among the full range of influences and outcomes is crucial to identifying the barriers to and facilitators of preschool inclusion."[11]

Moreover, Peck extends this discussion by referring to the importance of studying changes over time and by referring to the importance of a transactional perspective, embodied within ecological analysis. Peck notes that social processes and outcomes of integrated programs are likely to change over time as both individuals and systems develop. He points out Bronfenbrenner's emphasis on understanding relationships, processes, and events as they are experienced by different individuals as factors that influence each person's understandings, behaviour and development. This phenomenological emphasis on understanding *inclusion as experienced* is germane to appreciating, for example, how inclusion is experienced by, and affects, each of the individuals involved (children, parents, teachers, directors, specialists).[12]

1.5 GOALS AND OBJECTIVES OF THE PRESENT STUDY

Understanding inclusion as experienced by early childhood professionals and directors of child care programs is at the heart of the present study. In it, we focus on understanding early childhood professionals' attitudes and beliefs about inclusion, and their experiences in providing inclusive care over the last several years.

We also obtained information from centre directors and external resource consultants who could pro-

vide contextual information about centres as organizations that are attempting to provide inclusive care. We have supplemented this direct information with detail about the policy context that has influenced the provision of child care and the resources available to support inclusive early childhood practices in Canada during the 1990s.

In broad terms, the main goal of this study was to develop an in-depth understanding of the ecology of inclusive child care in Canada, and to use that knowledge to promote more effective inclusion on a daily basis.

The specific objectives that guided the design and analysis of the study were as follows:

- To describe the extent to which a selected sample of child care programs have continued to include children with special needs, how these programs function, what issues or challenges they face, what resources they rely on to effect positive experiences for staff, children, and families.

- To assess whether early childhood educators (ECEs) and directors in community-based child care centres have changed their attitudes about including children with special needs since 1990 — whether they are more committed to the concept of inclusion; whether they are more accepting of a broader range of children; whether they are more comfortable working with children with special needs; and whether they feel more competent in working together to meet children's needs.

- To learn what factors appear to be most important for enabling front-line staff to be successful in their work with children with special needs; for enabling programs to become more inclusive and/or more effective in including children with special needs; and for distinguishing between programs that are extremely effective from those that are doing a reasonable job or struggling.

- To learn what kinds of information and training related to children with special needs ECEs and directors have been exposed to in the last 6-7 years, and to obtain teachers' assessments of the usefulness of that information, as well as current unmet educational needs.

- To learn about ECEs' and directors' experiences with inclusion, how they have adapted their programs, and what factors contribute both to success and frustration.

- To obtain ECEs' and directors' perspectives on current resources available to them, and determine whether financial constraints or recent policy changes have affected child care programs in their capacity to maintain inclusiveness as a desired goal and feasible practice in their community.

- To take these lessons learned from the field to develop specific recommendations to support effective inclusion by considering their implications for policies and funding, training, and support for best practices.

1.6 UNIQUE CHARACTERISTICS OF THIS RESEARCH STUDY

There are four features of this particular project that combine to make this study unique.

The first is that we have used *multiple windows to view inclusive child*

In broad terms, the main goal of this study was to develop an in-depth understanding of the ecology of inclusive child care in Canada, and to use that knowledge to promote more effective inclusion on a daily basis.

care. We obtained both parallel and complementary information from three sample groups: centre directors; early childhood educators and in-house resource teachers; and travelling resource consultants who provided an external, validating perspective on information obtained from child care staff.

The second feature is that we designed this study to allow us to obtain information on *changes over time* in child care professionals' attitudes, commitment to inclusion, willingness to accept a broader range of children with special needs, comfort in working with children who have special needs, and experiences in providing inclusive care. This feature derives in part from the desire to follow child care professionals who were participants in an earlier study of attitudes conducted by SpeciaLink in 1990-91, and who were likely to have been involved in providing inclusive care at that time.

We also obtained information from centre directors as to whether they perceived their centre as having become more inclusive or more effective in including children with special needs in the last few years, and what they perceive to have been both facilitators and limiting or restricting factors for their program. In addition, we asked centre directors about specific cuts or changes in provincial policies that had occurred in the past year that they perceived to have had adverse effects on their centre's capacities to be inclusive. These questions were asked in part to obtain participants' perceptions and reports of their own experience, and in part to develop an understanding of how various experiences and influences may have shaped their current attitudes.

A third feature of this study is the *incorporation of comparative data points that can aid interpretation*. Fortuitously, one of the principal investigators on the research team for this study was also involved as a principal investigator on the national *You Bet I Care!* study of wages, working conditions and centre practices. That connection enabled the *YBIC!* study team to include questions about the extent of inclusion of children with special needs, and other related questions, in their national study. As a result, we have been able to include several data points that allow some comparisons and a broader interpretation of study findings than would otherwise have been possible.

Finally, we believe another important feature of the study is *its obvious policy relevance*. We look forward to seeing discussions and concrete actions being taken as a result of the study.

1.7 A "MATTER OF LANGUAGE"

In this study, we follow most major disability organizations in our use of language. We speak about a *child with special needs,* not about a *special needs child* — putting the child first. The words themselves are important too. "Challenged," as in "physically challenged," seems to be the current choice of word to replace "disabled" or "handicapped" or "impaired." We follow that usage, as well, except when we are quoting a respondent or another author.

We also follow most major disability organizations in using the phrase "full inclusion" to mean "programs that encourage and appropriately support the enrollment of children with special needs,

regardless of level or type of disability or disorder." Throughout the document, we use the word "inclusion" (or inclusive) to refer to programs that identify themselves as including some children with special needs — "inclusive" replaces "integrated" or "mainstream" in this context.

1.8 DEFINING "CHILDREN WITH SPECIAL NEEDS" FOR THE CURRENT STUDY

The question "How do you define 'children with special needs'?" is extremely complex. Answers might range from "a child who has a physical, intellectual, emotional, communicative or behavioural impairment, and who, in the minister's opinion, requires additional support services because of that impairment" (British Columbia)[13] to the very restrictive definition of a child with special needs as "A child who has a physical or mental impairment that is likely to continue for a prolonged period of time and who as a result thereof is limited in activities pertaining to normal living as verified by objective psychological or medical findings and includes children with a developmental handicap" (Ontario Day Nurseries Act).[14]

That said, as researchers we were faced with a need to develop "boundaries" in our definition — boundaries that would make the research possible. Different provinces use different definitions of "children with special needs" for the allocation of funding and additional support. Some provinces require a diagnostic label before they deem a child eligible for "special needs funding." Some query "activity limitation," which parents often find difficult to assess.

Since this study is about child care and about caregivers' attitudes in child care settings, when we say "children with special needs" we are talking about "children with special needs in child care settings." Further, we are talking about "children with special needs" for whom some level of additional funding, consultative support, and/or resource support is provided. Thus, for the purposes of this study, we provided the following definition:

"Children with special needs" are "Children whose disabilities/disorders/health impairments meet your province's eligibility criteria for additional support or funding in child care settings. In areas with no additional support or funding, this term refers to children with an identified physical or intellectual disability that would be classified as moderate to severe. This definition does not include children usually described as being at high risk, who have not actually been identified as having a significant disability or delay — even though such children may require curriculum modifications and/or additional attention. Depending on your province/region, a child with significant emotional and/or behavioural problems may be classified either as a child with special needs or as a child at risk."

This definition leaves out many children — children as yet unidentified, children on waiting lists for assessment, children whose disabilities or disorders do not fit within a province's definition of "special needs," and children at risk because of environmental factors. But this definition does reflect the reality of a provincially-directed child care system, one that is fraught with contradictions. It also

makes the research possible, because it eliminates the subjectivity that would result from asking the directors individually to define the children with special needs in their centres.

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2. CURRENT UNDERSTANDINGS

Sharon Hope Irwin, Donna S. Lero, Kathleen Brophy

2.1 THE PREVALENCE OF SPECIAL NEEDS AND CHRONIC HEALTH CONDITIONS IN CANADIAN CHILDREN

Defining and estimating the number of children in Canada with special needs is a complex problem, and these difficulties pervade all the existing studies. Yet, because children with special needs (including those with severe/profound special needs) are much less frequently institutionalized than previously, and now expect to participate in all community activities, it is critical that policy makers have accurate data upon which to plan and budget.

Within these limitations, there are three national Canadian data sources from which estimates can be derived: The *National Population Health Survey* (NPHS, 1996-97); Canada's *Health and Activity Limitation Survey* (HALS, 1991); and *The National Child Care Survey* (NCCS, 1998). A fourth data source, the *National Longitudinal Survey of Children and Youth* (NLSCY) has not yet released its estimates.

According to the 1996-97 *National Population Health Survey* (NPHS), there were approximately 169,537 (10%) male and 80,393 (5%)[1] female children between 0 and 9 years of age, living in households, who had special needs. For a child to be considered to have a disability, the respondent (usually a parent) answered "yes" to the following (spoken) question: "Because of a long-term physical or mental condition or a health problem, is/(your child) limited in the kind or amount of activity you/he/she can do?"[2]

Canada's *Health and Activity Limitation Survey (HALS,* 1991), which informs *The Health of Canada's Children: A CICH Profile #3,* as well as of a great deal of provincial and federal planning, counts as a "child with a health or activity limitation" one whose parent reports that the child:

- has difficulty hearing, speaking or seeing;
- has a chronic condition such as diabetes or muscular dystrophy;
- uses technical aids, such as crutches, hearing aids, braces (excluding braces for teeth);
- has a long-term condition or health problem that prevented or limited participation in school, at play or in any other activity considered normal for a child his or her age;

- attends a special school or in special classes;
- has a long-term emotional, psychological, nervous or mental health condition; or
- has any other general limitation.[3]

According to the *1991 Health and Activity Limitations Survey*, 5.0% of male and 4.0% of female children 0-4 years of age and 8.8% of male and 5.8% of female children 5-9 years of age have special needs.

Another national data source is the 1988 *National Child Care Survey (NCCS)*.[4] According to the NCCS, about 241,000 families with at least one child under 13 years of age (roughly 8.8%) have a child with a long-term condition or health problem. In 68,000 families, parents reported that their child's condition or health limited the kind of work they were able to do or the hours parents could work. About 77,200 families reported that their child's condition limited the child care options that would otherwise be available for that child, and 38,000 parents noted that their child's condition or health problem limited the child care options they could consider for other children in the family.

We mention these three data sources because they are the best available, but also to highlight the inadequacy of surveys such as the NPHS to fully identify disability figures. The Roeher Institute estimates that an additional 145,000 children (ages 0-19) and youth could be "found" in the NPHS data if more variables were examined. It also highlights the difficulties of looking at "inclusion" strictly through a medicalized prevalence framework. The collection and analysis of accurate and timely data is essential, because these are the figures upon which policies are developed and budgets are built, and the HALS and NPHS questions are also the ones that federal and provincial governments use in establishing eligibility for certain services and funding.

Elements of the HALS definition need updating. For example, "attendance at a special school or in special classes" is not the determinant that it once was because most provinces/territories have eliminated special schools and many special classes. While this does not lower the prevalence of disability, it distorts the estimates. In March 2000, Statistics Canada announced that it will carry out a new Health and Activity Limitation Survey that will include better, focused questions regarding very young children.

Even if the prevalence figures were accurate, we would still have difficulty estimating the required spaces for children with special needs in Canadian child care. Government policy often distorts the numbers and hides the problem. On the one hand, it is likely that children with special needs would be over-represented in child care (unless they are consciously excluded) because their developmental needs give them entitlement in some provinces. On the other hand, it is likely that children with special needs would be under-represented in child care, because their mothers are more likely to be excluded from the labour force, and many provinces tie subsidies to parental employment.

2.2 INCLUSIVE CHILD CARE: OPPORTUNITIES TO SUPPORT CHILD DEVELOPMENT AND FAMILY WELL-BEING

"Accessible, high quality child care is an enabler, a conduit for

> positive outcomes. The absence of an effective child care system is a major deficit in Canada's infrastrucure, adversely affecting our economic performance and human resources, now and in the future. Child care's place at the centre of an array of social policy objectives — healthy child development, parental job training, learning and employment, women's equality and healthy communities — suggests that a policy framework that legitimizes child care would be an astute public investment."
>
> Friendly & Oloman[5]

Each component of this mix has become more critical to families and to society as Canada has moved through the 1990s and into the first decade of the 21st century.

Child care has long been at the centre of the feminist movement's drive for women's equality. Child care advocates and feminists have recognized that inadequate access to appropriate, high quality child care creates a major barrier to women's opportunities. In Canada, *The Royal Commission on the Status of Women* in 1970 was one of the first official documents to recognize the importance of child care for women's equality and to call for national child care legislation (Friendly, 1994).[6] Yet, as Judy Rebick (2000)[7] tells us in 2000, "Thirty years after the publication of the report of *the Royal Commission on the Status of Women*, which described *child care* as a critical support for women's equality, you look at the Report, compare it to today's reality, and see that no progress has been made on child care."

Family economic well-being increasingly depends on the wages of both parents in two-parent families and, obviously, on the wages of lone parents in lone-parent families. As Hertzman demonstrates (1998),[8] one of the most important determinants of health is secure attachment to the labour market in well-paid, meaningful employment. Parents with jobs, especially good jobs, tend to be healthier, as do their children. Canadian wages, in general, have not increased during the past decade.

According to the Vanier Institute of the Family,[9] "Non-indexation of the minimum wage has meant that it alone can no longer keep a family out of poverty. In addition, the rapidity of changes in employment patterns has meant that income security is increasingly the task of both parents, not just the father."

The National Council of Welfare,[10] which usually promotes income transfers for the poor to raise the very low subsistence allowances of provincial welfare plans, has argued for a service expenditure in this case, saying that "The federal, provincial and territorial governments must create a national system of child care and early childhood education. Parents cannot participate fully in the labour market unless they find high-quality child care that they can afford."

Another important aspect of high quality, affordable, accessible child care is its contribution to healthy communities. In this context, the phrase "healthy communities" refers to outcomes — the result of policies, activities, and services that help citizens of varied social, economic, linguistic and ethnic groups live harmoniously together. Healthy communities have long been a justification for universal

public education. It's not too hard to imagine an argument, 150 years ago, proposing targeted public funding of education only for the poor, in order that they gain sufficient skills and appropriate habits to work in the factories and on the farms of the country. It's also not difficult to imagine a counter-argument that public funding of universal education would be an instrument for enlarging the social sphere in which all economic classes would learn together and learn to live together.

Another example comes from the United States when, in the middle of the Great Depression, U.S. Secretary of Welfare Wilbur Cohen introduced a social security program for all Americans. Many people wondered why that income should not be means-tested. At such a time, they asked, wouldn't it be better to designate money only to very poor people who desperately needed the money? Cohen answered, "Programs for the poor quickly become poor programs."[11]

In a similar vein, Linda McQuaig in her book, *The Wealthy Banker's Wife,* says, "The reason targeted programs don't work, according to many analysts, is that it is difficult to maintain political support among the population for programs that benefit a small portion of society. On the other hand, if taxpayers feel that a program offers important benefits for themselves and their family members, they are much more willing to support it — even pay high taxes to maintain it."[12]

Even Edward Zigler, the father of the U.S. Head Start program for poor children, is convinced that segregated programs for the poor are bad public policy. "(Head Start) ...serves to segregate children along socioeconomic lines...Head Start tracks economically disadvantaged children into separate programs in the same way that low-achieving children and adolescents are often segregated in 'dumb' classes in elementary and high school. While we show great concern for the deleterious effects of stigmatizing school-aged children, we ignore the stigma that results from participation in a program for economically disadvantaged children. The present policy not only contributes to the segregation of children along ethnic and social-class lines but denies middle-class and disadvantaged children, as well as the children from different ethnic groups, opportunities to learn from each other (emphasis, authors). All children, especially those who otherwise have few opportunities to interact with children of different races and cultural backgrounds, can gain from preschool experience that exposes them to greater cultural diversity."[13]

McCain and Mustard,[14] in *The Early Years: Reversing the Real Brain Drain*, say: "it (early childhood develpment and care) works best within a system available to everyone," and "parents across the socioeconomic spectrum could use advice and support in enhancing their parenting skills." They further state: "Early child development and parenting initiatives must include all children, including those living with special difficulties and challenges." As to the issue of targeting, they say "We heard that all families need non-parental care for their young children. Some need regular full-time or part-time care arrangements, while others need occasional respite care. Even the community meeting with parents and grandparents who were not

employed full-time outside the home identified that full-time high quality child care arrangements should be available for parents who want it for their children. But parents do not want to choose between early childhood development and child care. They would prefer early child development centres that include non-parental care."

While the three arguments of women's equality, family economic well-being and healthy communities are important, perhaps the most important argument for a substantial public investment in early childhood care and education is based on healthy child development.

As McCain and Mustard state in *The Early Years: Reversing the Real Brain Drain*, "Brain development in the period from conception to six years sets a base for learning, behaviour and health over the life cycle. Ensuring that all our future citizens are able to develop their full potential has to be a high priority for everyone. It is critical if we are to reverse 'the real brain drain'.... A society that wants to have a highly competent population for the future to cope with the demands of the emerging knowledge-based world and global economy will have to ensure that all its children have the best stimulation and nourishment during the critical early years of development, regardless of family circumstances.... Investments in the early period of life are as important as investments in education, post secondary education and health care."

If these four arguments — women's equality, family economic well-being, healthy communities, and healthy child development — are valid for *all* children and families, they are especially important for children with special needs and their families.

The Women's Equality argument and children with special needs:

If all women with young children need the opportunity to use high quality, affordable, accessible child care for their children, mothers of children with special needs need it even more. They are more likely to face family breakdown; they have more difficulty finding, keeping and paying for appropriate child care; and many mothers in two-parent families with one parent unemployed report that their child's special needs are a major factor in their unemployment.[15] Moreover, recognizing that care of their children may be a lifelong commitment, they also speak about their need for employment as an issue of personal identity and as respite from the isolation and challenges of caring for a child with additional needs. A 1993 presentation to the *Parliamentary Task Force on Social Security Reform*[16] noted that, without special measures to assist with child care and flexible employment supports, mothers of children with special needs were likely to constitute a ghetto within a ghetto of unemployed, able-bodied workers.

The Family Economic Well-Being argument and children with special needs

If most families with typically developing children need two incomes to maintain a comfortable standard of living, this is often even more true for families with a child with a disability. Even without counting the substantial "opportunity costs" lost by a parent (usually the mother) leaving the labour force or accepting fewer hours of work or a

lesser skilled job[17] because of the difficulties of finding and obtaining appropriate services for a child with a disability, they have many costs which are disability-specific and which are involuntary.[18] Although the income tax system contains provisions to offset some costs of disability, it does not begin to provide the *tax fairness* that would establish equity between families at the same level of income which include a child with a disability and those which do not. Moreover, the lack of both suitable, affordable child care and employment provisions which recognize the needs of parents of children with special needs to take time off for medical and therapeutic appointments as well as for educational placement meetings, etc., often makes employment impossible for the caregiving parent.[19] As one parent at the 1993 Social Security Reform hearings said:[20] "It's not the disability that bothers me — it's the poverty that I face because no systems are in place to permit me to work."

The Healthy Communities argument and children with special needs

We live in an increasingly diverse, multi-cultural Canadian community, as well as in a global one. The early years provide the best time for young children to learn to respect and enjoy differences, as well as similarities, of culture, language, gender, ability, etc. Thus, on a child-to-child level, the inclusive child care setting can help typically developing children to appreciate the gifts and challenges of their peers with special needs. Such experiences may generalize to appreciation of other differences as well. Anecdotal experiences indicate that qualities of empathy, sympathy, and caring expand when very young children have opportunities to play and learn with children of differing abilities. When they go into school, such friendships often continue, providing natural peer supports to children with special needs. Some parents, recognizing the value of exposure to diversity, look for child care centres that intentionally include children from diverse backgrounds and children with disabilities.[21]

The Healthy Child Development argument and children with special needs

The research literature on the value of high quality inclusive child care for children with special needs, as well as for typically developing children, is robust.[22] According to Strain (1988),[23] there is no evidence that such programs are detrimental to typically developing children and there is ample evidence of the benefits to children with special needs. Hundert (1994)[24] demonstrates, in a southern Ontario study, that children with severe disabilities show greater gains both cognitively and socially in inclusive settings, compared to progress in segregated settings, even where the ratios of staff-to-child were higher and where more intensive interventions were used. Inclusive settings must, of course, provide additional staffing, training, resources and supports to make the programs work for *all* children.

In the famous *Brown versus the Board of Education* (1954) decision of the Supreme Court of the United States, Justice Marshall said, in a unanimous decision:

"Does segregation of children in public schools solely on the basis of race, even though the physical facilities and other 'tangible' factors may be equal, deprive the children of the minority group of equal educational opportunities? We believe that it does...We conclude that...separate educational facilities are inherently unequal....(They) generate a feeling of inferiority as to their status in the community that may affect their hearts and minds in a way unlikely ever to be undone."[25]

This case has had a tremendous influence on other disadvantaged groups, notably people with disabilities and their advocates, who later argued that segregated schools and institutions had similarly negative effects on persons with disabilities.

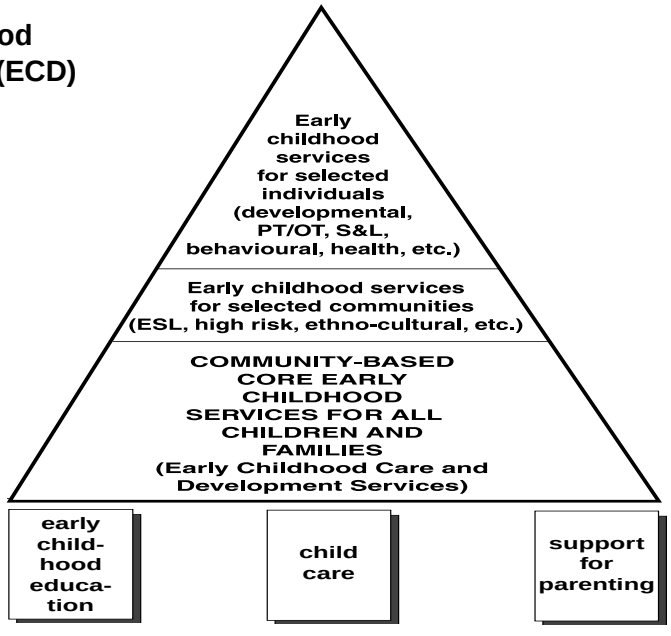
An *Appendix to the Appellants' Brief*, prepared by Dr. Kenneth Clark, a renowned Black psychologist and others, contained a section on the impact of racism and segregation on children of the majority group. It states:

"Those children who learn the prejudice of our society are also being taught to gain personal status in an unrealistic and nonadaptive way. The culture permits and at times encourages them to direct their feelings of hostility and aggression against whole groups of people perceived as weaker than themselves. Confusion, conflict, moral cynicism and disrespect for authority may arise."[26]

Regardless of the level or type of disability, healthy child development requires opportunities to participate in inclusive community-based early childhood programs. A framework for such programs, described below in Figure 2.1, is essentially self-evident. It begins with the premise that all children and families require basic services, to

Figure 2.1

Inclusive Early Childhood Development Services (ECD)



Adapted from: McCuaig, K. and Friendly, M. (1999) The Early Childhood Triangle

some degree or another, of early childhood education, child care, and support for parenting. Selected *communities* require additional services because of factors such as a high proportion of immigrants or refugees, poverty, and other risk factors. Finally, some *individual children,* including those identified as having special needs, may require highly intensive services.

The United States, almost never seen as progressive in its social policies, now recognizes in law the importance of participation by eligible children with special needs (ages 3-21) in "free and appropriate programs (FRAP)" in "the least restrictive environment (LRE),"[27] and prohibits their exclusion from both centre-based and family daycare through the Americans with Disabilities Act (ADA),[28] Canada continues to rely on voluntarism and on a permissive approach to the issue of inclusion.

2.3 THE EVOLUTION OF INCLUSIVE CHILD CARE IN CANADA

The evolution of inclusive child care in Canada has many parallels to the evolution in public education. Both "systems" began with exclusion, moved to the development of a segregated "special education" or "developmental program" track, moved to a resource room/pull-out model of integration, and then moved toward a model in which all children, regardless of ability/disability, were educated within the same classrooms. The driving forces for both systems were the same: the human rights movement and a growing belief that children of diverse abilities and cultures could benefit from being together. The current issues regarding inclusion of children with special needs are also similar — lack of staff training, lack of appropriate resources and support, and most of all — attitude.

There are, however, areas of evolution toward inclusion that are not parallel in education and child care. "Education" is a universal system, and since the proclamation of the Canadian *Charter of Rights and Freedoms,* all age-eligible students must (by law) be accommodated within provincial education systems.[29] As late as 1979, only three provinces — Prince Edward Island, Nova Scotia, and Saskatchewan — had legislation stating that school boards must provide educational services to the exceptional student.[30] The rights of students with special needs to attend *inclusive* classrooms was addressed by the Supreme Court of Canada in the Eaton case, and the decision, though not what disability advocates had hoped for, puts the onus on school boards to justify placement decisions that go against parental/student wishes.[31]

Child care, on the other hand, is not a universal system. Child care centres in Canada can develop admissions policies that specifically exclude children with special needs. Neither the *Charter of Rights and Freedoms* nor provincial human rights legislation speaks about a "right" to child care — not just for children with special needs, but for *any* children. Moreover, mixed public/private funding for child care and mixed public/private auspices contribute to child care's chronic under-funding. The issue of "base quality" — of whether the quality of much child care is adequate for *any* child, but especially for a child with complex needs —

bedevils the efforts of inclusion advocates.[32]

The 1950s and Before: Until the 1960s, the care of children with special needs was usually seen as a family issue. The overarching theme was essentially "hopelessness" or "God's special child" — and it was assumed that children with intellectual challenges couldn't learn and that children with physical challenges would die young. Upon the birth of a child with special needs, families usually had two choices: institutionalize the child ("It's better for him," or "He'll be happier with his own kind," the experts would say) or take on the total task of raising the child at home without formal supports. Most provinces excluded many children with special needs from schools and, of course, child care was in its infancy.

Two important events — one of rights and the other of hope — propelled the growth of advocacy related to children with special needs.

The "rights" discussion followed the U.S. Supreme Court 1954 decision in *Brown vs. Board of Education* which stated that "Segregation is inherently unequal."[33]

The "hope" discussion followed the *behaviourists,* who demonstrated that everybody could learn if tasks were broken down into simple pieces, repeated many times, and rewarded for success. The new techniques gave parents a feeling that their children *could* learn.

In addition, the increasing use and sophistication of antibiotics meant that children with physical special needs, who might have died soon after birth, were living longer. As well, assistive technology and miniaturization would offer mobility and communicative possibilities where none had existed before.

The 1960s and '70s — Specialized Pre-schools: The 1960s was a decade of hope for parents of children marginalized by disability and/or by poverty. The behaviourists (notably Skinner) had demonstrated that there was an effective way to teach anybody anything. Their techniques of behaviour modification were incorporated into training programs and into methods of teaching people with intellectual challenges. "Task analysis," "mastery learning," and "rewards" became the hopeful motifs of the institutions where many people with intellectual challenges lived. Psychologists and disability specialists designed many specialized teaching methods and curricula.

A system of developmental part-day preschools was established for children with special needs, with encouragement from the specialists. Driven by parents of children excluded from the regular preschools, a strong system of Canadian Association for the Mentally Retarded (CAMR, now CACL) nursery schools and Child Development Centre preschools (CDCs) for children with physical special needs developed across Canada. These programs were characterized by specialization and segregation, by strong parent involvement (particularly the CAMR programs), often supplied transportation, and were free for eligible children (although parents were often involved in fundraising). There were few, if any, full-day child care programs for children with special needs.

Through the 1960s and early '70s, "regular" Canadian child care was still characterized by a distinction

between daycare centres and preschools/nursery schools. Most child care centres were seen as custodial environments for the children of the working poor. They provided a safe environment, nutritious meals, and adequate care. Nobody expected them to be much more. For middle class parents, on the other hand, the preschool/nursery school was the choice for 3- and 4-year olds. The child attended a social/developmental program for two hours a morning or afternoon, and spent the rest of the day with his/her mother or housekeeper. Some targeted preschool programs were funded in low income neighbourhoods in Canada, based on the curriculum component of U.S. Head Start, although not including the nutrition, parent support, and health elements.

By the end of the '70s, some progressive child care centres were enrolling children with special needs — often without legislation, core funding, training, or support.[34] Federal grant funding through such programs as the Local Initiatives Program (LIP) and Canada Works were often crucial to these initiatives. These pioneers at child care inclusion became a cadre offering skill enhancement, advocacy for changes in public policy, and support for other centres in their regions.

During this same period, public education for children with special needs was extremely limited. School-age children with special needs often attended "special schools" and residential institutions. Public education systems still did not have to admit children whom they considered "uneducable" or "not trainable."[35]

1980s — The Transitional Decade: With growing participation of mothers of young children in the workforce, the need for a setting that expanded the length of the part-time preschool/nursery school day became obvious. Some preschools added a "bridge" program at lunchtime between their morning program and their afternoon program to accommodate children of working parents. Some also added "wrap-around" programs, before 9:00 a.m. and after 3:00 p.m. In addition, the traditional daycare centres that had been seen as primarily custodial settings for low-income parents began to expand their developmental or educational components — and to include more and more middle class children of employed mothers.

Almost inadvertently, people realized that among the working mothers were mothers of children with special needs. Special needs was not part of the planning of any government in Canada as they began to develop child care legislation.

Although many more families actually used non-licensed out-of-home care or care-by-relative, it can be argued that the licensed, group child care setting "characterized" the period as the locus in which new activity and policy development were taking place. Quality measures were developed; training programs and qualifications were strengthened; provincial legislation began to reflect awareness that child care needed to mean more than "safe and fed." And just as middle-income parents were pressing the system to provide higher quality experiences, so did parents of children with special needs require child care too. Parents of children with special needs

were in the workforce in greater and greater numbers. But they also, individually and as part of advocacy groups such as CACL, were looking for "normalized" or "least restrictive placements" for their children with special needs — placements such as child care.

The Canadian Association for the Mentally Retarded (CAMR) nursery schools began to change form and function — first by turning into "reverse integration" settings, where the totally segregated setting became one involving 50% typically developing children (usually a population composed of brothers and sisters, and neighbours) and 50% children with intellectual special needs; then into a support and consultation role for regular child care programs, as their children moved into those settings.

The Child Development Centre (CDC) preschools, which primarily served children with physical disabilities, changed more slowly. These were often connected to rehabilitation centres or hospitals, with therapists on site, and often incorporated more accessible physical design features. These programs were more resistant to inclusion. Therapies were considered more difficult to deliver in regular child care. Basements, church halls, and other "found spaces" characteristic of daycare could not easily accommodate children in wheelchairs and braces.

At the end of the 1980s, integrated child care for a child with a physical disability would often be characterized by a chopped-up day. For example, the child with special needs would go to a regular child care setting when his mother left for work, be picked up in the CDC van at 8:30, go to a two-hour therapeutic program for the morning, then be taken by van back to the child care setting for the afternoon. Coordination between the two programs would range from non-existent to full coordination. But between dressing for outdoors, waiting for the van, riding in the van, waiting to be undressed for indoors, being dressed again for the ride back, waiting for the ride, riding in the van, being undressed again for indoors, an enormous amount of very passive time occurred.[36]

By the end of the 1980s, despite the lack of legislated entitlement, Canadian child care programs were enrolling more children with special needs, in programs increasingly inclusive.[37] Modest financial incentives, additional training, strong parental advocacy, and a growing awareness of the benefits of inclusion encouraged this change.

Schools, too, changed during this decade. Many of the "special schools" were closed, and students with special needs were brought into segregated classrooms inside the regular schools. They still rode on the "handicapped bus"; they were still segregated into special classes, but they were in the same school building. As time went by, many schools began to include all (or almost all) students in non-academic activities — often in homeroom, gym, assembly, lunch, recess, art, and music. Academic subjects were taught to children with special needs through pull-out programs in the resource room, a key characteristic of this period. Parents and advocates continued to fight for full educational inclusion, but the Courts ruled against them.[38]

From 1990 to mid decade — policy and practice: Legislation and policy were beginning to catch up with the models of inclusive child care across Canada. Many provinces (British Columbia, Saskatchewan, Ontario, New Brunswick, Nova Scotia, Prince Edward Island) were rewriting their child care legislation, as it related to children with special needs. The dominant feature of the new legislation was some attempt to support children with special needs in regular child care settings, rather than to support a separate, segregated track.

British Columbia conducted a notable special needs review.[39] Released in Autumn 1994, it included a plan to move toward supported child care for all children. With careful respect for local histories and local strengths and needs, the recommendations raised the baseline of social policy in Canada as it relates to preschool children with special needs.

On the other hand, Ontario's strong move toward a policy of family-centered, inclusive child care was slowed, if not halted, by that government's decision not to continue Child Care Reform in areas where new dollars were required.[40]

Nova Scotia's draft regulations[41] used the language of inclusion, and would move provincial child care legislation away from an add-on model of addressing special needs toward one that encourages full participation in community-based programs. In addition, by 1993 Nova Scotia had begun to support ten percent of its new child care spaces with "differential funding," recognizing that approximately ten percent of children will require additional supports to successfully participate in child care programs.[42]

New Brunswick's new regulations improved provincial supports for children with special needs, but provided less support to the regular child care programs into which they would be integrated.[43] Saskatchewan's legislated changes speak positively about "special needs," but fiscally are very limited.[44]

On the federal level, the discussion document on *Social Security Reform* addressed issues of children with special needs at several points, relating both to parental employment and to healthy child development, but its recommendations related to children with special needs were never implemented.[45] Other federal programs of that period (e.g., Canada Assistance Plan, Dependent Care Allowance) that impact on child care did not even mention "children with special needs."

Despite the lack of legislated entitlement, by mid 1990s Canadian child care programs were including more children with special needs. Irrespective of provincial legislation, urban or rural status, or funding, researchers found innovative inclusionary child care programs in every province.[46] The quality as well as the quantity of inclusion had increased in Canada. Both pre-service and in-service training were being redirected from an emphasis on exceptionality toward strategies for inclusion. The number of workshops on inclusion issues had increased significantly. Programs that had formerly included only children with mild to moderate special needs were beginning to include children with tougher challenges. Partnerships between child care staff and early intervention staffs had been strengthened in many settings.

Collaborative efforts, such as team planning, transdisciplinary service delivery, and arena assessments, were becoming more prevalent.

From the perspective of inclusion, the early 1990s appears to have marked the high point in Canadian child care. Most provinces had acknowledged "child care" as a valuable profession, although significant wage increases had not followed. Most provinces had acknowledged that "child care" had a significant role to play in the development and socialization of children with special needs. Voluntary attendance of child care staff at conferences and workshops was high and many staff were beginning to speak of their work as a profession — not just a job to leave for better pay and working conditions. As well, surveys of centres seemed to suggest that the will to include children with special needs was increasing.[47] Although no legislation had passed, "child care" had been an issue in the federal elections of 1984, 1988, and 1993, and the *Red Book* promises on child care of the governing Liberals suggested that better times were coming. The initiation of an HRDC-funded Sector Study on Child Care in 1995 seemed to signal an acknowledgment by the federal government that the child care workforce was significant in the overall picture of Canadian employment.

2.4 APPRECIATING THE CONTEXT IN WHICH THE STUDY WAS CONCEPTUALIZED AND UNDERTAKEN, AND IN WHICH THIS REPORT IS BEING DISSEMINATED

When this study was conceptualized and initiated (1994-97), governments (federal as well as provincial/territorial) were consumed by their emphasis on debt, deficit, and devolution.

Indeed, the earlier optimism in the child care community and its willingness to volunteer for more training and to develop skills required to include children with special needs had been, we think, contingent on the expectation of better wages and working conditions, greater recognition and better support for centres. With the shift of federal emphasis in late 1993 from promises of social reform to an emphasis on debt, deficit, and developing a social union framework — as well as with the demise of the Canada Assistance Plan (CAP) and its replacement by the smaller and less powerful successor, the Canada Health and Social Transfer (CHST), the child care community felt betrayed. The Liberal Party's *Red Book* (1993) promise of 150,000 new child care spaces had not been realized. Without CAP and with their own debt/deficit/social union concerns, the provinces, too, slowed and then stopped their advances in child care. "Children at risk" became a heightened federal/provincial concern, and "children with special needs"[48] lost their high profile at policy tables.

When this study was disseminated (1999-2000) the fiscal surplus, rather than the earlier deficit and debt, was beginning to engage politicians, policy makers, and publics.

Approaching the millennium, families and providers were encouraged by the announcement of enhanced maternity/parental benefits, the possibility of a National Children's Agenda, and by an increase in the National Child

Benefit and the Reinvestment Fund. On the other hand, they were concerned about the limitations of the enhanced maternity/parental benefits, the slowness of the NCA agreement and the likelihood that it would not address employment-sensitive early childhood development services (i.e., child care), and that the Reinvestment Fund came at the expense of the poorest of the poor.

Especially troubling, no children's initiative seemed to address "children with special needs" — and even *In Unison*,[49] a recent accord of the f/p/t governments (except Québec), ignored young children and their families, focusing on adults and, perhaps, on teenagers.

At some level, all provinces and territories appreciate the need for inclusive child care opportunities for children with special needs and have developed some document or position paper laying out their intentions to further address the issue. A special needs review (Saskatchewan); reorganization of child care and special needs services (Newfoundland, Ontario, Alberta, British Columbia) and amendments to child care legislation (Nova Scotia) are currently in progress (1999).

Many provinces seem to be waiting for federal leadership (or funding) to so do; others are adding on an element (such as training), but in the absence of a universally accessible system of child care, the issues of equity, affordability, and accessibility continue to haunt. The impending *National Children's Agenda* and the *Reinvestment Fund* are seen by many provinces as potential vehicles through which to address inclusive child care.

2.5 THE EVOLUTION OF QUALITY CARE AS A CONCEPT THAT ENCOMPASSES INCLUSIVENESS AND DIVERSITY — USING ASSESSMENT TOOLS AS A BENCHMARK

If "inclusiveness" and "diversity" are embedded in the concept of "quality" in early childhood care and education, we would expect to find that assessment tools that measure "quality" would reflect their presence. Thus, if a centre made no provisions or only very modest provisions for the inclusion of children with disabilities, that centre could not be rated as meeting more than a minimal level of quality, even if it excelled in every other area. A similar statement could be made about provision for children from diverse cultural and linguistic backgrounds.

Comparing the 1980 *Early Childhood Environment Rating Scale* (*ECERS*)[50] with the 1998 *Early Childhood Environment Rating Scale Revised* (*ECERS-R*)[51]

The *ECERS*, as it is usually called, was published in 1980 and has probably become the most frequently used instrument for assessing early childhood program quality. It uses a 7- point rating scale, with "1" meaning "inadequate" and "7" meaning "excellent." There are seven areas of assessment, and a total of 43 items, each of which includes from one to five indicators. Measures of both reliability and validity of the 1980 *ECERS* are high. Countless workshops and training sessions, as well as instructional videos and manuals, have helped to keep inter-observer reliability quite high, despite the non-restricted use of the *ECERS* by people with a wide

variety of qualifications. Because of its wide use in research and its popularity, we see it as a benchmark tool for assessing "quality" in early childhood education and care, while recognizing that major studies of quality now use several other indices along with this one. Many provinces now use the ECERS both as a training tool and as a formative measure of quality.

However, in the 1980 version of the *ECERS*, there was only one item that mentioned "exceptional children." In the Notes of Clarification to #33, *ECERS* says, "Probes may be needed, such as 'Do you have children with handicaps or special needs?' 'How do you handle this?' 'Have you ever had such children?' 'What would you do if you had children with special needs?'"(p. 34)

The item itself ranges from "1" (Inadequate): "no provisions or plans for modifying the physical environment, program, and schedule for exceptional children; reluctance to admit children with special needs" to "7" (Excellent): "Staff assess needs of children and make modifications in environment, program, and schedule to meet the special needs of exceptional children" and "individually planned program for exceptional children involving parents and using professionally trained person as consultant to guide assessment and planning; referral to support services." (p. 35). *Inclusion*, it is clear, was not seen as a critical component of quality in the *ECERS* of 1980.

In 1998, the *ECERS-R* was published. In the introduction, the authors say, "During this time [since 1980], inclusion of children with disabilities and sensitivity to cultural diversity had become important issues in the assessment of program quality…"(p. 1). "In keeping with the suggestions of our focus groups on inclusion and cultural diversity, we did not develop separate items but rather incorporated indicators and examples throughout the scale" (p. 2).

In the *ECERS-R*, twelve items and fifteen indicators mention "children with disabilities." Generally speaking, the presence of a child with a disability currently in the program requires some attention to rate a "3" on the item and often a more complex response to the child is required to rate a "5." For most items related to "a child with a disability" an N/A (not applicable) is to be written on the rating sheet if no child with a disability is currently present. Only in the item referring to "space and furnishings" does the "5" occur even when there is no child with a disability currently part of the program ("For a score of 5, accessibility is required regardless of whether or not individuals with disabilities are involved in the program," p. 9). In addition, there is a whole section called "Provisions for children with disabilities." The Notes for Clarification state, "This item should be used only if a child with an identified disability is included in the program. Otherwise, score this item N/A." Fourteen indicators are included, ranging from four in "inadequate" to three in "excellent." The 3 indicators in "good" show the staff following through on suggestions and goals set by outside professionals; the 3 indicators under "excellent" are inclusionary and collaborative (p. 45).

These changes in *ECERS* between 1980 and 1998 represent a major change in the instrument and evidence of the acceptance of the idea

"You could call it 'ideological coherence,'" he said. "But I like to think about it as centres where everybody — from the board of directors to the cleaning staff — have bought into inclusion. We always visit the cook as well as the child care staff. At one of the best centres we visited, the cook proudly told us how he ground up food so that a child with a swallowing problem could eat with everybody else."

that "quality" in child care encompasses provisions that support and enhance inclusion and diversity. However, to many people involved with these issues, the *ECERS-R,* even with its changes, still does not adequately reflect the measures needed to assure that children with special needs and children from non-majority cultures and languages are truly welcomed into child care settings. To these advocates, high quality in child care would require even more attention to these areas. They would suggest that there is more to inclusion than simply responding *if* a child with a disability is currently present. They would say that such indicators as knowledge of common screening and assessment tools, understanding of the rights of children with disabilities to be present in child care centres, experience with children with disabilities in group settings, and commitment to inclusion should be present, even if a child with a disability is not currently enrolled.

Early Childhood Special Education Program Design and Development Guide (EC-SPEED)

In 1993, *the Early Childhood Special Education Program Design and Development Guide (EC-SPEED)* was produced by Lynn G. Johnson, Paul McMillan, Paul A. Johnson and Constance K. Rogers.[52] Along with a set of eleven videos and a comprehensive bibliography related to early childhood special needs, the *EC-SPEED* team developed an assessment instrument for use in early childhood settings. Their instrument, unlike *ECERS,* unapologetically addressed assessing "regular" group child care settings (including Head Start, nursery schools, daycare) on the basis of their capacity to include children with a full range of types and levels of disabilities. Developed originally for use as a training tool in Early Childhood Special Education at the university level in the United States, the *EC-SPEED* instrument has been used widely for formative assessment and for self-study, as well as for course credit.

"Embedding" or "infusing" inclusion (then called "mainstreaming") into every element of the instrument, a high score on the *EC-SPEED* (designed very much like the *ECERS*) requires regular attention to special needs issues. For example**,** in a fully inclusive centre, obvious accommodations will have been made for children with small muscle difficulties or for blind children — even in the way coathooks are designed and positioned. When we asked one of the authors of *EC-SPEED*, in 1998, which indicators he thought were the most important, Lynn G. Johnson said,

"You could call it 'ideological coherence,'" he said. "But I like to think about it as centres where everybody — from the board of directors to the cleaning staff — have bought into inclusion. We always visit the cook as well as the child care staff. At one of the best centres we visited, the cook proudly told us how he ground up food so that a child with a swallowing problem could eat with everybody else."[53]

Unfortunately, for most program consultants, trainers, and early childhood educators, the scoring of *EC-SPEED* takes three full days with three trained observers to complete. However, its indicators, training manuals and its videos remain very helpful for understanding the vision of full inclusion, and are useful for self-assessment and planning. (The legal section is

U.S.- based and is not relevant for Canada.)

DEC/NAEYC Statement on Inclusion

Reflecting growing consensus in the disability field about the benefits of inclusion, the Division of Early Childhood (DEC), Council for Exceptional Children adopted its *Position on Inclusion*[54] in 1993. In 1994, the National Association for the Education of Young Children (NAEYC), the largest early childhood education organization in the United States, endorsed the DEC statement and revised its own definition of program quality to include a greater emphasis on cultural diversity, family concerns, and individual children's needs (Bredekamp & Copple, 1997).[55] It is anticipated that changes to NAEYC's Accreditation Program self-study guide and assessment instruments will follow. These changes will promote attention to inclusion and diversity as critical components of pre-service training and of practice.

Reflecting Inclusion in Research: You Bet I Care!

In Canada, the *You Bet I Care!* project team[56] utilized *ECERS-R* as a measure of process quality in child care settings, but struck an *ad hoc* task force on inclusionary practices, as well as one on diversity to augment it. From the inclusionary practices group, they added five supplementary questions related to enrollment of children with special needs to their existing questionnaire on wages, working conditions and practices; a four-item observational scale of *ECERS*-like items related to outdoor physical environment/equipment, relationships with typically developing children, communication, and individualized program planning; and twelve interview questions with the head teacher in the room that had been observed. (A similar process was followed with the diversity group, but that is outside of our study). These additions to the *ECERS-R* make it, in the opinion of the *ad hoc* task force and of the principle investigators in *YBIC!*, a stronger indicator of the proper role of inclusionary practices in Canadian child care.

2.6 THE CURRENT STATUS OF INCLUSION IN CANADIAN CHILD CARE PROGRAMS

How many children with special needs are currently attending Canadian child care programs? How many more would attend if centres would admit them? Are there any systemic areas of exclusion? What quality of experience are these children receiving? What sorts of supports and resources are available to the inclusive centres? What sorts of supports and resources would be necessary to allow children with all levels and types of special needs to equitably participate?

While this study does not provide information about the current status of inclusion in nationally representative Canadian child care centres, it does provide a template for looking at "typical centres"—when they have moved further towards inclusion. Researchers and advocates have identified high staff turnover, limited education and training, limited experience at including children with special needs, and limited commitment to inclusion, as reasons why voluntary inclusion hasn't moved very far.[57]

By intention, our study looked at a purposive sample of "atypical centres" — a group of over 130 centres which had a rich history of including children with special needs. We attempted to understand what was going on in some of the most committed, most experienced, most knowledgeable staffs and centres in Canada regarding inclusion. Thus, all except five of the centres surveyed included children with special needs (or had within the past year) and had been doing so for most of the past six years or more. Similarly, we would expect to find higher levels of training, experience, commitment, and reported competence at inclusionary practice in our sample.

If we turn to studies of a representative sample of Canadian child care centres that address the inclusion issue, we find only *You Bet I Care* ! (2000). According to *YBIC!*, "the percentage of centres which had no children with special needs ranged from a low of 18.7% (MB) to 50% (NF).The proportion of centres with three or more children with special needs present was highest in Manitoba (45.2%), Ontario (45.9%) and Saskatchewan (49.5%). Specific initiatives to support the inclusion of children with special needs exist in all three of these provinces. By auspice across Canada, 87.% of municipal centres (ON), 73.7% of non-profit centres, and 61.2% for-profit centres reported that they accommodated children with some special needs."[58]

According to Lero et al,[59] when asked about barriers to inclusion, about 40% of centre directors reported being unable to accept the application of at least one child with special needs in the last three years. The most common reasons for not accepting children were: insufficient funds, building required modifications, staff felt inadequately trained, centre already had its maximum number of children with special needs. About 8% of the directors did not reply to the special needs questions, suggesting that the *YBIC!* figures are probably slightly inflated for the positive responses (including children with special needs) and slightly deflated for the negative ones (turning away children with special needs). There is no way of knowing from the *YBIC!* data whether children with any particular health condition, disability or behaviour problem are commonly excluded from representative child care programs, although other research clearly indicates that most often children with more severe problems and those described as having major behaviour problems are excluded. (See Chapter 3.)

It would probably be desirable to get current provincial figures on the number of children with diagnosed, eligible special needs for whom extra funding and/or support is provided to child care centres, and compare that to the estimated number of children with special needs in the total population. In some provinces, this data is available. However, the task of really understanding who is served is complicated by such issues as "Is a 'special needs space' *shared* by two or more children?"; "Do children with special needs attend for the full day, or only until noon or three o'clock?" As well, *invisible children* — those with special needs for whom no extra funding and/or support is provided — would be missed. But it could be done, and should be done,

if a reasonable benchmark of where we are is to exist. It is possible that the 2001 *Health and Activity Limitations* survey *(HALS)* will track the child care question. Then, targets of equitable access could be established, and progress could be tracked. (It also appears that a surveillance project of the *Centre of Excellence for Children and Youth with Disabilities* might take on this question.)

Early Childhood Care and Education in Canada: Provinces and Territories 1998[60] provides, province by province, a listing of the special needs grants offered to child care centres for the inclusion of children with special needs. Updated for 2000,[61] these grants range from "none" in Newfoundland to $11.00/per hour (the average hourly wage of child care workers in the facility for an extra staff person) in Manitoba and a maximum of $11.50/per hour for an extra staff person in Prince Edward Island. This scan does not offer any indication of how long the waiting list might be, or whether children with certain special needs or health impairments are excluded, or the extent of staff training to address inclusionary practices.

2.7 REMAINING BARRIERS; ONGOING CHALLENGES

It is obvious from the findings of this study and the *YBIC!* findings of representative centres that all is not well with inclusionary child care in Canada. The base level of quality (or "the health" of child care) is the foundation upon which inclusion must take place. If that quality is imperiled through such factors as decreased funding and support, higher staff turnover, lower staff morale, shortage of trained staff, more complex family and child issues at the centres (as it has been in most provinces since 1994), the potential for effective inclusion is lost as well. Further, it must be remembered that inclusion in Canada is permissive — there is no anti-discrimination legislation that requires centres to include all children, regardless of special needs. When the going gets rough, the most vulnerable children suffer most.

If Canada is to live up to its commitments to all children, it must quickly move toward equitable access for children with special needs in child care. Whether this requires a new interpretation of the *Charter of Rights and Freedoms,* amendments to the human rights legislation in the provinces and territories, or simply a recognition of Canada's obligations as a signatory to the *U.N. Convention on the Rights of the Child*, we do not know. We do know that, in 2000, it is wrong for children to be excluded from child care centres because of their special needs.

That said, it is critical that centres, training programs, external consultants and supports all be funded and supported appropriately in order to fully include children with special needs. Thus far, many of the centres have included children with special needs despite the lack of resources, extra staffing, training, and support. In these situations, centres' capacities are strained, and the likelihood of their moving further toward inclusion without dependable resources is in question.

END NOTES

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3. LITERATURE REVIEW: THE ROLES OF STAFF ATTITUDE, EXPERIENCE, AND TRAINING IN EFFECTIVE INCLUSION IN CHILD CARE

Sharon Hope Irwin, Kathleen Brophy, Donna S. Lero

3.1 HISTORICAL OVERVIEW OF THE LITERATURE ON CHILD CARE INCLUSION

The short history of literature on preschool inclusion can be dated from the early 1960s. In 1968, the passage of the United States Public Law 90-538, the *Handicapped Children's Early Education Act*, signaled the intention of that government to assist in the development and demonstration of models for the provision of exemplary comprehensive services to preschool, handicapped children and their families (Swan, 1980).[1] From the Handicapped Children's Early Education Program (HCEEP), a research program to support PL 90-538, has flowed a wide variety of exemplary program models, outreach programs, a review panel, seven university-based research institutes into topical issues in preschool special needs, and numerous graduate level early childhood special education programs. The major early childhood special education research journals were initiated in the late 1970s and early 1980s, forming the principal vehicles for dissemination of this research. The Council for Exceptional Children, established in 1922, added the Division of Early Childhood (DEC) in 1973. Membership in that body, which holds its own annual conference, and participates in the general annual conferences of the parent body, now numbers over 53,000 members. For a number of years, the Handicapped Children's Early Education Program (HCEEP) co-sponsored annual conferences with the Division of Early Childhood (DEC), featuring information booths and workshops by each of its outreach projects.The Research Institutes on Preschool Mainstreaming, the Early Intervention Research Institutes, and the National Early Childhood Technical Assistance System, funded by the U.S. government, continued to provide high quality, timely research and technical assistance into issues surrounding preschool inclusion.

In Canada, during the same period, a major effort by voluntary organizations, with funding from foundations and from both the federal and provincial governments, culminated in the report, *One Million Children* (1970).[2] Sponsored by six major national voluntary organizations, the goal of the CELDIC Commission (Commission on Emo-

tional and Learning Disorders in Children) was "to study the needs of the 'one million children' and youth in Canada who experience emotional and learning disorders; to search for new principles, structures and models; and to report upon and make recommendations for improving present efforts." Mainly focused on educational opportunities, the report briefly addressed preschool programs and suggested that "the reasons for segregation in preschool education seem to be administrative and financial rather than educational, and indeed, (segregation) may be detrimental to the educational objective" (p. 86). However, the report tends to frame daycare in terms of "working mothers," and does not suggest its use as a vehicle for inclusion.

During the 1970s and early 1980s, research findings and demonstration projects focused primarily on behavioural techniques for achieving measurable objectives for preschool children with special needs. It was assumed that the basic techniques and strategies, considered effective in teaching cognitive and language skills to persons with mental handicaps, could be combined with the social learning of the integrated preschool.

For social skills, the common theme of much of this early literature was the "proximity theory," namely that physical closeness to normally developing children helps children with special needs to learn age-appropriate behaviours and that, by creating a more "advanced" educational milieu, the children are pushed developmentally. By the middle 1980s, the literature had taken "inclusion" as a starting point, and raised many questions about "proximity" as an effective strategy for socialization in the integrated preschool. Researchers began to consider a variety of techniques and strategies for making integrated placements more effective. Social inclusion became a major focus of research, demonstration projects, and outreach.

By the late 1980s, it was recognized that the attitudes of staff toward inclusion of children with special needs would, to a large extent, determine the success of inclusion in regular child care centres. The literature began to focus on a number of factors thought to influence staff attitudes toward including children with special needs.

3.2 ORGANIZATION OF THE LITERATURE REVIEW

Challenges to the inclusion of preschool children with special needs have been categorized in several ways.

Peck (1990)[3] discusses "context, process, and child-outcomes." The Research Institute on Preschool Mainstreaming (Salisbury, 1991)[4] identifies four primary challenges: administration, knowledge voids, compatibility of existing early childhood curricula with the instructional needs of handicapped learners, and the necessity to carefully translate and pinpoint the "how and why" of inclusion to all relevant audiences.

Smith and Rose (1994)[5] outline six areas of policy barriers: program standards, personnel standards, fiscal policies, eligibility policies, transportation policies and coordination policies. Although their mandate was to focus on policy disincentives, "attitude" was so frequently cited as a barrier to preschool mainstreaming that they felt

compelled to consider this human dimension as well. They asked the question, "Are there values or attitudes that are acting as barriers to preschool main-streaming?" Almost 58% of the respondents to their survey indicated that the presence of attitudinal barriers to preschool inclusion was second only to personnel requirements in impeding inclusion. They further divided "attitude" into five components: turf issues, teacher preparedness, awareness, "someone will lose," and lack of communication/collaboration/respect. While this was a United States study, carried out in 1993, we believe that the issues of attitude are as substantial in Canada as they were/are in the United States.

We caution the reader to remember that "attitude" does not exist in a vacuum. Lack of resources, lack of training, general policy barriers and unrealistic expectations all contribute to "attitude." Indeed, over and over directors, (Early Childhood Educators) ECEs and (Resource Teachers) RTs reported that they believe in full inclusion in child care centres and are eager to include children with special needs — but feel that they lack the resources and/or training to do so.[6] Building on the work of Smith and Rose, we have used a seven-component division of "attitude" to organize this literature review. The components are: nature of the child's disability, training, experience in working with children with special needs, confidence of the staff, availability of resources, collaboration with parents, and the leadership approach taken by early childhood directors. In Section 3.3, we discuss these seven components, which we believe are especially relevant to the Canadian context.

3.3 THE ROLES OF STAFF ATTITUDE, EXPERIENCE, AND TRAINING IN EFFECTIVE INCLUSION IN CHILD CARE

3.31 Nature of the Child's Special Needs

Characteristics of the child affect how child care staff view inclusion.Their attitudes towards inclusion may vary in response to the disability in question. Generally, staff are more positive about including children with physical disabilities, learning disabilities, language delays, and mild cognitive disabilities than about including children with challenging behaviours, autism, or complex needs (Bochner, Denholm & Pieterse, 1990[7]; Denholm, 1990[8]; Eiserman et al., 1995[9]; Garvar-Pinhas & Schmelkin, 1989[10]; Irwin & DeRoche, 1992[11]; Stoiber, Gettinger & Goetz, 1998[12]).

A *disability mathematics* is often played to justify the exclusion of children with more challenging needs. If it can be shown that children with significant disabilities do not benefit from inclusion as much as children with mild disabilities, then such an exclusion can be rationalized. A similar disability mathematics points out that the *immediate* costs of integrating mildly disabled children are lower — in terms of human resources, physical modifications, training — than the costs of integrating severely disabled children. However, most of the literature reports that the common conclusion is not accurate. Segregated programs are more expensive and less effective

(Hundert, J., Mahoney, B., Mundy, F., & Vernon, M.L., 1994[13]) and medium and long-term savings are not considered (Strain, 1989[14]). And, taken from three other perspectives, legal (in the United States), moral/ethical and societal (in Canada), measurably positive child outcomes in the severely/profoundly disabled are not the only bases on which these placements should be made.

Demchak & Drinkwater (1992)[15] provide an overview of strategies that have been successful in improving the social integration of children with severe disabilities — strategies that include staff training, sensitization of non-handicapped peers, as well as specific techniques for working with severely disabled children. They identify staff development as a crucial element of successful integration of these children. Appropriate training is necessary to eliminate fear, misinformation, and negative attitudes about children with severe disabilities. In-service training, grounded in validated "Best Practices," can alleviate insecurities and provide child care staff with the necessary skills to change their programming and practices, to facilitate the social inclusion of children with severe disabilities. Appropriate in-service training can also instruct child care staff on how best to modify the physical environment of the centre to encourage social interaction between children with severe disabilities and their typically developing peers.

Shanks and Thompson (1991)[16] reflect on family-focused objectives, and observe that parents of children with special needs often require full daycare placements, not just part-time "treatment" placements. Templeman, Fredericks, & Udell (1989)[17] describe the systematic integration process of including children with moderate and severe handicaps followed in one regular child care centre.

Chandler and Dahlquist (1997)[18] describe the two purposes of their studies: (1) to evaluate the effectiveness of the functional assessment interventions that were developed for individual children, and (2) to evaluate the effectiveness of functional assessment when it was conducted by classroom teams, rather than by research staff. Classrooms studied included three types: segregated special needs classrooms; classrooms exclusively enrolling children at risk; and regular early childhood classrooms.The study indicates that behaviour of the full groups of children within preschool classrooms improved when functional assessment was developed for individual children. The study also found that child care staff were able to conduct functional assessment within their classrooms during interventions and that they maintained functional assessment skills during the maintenance period.

3.32 Staff Training

The training of child care staff is a regulatory issue, a monetary issue, a philosophical issue — and a *matter of urgency*. Pre-service training requirements for centre teachers (Childcare Resource and Research Unit, 1999[19]) vary substantially among the provinces — with the median level of required training being a one- or two-year community college diploma. Moreover, some provinces also permit variants of "grandparenting" of untrained, but experienced, caregivers. In addition, most prov-

inces do not require that all staff working with a defined group of children have training. And, finally, the quality and effectiveness of training are also critical issues. Competency-based measures of skill as well as mentoring models of support, rather than strictly training-based requirements, have periodically been suggested before certification as an Early Childhood Educator, and have been tried in various projects.[20]

Even in provinces where training is required, that training may not include any substantial amount of information or practicum experience related to special needs or inclusion. In a 1996 curriculum analysis of ECE post-secondary training programs in Canada, the HRDC Sector Study on the Child Care Workforce[21] reported that only 15% of ECE certificate programs and 66% of diploma programs included either a course in which special needs was a major component or an indication that the topic of special needs was specifically mentioned in several course descriptions (explicit infusion approach). While not specifically mentioned in the Sector Study analysis, it is fair to point out that the availability of placements and practica in inclusive community-based child care programs would be another important vehicle for pre-service learning.

The research literature is quite clear about the impact of training related to special needs on the attitudes of child care staff. The training that ECEs have received (pre-service, post-diploma/specialized, and in-service) can impact on their attitudes, and a lack of knowledge is viewed as a barrier to success (Dinnebeil et al., 1998[22]; Peck, Hayden, Wandschneider, Peterson & Richarz, 1989[23]). ECEs with regular education training and with knowledge about inclusion and child development are more positive than ECEs without this training (Bricker, 1995[24]; Garver-Pinhas & Pedhauzur, 1989[25]; Kontos & Diamond, 1997[26]; Stoiber et al., 1998[27]). ECEs with special education training are more positive than ECEs with only regular education training (Bricker, 1995[28]; Eiserman et al., 1995[29]; Gemmell-Crosby & Hanzlik, 1994[30]; Johnson, 1993[31]; Stoiber et al., 1998[32]). Case-specific training (e.g., delegated nursing care) is particularly critical in situations involving children with more profound disabilities (Bochner, Denholm & Pieterse, 1990[33]; Early Childhood Educators, 1997[34]; Irwin, 1992[35]; Norton, 1991[36]).

Pre-Service Training

Most ECE graduates will start work in child care without post-basic or specialized training. If pre-service training is to prepare these students to work in inclusive settings, the split between Early Childhood Education (ECE) and Early Childhood Special Education (ECSE) must be resolved. As noted above, much Canadian ECE training does not address children with special needs and training which does often addresses exceptionalities rather than strategies for inclusion.

Heston, Raschke, Kliewer, Fitzgerald & Edmiaston (1998)[37] describe their efforts to transform the early childhood education major and the early childhood special education major into a single unified major. This unified major is intended to prepare early childhood educators to address competently the educational needs of both children with and without disabilities in a general education classroom.

They describe the events occurring at both the state and university levels that led to their efforts, and the progress they have made during the first year of their work. They also identify several challenges that they expect to confront.

Although Canadian pre-service training has not separated early childhood education and early childhood special education into two disciplines to the extent that American programs have, the special needs course in an ECE training program is usually more about the nature of disabilities than about inclusion strategies. A number of Canadian ECE training programs have redesigned their curricula to "embed" or "infuse" inclusion into all their courses. The article by Heston et al speaks to all trainers who are trying to do so and to those who are considering this change.

Post-Diploma/Specialized Training

Further complicating the training picture for *inclusive* child care is the issue of additional, possibly specialized, training, beyond minimum requirements. The conundrum here is that, according to inclusion advocates, *all* staff should be encouraged to work with and interact with the children with special needs. If this work can only be assigned to people with special needs credentials, then the child may well be isolated within the integrated setting. In the best practice vision of inclusion advocates, *all* staff would have basic training that includes inclusionary principles and strategies and would be expected to include all children in their groups. *Some* staff would choose to take post-diploma and specialized training to enhance these skills and to be recognized as specialists or resource teachers.

Currently, most provinces do not require additional training for staff who work with children with special needs. Ontario recommends a higher training standard for resource teachers, and British Columbia provides a post-basic course for people who want to work with children with special needs. Training institutions in many provinces, including Nova Scotia, Ontario, Manitoba, Saskatchewan, and British Columbia, provide post-basic courses in inclusion and/or special needs. The completion of such a credential does not, in most provinces, lead to a higher rate of pay or occupational designation.

Frankel (1994)[38] discusses the training and responsibilities of resource teachers in Ontario, and recommends that consultation skills and in-service be added to their training. Through a questionnaire, she examined the responsibilities, training competencies, and educational backgrounds of these resource teachers, against the backdrop of guidelines established by the Ontario Ministry of Community and Social Services for the training and professional responsibilities of resource teachers. While there is no formal certification of resource teachers in Ontario, the Ministry guidelines state that resource teachers should have a diploma in early childhood education and training in the theory and practice of the needs of handicapped children. Although most of the 124 respondents in this 1994 study had some training in early childhood education, only eighteen (14.5%) had the educational background preferred by the

Ministry and twenty-eight (22.6%) had training in Early Childhood Education for the Developmentally Handicapped.[39]

Frankel's survey results indicate that pre-service training did not always equip resource teachers for the reality of their profession. This training gap is evident in the fact that most resource teachers reported that they were trained in the needs of the physically handicapped and mentally handicapped, but were not trained in specialized techniques for educating children with behavioural challenges, hearing impaired children, etc. Also, some resource teachers reported that they had insufficient training in counseling, consultation skills, and case coordination.

Frankel concluded that efforts have to be made to insure that training programs keep pace with professionals' changing work environments. With the shift in Ontario to a traveling resource teacher model, resource teachers will need more training as consultants in inclusion. She also noted that training for regular child care staff must be updated and brought more into line with the training now offered in early childhood special education post-diploma models, if they are going to properly work with children with special needs.

In-Service Training and Professional Development

Most occupational groups recommend or require professional development activities for individuals engaged in professional practice, including attendance at workshops and conferences, membership in professional organizations, and participation in in-service education programs. Early childhood education is no exception.[40] In-service training and professional development have been identified as critical to positive staff attitude toward inclusion. Pre-service training, including post-diploma and specialized training, cannot adequately prepare staff for the individual needs of a child with very challenging special needs. No early children education or early childhood special education curriculum can adequately prepare students to remember how to properly handle specialized health-related equipment, how to properly modify the setting's physical environment, how to respond to multiple severe handicaps, etc. For this reason, specialized support services and case-specific training must be provided (Early Childhood Educators, 1997[41]; Irwin, 1992[42]; Norton, 1991[43]). Staff can also keep apprised of new projects, developments and resource materials through professional associations, workshops, journal literature, the World Wide Web and related newsletters.

The British Columbia *Partnership Project*,[44] funded through the federal/provincial *Strategic Initiatives Program*, is one notable province-wide in-service initiative related to inclusive child care. The training-the-trainer packages, developed through an extensive consultation and pilot process, generally involve a health professional, an ECE, and a parent as co-facilitators. Issues of paid in-service/professional development time have not been resolved, but the Project is a recognition by one province that the shift to supported child care (inclusive child care) cannot be accomplished without addressing training needs of people currently in the field.

Manitoba's Autism Outreach Program,[45] in addition to funding

support staff and providing in-centre consultation, also includes a twenty-four hour classroom component on autism and strategies for including children with autism that is available at no charge to child care staff as well as to families.

Many agencies that deal with children with behavioural issues provide highly professional workshops on these issues for the child care community.

Unlike these specialized in-service training opportunities, the *Training for Inclusion Project* (Palsha & Wesley, 1998)[46] approaches the issues of inclusion through an in-service model that focuses more on base quality than on specific training related to children with special needs. The authors believe that a great deal of "pull-out" and one-to-one support could be eliminated if the overall quality of the centre's program improved. After a pilot study in several counties of North Carolina, this inclusive in-service training has been expanded throughout the state and is now being tested in three Canadian provinces.[47]

The combination of advanced technology and the time/distance crunch experienced by Early Childhood Educators is leading to innovations in the delivery of both pre-service and in-service training.[48] One early example of such in-service training in inclusion is *The Early Childhood Special Education Program* (*EC-SPEED*), developed in the early 1990s for use in ECE training in Ohio.[49] It is quite modestly priced and includes an introductory video, eleven video training tapes and four booklets (Design & Evaluation Guide; Annotated Bibliography; Curriculum Guide; Summer Institute Proceedings). Its value as an instrument for self-study, as well as for course credit, has been widely recognized, and several other states now use it for their own training. Just as "video" was an early example of advanced technology, we expect to see use of the World Wide Web for dissemination of information as well as for interactive, credentialled training on child care inclusion.

3.33 Experience in Working With Children With Special Needs

The amount of experience child care staff have in working with children with special needs can relate to their attitudes towards inclusion. Some researchers have found that experience has a positive effect on staffs' attitudes (Dinnebeil, McInerney, Fox & Juchartz-Pendry, 1998[50]; Eiserman et al., 1995[51]; Johnson, 1993[52]; Munby, H. & Hutchinson, N., 1998[53]; Stoiber, Gettinger & Goetz, 1998[54]). Others have found that the increase in frustration, behaviour problems, and effort to modify instruction which occurs has deterred them from future inclusive practices. Peck's study (1990)[55] did not find that the amount of staff experience had any relation to whether an inclusive child care program survived or whether it retrenched into a segregated model.

Dinnebeil, McInerney, Fox & Juchartz-Pendry (1998)[56] found that families of young children with special needs had great difficulty in accessing child care. To identify early childhood personnel characteristics associated with an interest or willingness to care for these children, they surveyed early childhood personnel in northwestern Ohio. Most respondents were interested in caring for young children

with special needs. More than one half of the respondents reported experience in caring for such children and most were confident about their ability to do so. The most frequently cited barrier to inclusive child care was a lack of knowledge regarding care requirements for young children with special needs. Researchers identified differences between home- and centre-based providers in interest and willingness to care for children with special needs. Implications of these findings for child care staff training are discussed in the article.

To investigate beliefs concerning early childhood inclusion, Stoiber, Gettinger, & Goetz (1998)[57] developed a 12-item brief scale and 28-item comprehensive measure, *My Thinking About Inclusion* (MTAI). The 28-item MTAI Total Scale had an internal consistency of .91, and was comprised of three belief subscales: core perspectives, expected outcomes, and classroom practices. MTAI was administered to 415 parents and 128 early childhood practitioners.

Parents of children with disabilities were more positive in their beliefs than were parents of children without disabilities, and parents' beliefs were related to their level of education, number of children, and marital status. Practitioners held more positive beliefs than did the parent participants. Practitioners' beliefs were associated with their level of education, training background, and years of experience.

3.34 Confidence of the Staff

Child care staffs' confidence about their own abilities to work with children with special needs can affect their attitudes towards inclusion. They indicate more self-confidence when they have had more experience working with children with special needs (Dinnebeil et al., 1998[58]) and when they have had training in early childhood special education (Bochner et al., 1990[50]; Denholm, 1990[60]; Frankel & McKay, 1990[61]; Peck, Killen & Baumgart, 1989[62]). Perceived self-competence impacts on the inclusion process (Denholm, 1990[63]; Eiserman et al., 1995[64]; Garver-Pinhas & Pedhauzur Schmelkin, 1989[65]), and a lack of confidence is viewed as a barrier to successful inclusion (Dinnebeil et al., 1998[66]).

Gettinger, Stoiber, Goetz & Caspe (1999)[67] investigated perceptions of competence, training, and the importance of professional skills related to inclusion of children with disabilities in early childhood settings. They surveyed parents of children with disabilities, professionals in early childhood programs, university-based trainers, and pre-service students, for a total of 172 respondents.

The survey was used to investigate perceptions of professional competence or training, as well as the importance of skills in five domains: (a) working with families, (b) performance-based assessment, (c) interdisciplinary team functioning, (d) consultation, and (e) challenging behaviours/attention deficits. The authors compared perceptions across respondent groups. In all skill domains, parents rated professionals' competence lower than did the professionals themselves; faculty and students agreed in their ratings of training. In two domains — teaming and challenging behaviors — ratings differed

substantially among the four groups. The authors also discuss implications for interdisciplinary training efforts.

3.35 Availability of Resources

The availability of numerous resources is extremely important to the inclusion process. A lack of these resources (funding, training, current information, access to specialists, time and opportunity for consultation and collaboration, supervision and support, materials and equipment, and additional help in the classroom) is viewed by child care staff as a major barrier to successful inclusion (Bailey, McWilliam, Buysse & Wesley, 1998[68]; Buysse, Wesley & Keyes, 1998[69]; Eiserman et al., 1995[70]; Irwin, 1991[71]; Johnson, 1993[72]; Odom & McEvoy, 1990[73]; Norton, 1991[74]; Peck, Hayden, Wandschneider, Peterson & Richarz, 1989[75]; Stoiber et al., 1998[76]).

Buysse, Wesley & Keyes (1998)[77] examined the underlying factor structure of a rating scale designed to assess perceived barriers and supports associated with early childhood inclusion. Participants included over two hundred administrators and direct service providers from the early intervention, early childhood, and special education fields and nearly three hundred parents (primarily mothers) of young children with disabilities (birth through 5 years) who received early intervention services. A four-factor solution for barriers that accounted for 41% of the total variance emerged from an exploratory factor analysis. Since one of the factors (attitude) was found to have low internal consistency, a three-factor solution was used in subsequent analyses: 1) barriers associated with early childhood program quality, 2) community resources, and 3) coordinating and integrating services for children with disabilities and their families. A confirmatory factor analysis revealed a barriers factor structure for parents that was consistent with that obtained for professionals. Background variables, such as race, education, employment status and experience with inclusion contributed to explaining ratings of barriers and supports among parents, lending further support for the validity of the factor structure.

3.36 Parental Attitudes and Collaboration With Parents

Collaboration with parents is a significant component of the inclusion process. Indeed, in the United States the IDEA Act requires that local education agencies demonstrate that they have sought active parental participation in the Individual Program Planning (IPP) process, through such methods as flexible scheduling of meetings, babysitting services, transportation, and translation services.[78] Child care staff have stated that successful inclusion is hindered when the involvement of parents in planning special services is limited and when communication between child care staff and the parents of children with special needs is lacking (Buysse et al., 1998).[79] Also important to staff attitude toward inclusion is the sense that parents of children in their centre are supportive of the effort. It has often been assumed that the attitudes of two groups — parents of typically developing children and parents of children with special needs — might differ.

Allred, Briem & Black (1998)[80]

found that parents who feel ownership of their child's goals are more likely to consider these goals as top priorities in their family routine, rather than as additional burdens that must be imposed on top of a full slate of family responsibilities. Just as parents need the guidance and support of early childhood professionals, so do professionals need the input and support of the families. Family members provide insights into the individual strengths and needs of a child with a disability. Their knowledge of and intimate relationship with the child can help professionals to make efficient use of their time, resources, and capabilities, and can help assure that plans and goals are relevant and workable from a family perspective.

In inclusive settings, parents of typically developing children might be expected to worry about the level of staff attention for their children; about the effects of curriculum modification and adaptations for the cognitive development of their children; about the negative behaviours that their children might pick up in imitating children with special needs. On the other hand, parents of children with special needs might be assumed to have a set of different concerns. Would the inclusive setting continue to offer the specialized services of the segregated program? Would other children or other parents stigmatize their children? Would the emotional support of staff and other parents, often found in the specialized setting, disappear in the community one? Parents of both groups want a normalized environment for their children, but they also are concerned about the academic component of the program (Bailey & Winton, 1987[81]; Reichart et al., 1989[82]).

Other studies have also noted that although parents of children with special needs desire normalized peer relationships for their children, the parents themselves often don't interact with parents of typically developing children and often feel alienated (Bailey & Winton, 1987[83]; Blacher & Turnbull, 1983[84]). Many parents felt that in order to ensure a strong inclusive program which emphasizes the development of all children, supports in the forms of training, extra staff, and special equipment were often needed (Bailey & Winton, 1987[85]; Reichart et al., 1989[86]).

To determine whether the realities of inclusive preschools met with parents' initial expectations, Bailey and Winton (1987)[87] questioned both families of children with special needs and families of typically developing children prior to enrollment and during the course of the program. The study was conducted at an established day care centre which had not previously served children with special needs. Nine of the children enrolled had a variety of handicaps; the other fifty children were non-handicapped.

Turnbull and Winton (1983)[88] constructed questionnaires from observations gathered in earlier studies on parental perspectives of mainstreaming. Parents were asked to select from the series of statements the "greatest benefit" and "greatest drawback" of the mainstream program. The questionnaires and attitude scales were first administered two weeks prior to enrollment, and again nine months after the beginning of the mainstreamed program.

Generally speaking, both groups' expectations of the benefits of

mainstreaming did not change during the course of the study. Many respondents still believed the greatest benefits of mainstreaming were normalization and community acceptance of the handicapped. Initially, parents of both groups were concerned that teachers would not have enough time or training to deal with handicapped children, and there had been concerns that the handicapped children would be teased by the non-handicapped children. However, over time, most of the perceived drawbacks had dissipated; one exception was that families of the handicapped children still felt alienated.

Mainstreaming was seen by both groups of parents as working well. The authors did note that the findings described 'average' responses of groups of parents, but there was considerable variability in the responses of individual families in both groups, suggesting that services to families should be individualized. The researchers also suggested that there is a need in mainstreamed day cares to encourage "family-family interactions" as a means of alleviating the feelings of alienation in the families of handicapped children.

3.37 The Leadership Approach Taken by Early Childhood Program Directors

The leadership approach taken by early childhood program directors can have a large impact on the inclusion process and on child care staffs' attitudes towards inclusion. The directors can control the amount of time for collaboration between parents, regular staff, and resource teachers/resource consultants, and they also may make decisions about the quality of staff development programs and the workload given to the ECE who has children with special needs in her/his class (Garvar-Pinhas & Schmelkin, 1989[89]; Kagan, S. & Bowman, B.T., 1997[90]). Furthermore, the director's attitude about inclusion can affect the overall atmosphere towards inclusion in the centre. Yet, as Mitchell concludes, "Essentially no one prepares someone to become an early childhood administrative leader; it more or less just happens."[91]

In her commentary on leadership in early care and education, Jorde Bloom (1997)[92] notes that the organizational literature from business and industry often differentiates between managerial functions and leadership functions. Leadership functions relate to helping an organization clarify and affirm values, set goals, articulate a vision, and chart a course of action to achieve that vision. According to Jorde Bloom, "Like an artist, the leader paints the picture, creating the images of what an organization could be. The leader's job is to create a healthy tension between current reality and an imagined ideal. The importance of the leadership role of the child care centre director cannot be over-estimated."

The leadership role of the early childhood director might be conceptualized as having both internal and external dimensions. *Internal leadership* would refer to sharing a vision of inclusion in the centre so that it permeates every aspect of the director's work, and harnesses the energy and individual creativity of all staff to realize that dream (Espinosa, 1997)[93]. *External leadership* would be seen as advocacy — advocacy to meet the centre's unmet needs for additional resources, staffing and fund-

ing, and advocacy to promote the field and the concept of inclusion.

In a very recent article, Jorde-Bloom (2000)[94] identifies leadership and advocacy as a critical knowledge and skill area of director competence. The six components of that competency — 1) guiding the board and staff in developing the centre's philosophy and mission statement; 2) conducting organizational climate assessment to improve the quality of work life for staff; 3) evaluating centre practices and implementing a program improvement plan; 4) pursuing centre accreditation; 5) mobilizing others to advocate for better child and family services; and 6) initiating community collaborations for more efficient and cost effective service delivery — seem indispensable in a director of a centre moving toward full inclusion.

Roger Neugebauer, in a seminal 1981 article,[95] *Piaget's Theory of Director Development*, proposes a four stage development of directors, and suggests that it is unreasonable to assume that *leadership* will emerge until the director has mastered managerial functions.

Finally, VanderVen (1993)[96] proposes a *military* strategy for child care. She proposes that child care advocates use the apparently most powerful and tried model for attaining goals known to history: waging war by adopting military strategy. In her tongue-in-cheek paper, and in her public presentations which she carries out in full military regalia, Dr. VanderVen suggests that we consider our enemies, our organization of forces, our theatre of operation, our offense, even our deception, plus our concentration of forces, including flanking, psychological warfare, and guerrilla warfare in the fight for proper funding and policies to promote high quality services for children. In her more scholarly work, Dr. VanderVen[97] discusses the dilemma of developing assertive advocacy in a field that people generally enter because of their love of children and their capacities as caregivers. Like Jorde-Bloom, she suggests that the centre director has a critical role in advocating for additional funding and services, not merely in managing the currently available resources. But she is quite concerned that the personal characteristics of people who choose caregiving do not naturally develop into the "cadre of assertive, proactive practitioners able unambivalently to tackle the tremendous needs for advocacy that promotes the image of the field, alters negative systems, and secures an adequate economic base." Writing in 1992, Dr. VanderVen had not witnessed the effective politicization of another occupation of caregivers, specifically nurses, in the late 1990s. She would doubtless analyze their victories in military terms.

3.4 SUMMING UP

In this chapter, we have reviewed the research literature on young children with special needs, as it relates to their inclusion in child care.

We see this body of literature as beginning in the 1960s, with the passage of the Handicapped Children's Early Education Act in the United States and with the beginnings of the U.S. Head Start program. Both Acts provided substantial research funding and encouraged the development and focus of a research community in

that country. During the same decade, voluntary organizations in Canada were developing specialized preschools for children with special needs. A small research community developed in Canada devoted to this topic, but no large public initiative encouraged or funded its development. In many respects, and despite cultural and legal differences between the two countries, research in Canada related to the inclusion of young children with disabilities has often followed directions set by U.S. research.

Since the 1970s when research related to including preschool children with disabilities in community programs began in earnest, the research of each decade can be characterized by a particular focus. In the 1970s and early 1980s, the policy question was "Should children with special needs be included in child care and preschool programs?" and the research focused on behavioural techniques for achieving measurable objectives that were comparable to outcomes in specialized programs. By the midddle 1980s, the literature had taken "inclusion" as a starting point, as the policy question shifted to "How can children with special needs best be included in child care and preschool programs?

By the late 1980s, the focus of research had shifted away from replicating measurable outcomes to enhancing the benefits in socialization and communication that might occur when children with special needs were included in community programs. Attitudes of child care staff were seen as one of the most important variables that could be a barrier to effective inclusion.

Our literature review has been organized around seven components related to staff attitudes — nature of the child's disability, staff's education and training, experience in working with children with special needs, confidence of the staff, availability of resources, collaboration with parents, and the leadership approach taken by early childhood directors. We were interested in the identification of key factors in effective integration as well as barriers. Few studies, if any, have described the lived experience of inclusion by staff or considered multiple levels of influences operating jointly. And fewer still are the Canadian studies that describe early childhood educators' experiences or consider the multiple levels operating within centres or in ways that affect their capacities for effective inclusion.

Because of the radically different policy contexts in the United States and Canada, the U.S. literature that touches the topic of preschool inclusion is often not relevant. We have cited Canadian sources wherever possible.

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4. METHODOLOGY

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4.1 INTRODUCTION

This chapter provides information about the sampling approach used in this study; response rates; the development and content of questionnaires for centre directors, front-line staff, and travelling resource teachers/resource consultants; and data analysis procedures. Chapter 5 will describe the obtained samples of centres, centre directors and selected front-line teaching staff in those centres, and a separate sample of travelling resource teachers/resource consultants who provided an external perspective on inclusion in child care programs.

4.2 ISSUES THAT AFFECTED OUR SAMPLING APPROACH

The specific sampling procedures utilized in this study were determined on the basis of several criteria — particularly their suitability for study purposes, as well as the lack of an existing national sampling frame of centres that provide inclusive care. In order to address the goals and objectives outlined in Chapter 1, it was important to obtain information from front-line teaching staff and directors who had been involved for several years in providing early childhood education and care to children with special needs. This criterion was essential, since we wanted to learn about the factors that may have affected child care professionals' attitudes and perceived competencies, including any additional training they may have taken, as well as the kinds of experiences they have had working with children with special needs in inclusive child care programs. We also wanted to compare child care practitioners' current attitudes to those obtained from an earlier sample of child care professionals who were surveyed in 1990. Finally, because we were interested in understanding directors' and child care staff's experiences with inclusion from an ecological perspective, it was desirable to try to obtain information from the perspectives of both front-line teaching staff and directors who were involved together in the same child care program, along with additional information about each centre as an organizational environment, itself functioning in a particular context bounded by access to community resources to support inclusion, and affected by provincial policies and constraints.

These criteria suggested that a preferred sampling approach would be one that could allow us to obtain complementary data from pairs of directors and front-line staff who worked in centres that had some history of enrolling children with special needs, ideally for some time. In effect, we were interested in

studying a somewhat select group of child care professionals — those whose experiences might be most useful for providing us with information that would be relevant to policy and practice implications.

The researchers recognized at the time the study was proposed that no existing national sampling frame existed that would suit these purposes. Nor could provincial/territorial governments supply a list of centres that met our criteria. Some provincial governments might have been able to provide a list of centres that were then receiving specialized funding or grants to support inclusion, but without any assurance that the programs had done so for any particular period of time. Moreover, those lists were not immediately accessible nor up to date. Because we had no idea how common or how rare experience with inclusion was in 1996, the prospect of a multistage screening process that would have involved contacting a random sample of centres in each province was deemed unsuitable.

Fortunately, another option was available that was very well suited to our objectives. This option was to follow up participants from an earlier, related survey and to add to that sample selectively. In 1990 SpeciaLink conducted a survey of child care practitioners' attitudes towards inclusion. The survey was based on an obtained sample of 489 child care professionals, including 123 ECEs, 61 resource teachers or special needs workers, and 143 directors from across Canada, all of whom had some experience in providing care to children with special needs. The original sample frame from which the 1990 sample was obtained consisted of directors in child care programs who were deemed eligible to include children with special needs and/or to receive special funding for that purpose by the provincial or territorial government.

In the earlier study each eligible centre was sent two questionnaires and two letters — one with a cover letter addressed to the centre director and the other intended for the "most experienced" staff member in half the centres and the "least experienced" permanent staff member in the other half. At the time, 1697 surveys were originally distributed to centre directors and staff, including a small group of child care specialists in advisory roles, such as resource consultants, directors of early intervention programs, and local coordinators of services. Of the 548 returned questionnaires, 489 were included in analysis (approximately 36% of those mailed out). The final sample included participants from all provinces and territories.

Since one objective of the current study was to see if child care professionals' attitudes towards inclusion had changed in the intervening six year period, the opportunity to re-survey participants from the earlier study was very attractive. Moreover, because SpeciaLink maintained a national mailing list for the purpose of distributing a newsletter, information about conferences, etc., an infrastructure existed that allowed SpeciaLink to maintain contact with many of the respondents to the earlier study. A quick field test of 25 directors made in early 1995 indicated that as many as 75% of the directors who could be contacted were still employed at the same centre. As a result, the study team determined that an appropriate sampling strategy would be to follow up directors

and teaching staff from the earlier study, when possible, and to augment that group to meet study purposes.

4.3 SAMPLE SELECTION AND AUGMENTATION

By autumn of 1996, it was apparent that, partially because of budgetary cutbacks and financial restraints in child care, the attrition rate had increased for directors, and was likely to be even higher among resource teachers and ECEs. Hence, it would be necessary to augment the sample of earlier participants we were likely to be able to contact. Moreover, the 1996 survey design required, ideally, that we be able to pair directors and ECEs/RTs *in the same centres* in order to gain multiple perspectives and see centres through parallel "windows"; a purpose that required efforts to ensure a dyadic match in each centre.

Consequently, we adopted several strategies to obtain a sample of Director-ECE or Director-RT pairs in centres that had a history of including children with special needs. For each director, ECE, or RT we could track from the earlier sample, and/or for each centre in which a 1990 participant had been located, we endeavoured to add her/his counterpart. Where we could successfully locate a director, ECE or RT in the same centre they had been in before, we also tried to add a complementary respondent for the 1996 sample; i.e. pairing a new ECE/RT with a 1990 director and a new director with a 1990 ECE/RT.

In an attempt to include as many original respondents as possible, we "followed" 1990 respondents to their new centres, if they remained in the field and they could be located. For example, if a director moved from Centre A to Centre B, we called Centre B, spoke with the director about participating in the 1996 follow-up study, AND asked for the name of an appropriate ECE/RT at Centre B. As well, if a participant was no longer working at her 1990 centre, we attempted to replace her with her occupational replacement – a director for a director; an ECE or RT for an ECE or RT (in this example, adding the director in Centre A to replace the director who had moved on). An additional stipulation was that the replacement ECE/RT was to be the newest permanent member of that centre's staff complement of ECEs or RTs because our original sample had attempted to include both the "most senior" and "the newest" front-line staff, and we wanted to ensure some diversity within the population in terms of length of time in the field and/or centre. Obviously, by 1996 staff who had been the newest in 1990 were now fairly senior.

Although opportunities for promotions are limited in the child care field, ECEs/RTs and directors do occasionally move up the occupational ladder. ECEs/RTs become directors; some directors become government officials, trainers, etc. We followed respondents into their new positions within the field, pairing them at new centres and replacing them (and pairing their replacements) at their original centres. If any 1990 respondents had become travelling RTs or consultants, we included them as members of that third category in our new sample.

4.4 OUR OBTAINED SAMPLES

The process of sample selection and augmentation took place in October of 1996. Following telephone contacts with 1990 participants in their new and old locations and contacts with new directors in centres that had been represented in the earlier study, survey questionnaires were mailed to 177 directors, 181 Early Childhood Educators (ECEs) and in-house Resource Teachers (RTs), and 32 Travelling Resource Teachers/Resource Consultants (TRTs/RCs).

Tables 4.1, 4.2, and 4.3 provide information on response rates. Response rates were quite high: 81% for directors, 70% for ECEs and RTs, and 78% for TRTs/RCs. These rates were adjusted when 12 surveys were found to be incomplete or missing vital information, resulting in final response rates of 76.8% for directors, 68.5% for ECEs and RTs and 71.9% for TRTs/RCs — a final overall response rate of 72.6% across all three groups. We were successful in obtaining complete data from 106 pairs of directors and ECEs/RTs who worked together in the same centres. Responses were obtained from an additional unmatched 30 directors and 18 ECEs/RTs. In this report, all surveys were analysed. A second report based on paired data analyses will be released separately.

Consequently, our final samples from which data are analysed in this report consisted of 136 directors of child care centres, 124 ECEs and RTs, and 23 TRTs/RCs. Of the 136 directors, 62 (46%) had participated in the 1990 study. Only 27 of the 124 ECEs and RTs (21.8%) had participated in the 1990 study. Eighteen of the 23 TRTs/RCs (78%) had participated in 1990, including ten

Table 4.1

Response Rates from Directors of Child Care Centres

Province/ Territory	Questionnaires Mailed Out	Number Received	Number Unusable	Final Sample	Percent Received	Final Response Rate
NF	4	4	0	4	100.0%	100.0%
PE	7	7	0	7	100.0%	100.0%
NS	9	9	1	8	100.0%	88.9%
NB	4	3	0	3	75.0%	75.0%
QC	55	34	2	32	61.8%	58.1%
ON	39	37	3	34	94.9%	87.1%
MB	17	16	1	15	94.1%	88.2%
SK	11	6	0	6	54.5%	54.6%
AB	16	14	0	14	87.5%	87.5%
BC	13	11	0	11	84.6%	84.6%
YT	2	2	0	2	100.0%	100.0%
NT	0	0	0	0		
TOTAL	177	143	7	136	80.8%	76.8%

Table 4.2

Response Rates from ECEs and In-House Resource Teachers

Province/ Territory	Questionnaires Mailed Out	Number Received	Number Unusable	Final Sample	Percent Received	Final Response Rate
NF	2	2	0	2	100.0%	100.0%
PE	6	5	0	5	83.3%	83.3%
NS	8	7	0	7	87.5%	87.5%
NB	4	4	0	4	100.0%	100.0%
QC	55	26	0	26	47.3%	47.3%
ON	39	37	1	36	94.9%	92.3%
MB	18	13	1	12	72.2%	66.7%
SK	9	4	0	4	44.4%	44.4%
AB	19	12	1	11	63.2%	57.9%
BC	18	14	0	14	77.8%	77.8%
YT	2	2	0	2	100.0%	100.0%
NT	1	1	0	1	100.0%	100.0%
TOTAL	181	127	3	124	70.2%	68.5%

Table 4.3

Response Rates from Travelling Resource Teachers/Resource Consultants

Province/ Territory	Questionnaires Mailed Out	Number Received	Number Unusable	Final Sample	Percent Received	Final Response Rate
NF	0	0	0	0		
PE	0	0	0	0		
NS	1	1	0	1	100.0%	100.0%
NB	2	1	0	1	50.0%	50.0%
QC	0	0	0	0		
ON	17	13	1	12	76.5%	70.6%
MB	1	1	0	1	100.0%	100.0%
SK	0	0	0	0		
AB	4	3	1	2	75.0%	50.0%
BC	4	3	0	3	75.0%	75.0%
YT	2	2	0	2	100.0%	100.0%
NT	1	1	0	1	100.0%	100.0%
TOTAL	32	25	2	23	78.1%	71.9%

who had been directors in 1990, four who had been ECEs or In-house RTs, and four who had been resource consultants at that time.

4.5 QUESTIONNAIRE DEVELOPMENT AND DESCRIPTIONS

Three separate questionnaires were designed by the co-investigators. Successive drafts were reviewed by the study team to ensure that we would be collecting data appropriate for the study's objectives. All three questionnaires contain sections that cover demographic information and some information about the participant's role functions. Thus, directors were asked if they also had teaching responsibilities or were mainly administrative directors; ECEs and In-house RTs were asked about their position and the children for whom they had primary responsibility. Because little is known about travelling resource teachers and resource consultants, several questions were included that probed the nature of their role functions. All three questionnaires included the same questions or items to assess:

- attitudes about including children with various special needs or conditions in regular preschool or child care programs, based on a scale originally developed by Bochner, Denholm, & Pieterse (1990)[1]
- general beliefs about inclusion, developed by the authors for this study, and
- questions which asked respondents if they felt they had changed their views and attitudes towards inclusion of children with special needs. Specifically, whether, as a result of their experiences, they felt they were more committed to the concept of inclusion now or less committed; more accepting of a broader range of children being served or more cautious about the range of children who can be accommodated in regular child care programs; more comfortable working with children with special needs than they were before or less so.

Beyond these elements, each survey questionnaire contained unique questions designed to meet study objectives. Both open and closed-ended questions were used, although the latter predominated. All questionnaires were available in both English and French. A brief description of each instrument follows. (Copies of the actual questionnaires are appendixed to this Report, as appendices A, B, and C.)

4.51 *The Questionnaire for Directors*

The survey questionnaire for directors served as a source of information both about the directors themselves and about their centres and centre practices related to inclusion. Through a variety of questions we attempted to obtain two types of information: information about current circumstances, attitudes, and practices, and information about changes that had occurred since 1990 (or, in a few cases, within a shorter period of time). The director's questionnaire was divided into five major sections. The first section consisted of several demographic questions that included information on the director's main responsibilities, length of time in their present position, length of time in the child care field, and number of years they had worked with children in special needs in child care programs.

The second section requested information about the centre such as the nature of the program, auspice, licensed capacity and age range of children served, the number of children with special needs who were enrolled at the time of data collection, and how the number and complexity of those children compared to what was typical for the centre. This section also included questions about the centre's experience in accepting or rejecting applications of children with special needs in the last three years, and the reasons children had not been accepted, if applicable. As well, we asked whether the participation of any of the children with special needs was limited to a part-time basis for any of several reasons.

In addition, a number of questions were used to obtain a profile of practices within the centre, including who among staff was involved in developing Individual Program Plans (IPPs), and how communication and coordination with parents and community professionals was handled. Information on which specific resources were available to the centre to support inclusion was also obtained. These resources could include additional full and/or part-time staff, resource consultants and Early Intervention workers, specific professionals in the community, and students and volunteers.

The third section of the director's questionnaire focussed on the director's education and training, particularly related to inclusion, and directors' identification of topic areas on which they would like more information.

Section four included the Denholm scale to assess support for inclusion, the items designed to assess beliefs and opinions about inclusion, and questions about any change in values ("Are you more or less committed, accepting of a broader range of children, comfortable working with children with special needs?") that were common across the three questionnaires. An additional component in section four asked directors whether they felt that their centre had become more inclusive and/or more effective in integrating children with special needs since 1990. Follow-up questions asked directors to identify which of ten factors had been important positive contributors that enabled the centre and staff to become more inclusive, as well as which of ten factors provided had limited or frustrated the centre's capacity to be inclusive or more effective in integrating children with special needs. The option to write in other factors besides those listed was provided.

The last section in this questionnaire asked directors to identify whether they had experienced any reductions in funding or support services that had begun to affect their program's capacities to include children with special needs in the year preceding data collection. Six specific kinds of reductions or limits were queried, including three that related to general support for child care programs and/or the base level of quality (such as lower morale and increased turnover among teachers in the centre), and three were items that related more specifically to support for inclusion (funding or subsidies for children with special needs, and access to PT/OT, speech and language specialists, etc.).

4.52 *The Questionnaire for ECEs and In-House Resource Teachers*

The survey questionnaire for ECEs and in-house RTs (together referred

to as front-line staff) consisted of six sections. The first section of demographic questions parallelled those asked in the director's questionnaire, as did the second section that focussed on the respondent's education and training with some slight modifications. The third section duplicated the questions about attitudes and beliefs described previously.

The main focus in section four was child care staff's direct experiences with inclusion, including what had been some of their most successful and some of their most frustrating experiences. Questions in this section asked respondents to recall a situation in the last two years in which they felt they had been most successful in effectively including a child with special needs in their group. With regard to that circumstance, we asked teachers to indicate what resources had helped them work successfully with this child, and in what areas they felt they had been most successful. We also asked what teachers found most frustrating or problematic in their work with that same child, by providing a set of issues or categories in which they may have experienced some frustration or difficulty. Other questions in this section were open-ended and enabled respondents to tell us what resources they feel would have helped them to work more effectively in this situation, as well as what frustrations or problems they encountered in at least one other situation in which they were less successful.

Section five in the questionnaire for ECEs and in-house RTs contained items on which respondents could indicate their sense of confidence in their knowledge and abilities, reflecting a sense of efficacy or competence, and items on which they felt they needed to improve.

Section six was important in that it specifically asked respondents what they felt had changed for them or their centre in the last few years. Specifically, we inquired about the complexity of children's needs, staff time provided for planning/consulting, effectiveness of centre staff in working together as a team within the program, the availability and involvement of resource teachers, integration workers and others, and their own competencies and knowledge base. In each instance, we asked what had increased or improved, not changed, or decreased or declined. This section provided an interesting parallel to the information obtained from directors about changes in their program's effectiveness with inclusion.

4.53 *The Questionnaire for Travelling Resource Teachers & Consultants*

The questionnaire for TRT/RCs consisted of six sections. The first section contained some general demographic questions, including length of experience in the child care field, and as a resource teacher or resource consultant. The second section on education and training was similar to that used in the questionnaires designed for the other two groups, although two unique questions inquired about the respondent's interest in a variety of topics for additional training, workshops and information sharing, as well as whether respondents had contact with other RTs and RCs for information and support when desired. The third section contained the Denholm attitude items and our questions that gauged beliefs about inclusion.

The fourth section of this questionnaire was developed specifically for this study and for this sample. It included ten questions that inquired about TRT/RCs' primary responsibilities in their communities and in the child care centres they visited. Three additional questions in this section probed respondents' views about centres' capacities to be inclusive. Specifically, respondents were asked to consider the centres and preschool programs they visited regularly and to indicate what proportion of those programs they felt were extremely effective in including children with special needs, doing a reasonably good job, or struggling with inclusion. Two follow-up questions asked TRT/RCs to indicate which of 11 possible features of directors, centres and staff they felt were most important for distinguishing centres that had been extremely effective with inclusion from other centres, and centres that are struggling with inclusion from other centres. An opportunity was provided for open-ended comments and additional suggestions in both cases.

Section five in this questionnaire asked respondents to indicate how confident and competent they feel about their abilities in a number of areas which we considered relevant to their role. These items included some that related to their capacities to work with children with special needs; to work collaboratively with parents, and as team members with ECEs; and to provide workshops and information to ECEs and others.

Section six asked respondents about changes they had experienced themselves in the last few years or that they had observed among the centres they visited (increases or improvements, decreases or declines, and instances where there was no change). Items included the complexity of children's special needs, their caseload size, the effectiveness of centre staff in working together as a team within their program, the stress level and need for support among child care staff, as well as other items.

4.6 PRETESTING

Pretesting of first versions of all three questionnaires was carried out with the cooperation of directors and ECEs in British Columbia, Alberta, Manitoba, and Nova Scotia, as well as several directors and staff located in Guelph, Ontario. In total, pretest responses with valuable suggestions for revision were received from nine directors, eight ECEs, and four in-house RTs. Six travelling resource teachers/consultants, including the coordinator of a local resource teacher network, provided advice on the questionnaire for TRT/RCs. All pretesting was done in September-October of 1996, with modifications made immediately thereafter.

4.7 DATA COLLECTION PROCEDURES

In the first week of November 1996, packages containing an explanatory letter, the appropriate questionnaire (either Director, ECE/RT or TRT/RC), and a stamped addressed return envelope were mailed to all potential respondents (in either French or English). "One dozen lobsters—delivered" was offered as an incentive, through a draw from the names of respondents who wished to be considered. Since most respondents to the

1990 survey had been located or replaced by the current employee in their positions and some telephone contact had been part of that process (see Section 4.4, "Our Obtained Samples"), we felt confident that very few "address unknowns" would appear. If the "identified respondent" was a director who had agreed to recruit an appropriate ECE/RT, both questionnaires and letters were sent to the director, with two separate return envelopes. Three weeks later, a reminder note was sent to all potential participants who had not yet responded. Six weeks later (after Christmas) a follow-up telephone call was made to all potential participants who had not responded to the reminder. At that time, we learned of missing or misplaced questionnaires, of job changes, and of a few unavoidable delays. Additional copies of the questionnaires were sent out, as requested, and we did our best to answer any questions or concerns that might have resulted in delayed responses. All questionnaires were treated as confidential. This three-step process brought our response rate to 81% for directors, 70% for ECEs and RTs, and 78% for TRTs/RCs. (Incomplete or missing data in 12 questionnaires reduced these rates slightly).

4.8 PREPARATION FOR DATA ANALYSIS

Coding of each questionnaire was carried out according to detailed coding manuals that were developed at the University of Guelph. All open-ended questions were entered verbatim and longer lists of codes were condensed based on consensus among the co-investigators. We particularly appreciated the diligent assistance provided by Laura Coulman, an M.Sc. student in the Department of Family Relations and Applied Nutrition at the University of Guelph. Derived variables were specified and scales constructed where appropriate. The Denholm items on attitudes towards including a range of children in regular child care programs were used both individually and to yield a scale score for each individual. Statistical analysis indicated that these items loaded on one general factor. Inter-item consistency coefficients were computed on the attitude scale scores, yielding Kuder-Richardson Reliability coefficients of .96 for the directors and .98 for ECEs and In-House RTs. The Beliefs items tapped more than one dimension, hence construction of a single Beliefs score was not justified. All analysis was done at the University of Guelph using SPSS8 on the University's mainframe computer.

END NOTES

[1] Bochner, S., Denholm, C.J. & Pieterse, M. (1990). *Attitudes to integration in preschool: A comparative study of preschool directors in Canada and Australia.* Victoria, BC: University of Victoria, School of Child and Youth Care. See also Denholm, C.J. (1990). Attitudes of British Columbia directors of early childhood education centres towards the integration of handicapped children. *British Columbia Journal of Special Education*, 14 (1), 13-26.

5. DESCRIPTIVE INFORMATION ABOUT THE CENTRES, STAFF AND DIRECTORS IN OUR SAMPLE

Donna S. Lero, Kathleen Brophy, Sharon Hope Irwin

5.1 INTRODUCTION

As described in Chapter 4, Methodology, the centres, directors, and teaching staff included in this study were selected based on particular criteria — specifically, either their participation in the 1990 SpeciaLink study of inclusive child care programs,[1] or the likelihood that they had been involved in providing inclusive child care for some years. As a result, the centres and child care professionals in this sample form a unique reference group. They were not selected to be a representative sample, from which population estimates could be inferred; consequently, it is important to understand the nature of our samples in order to meaningfully interpret the findings.

In this chapter, we outline some of the general and demographic characteristics of the centres, teaching staff, and directors in our sample. At the end of each section of the chapter, we compare our centres, staff, and directors to recent, national profiles drawn from information available from provincial/territorial governments and from the recently completed *You Bet I Care!* national study.[2]

5.2 OUR CHILD CARE CENTRES

5.21 *Location*

While not a statistically representative sample, the 136 child care programs included in our sample were drawn from all regions of Canada, spanning large urban areas, small towns and rural communities. Of the 136 centres included in the sample, 22 (16.2%) were from the Atlantic Provinces; 32 (23.5%) were from Québec; 34 (25.0%) were from Ontario; 35 (25.7%) were located in one of the Prairie provinces of Manitoba, Saskatchewan or Alberta; 11 (8.1%) were from British Columbia; and 2 programs (1.5%) were located in the Yukon Territories.

5.22 *Centre Type*

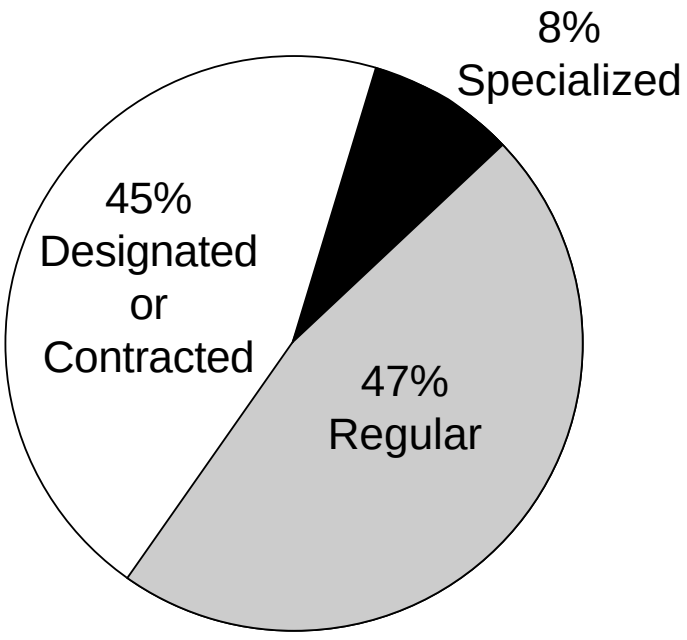
Centre directors were asked to describe their program as a specialized centre for children with special needs, a centre designated as integrated or one that has contracted spaces, a regular child care centre with no designation, or a half-day preschool program. In fact, some checked off both half-day preschool and one of the other

categories. Upon consolidation, we found that of the 136 programs, 11 (8.1%) were specialized centres that, most often, included both children with disabilities and typically developing children, 62 (45.6%) were centres that describe themselves as designated as integrated or one that has contracted spaces for children with special needs, and 63 (46.3%) were "regular" day care centres and/or half-day programs with no particular designation.

The description directors provide for their programs is important, both because it suggests different mandates as the centres have developed over the years and often differential funding, and because the director's description is indicative of the centre's identity in the community. Thus, while "regular" and "integrated" centres may both include the same number of children with special needs, the notion that one identifies oneself, and is identifiable in the community, as an integrated centre may be a critical indicator of the director's and staff's commitment to having a continuing role in providing inclusive early childhood education and care.[3]

Figure 5.1

Child Care Centre Types



The distribution of programs by centre type varied considerably among the provinces — in large part reflecting the history of program development and the nature of provincial/territorial policies and funding arrangements related to inclusion. Both designated and regular programs were located in every province and territory in our sample. Regular programs accounted for more than 75% of the centres sampled from Newfoundland, Québec, and Manitoba; while programs designated as integrated predominated among centres in New Brunswick, Ontario, and Alberta. Specialized programs were mostly found in Ontario (six of the eleven programs), with two each from Nova Scotia and British Columbia, and one in Manitoba. Seven of the eleven specialized programs were integrating typically developing children into their programs, and in some cases had multiple component services, such as an integrated half-day preschool that operated alongside specialized therapeutic and consultation services.

5.23 *Centre Size, Full or Part Day Programs, Age of Children Served, and Auspice*

Directors reported that the number of children their centre was licensed for ranged from as few as 10 children to more than 150, with a median of fifty. Seventy percent of specialized programs were licensed for thirty children or fewer, while the majority of designated and regular programs were licensed for 31-60 children. In total, 90% of specialized programs, 59% of designated programs, and 76% of regular programs were licensed for 60 children or less, while 10% of specialized, 41% of designated, and 24% of regular programs could accommodate more than 60 children.

Of 120 programs who provided information, almost 16% offered only part-time care and 12% offered only full-time care. The majority (72.5%) appeared to be providing care on both a full and part-time basis. Designated and regular programs were most likely to provide both full and part-time care, while specialized programs were more likely to offer only part-time care.

While the most common age range of children served in individual programs was 2-5 years, the programs in our sample included infants as young as three months old to school age children up to and including 12 year olds. Two centres accommodated children older than twelve years of age.

- 65% of programs provided infant and toddler care to children under two years of age, including forty programs (29%) that offered care to infants younger than 12 months old.

- 28% of the programs accommodated school age children older than 6 years of age.

Inclusion of children with diverse ability levels may actually be more easily accommodated in such programs.

Only 13 of the 136 programs in our sample described themselves as private or commercial. The large majority (90%) are non-profit centres, including two centres that are municipal/regional centres.

5.24 *A Glimpse of Child Care Inclusion*

Chapter 6 provides detailed information about the nature and extent of inclusion within the 136 programs included in our sample. At the time data were collected, 117 programs (86%) had at least one child with identified special needs attending the centre (as per the study's definition of that term), while 19 programs had no children with special needs at that time. In the majority of those centres, this was an unusual or temporary circumstance. The most common case for all centres in our sample was inclusion of one or two children with identifiable special needs (26.4%). While having only one or two children with special needs enrolled was the most common case, it should be noted that one third of the regular and designated programs in this study accommodated five or more children with special needs in 1996.

In addition to children with identified disabilities, delays, and health conditions, directors in 93 of the centres in our sample (68.4%) confirmed that they also provide education, care and support to children "at risk" or those who have significant delays, but are not

"Many children have undiagnosed and invisible disabilities. These are often the children most at risk."

(director of a specialized child care centre in Manitoba)

"Our centre is located in a small rural community. We have had children with special needs, i.e., Down's Syndrome, behaviour problems, cerebral palsy, Soto syndrome, etc., included in our programs. Funding is a problem, as subsidy is not available to families living in the surrounding organized townships."

(director of a program designated as integrated in Ontario)

identified as having special needs for funding/support purposes. In some cases, children "at risk" may be identified as having special needs at a later point, or pending assessment. Others fall into gray areas (e.g., children with challenging behaviours, more subtle language or learning difficulties, or those whose family background is difficult or unstable). These children frequently also require additional supports or a modified curriculum in order to fully participate in the program, for which additional funding and resources are generally not allocated. Programs in rural areas and those serving concentrated populations of children and families in difficult circumstances may receive more than the typical number of referrals, both for children with special needs and those who are not identified as such, but who require additional support and curriculum modifications.

5.25 *How Our Centres Compare to Available National Profiles*

Two sources of information were consulted to compare our sample to national data. The first, which provides information about provincial distribution and auspice, is the report on the *Status of Day Care in Canada,* 1995 and 1996,[4] which coincides with the time when data for this study were collected. The second source is information about centres included in the final report of the *YBIC!* project,[5] with data collected in 1998.

Province and auspice comparisons

In comparison to 1996 national data, the sample of 136 centres in this study does not dramatically over or under-represent any province or region of the country. Our sample most over-represents centres from the Atlantic provinces (16.2% of our sample compared to 6.7% of the national distribution) and Manitoba (11.0% of our sample compared to 7.8% of the national distribution), and under-represents centres from British Columbia and Ontario (which make up 8.1% and 25.0% of our sample, respectively, compared to 17.1% and 33.6% of the national distribution). A more telling difference is that 90.4% of sample centres were from the non-profit sector (including a few municipal programs), compared to 72.6% of all centres included in the 1996 *Status of Day Care* report.

Inclusion comparisons

Data collected in 1998 for the *YBIC!* research project were obtained from 848 centres, representing 4,636 programs nationwide. Based on that information, between 63.9% and 70.1% of child care centres were estimated to include at least one child with special needs, using a definition similar to the one used in the present study. Slightly less than one in eight programs nationally (12.2%) reportedly included five or more children with special needs, compared to 39% of our full sample, and 33.6% of regular and designated programs in the sample. Just under 5% of the *YBIC!* centres provided specialized consultation to other centres, for example on the inclusion of children with special needs.

5.3 OUR SAMPLE OF FRONT-LINE CHILD CARE PROFESSIONALS

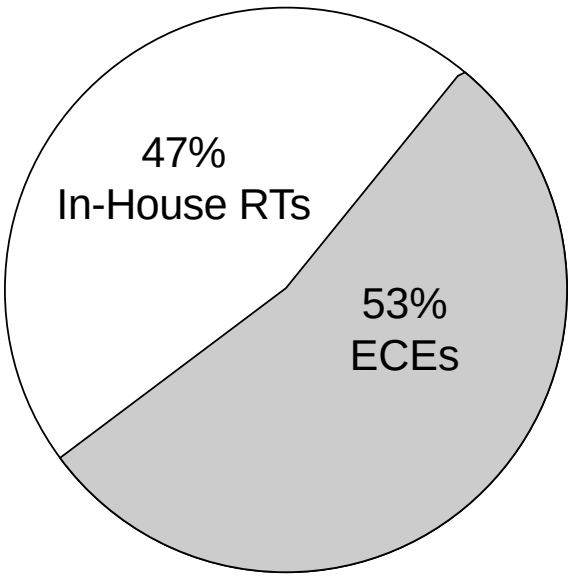
5.31 *ECEs and In-House Resource Teachers*

A total of 124 teaching staff in as many child care centres constituted our sample of front-line child care professionals. When asked to describe their position, respondents used a variety of descriptors: 59 originally identified themselves as early childhood educators, preschool teachers or child care workers; 5 others indicated that they combined being an ECE with being an assistant supervisor or supervisor in their program, while two others used terms such as education/curriculum specialist. These 66 respondents were combined into the category of ECEs in our analyses. Among the 58 remaining, 15 described themselves as in-house resource teachers and four used the term support worker or special needs worker, while 39 indicated that they held more than one position – most often combining the position of ECE and resource teacher. These two groups of front-line child care professionals provided a unique window on inclusion.

Chapter 7 provides detailed information about these front-line child care professionals – and particularly explores their attitudes and beliefs about inclusion, as well as their accounts of their successful and less successful experiences. The purpose of this section is to provide a brief demographic profile of our front-line staff sample. For the most part, we will describe this sample as a whole, recognizing that In-house resource teachers more often had responsibility for a larger number of children with special needs, and sometimes for children with more complex conditions than did the ECEs in our sample. Moreover, in-house RTs often provided support and information for other teaching staff within their centre, serving as an internal resource person for the program as a whole.

Figure 5.2

ECEs & In-House RTs



In general, ECEs tended to be found more often in "regular" child care programs, while in-house RTs were more often located in centres that had been designated as integrated, as well as in the few specialized programs in this sample. This distinction did not always hold true, however. In addition, it is important to note that as many as 38 of the 58 in-house RTs (or 65.5% of this subgroup) described themselves as having split or combined positions incorporating both ECE or supervisory roles and RT responsibilities. The combination is easily explained by the fact that frequently children with special needs

attended only part-day programs, or had subsidies that covered only part-day enrollment.

5.32 *Front-Line Professionals' Experience in Child Care*

The average ECE/in-house RT in our sample (54.8%) had worked in the child care field in one capacity or another for more than 10 years, including 25.0% who had 15 or more years experience in the child care field. Only one quarter of the teaching staff in our sample had worked for five years or less in child care programs, and only 8.1% had only one or two years of teaching experience. Almost 51% of this sample had been in their current position for more than five years; hence we can conclude that most of the front-line professionals in this sample were a reasonably stable and experienced group.

5.33 *Front-Line Professionals' Experience With Children With Special Needs*

Similarly, more than half of this sample (57.0%) had more than five years experience in work with children with special needs, including 28.9% who had ten or more years experience. Only one fifth of our sample had recently begun to work with children with special needs, having less than three years experience in direct work with them or in an inclusive program. Surprisingly, the ECEs and in-house RTs had quite similar profiles in terms of length of time working with children with special needs. It is probably fair to speculate that the ECEs in our sample with more than ten years of experience in direct work with children with special needs had developed a role for themselves somewhat like that of a resource teacher, both in their programs and in their communities.

5.34 *Front-Line Professionals' Educational Background*

As in other samples of child care teachers, our sample had a range of educational backgrounds that extended from those with no completed post-secondary education related specifically to ECE or child care to those with both a diploma and degree, a specialized post-diploma certificate, or even a graduate degree. This distribution is shown in Table 5.1.

Table 5.1

Front-Line Professionals' Educational Background Related to their Work

Highest Formal Education Completed Related to ECE or Inclusion	Number	Percent
No diploma, no degree	16	12.9%
College diploma	73	58.9%
University degree	22	17.7%
Diploma and degree	11	8.9%
Graduate degree	2	1.6%

The fact that about 87% of our sample of teaching staff had completed a post-secondary diploma or degree is noteworthy. In the majority of cases, those with a diploma had graduated from an ECE program; those with a degree typically majored in Education or Special Education, Psychology, or Child Studies. By and large, ECEs and In-House RTs had similar backgrounds; however, of those with no diploma or degree, the majority were ECEs. The majority of teaching professionals with both a diploma and degree were In-house resource teachers.

5.35 *How Our Front-Line Professionals Compare to Available National Profiles*

The most recent and extensive source of information about child care staff is the 1998 *You Bet I Care!* study, which surveyed 4,154 staff in full-day child care programs. *YBIC!* sample data represented more than 38,000 front-line teaching staff across Canada who were engaged in both full-time and part-time teaching positions at the assistant teacher, teacher, and supervisor levels. The most logical comparison is to full-time teachers in the *YBIC!* sample, when possible.

The *YBIC!* data indicates that in 1998 among teachers nationwide, almost 41% had been in the child care field for five years or less, and 22.3% had three years or less experience in the field. Approximately 31% of the national sample had ten years or more experience in child care, compared to almost 55% of our sample of front-line teachers.

Our sample also compares quite favourably to the 1998 *YBIC!* information on the educational backgrounds of full-time teachers. Among *YBIC!* teachers, 14.5% had less than a one year ECE credential, but only 11.1% had an ECE-related university degree. In our sample however, 28.2% had a university degree (sometimes in combination with a diploma or post-diploma certificate).

It should be reiterated that the sample of child care teaching staff selected for this study was not recruited in a way that would lead us to assume that they represent all ECEs and in- house RTs nationwide, or even all teaching staff in the programs from which they were selected. We deliberately chose participants who were likely to be more experienced in working with children with special needs in child care programs. That requirement tends to lead to a selection of teachers who have more experience in general, and perhaps additional education and professional development activities to support them in their work. This certainly seems to be the case. As a result, readers should probably anticipate that our sample of child care professionals may represent the views of child care teachers who are more experienced, and perhaps more committed to their work than would be evident among teachers drawn from a random sample of child care programs.

5.4 OUR SAMPLE OF DIRECTORS

Directors of the 136 programs described in section 5.2 also provide a unique window on inclusive child care. Their view is a holistic one that must incorporate many facets of the centre and the people who are involved in it: children and parents, staff, and sometimes board members. The director's role in

"In Alberta, various agencies have a mandate within which they work (eg., education, health). Some children fall into the cracks and, because they do not qualify under various mandates for services, they don't get the help that is needed. I would like to see this change. Therefore, I am involved and committed to attending meetings that involve the restructuring of Social Services."

(director of a designated centre in Alberta)

promoting inclusive child care, and directors' attitudes and beliefs are detailed in Chapter 8 of this report. This section provides a brief profile of directors' experience and educational background and some comparative information that will be useful for locating this sample relative to all directors nationwide.

5.41 *The Roles of Centre Directors*

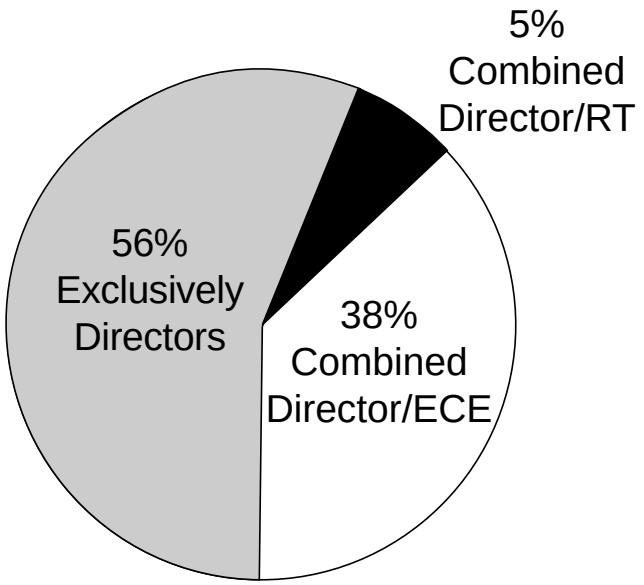
Directors in this study were asked as a first question whether they described their position as being a director/supervisor with administrative responsibilities only or as one that included teaching responsibilities. Sixty-one percent of directors had full-time administrative roles, while 39% also had teaching responsibilities in their centre. Four directors specifically mentioned having responsibilities as a resource teacher; one was involved in an innovative partnership in which she provided support and consultation to another centre. In fact, directors have many roles in their centre and in their community, including roles involving the coordination of many people's efforts when children with special needs are involved, and an advocacy role for parents, children and staff.

5.42 *Directors' Experience in the Child Care Field*

The average centre director in this sample (56.0%) had more than fifteen years of experience in the child care field. Another 28.4% had between ten and fourteen years experience. Only eight directors (6.0%) had five years or less experience in the child care field. Approximately 39% of directors had held their present position for ten years or longer, while a similar proportion had been in their current position for five years or less.

Figure 5.3

Centre Directors' Roles



5.43 *Directors' Experience With Children With Special Needs*

Directors' experience with children with special needs ranged from direct hands-on experience as an ECE or resource teacher or as a teaching director to a more distant role in which they did not have direct 1:1 involvement with children with special needs, but supported those who did. Overall, 64.3% of the directors in this sample reportedly had more than 10 years of experience in work with children with special needs, including almost 35% who reportedly had 15 or more years experience in this regard. Quite a number of directors provided comments that reflected their lengthy years of experience and their sophistication (and some-

Table 5.2

Directors' Educational Background Related to their Work*

Highest Formal Education Completed Related to ECE or Inclusion	Number	Percent
No diploma, no degree	10	7.6%
College diploma	72	55.0%
University degree	24	19.3%
Diploma and degree	17	13.0%
Graduate degree	8	6.1%

* Based on information provided by 131 directors

times their frustration over the lack of systemic responses to children with special needs and to support for high quality child care programs.) Some have become actively involved in their communities in efforts to bring about desired changes.

5.44 *Directors' Educational Background*

Our sample of directors included a range that extended from those who had no formal ECE-related education to those with a graduate degree.

More than 92% of this sample of directors had completed a post-secondary diploma or degree in an area related to their work. The majority of those with a diploma had graduated from an ECE program. Those with a university degree typically studied Child or Family Studies, Education or Special Education, or Psychology. Approximately half of the directors in this sample had also obtained a post-diploma certificate, either in ECE or on a topic related either to inclusion/ resource teacher preparation (16.9% of directors), administration or management (14.7%), or a related area. The vast majority of directors had also attended many conferences over the years and took an active role in supporting their own and their staff's ongoing learning and skill development.

5.45 *How Our Directors Compare to a National Profile*

Again, the recent data from the 1998 *You Bet I Care!* study provides a basis for comparing our sample of directors compared to a national profile. The findings confirm that the centre director's educational background in early childhood education/child development is one of the most potent contributors to the quality of child care programs.[6]

In the *YBIC!* national sample of directors, 18.0% of directors had no formal post-secondary ECE-related education, while the majority had a two-year college credential; 20.2% had an ECE-related Bachelor's degree or more. The educational background of our sample of directors is considerably stronger. Fewer than 8% of our sample had no formal post-second-

ary ECE-related credential, while 37.1% have a Bachelor's degree or higher. Two recent U.S. studies have suggested that child care programs that are inclusive tend to have higher scores on the Harms and Clifford observational measures of global quality.[7] Unfortunately, we do not have Canadian data on that point as yet; however the findings identified here suggest that a similar result might be obtained in the Canadian context as well, on the basis of the educational backgrounds (and other characteristics) of this sample of directors, along with other factors.

5.5 SUMMING UP

This chapter has provided an overview of our sample of child care centres, ECEs and in-house resource teachers, and directors. It is important that readers appreciate the characteristics of this reference group in order to interpret the research findings and evaluate the conclusions we draw. No national sampling frame of inclusive child care programs was available to us for this research. The description of our samples, particularly in comparison to recent national data, indicates that we likely have a more stable, committed, and educated population of front-line professionals and directors. This reference group's experiences with inclusion, therefore, can provide powerful information about how well inclusion is working, and about the challenges being faced by centre personnel in programs that are attempting to meet the needs of all children and families in their communities, in the context of limited resources being allocated for that purpose.

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6. The Nature and Extent of Inclusion – Centre Practices

Donna S. Lero, Sharon Hope Irwin, Kathleen Brophy

6.1 INTRODUCTION

The purpose of this chapter is to describe inclusion as practiced in child care centres in our sample at the time data were collected. We provide information on the number of children with special needs who were enrolled, who was attending and under what conditions, and how many children were not accepted in these programs in the previous three years and for what reasons. In addition, we explore how directors and front-line centre staff were involved in coordinating their actions with parents and with other service professionals in order to meet the needs of the children enrolled.

Finally, this chapter provides some information about the resources available to centres and includes information from directors on some of the challenges they face in trying to match centre resources to the goal of providing inclusive care that best meets everyone's needs.

This chapter relates quite directly to Chapter 7, in which inclusion is examined from the standpoint of ECEs and in-house resource teachers within these centres, and Chapter 8, which examines inclusion as experienced by directors.

6.2 INCLUDING CHILDREN WITH SPECIAL NEEDS: CHILDREN IN CHILD CARE PROGRAMS

A discussion of the nature and extent of inclusion of children with special needs in child care programs requires consideration not only of the number of children with special needs who are enrolled, but also the nature of their participation and the kinds of efforts made to meet their needs. In many centres, the participation of children with disabilities is limited, as evidenced by the number of children who are not accommodated or who participate on only a part-time basis for reasons other than parental choice.

The capacities of centres and the resources available to support inclusion are referred to repeatedly as critical factors that must also be considered — both in the research and practice-based literature on inclusion, and by directors and child care staff in their written comments to our questions.

"Our centre does not have a special needs license, so therefore, parents do not qualify for financial assistance."

(director of a centre in New Brunswick with no children with special needs enrolled)

6.21 *The Number of Children With Special Needs Included in Child Care Programs*

At the time of data collection in 1996-97, 117 of the 136 centres in our sample (86%) included at least one child with special needs, while 19 programs (14.4%) had no children with special needs enrolled at the time. Across the 117 centres in our sample, at least 1,256 children with disabilities, significant delays, behavioural problems, and chronic health conditions were receiving developmental support. This number includes one regional centre that served 300 children with special needs in a range of programs. In general, only a few children with special needs attended most regular and integrated programs. (See Tables 6.1 and 6.2.)

Across all centres for which information was available, 24.4% of directors replied that they had fewer children with special needs than was typical of the last three years, while two thirds (66.1%) indicated that they had the usual number enrolled. Twelve directors (9.4% of those who replied) indicated that they had more than their usual number of children with special needs enrolled. Most of those programs had between five and nine children with special needs attending when data were collected.

The 19 centres that had no children with special needs attending at the time data were collected consisted of four designated programs and fifteen regular programs. (Designated programs are identified by the provincial or territorial government as being contracted or being eligible to have a contract to provide care for children with special needs, for whom additional funding or personnel supports will be made available. Regular programs are not designated as such, but may receive additional support if they accept children with special needs.) According to our data, less than 7% of designated centres had no children with special needs, compared to almost 24% of the regular programs in our sample.

Table 6.1

The Number of Children with Special Needs Included in All Sample Child Care Programs*

Number of Children with Special Needs	Child Care Programs	
	Number	Percent
None	19	14.4%
1 or 2 children	35	26.5%
3 or 4 children	26	18.9%
5 - 9 children	22	16.2%
10 or more children	31	22.8%
(unspecified, but at least one child)	3	2.2%

* Based on 136 programs. Of the 11 specialized programs, 10 were in the 10+ group, and one program enrolled 5-9 children with special needs.

Twelve of these nineteen directors said that the number of children with special needs attending was less than usual compared to the last three years, while five replied that having no children with special needs was typical; two directors did not reply. Further examination revealed a number of reasons why programs might not have any children with special needs enrolled, or have fewer children with disabilities than they have had at other times. These reasons include: policies or funding restraints that limit parents' access to subsidies and/or centres' access to special funds, centres being full and unable to accept additional children, temporary dips in referrals, and some situations where directors feel less certain about their capacities to include children with special needs or are far more selective about whom they will accept, given limited resources.

6.22 *The Nature and Severity of Children's Conditions Among Children Enrolled*

We did not ask directors to tell us about the specific conditions or diagnoses of the children enrolled within their centres, but relied on the definition we provided to set the boundaries for responses. However, an indication of who was being included can be drawn from the responses 100 ECEs and in-house RTs gave when asked to describe a child with special needs with whom they had been most successful in the last two years. Front-line staff described the children they worked with as spanning a considerable range, including children with developmental or global delays, cerebral palsy, autism, health impairments, learning disabilities, emotional/behavioural disorders, and hearing, vision, and speech impairments. Approximately 11% of front-line staff described the child with

Table 6.2

The Number of Children with Special Needs Included in Regular and Integrated Child Care Programs*

Number of Children with Special Needs	Child Care Programs	
	Number	Percent
None	19	15.2%
1 or 2 children	35	28.0%
3 or 4 children	26	20.8%
5 - 9 children	21	16.8%
10 or more children	21	16.8%
(unspecified, but at least one child)	3	2.4%

* Based on 125 regular and integrated programs

"We have no special needs children attending our centre, but in the past we have had one or two."
(director of a centre in Nova Scotia)

"I feel that there is a better understanding of how special needs children affect the other children and staff. We now do not accept every child but weigh their needs against the rest of the program. When a special needs child is withdrawn, we as a staff decide who and what we can deal with and sometimes choose to take a short break before filling the spot."
(director of a regular centre in Manitoba)

whom they had been most successful as having a mild disability or health condition, 47% described the condition as moderate, and 42.5% described the child's condition as severe. (See Chapter 7 for more information about teachers' experiences with these children.)

Based on these responses and others received on both the staff and directors' questionnaires, it appears that centres were including a reasonably wide range of children with special needs. Furthermore, many directors and staff indicated that over the years, and with more experience, centres that had positive experiences with inclusion were willing to accept a broader range of children.

We asked directors if the complexity of children's special needs their centre accommodates had increased, decreased, or remained the same since 1990. Of 130 directors who responded,

- 60 directors (46.2%) said that since 1990 the complexity of children's conditions that were being accommodated had increased,
- 61 directors (46.9%) reported no change, and
- 9 directors (6.9%) reported a decrease in the complexity of conditions evident among the children with special needs between 1990 and 1996.

6.23 *Is Participation Limited to Part-Time Attendance?*

Previous experience alerted us to the fact that ofttimes children with special needs in child care programs attend full-day programs only on a part-time basis for various reasons. When part-time participation reflects parental preferences and what is best for the child, then these children are not being treated differently from other children whose parents might have a similar preference. However, when children with special needs cannot participate on a full-time basis because of arbitrary funding arrangements or because staff are unable to address a child's needs at lunch or nap time, then barriers to full inclusion are evident.

We asked directors if any of the children with special needs in their centre were limited to part-time attendance for any of several reasons. Sixty directors (51.3% of those with at least one child with special needs attending their program) indicated that attendance was limited to part-time for one or more reasons described below.

Directors in all three program types (specialized, designated and regular child care programs) indicated that limits on funding for full-time subsidies was the most common reason children's attendance is limited; funding limits also directly constrain the availability of resource teachers and support workers who are seen as essential resources to support inclusion. Directors' comments thus confirmed that there are systemic barriers to many children's participation on a full-time basis — a situation that affects the child, the program, and the child's parents.

Lack of full-time care has been noted as one of the salient factors that constrain mothers' involvement in the labour force in families with children who have special needs, with negative impacts on family income and longer term economic security.[1, 2] Part-time subsidies and part-time spaces can also affect centres to the extent that

they create empty half-day slots in the afternoons in full-day programs that are harder for many centres to fill, and create more half-day staffing patterns. Children who might benefit from longer days or who might experience better, more reliable, less fragmented care arrangements are also deprived of the opportunity to stay with their teachers and peers under these circumstances. On the other hand, one director commented that limiting children with special needs to part-time was a strategic choice, since it allowed more children to participate by sharing the space available. This rationale may seem reasonable in circumstances when access to high quality programs is limited, but it can create other difficulties that impede children's developmental and social progress and their parents' access to employment.

6.3 TO WHAT EXTENT ARE CHILDREN WITH SPECIAL NEEDS NOT ACCOMMODATED IN CHILD CARE PROGRAMS?

Directors in our sample were asked if they had turned down any children with an identified disability or special need from their program in the last three years.

- 63 directors (46.3%) answered yes
- 66 directors (48.5%) answered no
- 7 directors (5.1%) did not reply.

Based on their responses, we calculated that approximately 336 children with special needs were turned away from the 63 centres for which directors provided information. (Note: Other families who might have approached these centres, or who made only preliminary or indirect inquiries, are not represented in these estimates.) Most directors indicated they had turned away only a few children, but ten programs were not able to accept the applications of ten or more children with special needs in their community.

The reasons most commonly given for not accepting a child with special needs were then classified into several domains. A centre may refuse a child for a variety of reasons. Our analyses suggest that the

Table 6.3

Reasons Children with Special Needs Are Limited to Part-Time Attendance*

Reasons Given	Number of Programs
Parent's choice/seen as best for child	12
Subsidy available for part-time attendance only	35
Resource teachers/support workers only available part time or part day	11
Overall staffing can't accommodate full day	11
Transportation constraints	7
Difficulty with nap time, health procedures, etc.	6

* Some directors provided more than one reason why some children with special needs are limited to part-time attendance.

"I have always supported the concept of inclusion, but the dollars are so scarce now and the 'regular' children are so needy that my staff simply can't cope with a special needs child within existing ratios."

(director of a regular centre in Québec)

most common threads running through the reasons given and the individual comments directors made indicate that the main barriers *do not* emanate from a lack of willingness on the part of child care staff or a lack of commitment to inclusion. Most commonly, directors' responses suggested that limits placed on the centres themselves limit the centre's capacities to accept more children. Limited funds or staffing, or provincial policies often translate into a "maximum number" of children with special needs a centre can accept, or a perceived maximum number or degree of complexity of needs that centre staff feel they can handle without compromising the quality of care provided to other children or experiencing serious stress themselves. Other factors were also operating, as shown in Table 6.4.

Further analysis of the reasons given by directors of specialized, designated, and regular programs revealed some interesting differences. Directors of specialized programs were most likely to say that children were turned down because the program already had its maximum number of children with special needs and/or because the program could not address the complex needs of the child and family at the time. These were also the two most common reasons given by directors of designated programs. Directors of both designated and regular programs more often stated that they were limited by a lack of funding and the lack of (or loss of) resource teacher support or support from other professionals and agencies to assist them in their work with children with special needs. Interestingly, only directors of regular programs indicated that access to the centre (transportation) and staff being untrained, unwilling, or burned out were fac-

Table 6.4

Main Reasons That Caused You to Turn Down a Child (Children) with Special Needs*

Reasons Given	# of Programs
A) Program or Funding Constraints	
Already had maximum number of children with special needs	30
No funding available; centre not eligible for special funding	20
Physical access to program or rooms would be problematic	7
Unable to access external support services (resource teachers, physiotherapists, etc.)	6
Loss of centre-based resource teacher or support worker	4
B) Perceived difficulty in meeting child's needs; Inability to accommodate	
Complex health concerns could not be addressed	10
Child too aggressive	9
Child needs 1:1 staffing, more structured program	26
Difficult to meet parents' expectations	2
C) Staff attitudes or lack of training Staff not trained or not willing	5
D) Other Reasons Centre is full	7

* Some directors provided more than one reason for not being able to accommodate a child with special needs in their program.

tors in refusing to accept a child with special needs into their program (five directors cited these as reasons). Directors of regular programs also gave what one might describe as "normative" reasons for turning away children with special needs, i.e., the fact that the centre itself was full.

An interesting point of comparison was available to us as a result of the *You Bet I Care!* national study of child care programs conducted in 1998. When asked a parallel question to the one used in the present study, directors in close to 40% of the national sample reported not having been able to accept at least one child with special needs into their program in the three years prior to data collection (which would have been 1995-1998).

Centre directors in the *YBIC!* study provided a number of reasons for not accepting children with special needs whose parents had applied to their programs, with most directors providing more than one reason. The most common reasons given for not accepting children with special needs were:

- insufficient funds to provide for the required additional staffing (55.1%);
- the building would have required structural modifications (33.2%);
- staff did not feel adequately trained to care for the child (25.9%);
- the centre already had its maximum number of children with special needs (22.4%);
- insufficient funds for necessary equipment (17.3%);
- limited access to external consultants (e.g., physiotherapist, resource teacher, early intervention consultant) (16.6%); and
- limited capacity or willingness on the part of staff to include children with complex problems or challenging behaviours (18.6%).

The major similarity in findings across *YBIC!* and our current study is that limited funding and limited additional staffing restrict centres' capacities to include children with special needs. The major differences between the two studies suggest that in a broader population of centres physical accessibility and staff attitudes and training are likely to be more significant barriers than was observed in our more selected sample.

6.4 CENTRE PRACTICES RELATED TO INCLUSION

Directors provided information about a number of centre practices that are important to successful inclusion. In most cases, directors indicated that program and activity planning and curriculum modifications, communication and involvement with parents, and the effective coordination of actions taken with or involving other professionals in the community involve both the director and centre staff, and team work and communication among centre personnel.

6.41 *Program Planning*

Individual program planning is a well-accepted means of ensuring that appropriate curriculum goals are developed and activities implemented to achieve them. The majority of directors (79.4%) indicated

that individual program plans were made for each child with special needs.

We were interested in knowing who actually does the program planning and/or is responsible for this role in centres. Most often, directors indicated that this is not done by an individual ECE or RT alone, but involves two, and often more, people working together as a team. The most common response was "ECE and RT," but many combinations and permutations were provided. In 82% of centres, an ECE was involved. In 77% of centres, a special needs worker/ resource teacher/resource consultant was involved. Parents reportedly were involved in 21% of centres when individual program planning was done, and the director or supervisor was involved in 18% of centres that do program plans.

6.42 *Communication With Parents*

We asked directors, "Who is most involved in discussions and communication with the parents of children with special needs in the centre?" Again, most often a combination was mentioned. About 63% of directors mentioned a combination, typically involving the director and either an ECE or resource teacher/special needs worker. About 27% of directors indicated that an ECE is the primary person who liaises with the parent, while in 6% of the centres the director was solely involved.

6.43 *Degree of Parents' Involvement*

While we recognized that the degree of involvement of child care staff with parents of children with special needs might vary across families, we asked directors to indicate what was the most common manner in which parents of children with special needs related to the centre and its staff. Based on directors' reports, the majority of parents are involved to a fairly significant degree when children with special needs are included in the program. This is consistent with what the literature defines as a critical element in inclusive programs, as described in Chapter 1, and is another component in staff time and engagement related to inclusion.

Table 6.5

Extent of Parental Involvement in Centres Including Children with Special Needs

Manner in which parents are involved:	Percent of programs
Extensive involvement; parents and teachers work as partners	50%
Not involved on an on-going basis, but meet regularly; involved in planning and decisions	31%
Meet and communicate on as-needed basis; parents not involved in planning with us, but perhaps with others	16%
Parents and centre staff meet infrequently	3%

6.44 *Coordinating Services for Children With Special Needs in the Centre*

Supports to children with special needs and to the staff who work with them in centres may involve a variety of people — in addition to the director, the teacher(s) who work most directly with the child, and possibly the child's parents. Communication and consultation can be complex. Consequently, typically one person is most directly involved in communications and liaison, particularly with external health and social service professionals. When asked who serves as the *primary* coordinator, directors indicated that this was a function they were likely to have themselves: 64% of directors who replied indicated that they were the primary coordinator. In another 17% of centres, an in-house resource teacher coordinated actions and communications. An external resource teacher, resource consultant, or another agency was named as the primary coordinator in 9% of centres, parents were named in 2.3% of centres, and in 6% of centres, the director indicated that the role varied — there was not one primary coordinator.

How well is the coordination going?

Beyond direct interactions and service to the children, coordination must also be effective to have desired effects and minimize friction and additional workload. Directors indicated that coordination was generally being handled quite well.

- 41% said that coordination most often was handled "very well, no major problems";
- 46% said coordination was going "fairly well, minor problems get resolved";
- 9% indicated that there were "some problems that had not yet been resolved"; and
- 3% of directors indicated that there were some serious problems with coordination around inclusion.

6.5 THE RESOURCES AVAILABLE TO CENTRES TO SUPPORT INCLUSIVE CHILD CARE

Earlier sections of this chapter have already indicated that effective inclusion involves a considerable amount of staff time and engagement. The absence of additional financial resources, additional staff, and the involvement of parents and various professionals in the community can be a significant barrier to enrolling children with special needs in the first place, and can also cause significant difficulties for centres in their efforts to meet the children's needs once they begin attending the program.

We asked each director to indicate on a checklist which of a variety of (additional) resources were currently available to support effective inclusion of children with special needs in their program. The results are shown in Table 6.6. Because the question asked about the "availability" of resources rather than actual use, it is likely that the number of positive responses actually overestimates the true availability of resources to child care centres. Table 6.6 includes actual "yes" responses, with the percentage calculated out of all 136 centres, including those that had no children with special needs enrolled when they were surveyed. The profile of resources available to centres varied, of course, depending on whether the centres were specialized or community-

based (designated and regular) programs, and the number of children with special needs who were actually enrolled. (Centres accommodating more children tended to access more resources and have more funding available for additional staff.) Some general trends are worthy of note.

6.51 Additional On-Site Staff

In total, 91 centres (66.9%) reportedly had some form of additional on-site staffing available to them to support their efforts to include children with special needs. These staff could include an on-staff resource teacher (typically provided in Ontario only if four or more children with special needs are attending the program), or additional full-time or part-time teaching staff or support workers (or a mix of these categories). According to the directors, when additional teachers or support workers were available, it was more often on a part-time, than a full-time basis. (See Table 6.6.) This finding is consistent with what directors told us about children attending on a part-time basis, often in keeping with the availability of subsidies to the centre and/or the provision of additional support workers or teaching staff on a part-time basis.

Additional on-site teaching staff were most common, of course, in centres with five or more children with special needs. Twenty of the 35 centres with one or two children with special needs (57%) enrolled had additional on-site teaching staff or support workers, compared to about 82% of centres that en-

Table 6.6

Resources Described as "Available" to Support Inclusion by Centre Directors

	Number of Programs	Percent of Programs
On-staff resource teacher	51	37.5%
Resource consultant who comes on a regular basis	48	35.3%
Full-time additional teacher/support worker	28	20.6%
Part-time additional teacher/support worker	54	39.7%
Infant Development Program/Early Intervention consultant	62	45.6%
Physiotherapist/occupational therapist	81	59.6%
Speech and Language specialist/audiologist	91	66.9%
Psychiatrist/psychologist	37	27.2%
Paediatrician	38	27.9%
Nurse/Nursing assistant	38	27.9%
Specialized equipment provided by provincial/ territorial government	67	49.3%
Specialized equipment provided by parents	36	26.5%
Specialized equipment provided by a community agency or service club	47	34.6%
Involvement of parents	83	61.0%
Volunteers	44	32.8%
Students	5	3.7%

rolled between five and nine children with special needs.

6.52 Itinerant Staff and Resource Consultants

Itinerant consultants include travelling resource teachers/resource consultants and consultants from infant development or early intervention programs. When this broader category is used, we note that 83 directors (62.4%) reportedly have itinerant consultants available to them to help support their staff's efforts. Travelling consultants were reportedly "available" to 42% of centres that had no children with special needs enrolled, to 57% of centres with only one or two children with special needs in attendance, and to 61.5% of centres with three or four children with special needs in their programs. Travelling resource and early intervention consultants were reportedly available to 73-74% of centres with more than five children with special needs.

6.53 The Availability of Both On-Site and Travelling Consultants

We were interested in exploring whether there were any discernible patterns in the availability of both of these categories considered together. Analyses indicated that among 133 programs for which complete information was available:

- 60 centres had both on-site staff and travelling consultants available to assist them,
- 31 programs had only additional in-house or on-site staff available,
- 23 programs had only travelling consultants and early intervention workers available,
- 19 programs had neither on-site teachers nor travelling consultants available to assist them.

This latter group included nine of the nineteen centres that had no children with special needs enrolled when surveyed, eight centres with one or two children, one centre with 5-9 children, and one centre that reportedly had ten or more children with special needs enrolled in the program.

6.54 The Availability of Other Professionals

Speech and language specialists and PT/OT specialists were available to the majority of child care programs to support inclusion. Medical and behavioural resources in the form of paediatricians, nurses, psychiatrists and psychologists were less commonly available (each was available to less than 30% of centres in our sample). It is not known how extensively various specialists are/were involved with these programs from our data.

6.55 Support From Parents

It should be noted that support from parents is an important and common resource for programs. While parents of the children with special needs are a vital source of support, information, and direct assistance, the involvement and support of parents of other children may also be very helpful.

6.6 SUMMING UP

This chapter has provided an overview of how inclusion is practiced and experienced in the 136 centres in our sample. Looking through the window of centres, we captured

information about the nature and extent of inclusion, the kinds of activities and staff involvement in activities that are important adjuncts to support positive experiences for the children enrolled, and the availability of resources to support inclusion. Data from a recent national sample of centres extend our analysis and allows us to understand some of the important barriers to inclusive early childhood education and care for children with special needs in Canada. Most importantly, we hope readers have begun to develop a sense of child care programs as organizations, with resources within them (directors, staff and sometimes specialized resource teachers or support workers) that can be utilized to promote optimal development and provide support to a wide range of young children and their families, to the extent they are able to do so. These centres operate within both a community context and a policy and funding context that can either promote or constrain their efforts to provide effective, inclusive and high quality care.

In the following chapters we examine the experiences and attitudes of ECEs and in-house resource teachers and the directors themselves. Understanding the centres in which they operate provides the framework for interpreting their responses.

END NOTES

[1] Irwin, S.H. & Lero, D.S. (1997). *In our way: Child care barriers to full workforce participation experienced by parents of children with special needs — and potential remedies.* NS: Breton Books.

[2] Roeher Institute (2000). *Finding a way in: Parents on social assistance with disabled children.* Toronto, ON: Author.

7. INCLUSION AS EXPERIENCED BY CHILD CARE STAFF

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7.1 INTRODUCTION

As described in the literature review provided in Chapter 3, staff attitudes, experiences, and training have been identified as critical factors affecting the extent to which inclusion is undertaken or resisted in early childhood programs, as well as the extent to which it is likely to be effective and sustained over time. To date, few studies have treated staff's experiences with inclusion as a central focus of investigation, despite the fact that this reflection-on-action (Wein, 1998)[1] provides a critical window, both for viewing and understanding the ecology of inclusion and for developing additional training and supports for early childhood staff in inclusive programs.

Our perspective is that understanding inclusion as experienced by front-line staff is a critical issue. Experiences on the front line, both successful and unsuccessful ones in the eyes of staff, with or without adequate resources and supports, go on to affect a staff attitudes and ongoing commitment to inclusion, as well as her sense of confidence and competence in working with children with special needs. In turn, the experiences of front-line staff with children, with parents, with co-workers in the centre, and with external resource personnel are likely to affect both the individual staff and her centre in ways that make that centre a more or less hospitable climate in which effective inclusion can flourish.

This chapter provides information obtained from early childhood educators and in-house resource teachers in centres that have at least a six-year history of including children with special needs. We first describe these staff in terms of their education, experience, and general attitudes and beliefs about inclusion at the time data were collected. We then turn to an in-depth examination of what staff told us about their most successful and less successful experiences with inclusion in their centres in the last two years.

This part of our study provides detailed information about staff's experiences, and about the factors that helped support them when they were successful or that might have been helpful to them. We also learned about sources of frustration and difficulty, and provide staff's own comments about their experiences. Child care staff told us quite directly that their experiences on the front line, perhaps more

than any other factor, are responsible for changes in their commitment to inclusion, their willingness to accept a broader range of children in the program or to be more cautious, and their feelings of comfort and confidence in working with children with special needs. Toward the end of this chapter we explore the extent to which staff's training, experience in the field, and length of experience working with children with special needs appear to be related to their current attitudes toward inclusion, their sense of competence or efficacy in working with children with special needs, and their stated preferences for additional information and training.

This chapter weaves together information about the past and present in staff's lives, recognizing that prior education, specialized training, and length of experience in the field are assets that staff bring to their experiences with inclusion. Specific experiences in their work with children with special needs further shape staff's attitudes and expectations and provide opportunities for new learning. At the same time, we recognize that staff's experiences are affected by the contexts in which those experiences occur — including the specific context of the centre in which they work, and the broader policy and community contexts that affect the resources available to centres and their staff.

7.2 STAFF CHARACTERISTICS

It is important to understand some of the characteristics of our staff before we discuss their attitudes and their specific experiences in their centres. Readers are referred back to the general description of front-line staff provided in Chapter 5. (See Section 5.3.) [NOTE: As discussed in the next section, the full sample of staff consists of two groups: early childhood educators (ECEs) and those with more specialized duties and training, who described themselves as in-house resource teachers (RTs). When referring to the full sample, we interchangeably use the words staff, child care professionals, teachers, or teaching staff. Otherwise, we identify the subgroups of ECEs and RTs separately, indicating both similarities and differences between them.]

7.21 Specific Roles of Front-Line Staff

Of the 124 front-line teaching staff in our sample, 66 (53%) described themselves as early childhood educators (ECEs), and 58 (47%) described themselves as on-site (or in-house) resource teachers, support workers, or special needs workers.

The latter group includes a sizable proportion who indicated that their position combined being a resource teacher with being an ECE or supervisor. Based on their own report, those who described themselves as in-house RTs often had a more salient role in their centre in terms of inclusion. These teachers, for example, were more likely to be working with children with special needs at the time data were collected, and, in fact, to be working with more children with special needs in their centre than staff who described themselves as ECEs. Resource teachers, in comparison to the ECEs in our sample, also appear to have had more experience working with children whose disabilities or health conditions were described by them as severe. (See Table 7.1.)

On-site resource teachers do not just work with children with special needs. They also are important members of the team in their centre, working with others to develop and implement IPPs, and encouraging and supporting other staff. RTs may also have more direct involvement (with the director) in communicating with parents, and in coordinating activities and sharing information with external resource consultants, infant development workers, and specialists. No doubt, in some centres ECEs, especially those with considerable experience working with children with special needs, perform the same role as in-house RTs. Nonetheless, respondents who described themselves as an RT appear to have a specific, identifiable role in their centre; i.e., a mandate to support inclusive child care in their program. As will be shown later in this chapter, there are sometimes interesting differences between ECEs and RTs, but also many cases when the two groups are quite similar, as was true regarding their general attitudes favouring inclusion as an appropriate practice in regular early childhood programs.

7.22 Education and Training

Pre-Service Education

As indicated in Chapter 5, front-line staff in this sample are fairly well educated, particularly in comparison to the latest national portrait of child care staff. More than 87% of the teaching staff in our sample had either a college diploma or a degree, including 28.2% who had obtained a university degree. (See Table 7.2.) In comparison, a recent national study of child care teaching staff indicated that 71.4% had at least a two-year credential in ECE or a related subject, with only 11.1% having obtained a relevant university degree (Doherty et. al., 2000).[2]

Credentials/Certificates Related to Inclusion

In addition to a diploma or degree, we inquired whether respondents had any other specific credentials or certificates, and if so, in what

Table 7.1

Front-Line Staff's Current and Recent Involvement with Children Who Have Special Needs, by Position

Current or Recent Involvement	ECEs		RTs	
Currently working with any children with special needs	44	66.7%*	54	93.1%*
Currently working with				
1 child with special needs	20	30.3%*	8	13.8%*
2 children with special needs	4	6.1%*	9	15.5%*
3 or more children with special needs	20	30.3%*	37	63.8%*
Has worked successfully with a child in the last two years whom they describe as having a severe disability	20	30.3%*	26	44.8%*

*Percentages are based on the full number of ECEs (66) and RTs (58).

Table 7.2

Front-Line Staff's Education and Training, by Position

Nature of Education and Training	All Staff (%)	ECEs (%)	In-House RTs (%)
Formal Education			
No diploma, no degree	12.9%	18.2%	6.9%
Diploma, no degree	58.9%	51.5%	67.2%
Degree, no diploma	17.7%	16.7%	19.0%
Degree and diploma	8.9%	12.1%	5.2%
Graduate degree	1.6%	1.5%	1.7%
Has obtained a credential or certificate related to inclusion/ children with special needs	16.9%	10.6%	24.1%
Number of conference presentations or workshops related to inclusion attended since 1990:*			
None	17.1%	23.8%	9.3%
1 or 2	21.4%	30.2%	11.1%
3 - 5	26.5%	27.0%	25.9%
6 - 9	13.7%	11.1%	16.7%
10 or more	21.4%	7.9%	37.0%

* Based on replies from 117 front-line staff (7 respondents did not reply, including 3 ECEs and 4 RTs.

area. One sixth of our front-line staff (10.6% of ECEs and 24.1% of in-house RTs) had taken some form of specialist training related to inclusion (such as a resource teacher certificate or post-diploma course work related to children with special needs).

Professional Development

We also asked respondents whether they had attended any workshops or conference presentations related to inclusion since 1990. Quite clearly, this is a major way that staff in this sample have expanded their learning. Of 117 staff who replied, 83% had attended at least one conference presentation or workshop on inclusion. An impressive 61.6% had attended three or more conference presentations or workshops, indicative of their interest in this area. Conferences and workshops were a particularly common form of professional development and continuing learning for RTs, more than one third of whom reportedly had attended ten or more such presentations since 1990.

In summary, compared to more typical samples of front-line staff in child care programs, this sample of ECEs and in-house RTs, deliberately chosen for their current or previous involvement in inclusive programs, had more formal education and preparation related to ECE. A significant proportion also had obtained specialized training, either through a formal program leading to a certificate or other credential and/or by attending conferences and workshops that related to including children with special needs. Since the literature indicates that higher ECE-specific education and more specific training related to inclusion are correlated with pro-inclusion attitudes and greater self confidence, readers can anticipate that these attitudes were also prevalent in our particular sample.

7.23 Experience in the Child Care Field

As described in Chapter 5, front-line staff in this study also had considerable experience as child care professionals to draw on. Only 25% of the ECEs and RTs in our sample had five years or less experience in the child care field, while 55% had been in the field for ten or more years, including a full 25% who had 15 or more years of experience in child care programs. The profiles for ECEs and in-house RTs were almost identical in this regard. Staff with ten or more years experience in the child care field typically have had many varied experiences, and have had time to consolidate their understanding of children's development and to consider their own values and philosophy.

7.3 STAFF'S ATTITUDES AND BELIEFS ABOUT INCLUSION

A critical concern of much of the research on inclusion centres around staff's attitudes, in large part because attitudes have been found to be so critical for the success of inclusion processes (Bricker, 1995[3]; Eiserman, Shisler & Healey, 1995[4]; Garvar-Pinhas & Schmelkin, 1989[5]). Staff's attitudes very much shape all aspects of the inclusion process. In this study, several different components of staff's attitudes were assessed. These different components included two that were fairly broad (a general measure of support for inclusion, and a measure of staff's beliefs about inclusion), and two that were more personal in nature. The latter consisted of questions that asked about changes in staff's personal views over time and a measure of each person's sense of efficacy/competence in working with children with special needs. (Change in personal views and staff's sense of efficacy and competence are discussed in sections 7.5 and 7.7, respectively.) While attitudes affect experiences, we also note that past experiences colour staff's current attitudes as well.

7.31 Staff's Attitudes Toward Inclusion

The main measure of support for inclusion used in this study is one that was developed by Bochner and Pieterse and adapted by Denholm in 1989. This measure asks respondents to indicate the extent to which they agree or disagree that children with a range of specific disabling conditions or special needs should be enrolled in a regular preschool or child care program. (See question 3.1 in Appendix B.) Research has indicated that the nature of a child's disability is one of the factors that influences staff's attitudes. Generally, the more complex the disability, the less positive the attitude. Children with emotional and behavioural issues have also been regarded with some concern (Denholm, 1990[6]; Eiserman, Shisler & Healey, 1995[7]; Stoiber, Gettinger & Goetz, 1998[8]). In this study we wanted to learn if the attitudes of early childhood professionals across Canada were influenced by, or related to, specific needs of the children.

Staff were asked to rate on a 5-point scale (with 1 = strongly disagree and 5 = strongly agree) whether they felt children with specific characteristics should be enrolled in regular child care programs. The most striking result was that early childhood professionals generally held extremely positive attitudes toward the inclu-

sion of children with special needs for *all* children, regardless of level or type of disability.

Across thirty different conditions or special needs, the average score for all front-line staff was 4.1, with ECEs having a mean score of 4.0 and in-house RTs obtaining a mean score of 4.2 out of a maximum of 5.0. In fact, in 17 of the 30 conditions, 80% or more front-line staff agreed or strongly agreed that children should be included in regular early childhood programs. As was the case with directors, few staff expressed strong disagreement. Lower average ratings on particular items generally reflected more answers of "uncertain."

These responses from our front-line staff indicate very strong support for inclusion as an appropriate practice in general in early childhood programs. While there was some variation in responses that reflected staff's concerns about including children with more serious conditions, our research findings did not show a large discriminatory gradient based on the nature of a child's disability. This is particularly noteworthy since previous research has noted more positive attitudes toward inclusion for children with milder difficulties, such as learning disabilities or moderate delay, than for children with behaviour problems or more severe needs. What was striking were the comments from these staff that indicated that *it was not the children* who were the issue, but rather the availability and adequacy of support services and resources that affected their responses.

"In most situations my answer is also dependent on a number of variables: physical environment, philosophy of the program, curriculum focus, number of children, skill of leaders, amount of adult/professional support, as well as looking at individual needs of child and family. You just can't do a 'dump' and 'run'... It is important to provide a range of program types to meet the individual needs of children and families in our community. If we are to include children, we must be committed to providing the necessary support to make it work. If the right supports are in place, I believe most children can be successfully included." (An ECE in British Columbia, with 10 years experience in the field)

"When I disagree that some children should attend it is because of the lack of support if the centre is not integrated (with support people!) or if the physical layout of a centre is not suitable." (On-site resource teacher in Ontario who has worked for 10 years in the child care field)

There were only eight circumstances in which fewer than 75% of front-line staff agreed that children with a particular condition should be included, as shown in Table 7.3.

Several points are worth noting. First, in most cases, it is the nature of the assistance that is required for inclusion to be successful that appears to be the determining factor in these situations. The assistance required appears to range from structural modifications that are needed to enable children to have adequate access within the environment; to assistance with personal tasks, such as catheterization with which staff may be unfamiliar; to the need for an extra pair of hands or an addi-

tional staff person when one-on-one supervision is required to allow the child to participate safely. A second point is that even in cases when staff are more hesitant, a substantial proportion, often a majority of ECEs and RTs, still agree that a child should be included in a regular program with appropriate support. A third point is that staff's responses match directors' responses very closely. (Directors attained an average score of 4.2 on the same scale, and were hesitant about most of the same conditions as were staff. See Table 8.2.) A final point, exemplified in the quotes below, is that staff's experiences modify their attitudes. Positive experiences add to staff's skills and self-confidence; more difficult situations suggest where the limits to success may lie. In other quotes from staff scattered throughout this chapter, it is evident that among the concerns staff have is the availability of the supports that are needed to ensure that inclusion is successful for *all* of the children in a classroom or centre.

"Having experienced a number of children with different needs at this centre, I have become more comfortable with the children. I remember being told I would have to catheterize a child and being quite uncomfortable. Once I had to do it, though, I realized it wasn't that big of a deal." (ECE, Alberta, 1 year in the field)

"I have learned that faculty and staff have much to do with the ability of a centre to care for one or more children with special needs. Uncontrollably aggressive behaviour, Tourette's Syndrome were children we could not care for successfully. One-on-one supervision was a great help for other conditions where funding allowed." (Early Education Teacher, Yukon, 7 years, administration)

Table 7.3

Circumstances in Which Fewer Than 75% of Front-Line Staff Agreed or Strongly Agreed That Children with Special Needs Should Be Enrolled in Regular Early Childhood Programs

Disability or Condition	Percent of Front-Line Staff Who Agreed or Strongly Agreed		
	All Staff	ECEs	RTs
A child with mobility difficulties - access unsuitable	41.8%	32.2%	51.9%
A child who requires catheterization - no parent assistance *	53.3%	42.6% *	63.6% *
A child who requires assistance with artificial bowel - no parent assistance	51.8%	46.5%	57.1%
A child who at times is uncontrollably aggressive	58.7%	57.4%	59.6%
A child who is blind	69.1%	60.6%	78.9%
A child who has a phobic resistance to school attendance	63.9%	62.9%	64.9%
A child who has a multi-disabling condition	71.8%	66.7%	77.6%
A child who often cannot recognize situations involving danger to himself/herself	73.5%	70.3%	77.2%

* Statistically significant difference between ECEs and RTs, $p<.05$

7.32 Staff's Beliefs About Inclusion

While child care staff's *attitudes* toward inclusion are important, it is also useful to examine their *beliefs* about inclusion, and to consider the general opinions early childhood professionals hold about inclusion as a social right, as a policy approach, and as one of several factors that can affect other children as well as child care staff. The fundamental beliefs staff hold about the broader system that supports or directs inclusion are important to consider.

Seven statements about inclusion, developed specifically for this study, were utilized. We asked participants to indicate their level of agreement with each statement on a 5-point scale with 1 = strongly disagree and 5 = strongly agree. The items tap beliefs about inclusion in principle; beliefs about the effects of having children with special needs on centre staff and on other children; views as to whether most child care programs are accepting of and willing to provide inclusive care; and an item that examines staff's views about whether the goal of universal inclusion (with all children eligible to be included in all programs) is sustainable when financial and human resources are constrained.

An additional item probed front-line staff's opinions about the adequacy of ECE training as preparation for inclusive practice. Staff's responses to the seven beliefs statements are shown in Table 7.4.

In general, this sample of early childhood professionals held beliefs that are supportive of inclusion, consistent with their responses on the attitude scale. A large majority (77.9%) were in favour of legislation to enable full access to child care programs, and almost 90% of both ECEs and in-house RTs believe that most child care programs are willing to include children with special needs if adequate resources are available. It is not known whether a random sample of child care staff would express this opinion as strongly.

Front-line staff were somewhat more reserved about universal inclusion when asked about all children, regardless of their individual needs (with ECEs slightly more reserved than RTs), and when asked to respond about the situation when resources are not available to support universal inclusion (item number 6). In the latter circumstance strong support for inclusion as a principle is tested. Front line-staff, as well as their directors, must then consider what will best meet the needs of children, parents and staff — and painfully, many find this situation one that is difficult to answer, since it pits their support for the principle of inclusion against their concerns for the well-being of all involved.

Overall, early childhood educators and in-house resource teachers responded in a similar manner, although they did differ significantly on two items. Resource teachers were more likely to respond that legislation should be passed to ensure that families with disabled children have full access to child care programs. This is not surprising since the role of resource teachers is to support the inclusion of children with identified needs in regular programs. Resource teachers also were more likely to agree that having children with special needs in child care programs benefits other children.

Table 7.4

Front-Line Staff's Beliefs About Inclusion, by Position

Belief Statements	Percentage of Front-Line Staff Who Agreed or Strongly Agreed		
	All Staff	ECEs	In-House RTs
1. Day care programs should accept all children, regardless of their individual needs.	62.0%	54.0%	70.7%
2. Legislation should be passed to ensure disabled children and their parents have full access to child care programs. *	77.9%	73.5% *	82.8% *
3. Having children with special needs in most child care centres puts too much pressure on the staff.	35.7%	38.4%	32.8%
4. Having children with special needs in child care benefits the non-disabled children. *	87.7%	81.3% *	94.8% *
5. Most child care programs would be willing to include children with special needs, if adequate resources were available.	89.5%	89.4%	89.6%
6. 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.	49.6%	56.3%	42.2%
7. Training for early childhood educators has provided them with a good background to support inclusion.	37.9%	39.4%	36.2%

* Statistically significant difference between ECEs and RTs, $p<.05$

Early childhood educators in this study, more than the RTs, consistently mentioned in their comments that they sometimes struggled with trying to meet the needs of all of the children in their program — those with special needs and those without special needs. The ECEs reflected their primary mandate to provide developmentally appropriate, high quality care for *all* children. It is possible that this concern is less salient for resource teachers, in part because they most likely have less responsibility for the class as a whole, and tend to focus more directly on including the child with special needs.

Of interest is the fact that neither group of professionals feels that the inclusion of children with special needs puts too much pressure on staff. (Almost 48% of ECEs disagreed or strongly disagreed with this statement, while 13.8% were uncertain; 55.2% of RTs disagreed or strongly disagreed, and 12.1% were uncertain.) It appears that these professionals are very confident in the ability of their co-workers to rise to the occasion when children with special needs are included (provided adequate resources are in place).

Interestingly, both groups had a low opinion of the training most ECEs have to prepare them to provide inclusive care. Fewer than 40% of both groups agreed that ECEs' pre-service training provides them with a good background for inclusive practice. Many staff commented that it has been their ex-

periences (rather than their formal training) that have enabled them to feel more comfortable in their work with children with special needs and more committed to inclusion.

On a positive note, the greatest concern about pre-service training (highest level of agreement with this statement) was expressed by individuals who had been in the field the longest time. More recent graduates appear to have more positive views of the adequacy of pre-service training experiences.

7.4 STAFF'S EXPERIENCES IN PROVIDING INCLUSIVE CHILD CARE

Of all the influences on staff's attitudes, their direct experience in working with children with special needs is probably the most critical and immediate factor that affects them. Staff who have little experience are more hesitant and anxious; those who have negative experiences are more likely to be resistant; and those who have positive experiences are likely to be far more committed to inclusion and willing to extend themselves further (e.g., Eiserman et. al., 1995[9]; Dinnebeil et. al., 1998[10]). It is possible that staff who are less comfortable and less committed to inclusion will select centres to work in that won't challenge them, and that a similar selection bias operates so that centres, such as many of those in our study, attract and retain staff who are supportive of inclusion. Clearly, responses from directors (in Chapter 8) and external resource consultants (in Chapter 9) confirm that the competencies and commitment of centre staff are critical to centres' effectiveness and success with inclusion.

As described in Chapter 5, almost 80 percent of the front-line staff in this study had *at least* three years of experience in working with children with special needs. Approximately 56% of the ECEs and 58% of the in-house RTs had more than five years' experience, including 29% of both groups who had ten or more years of experience in work with children with special needs. At the time data were collected, 98 of the 124 early childhood professionals in our sample (79%) were actively working with at least one child with special needs.

It would be impossible to capture the full range and richness of these professionals' experiences in their work with children, parents, other staff, directors, agencies and others over a lengthy period. Instead, we focussed our efforts on gaining an understanding of front-line staff's most recent experiences — particularly in the two years preceding data collection.

We constructed a series of questions that enabled staff to tell us both about the experience in which they were most successful in the last two years, and a situation in which they were less successful. In analysing and interpreting their responses, particularly to open-ended questions, we were mindful of the multiple factors that influenced their experiences — those pertaining to the child with whom they were working, their own expectations for themselves, and the support available to them within the centre and from community professionals. These multiple influences confirm both the importance of adopting an ecological or transactional perspective for understanding early childhood educators' experiences, and the value of undertaking research that

describes "integration-as-experienced by the individuals involved" (Peck, 1993).[11]

7.41 Children Who Were Successfully Included

We asked staff to think about one child with special needs whom they had worked with in the last two years who, in their view, had benefited the most from being included in their program. (If the staff had worked with only one child in the two years preceding data collection, she was asked to respond with that child in mind.) In large part, the analysis in this section reflects the views of 115 staff members (59 ECEs and 56 RTs).

The children described had a variety of special needs, impairments, and health conditions, with a majority of the children described as having global delays or cerebral palsy. (See Table 7.5.) In separate questions, a substantial proportion of directors and staff replied that the complexity of children's needs that they were accommodating had increased in recent years. When asked to describe the level of the disability or condition of the child with whom they had been most successful, 10.4% of staff described the condition as mild, 47.2% described it as moderate, and 42.5% of staff described the child's condition as severe.

We asked staff to then rate how successful they thought they had been in including this child in their program on a scale of 1 (not successful at all) to 10 (Great!). Only eight staff gave themselves a rating of 5 or less; the vast majority (78.7%) rated their success as an 8, 9 or 10. Such positive ratings were obtained across the spectrum of children.

Almost 84% of staff who worked with moderately disabled children rated their success as an 8, 9 or 10, as was the case with 78% of staff who described the child they had been so successful with as having a severe disability or condition. Thus, a large majority of early childhood staff in this sample reported successfully program-

Table 7.5

Nature of Children's Special Needs Among Those Who Benefited from Inclusion in the Last Two Years

Nature of Special Need	Total Sample (n = 100)	ECEs (n = 53)	In-House RTs (n = 47)
MR/global delay	39.6%	32.1%	47.9%
Cerebral palsy	20.8%	17.0%	25.0%
Autism	17.8%	11.3%	25.0%
Health impairment	16.8%	17.0%	16.7%
Learning disability	13.9%	15.1%	12.5%
Emotional/behavioural problem	11.9%	17.0%	6.3%
Speech/language	9.9%	13.2%	6.3%
Visual problem	8.9%	11.3%	6.3%
Hearing loss	6.9%	7.5%	6.3%
Other	2.0%	0%	4.2%

Note: Percentages total to more than 100% since many children had difficulties in more than one area.

ming for and integrating children with moderate and severe disabilities in ways they described as having been a positive experience, both for the child and for them as front-line staff.

7.42 Areas In Which Child Care Staff Were Most Successful

Inclusion of children with special needs in early childhood programs is grounded in a belief in the importance of social skill development, and the value of having opportunities to learn and model those skills when children play together in early childhood programs (Hanline, 1990).[12] Front-line staff in this study indicated that the two areas in which they had been most successful in their work with a child with special needs were socialization and communication, with 50% of staff reporting socialization as the area in which they were most successful, followed by 43.5% who said that communication and language use had been significant areas of improvement. Other aspects of development such as motor and self-help skills, emotional development, and integration in interacting with other children were mentioned as well.

An ECE from Nova Scotia with ten years of experience in the field described the child she had been most successful with:

"The child went from an at-home one-to-one situation to five half days at day care within one year. He started to become an independent little guy who was able to care for his own needs, such as eating, toiletting, etc. He began social interactions with peers, and built up enough strength to go from walking for five minutes to walking for an hour. These are just a few of his successes."

Child care staff reported considerable success with social skill development regardless of the severity of the child's disability. These comments provided by staff indicate other substantial improvements:

"With support from parents, other staff, a visiting teacher, and therapists we all worked

Table 7.6

Areas in Which Staff Were Most Successful

Areas in Which Staff Were Most Successful	All Staff (n = 115)	ECEs (n = 59)	In-House RTs (n = 56)
Socialization	50.0%	43.2%	56.3%
Communication	43.5%	45.5%	41.7%
Motor and self-help skills	33.7%	25.0%	41.7%
Emotional development	21.7%	25.0%	18.8%
Integration	21.7%	22.7%	20.8%
Deal with conflict	15.2%	20.5%	10.2%
Team approach	12.0%	6.8%	16.7%

*Multiple responses were permitted. As a result, percentages sum to more than 100.

together to achieve specific goals for this child. By the time this child left our program she had made many wonderful gains in all her areas of development." (ECE from Alberta with 11 years in the field)

"This child moved from being non-verbal with minimal play skills (e.g., wandering) to a child with a wide variety of appropriate play skills, some expressive language, and good receptive language skills." (ECE in Nova Scotia with 10 years in the field)

"I was able to offer this child one-on-one resource time that focused on programs crucial to her development (language, cognitive, fine and gross motor), as well as the social and other aspects of being in an integrated setting." (RT in N.S. with 4 years in the field)

Child care staff commented on other areas in which they experienced success, such as influencing co-workers' acceptance of inclusion, working effectively as a team with other professionals, and in their relationships with families:

'(I was successful in) creating an awareness in the child care centre staff that all children are in need. Some, like M., have greater needs than others. Since M., the child care staff have become much more accepting when I mention a new enrollment. Parents have become more relaxed with the concept of inclusion." (ECE in Ontario with 16 years in the field)

"Problem-solving within the child's team including classroom staff, therapists, parents and family support workers." (SNW/ECE in B.C. with 6 years in the field)

"Rapport with the family and child were perhaps the areas I felt were the most successful. This positive relationship allowed all of us to enjoy our work together and make the best of times." (RT in Ontario with 5 years in the field)

7.43 Resources That Enabled Staff to Be Successful

We asked those ECEs and in-house RTs who had worked (successfully) with a child with special needs to identify what resources had assisted them and, when possible, to indicate those resources that had been most crucial to their success. Most child care staff indicated that several factors had been important. Responses differed somewhat across ECEs and RTs, in part reflecting differences in the extent to which staff in each group had been involved with a child who had more severe or specialized disabilities or health problems. Across both groups, however, the presence of an extra special needs worker, resource consultant and/or in-house resource teacher was the resource that was most frequently mentioned as a necessary condition for successful inclusion. Two thirds of front-line staff (66.1%) said that the presence of additional in-house resource teachers and/or external resource consultants/early intervention workers helped them be successful. Moreover, 21% of ECEs and in-house RTs indicated that the presence of extra on-site resource teachers/special needs workers had been *crucial* to their success.

Almost as many front-line staff (64.3%) reported that consultations with, and support provided by therapists and other specialists in

the community had enabled them to be successful. Support from specialists and therapists was more often described as *crucial* when staff worked with children who had more severe disabilities or behavioural difficulties, or unique health problems. In-house resource teachers tended to see the consulting process with external professionals and OT/PTs as more supportive than did ECEs.

Other sources of support that more than half of front-line staff said had enabled them to be successful were empathy and support provided by co-workers (56.5%) and additional training or workshops (54.8%). As shown in Table 7.7, all of these resources, as well as support provided by parents, were described as even more important factors when staff were working to include children with more severe conditions in their centre.

Staff's spontaneous comments add further elaboration about what enabled them to be successful:

"More time to plan for curriculum goals to stay within classroom goals." (RT/ECE in Ontario with 9 years in the field)

"Resources dealing with parents and their need for involvement." (RT in Ontario with 16 years in the field)

"Having services such as OT/PT, speech more readily available. Also so that the child could be seen in a natural environment." (RT in Ontario with 11 years in the field)

7.44 Sources of Frustration

Even in these relatively successful situations, staff experienced frustration. We asked front-line staff (still considering their most suc-

Table 7.7

Factors That Enabled Child Care Staff to Work Successfully, by Severity of Child's Condition

Resources That Helped You Work Successfully with This Child		Severity of Child's Condition		
	All Staff * (n = 115)	Mild (n = 11)	Moderate (n = 50)	Severe (n = 46)
Training or workshops	54.8%	27.3%	50.0%	76.1%
External resource consultants, in-house special needs worker/RT	66.1%	63.6%	70.0%	76.1%
External professionals (OT/PT, Speech and Language therapists, etc.)	64.3%	36.4%	64.0%	80.4%
Release time for planning, consultation, etc.	27.0%	36.4%	22.0%	32.6%
Modified space/equipment	36.5%	36.4%	28.0%	50.0%
Child-specific training	31.3%	45.5%	20.0%	45.7%
Newsletters and other print materials/ videos	23.5%	27.3%	24.0%	26.1%
Modified program schedule and/or curriculum	27.8%	27.3%	24.0%	39.1%
Empathy and support from other staff	56.5%	36.4%	48.0%	76.1%
Parent support	48.7%	45.5%	38.0%	67.4%
Volunteers	11.3%	9.1%	10.0%	15.2%

Full sample includes four cases where information on the severity of the child's condition was not available.
Multiple responses were accepted.

cessful situation in the previous two years) what, if anything, they had found frustrating or problematic in their work with this child. A variety of options were presented that respondents could check off, and space was also provided for other aspects to be identified.

Specific items were then grouped into broader categories. Overall,

- 87% of child care staff found that coping with the child's in ability to communicate, and/or the child's behaviours, was a challenge for them,
- two thirds of staff (67%) mentioned limited centre resources (most often insufficient time for planning and consulting with others) as a frustrating factor, and
- comparable percentages of staff (between 48 and 55%) mentioned one or more frustrations or problems related to the child's family, issues about feeling pulled by the needs of other children, or being frustrated by their own limited knowledge or skills.

Overall, ECEs and RTs responded similarly, with a few important differences. (See Table 7.8.) In general, however, the problems that were described by staff as having been frustrating for them, even in a more successful situation, were similar to those reported in other research studies (Buysse, Wesley & Keyes, 1998[13]; Stoiber, Gettinger and Goetz, 1998[14]) in which limited time to plan, lack of knowledge or training, and lack of communication with families were identified as barriers to inclusion.

In this study, an important point to underscore is that ECEs, in particular, identified "feeling pulled by the needs of other children" as a problematic or frustrating factor for them. Almost 51% of ECEs said this had been a source of frustration or stress, as did 43% of the in-house RTs. This is a unique finding in the inclusion research, and one that obviously reflects inclusion-as-experienced by a substantial proportion of front-line child care staff in our sample, given the circumstances existing in their programs, and the type and level of resources available to support inclusion.

ECEs were also far more likely to report that their own lack of knowledge or training was a source of frustration for them (mentioned by 42.4% of ECEs, compared to 19.6% of RTs). In contrast, RTs (who tended to be involved with children with more severe conditions) were more likely to say that the child's inability to communicate or be engaged had been frustrating or problematic for them.

7.45 Resources That Would Have Helped

We next asked front-line staff to tell us what would have helped them work more effectively when problems did arise. The most frequently mentioned resource (provided by 51.4% of respondents) was, again, more support for staff — especially the need for additional centre-based personnel such as an in-house resource teacher or support worker. Additional information and training was mentioned by almost 42% of front-line staff in our sample, and more frequently by ECEs than in-house RTs. [We remind readers that these responses were provided by a sample that has more formal training, more in-service training and conference expo-

Table 7.8

Factors That Were Frustrating or Problematic in More Successful Situations

Sources of Frustration and Problematic Issues	All Staff (n = 115)	ECEs (n = 59)	In-House RTs (n = 56)
Issues about the child	87.0%	84.7%	89.3%
Child's behaviours	39.1%	39.0%	39.3%
Child was unable to communicate *	48.7%	44.1% *	53.6% *
Complexity of the child's needs	20.0%	15.3%	25.0%
Issues about your centre or program	67.0%	69.5%	64.3%
Lack of time to plan	41.7%	47.5%	35.7%
Lack of support worker	13.9%	16.9%	10.7%
Lack of equipment/adequate space	16.0%	12.0%	20.0%
Issues in relation to the child's parents	47.8%	47.5%	48.2%
Unable/unwilling to follow through	19.1%	20.3%	17.9%
Stressed/unsupported	20.3%	16.9%	23.2%
Issues about other children	50.4%	57.6%	42.9%
Feeling pulled by the needs of other children	47.0%	50.8%	42.9%
Issues about self	54.8%	59.3%	50.0%
Lack of knowledge/training *	31.3%	42.4% *	19.6% *
Stressed out	20.9%	18.6%	23.2%
Issues about relationships among staff in the centre	33.0%	30.5%	35.7%
Differing perspectives and goals among program staff *	17.4%	13.6% *	21.4% *

*Statistically significant difference between ECEs and RTs, p<.05

sure, more direct experience working with children with special needs, and a longer history of inclusive practice than a random sample of child care staff.]

These themes were reflected in the comments from staff:

"More time to network with professionals outside our centre who are involved with this child. More team planning." (ECE in B.C. with 10 years in the field)

"More time to free up staff to observe consultant and classroom time to spend one-to-one with child." (ECE in Ontario with 16 years in the field)

"Trust from outside professionals as to the expertise of staff within the centre to know that we knew what the child needed to be successful in the school system." (SNW/ECE in B.C. with 6 years in the field)

"More funding to enable us to buy appropriate materials. Funding for parents to provide parenting workshops, respite, etc." (SNW/ECE in B.C. with 8 years in the field)

Staff who worked with children with severe disabilities were more likely to say that they would have benefitted from more support in terms of additional personnel, equipment, and parental support. In addition, front-line staff in these circumstances were more likely to mention that training was vital.

Table 7.9

Resources That Would Have Helped When Problems Arose

Resources That Would Have Helped	All Staff (n = 115)	ECEs (n = 59)	In-House RTs (n = 56)
More information or training	41.9%	48.6%	35.1%
More staff support	51.4%	56.8%	45.9%
Equipment	12.1%	8.4%	18.9%
Help from specialists, external sources (OT/PT, etc.)	16.2%	13.5%	18.9%
More time to plan	14.9%	16.2%	13.5%
Funding	2.7%	2.7%	2.7%
Parent support	12.2%	10.8%	13.5%
Other	4.1%	5.4%	2.7%

7.46 Staff's Less Successful Experiences

Inclusion is not always a successful or positive experience. For a number of reasons, barriers and difficulties can arise, making the process difficult and stressful. In order to fully understand child care staff's experience and take steps to reduce barriers and the likelihood of poor experiences for children, parents, staff and centres, it is important to study these situations as well. Accordingly, we also asked our sample of ECEs and in-house RTs to tell us about a situation in the last two years in which they had been less successful and to explain what had been most problematic or frustrating for them. This section was open-ended, allowing staff to express themselves more freely. Staff's responses are summarized in Table 7.10.

Two points are of particular interest: staff's difficult experiences in working with parents, and the frustration early childhood staff experience when insufficient support frustrates their efforts to include children with major behavioural problems, given their commitment to try to include all children in child care programs.

Both ECEs and in-house RTs (43.6% of all staff) mentioned difficulties working with parents as a primary source of frustration when inclusion was problematic. Interestingly, parent support was also identified as a critically important resource when children with more severe conditions or behavioural problems were successfully included. It thus seems that parent-staff relationships function as a double-edged sword — potentially making or breaking the success of inclusion efforts. When parents are a resource, they are vital for success.

However, when communication is poor, there is a lack of shared commitment, or conflict cannot be resolved, the success of staff's efforts is very much in jeopardy. Clearly, this is an issue that should be addressed, to the extent it can be, through in-service workshops and

Table 7.10

Sources of Frustration and Difficulty When Inclusion Was Not Successful

Issues That Frustrated Inclusion	All Staff (n = 115)	ECEs (n = 59)	In-House RTs (n = 56)
Difficulty working with parents	43.6%	45.7%	41.9%
Unable to meet child's needs	33.3%	31.4%	34.9%
Behaviour issues	25.6%	31.4%	20.9%
Insufficient support	21.8%	34.3%	11.6%
Needs of other children	12.8%	11.4%	14.0%
Lack of knowledge	5.1%	8.5%	2.3%
Communication with staff	5.1%	5.7%	6.7%

problem-solving efforts that are sensitive to the perspectives of both parties. Staff described some of these problematic situations with parents as follows:

"Goals that were being worked on in the centre were not being implemented at home and the parent was feeling overwhelmed by the child's behaviour. Better communication and more support from home may have helped." (ECE in Ontario with 9 years in the field)

"I had a child with major behaviour problems. The most frustrating part was the parents. They were being offered many community resources for their child but continually put their own needs first." (ECE in Nova Scotia with 10 years in the field)

"When I worked all week on the child's stretching and walking, the child would come back stiff and not wanting to walk. I asked the parents if he was stretched over the weekend and they would say they had no time. This makes my job more difficult." (RT in Ontario with 10 years in the field)

Both ECEs and in-house RTs also indicated that more problematic situations often involved circumstances where the child's behaviour was challenging (25.6%) and/or where they could not meet the child's needs within the program (33.3%). In particular, ECEs were much more likely to say that difficult experiences occurred when children's behaviour was problematic and they had insufficient support to work with the child, since the needs of other children in the program were not being addressed.

These themes echo staff's earlier concerns about "being pulled by the needs of other children" even in more successful situations. Staff's frustrations in trying to meet multiple needs when underresourced can easily lead to burnout and stress, as well as to a reexamination of whether inclusion is a realistic expectation, or under what more narrow sets of conditions it can be done. Staff's comments reflect their concerns:

"Lack of support for behavioural problems that require a special needs worker, seeing other children miss their activities and/or time with an ECE because most of the time is taken up guiding or coping with one child's behaviour problems." (ECE in Manitoba with 8 years in the field)

"Even with all our resources and supports we often feel stretched to the limit. We are getting children with more and more complex needs and conditions as other institutional settings close. Being denied support necessary for the proper inclusion of a child means we all lose." (ECE in Nova Scotia with 10 years in the field)

"Lack of progress with very aggressive behaviour. Child needed one-to-one but funding was unavailable. Parent wasn't involved in supporting our efforts." (ECE in Yukon with 7 years in the field)

"Spread too thinly — not enough time to do the kind of job I feel is most beneficial to the student." (RT in Ontario with 11 years in the field)

"Dealing with child's behaviour when resource person was not around. Having to devote 100% of attention on one child when there are 7 others in the group." (ECE in Ontario with 16 years in the field)

"Lack of support. Not being able to give the other children in my class the attention I wanted to give because I had no aide and he needed so much 1:1, especially during transitions and circle time." (ECE in Alberta with 12 years in the field)

To summarize, lack of support from parents and limited resources (especially limited resource staff) figured prominently in front-line staff's accounts of less successful inclusion experiences. On-site resource staff, support from other professionals, training, parent and co-worker support, and time for planning were the resources identified as most important for success.

7.5 PERSONAL CHANGE IN STAFF'S VALUES AND FEELINGS

In addition to assessing more general attitudes and beliefs about inclusion at the time data were collected and obtaining staff's descriptions of their experiences in working with children with special needs, we also wanted to understand whether staff had experienced any significant changes in their personal values and feelings. Accordingly, we asked staff whether their experiences since 1990 had affected their personal views and feelings. Specifically, we asked all front-line staff three questions:

- Are you more committed to the concept of inclusion now or less committed?
- Philosophically, are you more accepting of a broader range of children being served or more cautious about the range of children who can be accommodated in regular child care programs?
- Are you more comfortable working with children who have special needs now than you were before, or less so?

We also invited staff to write in comments if they so wished. Staff's responses are summarized in Figures 7.1 and 7.2.

Clearly, the majority of front-line staff in this selected sample reported changes in personal views that are supportive of inclusion.

- More than two thirds (67.8%) said they were more or somewhat more committed to inclusion than they had been previously;
- About 60% were accepting of a broader range of children participating in child care programs, and
- A very large percentage (76.9%) said they were more comfortable working with children with special needs than they had been previously.

Figure 7.1

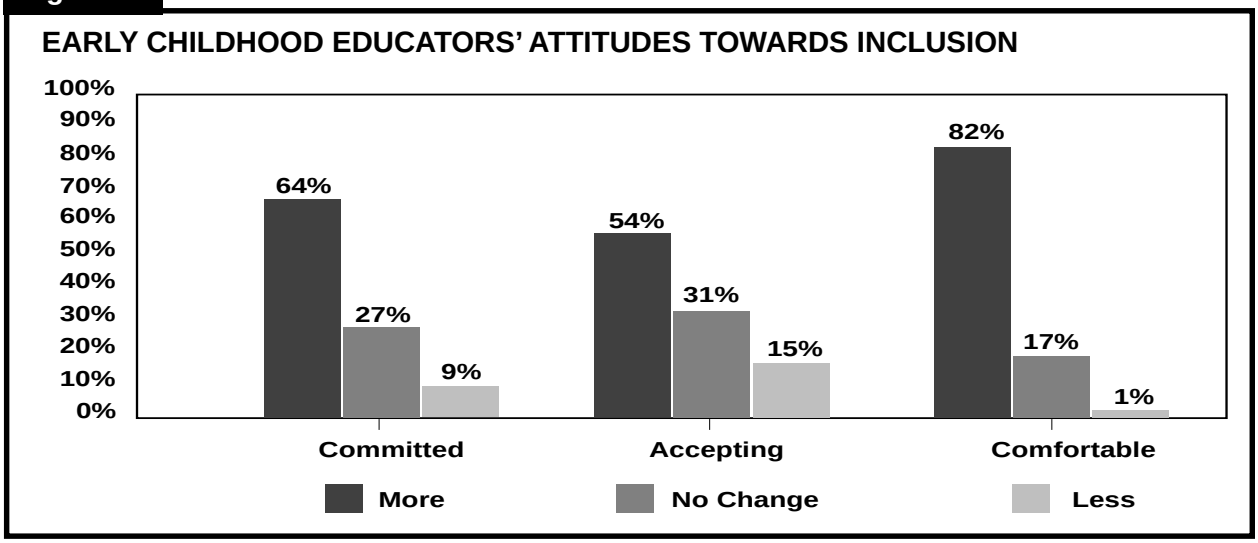
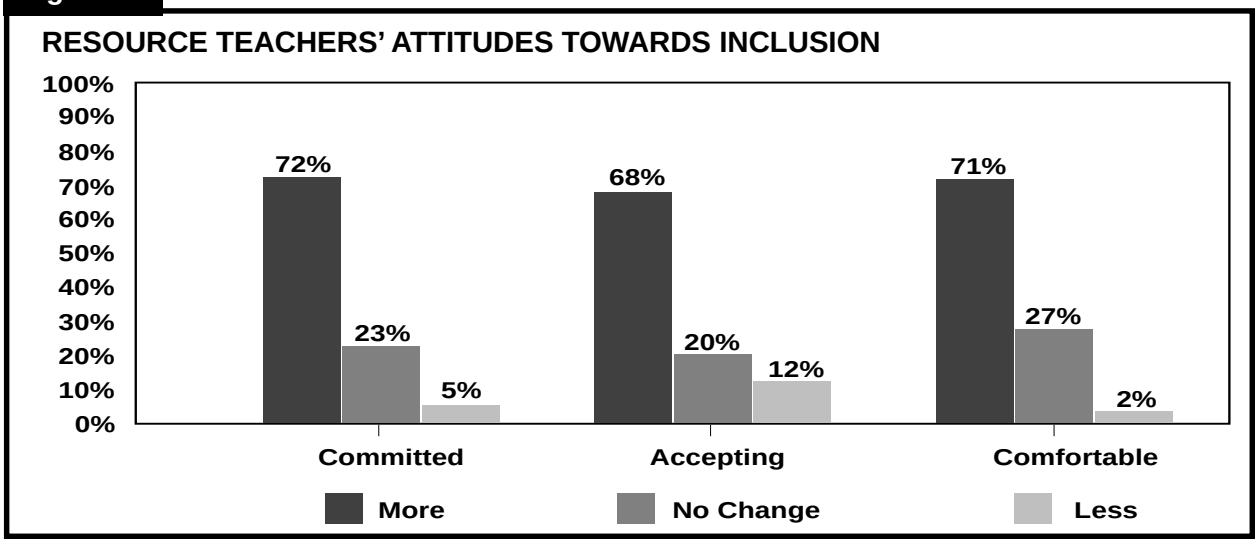


Figure 7.2



Compared to directors, front-line staff reported both more change in their personal values and more positive change. (About 50% of centre directors were more committed to inclusion and 53% of directors were more accepting of a broader range of children being included. Sixty percent of directors said they were more comfortable working with children with special needs. Many directors experienced little change since 1990 in these three areas, sometimes indicating, for example, that they had always been committed, or had always been comfortable working with children with special needs. See Chapter 8, Section 8.5.)

Interestingly, there were no significant differences betwen ECEs and in-house resource teachers. There was, however, evidence of a progression. Many staff stated that it was their experience working with children with special needs that had enabled them to become more comfortable. Once their comfort level increased, they tended to then become more committed to inclusion and more accepting of a broader range of children being served in child care programs.

Of all front-line staff, only nine said they were less committed now than they had been previously, and only two said they were less comfortable working with children with special needs. However seventeen child care staff (or one in seven who replied) said they were somewhat more cautious about the range of children who could be accommodated in regular child care programs. In some cases, this response clearly reflected the results of a less successful experience with inclusion. In contrast, however, staff who had positive experiences were more accepting, as demonstrated in the quotes that follow.

LESS COMMITTED AND LESS ACCEPTING:

"I have seen too many times when staff have no choice. Children are brought into the programs without the resources in place....

"More cautious, especially now that they are trying to mainstream autistic children." (Comment from an ECE in Ontario with 16 years experience in child care)

MORE ACCEPTING AND MORE COMFORTABLE:

"I am much more accepting, having worked with a broader range of children. Each is unique and brings something special to our class...

"Much more comfortable. In the past, I would have been much more apprehensive — a typical fear of the unknown. I have learned so much from these children and am certain there is much more to learn." (Both quotes from an ECE in New Brunswick, 3 years in the field)

MORE ACCEPTING AND MORE COMFORTABLE:

"Experience is the best teacher. We have given two weeks, then a one-month trial period in situations we were unsure of and have many success stories...

"There is still so much to learn. All children have special needs." (Comments from an ECE in the Yukon with 7 years experience)

MORE COMMITTED, ACCEPTING AND COMFORTABLE:

"I feel that now that I am actively working as a resource teacher that my responsibilities have changed. I now strive harder to achieve inclusion for my families and assist the ECE staff at the day care centre to understand how inclusion is essential for all children, and how they can achieve inclusion in the classroom...

"Practical experience has given me the understanding, skills and resources to work with children with special needs and their families." (Comments from a resource teacher in Ontario, 7 years in the field)

Based on these results, it could be said that the majority of early childhood professionals in this sample have fully embraced the philosophy of inclusive practice, in the way they act and feel about children. No longer is it necessary to try to convince these early childhood professionals about the value of inclusion. Rather the question is *how best to support their commitment* so that all children with disabilities can be included with the necessary resources in place to make the process a success.

7.6 CHANGES IN CENTRES THAT IMPACT ON INCLUSION

In the last section we observed that both positive experiences and the acquisition of additional knowledge and skills based on those experiences are important contributors to staff's comfort level and commitment. However, staff's experiences with individual children do not happen in a vacuum. They occur in centres that are, themselves, benefiting from past experience, adapting to change, and experiencing different demands. Centres are also affected by changes in policies and funding allotments that can either promote or jeopardize the centre's capacity to effectively include children with special needs. (These matters are described in Chapter 8.)

We asked front-line staff to tell us, from their perspective, how things had changed for them or their centre in the last few years. Specifically, we asked staff to tell us whether the complexity of children's special needs in the program had increased, decreased or stayed the same. Similar questions were asked about time provided for planning or consulting; the effectiveness of centre staff working together as a team within the program; the availability and involvement of resource teachers, integration workers and others; and their own competencies and knowledge base.

As shown in Table 7.11, 45.4% of front-line staff reported that, over time, their centre has accepted children with more complex conditions or special needs — a finding that is consistent with reports from program directors. Almost as many staff (41.2%) reported no change in this regard; few staff or programs in this sample are working with children with less complex or challenging needs than was the case in the recent past. Was there a commensurate increase in resources to support inclusion or even sustain existing capabilities?

According to our sample, the most positive changes related to an increase in their own knowledge and competence and, in some cases,

greater effectiveness in working together as a team within their program. More than three quarters of centre staff (76.9%) said that, over time, their own competence and knowledge had increased (which matches their greater comfort in working with children with special needs). About 42% reported they were more effective as a team.

While these are positive advances, a worrying finding is that much fewer staff (31.3%) reported a corresponding increase in the availability and involvement of resource teachers, integration workers and other personnel, and even fewer (22.6%) said that they had any additional time provided to plan, consult, or liaise with others when children with special needs were included — a fact that could reflect problems ahead, given the increased complexity of special needs among children who are being included.

7.7 EARLY CHILDHOOD STAFF'S CONFIDENCE IN THEMSELVES AS AGENTS OF INCLUSION

Staff's knowledge base and formal training are important resources to support inclusion. So is the additional knowledge gained through experience in working with children with special needs, and in collaborating with co-workers, resource teachers and consultants, therapists and professionals in the community, and parents. Experiential knowledge, as we have seen, plays a major role in helping front-line staff feel comfortable working with children with special needs and in strengthening staff's commitment to inclusion as a principle. It also contributes directly to a staff's sense of personal competence as an early childhood professional.

Because self-confidence is an important contributor to positive attitudes toward inclusion, we felt it

Table 7.11

Changes in Centre Practices and Resources, as Perceived by Staff

Changes in Centre Practices		Percentage of Teaching Staff Experiencing Change		
		All Staff	ECEs	In-House RTs
Complexity of children's needs*	Increased	45.4%	37.1%	54.4%
	No Change	41.2%	43.5%	38.6%
	Decreased	13.4%	19.4%	7.0%
Time provided for planning	Increased	22.6%	15.3%	30.4%
	No Change	51.3%	55.9%	46.4%
	Decreased	26.1%	28.8%	23.2%
Effectiveness of centre staff	Increased	42.2%	36.7%	48.2%
	No Change	44.8%	51.7%	37.5%
	Decreased	12.9%	11.7%	14.3%
Availability and involvement of RTs and others	Increased	31.3%	26.2%	37.0%
	No Change	55.7%	59.0%	51.9%
	Decreased	13.0%	14.8%	11.1%
Your competence and knowledge*	Increased	76.9%	65.6%	89.3%
	No Change	20.5%	29.5%	10.7%
	Decreased	2.6%	4.9%	0.0%

* Statistically significant differences between ECEs and RTs, $p<.05$

was important to obtain staff's views. Accordingly, we asked all staff to tell us how competent and confident they felt about their abilities in seven areas related to inclusion (i.e., able to meet the developmental needs of most children with special needs, able to adapt existing curriculum and materials, able to work collaboratively with parents, etc.). Staff were asked to rate themselves on each item using one of five categories: very competent, generally good, uncertain sometimes, somewhat weak, or I'm working on this! (See question 5.1 in the questionnaire for ECEs and RTs included in Appendix A.)

Overall, staff described themselves as very confident in their abilities to work with children with special needs, to adapt curricula, to work collaboratively with parents, to access information, to work as a team, and to express their opinions and need for support. On a scale that theoretically had a maximum value of 35, the mean and median score for the full sample was 29. As shown in Table 7.12, the overwhelming majority of both ECEs and RTs described themselves as generally good or very competent on each criterion. Very few early childhood staff described themselves as weak on any item.

There were three areas on which about one in six child care staff rated their confidence as "uncertain sometimes." These three items were: able to meet the developmental needs of most children with special needs, able to adapt existing curricula and materials, and able to express my needs for support when things get stressful. ECEs were more likely to answer "uncertain sometimes" to the first two of

Table 7.12

Staff Perceptions of Their Confidence and Competence in Specific Areas

Competencies of Centre Staff		Percentage of Staff Feeling Generally Good or Very Competent		
		All Staff	ECEs	RTs
Able to meet developmental needs of most children with special needs *	Generally Good Very Competent	55.3% 26.0%	62.1% 13.6% *	47.4% 40.4% *
Able to encourage other children's acceptance and involvement with children who have special needs	Generally Good Very Competent	50.8% 45.2%	54.5% 37.9%	46.6% 53.4%
Able to adapt existing curriculum and materials to meet children's needs	Generally Good Very Competent	50.0% 30.6%	50.0% 24.2%	50.0% 37.9%
Able to work collaboratively with parents	Generally Good Very Competent	53.2% 33.1%	54.5% 27.3%	51.7% 39.7%
Able to obtain information and advice I need from other professionals in the community	Generally Good Very Competent	48.0% 35.0%	48.5% 31.8%	47.4% 38.6%
Able to work as a team with other teachers in my program	Generally Good Very Competent	44.7% 47.2%	43.9% 50.0%	45.6% 43.9%
Able to express my needs for support when things get too stressful	Generally Good Very Competent	43.5% 33.1%	45.5% 36.4%	42.4% 29.3%

* Statistically significant difference between ECEs and RTs, $p<.05$

these three items; in-house RTs were more uncertain about their confidence in being able to express needs for additional support. On the whole, however, staff in this sample presented a remarkably positive sense of their capabilities across all seven areas.

While both ECEs and in-house RTs rated themselves as feeling good or very competent across all areas, some differences are worthy of note. Resource teachers (40.4%) were significantly more likely to describe themselves as very confident of their ability to meet the developmental needs of children with special needs than were ECEs (13.6%). This is not surprising when one considers the fact that the training resource teachers receive is much more directed toward developing individual program plans to meet developmental needs for children with disabilities. What was exciting was the fact that most ECEs in this sample *do* feel good about their ability to meet children's developmental needs — again, most often as a result of positive experiences with inclusion. While not a statistically significant difference, it is interesting to note that RTs were more likely than ECEs to describe themselves as very confident and competent on all but the last two items: able to work effectively as a team with other staff, and able to express their own needs for personal support.

7.8 FUTURE TRAINING NEEDS TO SUPPORT INCLUSION

We also asked staff to identify those areas in which they would like additional training, technical assistance, or information from a lengthy check list. The answers provided by front-line staff indicate significant interest on a range of topics and similarities and differences between ECEs and RTs. More than a third of ECEs who responded were receptive to more training or additional information on 7 of the 13 items presented; more than a third of RTs were receptive to having more information or training on 9 of the 13 items on our list. In fact, all of the topics we provided on a broad menu were of interest to at least one quarter of all front-line staff. (See Table 7.13 on following page.)

While there were some important differences between ECEs and RTs, it is interesting to note that more than half of both groups identified strong interest in additional information and training on two topics: how to work with and support families, and promoting social interactions between children with special needs and other children. We have seen previously that relationships with parents is a critical factor in both successful and difficult inclusion experiences. The strong interest in promoting social interactions among children with different ability levels appears to be one that epitomizes successful inclusion.

There was a statistically significant difference in the percentage of ECEs and in-house resource teachers who wanted more information or training in five areas. ECEs expressed more interest on two very general topics (often identified by those who have less experience or formal training in an area): general information on children with special needs, and caring for children with special needs. In contrast, in-house resource teachers were more likely to want additional information/training on how to maintain quality care in a period of diminishing resources, on how other centres mainstream effectively, and

Table 7.13

Percentage of Staff Wanting Additional Information or Training on a Variety of Topics, by Position

Areas for Future Training	Percentage of Staff Who Would Like Further Training		
	All Staff	ECEs	RTs
General information about special needs *	27.5%	35.9% *	17.9% *
Specific in-depth information about particular disabilities	49.2%	45.3%	53.6%
Caring for children with special needs *	31.9%	45.3% *	16.4% *
How to work with and support families	53.3%	51.6%	55.4%
How to work collaboratively with agencies (CAS, schools, etc.)	37.2%	31.3%	43.9%
Promoting social interactions between children with special needs and other children	53.3%	54.7%	51.8%
Maintaining and promoting quality care in a period of diminishing resources *	50.4%	37.5% *	64.9% *
How other centres mainstream effectively *	40.5%	32.8% *	49.1% *
Adapting my curriculum to suit individual needs	27.7%	31.3%	23.6%
Developing and implementing individual program plans	32.8%	34.4%	30.9%
Advocating on behalf of children and families with special needs	30.0%	25.0%	35.7%
How to work collaboratively with specialists *	31.7%	23.4% *	41.1% *
How to work as a team within the centre on behalf of children with special needs	31.9%	25.4%	39.3%

* Statistically significant difference between ECEs and RTs, $p<.05$

how to work collaboratively with specialists — which is one of their major responsibilities. The differences in training needs between the two groups is not surprising (Kontos & File, 1993[15]). ECEs would like more information on children with special needs and how to work with them directly within their classrooms. Resource teachers, who have more specialized training, struggle more with overriding questions related to quality and inclusion, which perhaps ECEs work with more concretely on a daily basis. On the whole, staff would like training on how to work with families, promote social interactions, and maintain quality care, as well as more specific in-depth information on children with special needs. While there are some advantages to providing information sessions and training to mixed groups, it is also important to ensure that there be some opportunities for separate sessions so that staff can participate in in-service activities that best meet their particular needs.

7.9 RELATIONSHIPS BETWEEN EDUCATION, ATTITUDES AND EXPERIENCE

It is beyond the scope of this report to go into detailed analyses of how multiple dimensions of education and training, attitudes, and experience relate to each other among front-line staff and in our two subgroups. Analysis of interrelationships were undertaken and will be reported in more detail elsewhere.

In general, and in contrast to the literature reviewed in Chapter 3, we

found few specific, statistically significant associations between the amount of formal ECE-related education staff had and their attitudes or beliefs about inclusion, or the extent to which they reported any positive change in their personal values (more committed, more accepting of a broader range of children being included, more comfortable working with children with special needs).

This is not surprising to us for three reasons. The first is that this sample was selected in a way that maximized the likelihood of recruiting staff who had positive attitudes towards inclusion, since they had either participated in an earlier study on this topic or were working in centres that had a history of providing inclusive care within a permissive policy structure. Indeed, the vast majority of staff in this sample, as we have shown, are strongly supportive of inclusion as a general practice in early childhood education and child care.

The second factor accounting for limited correlations between education/training and attitudes is that this sample was fairly homogeneous with respect to their educational background. Almost all had a two-year diploma or university degree in ECE or a related field. Even staff who had little specialized training as part of their formal pre-service education attended conferences and in-service programs and many had worked alongside others, including in-house resource teachers or travelling consultants, to supplement their formal education. As a result, there was little range among staff in their education or their attitudes towards inclusion, or their feelings of confidence in working to support inclusion. When there is little variability within a sample, there is little likelihood of finding statistical associations among variables. A third factor, as staff told us, is that it is their direct experiences with children and families that has most affected their comfort level, their attitudes toward inclusion, and their views about the range of children who can be included successfully.

A second and interesting summary point to share with readers was a somewhat unanticipated finding that linked both years of experience in the child care field in general and years of experience working with children with special needs with staff's feelings of confidence and competence and their desire for more information and training.

Specifically, while we found an expected general trend indicating that those with the most experience are more confident, we also found evidence that staff with 3-5 years of experience in child care, on the whole, express less confidence in their skills related to inclusion than any other group.

Further, we find that staff just starting out with only one or two years of experience in child care or in working with children with special needs were more likely to want training on almost all facets related to inclusion, and to have beliefs that were somewhat more ambivalent about whether inclusion puts too much pressure on staff, and about expecting inclusion to be a universal practice when resources are limited.

We interpret these findings as evidence that confirms theoretical perspectives about how early childhood professionals continue to develop once in the field, with

specific reference to Lillian Katz's writings about early childhood educators' developmental stages (Katz, 1995).[16] Our data indicate that the early childhood professionals in our sample with 1-2 years experience working with children with special needs are in the Stage I - Survival and Stage II - Consolidation periods. During Stage I - Survival, staff require "direct help with specific skills and insights into complex behaviors" (Katz, p. 206). During Stage II - Consolidation, staff start to focus on individual children's needs.

Therefore, it is not surprising that those staff with least experience would want more training of a specific nature, would want information on caring for children with special needs, and support on how to promote social interaction. Because they want to consolidate their own skills, these staff were least interested in visiting other centres, but the most interested in learning how to adapt their curriculum, how to develop individual program plans, and how to work with other specialists.

Interestingly, the staff who most recently entered the field were more likely to say that ECE programs provide a good background for working in inclusive programs. This may suggest that training programs are beginning to catch up to the needs of the field.

Staff with 3-5 years experience in working with children with special needs were significantly less confident of their ability to adapt existing curricula and to work with other staff. They also expressed less confidence in their ability to ask for and obtain additional support from those around them. These findings reflect the characteristics of staff in the Renewal Stage in Katz's theory, in which they may be questioning their own skills and practices, which impact on their feelings of confidence. Early childhood staff in this stage seem to be particularly interested in comparing their practice and their centre's practices with others. Staff with 3-5 years experience in our sample expressed less interest in topics such as caring for children with special needs, advocating for children and families, or promoting social interactions among children. Instead, they were particularly interested in learning how other centres mainstream effectively.

Centre directors and those with responsibility for designing in-service workshops at conferences and continuing education programs might note these findings and take them into account in providing learning experiences for child care staff. Those who are in the Renewal stage of their development may need additional emotional support and, in particular, may benefit from discussions with peers in other programs and from spending time observing other programs.

7.10 SUMMING UP

The front-line staff who participated in this study provided us with much rich information. While this group is not representative of a broader national sample, they did provide a window through which we could view *what they experience* as front-line professionals who have already embraced a commitment to inclusion, and who are trying very hard to make it work well, both for children with special needs and for all the other children in their care. They confirmed for us the extent to which many early

childhood professionals continue to extend themselves beyond their initial education and training, and even beyond the resources available to them in child care programs to meet the needs of all children and families in their communities.

The staff who participated in this study were reasonably well educated and quite experienced. About 87% had a diploma and/or a degree in early childhood education or a related field. More than half had been working in the field of child care for over 10 years and had also been working with children with special needs for about the same period of time. Many had attended a variety of conferences and workshops on inclusion.

Given the number of years many had been in the field, the bulk of this group of early childhood educators and in-house resource teachers had experienced the transition to inclusive practice within their various programs.

As a result, their voices are that much stronger since they bring with them the knowledge and skills of many years working through this process. When they provide suggestions of what works or caution about what is needed, they must be listened to carefully. If this group of experienced and committed staff are feeling stressed, unsupported, and/or unable to put the time and energy into making inclusion a successful experience for the children in their programs, then individuals with less experience and less education, and with fewer supports in their programs would feel much more pressure. At the same time their commitment to the process and their overwhelming positive belief that inclusion can work in most cases demonstrates that this is a programmatic direction that benefits all involved.

As has been discussed previously, attitudes of early childhood professionals form the foundation upon which the actual practice of inclusion is based. Early childhood professionals' positive attitudes are vital for quality, inclusive programs to develop and be sustained. Almost all staff in this study held very positive attitudes toward the inclusion of children with a wide range of disabilities into their programs. Regardless of whether they were ECEs or resource teachers, these professionals were very positive about their ability to meet the needs of the children included.

What is also affirming is that contrary to the research, these early childhood professionals were as positive about including children with severe and complex conditions as they were of children with lesser challenges. In addition, children with behavioural issues were also accepted as having a right to attend quality programs, as long as there is adequate staff support. Indeed, the caveat that, without adequate support, inclusion cannot be successful was repeated over and over.

Where reluctance or uncertainty about including children with severe disabilities or health conditions was voiced, it was primarily out of concern for meeting the child's needs and/or staff's capacity to meet those needs if additional supports are not available. These professionals did not view the disabilities or conditions of the child as the primary issue for deciding whether a child should be included. Rather, they saw the absence of appropriate resources and supports as the critical potential

barrier to inclusion. Resources — whether physical (walkers, access ramps), personnel (in-house resource teachers, an additional staff person, access to external consultants and specialists such as OT/PTs), or training (pre- and in-service workshops) were seen as the determining factors affecting the likely success of inclusion.

Resources were also critical determinants of successful experiences. It was heartening to learn that almost 80% of child care staff described themselves as having had a very successful experience with inclusion in the two years preceding our study, and that success had been attained in situations that involved children with moderate and severe conditions, as well as those who may have been easier to work with in a group.

Front-line staff described themselves as particularly successful in socialization experiences, and in promoting communication and motor/self-help skills. Importantly, many staff saw the experience as a positive one for themselves as well, teaching them a great deal and helping them be more comfortable in their work with children with special needs, as well as more confident of their abilities in this regard.

Two thirds of staff indicated that the resources that were most important, indeed critical, for successful inclusion were access to in-house resource teachers or support workers, external resource consultants, and professionals in their community — the latter, especially when children had more severe or complex conditions. Training or workshops that meet staff's needs, and empathy and support from other staff and from parents, were also very important, enabling all to work together as an effective team. Limited access to resource teachers and consultants, and limited centre resources (such as sufficient time for planning and meeting with therapists or consultants) were frustrating and problematic, especially given the significant challenges involved when children are unable to communicate or are difficult to engage and/or have behaviours that are challenging and difficult for staff to deal with.

ECEs who feel that the quality of the program they can provide to other children is compromised by inclusion and who feel that resources are inadequate to meet children's needs may retreat from their strong support for inclusion in principle, and question the range of children who can be included under the circumstances. This issue of engaging in a "disability calculus" — trying to estimate which children can be accommodated, when, and under what circumstances, is a difficult one that is also noted in the responses provided by directors in the next chapter. Staff were very clear in indicating that the two most frustrating factors they experienced when inclusion was not successful were difficulty working with parents, and inability to meet the child's needs. In both cases, insufficient resources were exacerbating factors.

Despite the frustration staff experienced when situations were problematic, and the fact that some clearly lack the resources they need, most ECEs and in-house RTs in this study said that their experiences had helped them become more comfortable working with children with special needs, more committed to inclusion, and more accepting of a broader range of chil-

dren being included. Within this sample, experience was the most important factor affecting staff's attitudes. Positive experiences with inclusion go a long way to help staff develop the knowledge and skills they need to cope with diverse situations. Given the trend for programs to accept children with more complex conditions, this is very important, but we emphasize that positive attitudes can also be eroded or diminished if inadequate resources frustrate staff's efforts and lead to failures with inclusion due to a lack of commensurate support (time, additional staff and specialist support, assistance in working in partnership with parents, and opportunities for continual staff renewal).

Front-line staff indicated that they are receptive to additional training and information to support their efforts, with many wanting training on how to work with and support parents of children with special needs, and how to promote social interactions between children in their program. Our analyses suggest that additional learning opportunities can be, and should be, tailored to meet the needs of early childhood educators and resource teachers at different stages in their professional careers. We hasten to add, however, that while such trainers might assume pro-inclusive attitudes at this point in time, these attitudes should not be taken for granted.

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8. INCLUSION AS EXPERIENCED BY CENTRE DIRECTORS

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8.1 INTRODUCTION

Although centre directors have not been the subject of extensive research in the field of early childhood education and child care, a number of major works have identified the critical importance of the director's knowledge, administrative talents, human resource skills, personality, and communication abilities for overall program quality. Research confirms that children in centres with more experienced and better educated directors tend to experience higher levels of quality care and perform better on measures of language and sociability with peers.[1]

A director's administrative capabilities, experience, and sensitivity affect staff as well, influencing both the extent to which staff are able to be positive and supportive with the children in their care, and staff's skills in providing developmentally appropriate programming. Staff's job satisfaction, perceived level of supervisory support, and the quality of co-worker relationships are also affected, all of which have been correlated with both the quality of care staff provide and with staff's experiences of their work environment. American researchers such as Jorde-Bloom (1992)[2] and Helburn (1995)[3] have also found a relationship between directors' skills and effectiveness in supporting staff with levels of reported job stress and burnout, as well as with actual staff turnover rates.

In many ways, the centre director stands at the interface or nexus of ecological influences:

- transforming and mediating provincial and municipal policies;
- negotiating the simultaneous and sometimes competing needs of children, families, and staff;
- representing the centre and its role in the community;
- articulating and promoting standards and practices that are critical to the provision of high quality care and to children's and families' well-being; and
- marshalling resources for the centre to maintain and improve quality over time.

Clearly, the role of a centre director is both complex and challenging. Administrative decisions must reflect the goals of the centre as a whole, the needs and interests of

the children and parents, and the concerns and capabilities of the staff — often in the context of continued underfunding. Directors are leaders and models for their staff and set the expectations and values that characterize a centre's ethos or identity.

As described in Chapters 2 and 3 of this report, directors' (and front-line staff's) attitudes, experience, and capabilities are particularly crucial for the effective inclusion of children with special needs in Canadian child care programs. In the absence of legislative mandates, directors' attitudes, ongoing commitment, and capacities to work effectively — both with centre staff and with professionals in the community — are likely to be among the strongest determinants of the quality of inclusion for all concerned.

For these reasons, we thought it was especially important to examine and understand directors' perspectives on inclusion. In particular, in this chapter we focus on directors' attitudes and beliefs about inclusion and some of the factors that may affect directors' commitment, as well as their concerns about their centre's capabilities in this regard. We also examine some of the challenges directors have faced or are facing in the context of continued fiscal restraint for funding child care services, and obtain directors' views about what have been the most important enablers and frustrators to effective inclusion in their programs. Throughout this chapter, we have occasion to reflect on changes over time that may have occurred in directors' attitudes and experiences, and in their centre's capacities to effectively include children with special needs. Taken together, the preceding chapter on front-line child care professionals' experiences with inclusion and this chapter provide a rich understanding of the ecology of inclusion as experienced within child care programs.

8.2 DIRECTORS' EDUCATION AND EXPERIENCE: A FOUNDATION FOR EFFECTIVE INCLUSION

In Chapter 5 we noted that almost 92% of the 136 centre directors in this sample had completed a post-secondary credential in Early Childhood Education or a related subject: 55.0% had completed a college diploma program, 31.3% completed a Bachelor's degree, and 6.1% had attained a graduate degree. Approximately half of the directors had also obtained a post-diploma certificate related to ECE, inclusion, or child care administration. Relative to the national profile of directors in the *YBIC!* study, this sample of directors is quite well-educated.

Similarly, we noted that this sample of directors has considerable experience. Almost 85% of the directors had been in the child care field for ten years or longer, including 56% who had more than 15 years experience. Moreover, 64.3% of the directors in this sample had more than ten years of experience in work with children with special needs.

This wealth of education and experience provides a strong foundation for directors to draw on when making complex decisions. In addition to serving as a resource to guide her/his own decisions, a director's education and experience are likely to help her better appreciate the needs of her staff, and the issues that must be considered in facilitating and maintaining effective collaborative relationships with

parents and other community professionals. Moreover, education, experience, and a commitment to making inclusion work are all likely to motivate directors to seek out new information and to capitalize on the resources that might improve inclusive practice.

8.21 *Continued Learning: Courses and Conferences*

Two questions were posed to directors to determine if they had been engaged in efforts to expand their knowledge about inclusion. In response, 34% of directors replied that they had taken at least one university or college level course related to the inclusion of children with special needs since 1990 (a year which likely fell considerably later than most directors' initial post-secondary diploma/degree completion, given the directors' age distribution and length of time in both the child care field and in their present position). Furthermore, 75.7% of directors had attended workshops or conference presentations on children with special needs since 1990, with most having been to several different conferences or workshops between 1990 and 1996. (Almost 26% of the total sample had actually been to a conference or workshop offered by SpeciaLink: The National Centre for Child Care Inclusion.)

8.22 *Providing Workshops to Others*

A related question asked directors whether they had provided any workshops or in-service training to others on topics related to children with special needs since 1990. Indeed, 69 directors in our sample (51.1%) had done so. In all likelihood, most of these directors had been directly involved in providing in-service development for their own staff, either personally or by arranging to have someone with more expertise do so. But there are also examples of directors in this sample who have given workshops and conference presentations on inclusion to other child care professionals in their local area, and even at provincial or national meetings of child care professionals. In this way, they provide substantial leadership to their staff and to others.

Directors in specialized and designated programs were more likely to have university degrees and more specialized educational backgrounds, and longer experience working with children with special needs. They were also more involved in both attending conferences and providing in-service training and workshops than were directors in "regular" child care programs.

8.23 *Directors' Interests in Additional Training and Information*

In our experience, the unique learning needs of centre directors are often not considered as such. We asked directors in this unique sample what areas of additional information or training would be useful to them. The results, shown in Table 8.1, indicate the breadth of areas about which directors would like more information.

8.3 DIRECTORS' INVOLVEMENT IN PROGRAM PLANNING, COMMUNICATING WITH PARENTS, AND COORDINATING RESOURCES

Information presented in Chapter 5 also indicated that directors of-

Table 8.1

Directors' Self-Identified Learning Needs

Topic Areas on Which Directors Would Like Additional Training, Technical Assistance or Information	Percent
Maintaining and promoting quality care in a period of diminishing resources	72.1%
How to help staff be effective in their work with children who have special needs	65.4%
How to help parents make informed choices and decisions about their child's care	41.9%
Promoting social interactions between children with special needs and other children	40.4%
Staff evaluation and feedback to those working with children who have special needs	38.2%
Specific, in-depth information about particular disabilities	31.6%
How other centres mainstream effectively	29.4%
How to work collaboratively with agencies and specialists	28.7%
Advocating on behalf of children and families with special needs	22.1%
Other	3.7%

"Co-ordination varies, depending on the number of agencies involved. Group meetings can be very difficult to organize."
(director of a centre in Manitoba)

ten had a personal role in program planning, communicating with parents, and coordinating resources to support inclusion. Directors in this sample were less often involved in individual program planning for the children (18%); they were more likely to be involved in communicating with parents (69%) and coordinating services for the children with special needs enrolled in their centre (64%). The latter responsibility typically involves contacts with other agencies and professionals, and sometimes with local representatives of various provincial ministries.

Communicating with parents, coordinating services, and overseeing and supporting centre staff in their efforts all can take considerable time and energy on the director's part, again reinforcing the importance of her/his commitment to inclusion. Many directors are willing to do this and see it as an important component of their role. Other directors may have more difficulty, especially when community and centre resources are limited and coordination and communication are problematic. In such cases, considerable personal commitment and perseverance may be required.

As a director of a Manitoba child care centre explained:

"Most of the special needs children we've enrolled in the past 3-4 years were not identified as such at enrollment. While many had social workers, few of them took the leadership role to manage cases, do referrals, etc. This work fell to the day care (i.e., me) as did providing the 'extra pair' of hands often needed on the floor. This takes up a LOT of time and is work that is not recognized as a role played by the day care...Those children who are referred by agencies prior to enrollment may spend many months waiting for service if the child requires staff support and subsidy fees. Both have to be available at the same time and rarely are....The child day care office may fund fewer hours per day than the child attends — expecting the centre to make up the difference... It's hard to find a trained ECE willing to work part-time."

8.4 DIRECTORS' ATTITUDES AND BELIEFS ABOUT INCLUSION

A major part of this study was focussed on directors' and child care staff's attitudes and beliefs about inclusion. This was a critical focus of our investigation both because previous literature has identified attitudes as a major barrier to (sustained) inclusion, and because we were interested in exploring whether child care professionals' attitudes, beliefs, and personal perspectives on inclusion had changed since the earlier study undertaken by SpeciaLink in 1989-90. Attitudes and beliefs are generally highly related to each other, but measuring both can provide a richer understanding of a person's views and identify where inconsistencies, contradictions and points of ambivalence may lie.

According to Odom and Diamond (1998)[4] attitudes, beliefs, and ideologies related to inclusion currently reflect several different, but related, rationales for this practice. A *philosophical/ethical* rationale is predicated on the belief that children with disabilities should be able to participate in the same high quality early childhood programs as typically developing children so that they can become members of the classroom and local community and develop positive relationships with others. *Legal/legislative* mandates provide another rationale, based on civil rights, that are designed to remove barriers that discriminate against children with disabilities and preclude them from participating in ways that would be beneficial for them and enable them to lead as normal a life as possible. An *educational* rationale for inclusion emphasizes the developmental benefits that are expected from participating in high quality integrated early childhood programs.

The measures used in the current study appear to tap the first two rationales described above, with some reflection of the third (educational) rationale as well. The first attitudinal measure is one originally developed by Sandra Bochner and Moira Pieterse of Macquaire University and Carey Denholm of the University of Victoria.[5] This measure asks respondents to indicate the extent to which children with a wide range of special needs (30 different conditions) should be enrolled in a regular preschool or child care program. (See question 4.1 in Appendix B.) Based on its use in the 1990 survey of child care professionals by SpeciaLink (Irwin & DeRoche, 1990),[6] we clarified the introduction to the question by indicating that in referring to a "regular preschool or child care program," we meant an "average, community-based program (not especially designated as an integrated program) with the resources available to most centres in your province or territory." Nonetheless, in this study, as in 1990, respondents frequently stated that their answer (typically agreement) was conditional upon the assumption that appropriate resources would be made available to support inclusion.

Both the pattern of responses obtained and, in particular, written comments and elaborations provided by both centre directors and front-line ECEs and in-house resource teachers indicate that this measure reflects a *philosophical/ethical* rationale for inclusion, as well as the belief that early childhood programs should be resourced so that they can integrate children with a wide range of

disabilities and conditions.

The second measure presented participants with seven statements in the form of beliefs about inclusion that were developed specifically for this study. Statements were developed by extracting key themes from the literature on inclusion and putting them into simple statements that we thought might elicit some differential responses. (See question 4.2 in Appendix B.)

"I feel that every child should be included in child care programs and no child should be excluded because he/she has special needs, just as long as the child has the appropriate equipment, or resource staff available."

(director of a regular child care program in Newfoundland)

8.41 *Directors' Current Attitudes Towards Including Children with Special Needs in Regular Preschool and Child Care Programs*

Directors' responses to this scale were generally very positive, and remarkably similar to those given by ECEs and in-house resource teachers, as described in Chapter 7. The average score across all items, originally coded on a scale of 1 (strongly disagree with inclusion) to 5 (strongly agree) was 4.17, with a standard deviation of 0.605. Scores ranged from 1.3 to 5.00, with only 37% of average scores falling below 4.00. Over ninety percent of directors or more agreed or strongly agreed that children with the following conditions/characteristics should be enrolled in a regular preschool or child care program (with appropriate supports):

- a child who is hyperactive,
- a child who is deficient in self-help skills (dressing, feeding, etc.),
- a child with mild mobility difficulties (e.g., needs crutches, wears calipers),
- a child with moderate mobility difficulties (e.g., needs wheelchair) if the program is reasonably accessible,
- a child who requires specialized and/or adapted instructional materials to progress in pre-academic skills (e.g., tactile puzzles, special scissors),
- a child who has impaired language skills,
- a child who is noticeably withdrawn,
- a child who is mildly intellectually disabled (IQ 55-75/80),
- a child with a mild visual impairment which cannot be corrected fully by wearing eyeglasses or contact lenses,
- a child with moderate visual impairment (needs special equipment or services), and
- a child with a moderate hearing loss (who needs special equipment or services).

"With the right approach, staff, and resources, I feel no door should be closed to any child."

(director of a designated program in PEI)

Across the 30 disabling conditions or circumstances, there were only seven that less than 75% of directors agreed could be accommodated in regular early childhood programs. In all seven of these instances, directors were more likely to say they were uncertain about including children with these conditions in a regular child care program, rather than disagreeing. Both the child's condition and the extent to which additional assistance would be available/unavailable were often the deciding factors.

In general, however, the directors' responses indicate strong acceptance of the view that children with a wide range of conditions should be able to attend a local child care program if supports are provided.

Table 8.2

Directors were more reserved about including children in the following seven circumstances:

Characteristic or condition	Percent who agreed or strongly agreed
A child with moderate mobility difficulties (e.g., needs wheelchair) when access is unsuitable	41.0%
A child who is, at times, uncontrollably aggressive	53.8%
A child who has a phobic resistance to school attendance	60.0%
A child who requires assistance with an artificial bowel or bladder if parents are not willing or unable to assist	42.1%
A child who requires catheterization if parents are not willing or are unable to assist	39.7%
A child who often cannot recognize situations involving danger to himself/herself	69.9%
A child who has a multi-disabling condition, e.g., physical and intellectual disabilities	71.2%

8.42 *Differing Perspectives Among Directors*

While there was much similarity on many of the items, readers should be aware that there were different perspectives among the directors in our sample. In particular, directors of specialized/segregated programs were the most reserved, compared to directors of regular and designated programs. Directors in specialized programs had an overall average score of 3.74 compared to 4.02 for directors in regular programs and 4.37 for directors in designated integrated programs. While there was overlap across the groups, directors in specialized programs were more likely to voice concerns about the extent to which children's needs could be met in regular child care programs and were most likely to comment that placement should reflect children's needs and parents' wishes. Directors of regular programs appeared to be more dubious about whether adequate supports would be in place, expressing concern about the staff's and centre's capacities to cope with more than the demanding challenges they were already facing. These same concerns reappeared in spontaneous comments at several points in the survey questionnaire. (See next page.)

8.43 *Have Directors' Attitudes Changed?*

There are two ways to address this question. One is by comparing our findings with those obtained from earlier studies that used the same measure and to see if there are observable differences in average scores or scores on specific items that might indicate a change in attitudes. The other is to ask directors if their views have changed over time, and in what way. In this section we compare our 1996 data

"I could only agree to a child going into a regular program if it's the parents' wish and if supports are available. It isn't in the child's best interest to be put into a regular classroom in order to fill 'inclusion' criteria."

(director of a specialized program in B.C.)

"Most of the above situations would require some form of additional support. If it wasn't available and the child was part of our regular 1:8 ratio, I would disagree to most of the situations."

(director of a regular program in Québec)

with results obtained in 1989 and 1990 studies. A later section of this chapter addresses directors' reported change in their commitment to inclusion and their comfort level in working with children with special needs.

Results from two earlier studies that used substantially the same instrument to assess attitudes towards inclusion were examined. These studies were Denholm's 1989 study of directors in British Columbia and the study conducted by SpeciaLink in 1990, from which responses of 143 directors could be extracted from their larger, mixed sample of child care professionals. Comparing findings across studies that use different samples with some variation in the introduction to the scale provides an imperfect, but still useful, point of comparison. In order to enable direct comparisons, we recoded our scoring procedure to be the same as that used in the earlier studies — i.e., strongly agree was recoded to a 1, so that the lower the score, the more accepting directors were regarding inclusion.

Comparisons between the two SpeciaLink samples revealed minimal change in attitudes between 1990 and 1996-97. In both studies average responses to only six items — indeed, *the same* six items — were higher than 2.0, with none higher than 2.8 on a 5-point scale. It is important to remind readers that in both instances responding directors were a selected group. These directors were in programs already providing care and education to children with special needs (or were likely to do so), and likely were more committed and accepting of inclusion than directors with little or no history of including children with special needs in their centres. At least for this population of centre directors, positive attitudes towards inclusion appear to have remained consistently high over the 6-7 year period between the two studies.

An interesting point to note is that in 1990 Irwin and DeRoche's analysis indicated that items in this scale loaded on nine separate factors, based on commonality of condition and/or degree of accommodative effort that might be required. In our 1996 data, only one common factor was identifiable, to which directors displayed more or less sympathy. This difference implies that the basis for supporting inclusion as a general approach and as a principle of practice may have solidified, with acceptance depending less on the particulars of children's conditions and more on a philosophical base that favours inclusion, tempered by the availability of supportive resources, especially in situations that would demand more in the way of skills, time and specialized effort on the part of centre staff.

Table 8.3 provides average item scores for the two SpeciaLink samples and Denholm's sample of B.C. directors. The comparisons reveal that the two SpeciaLink samples were both slightly more favourable to including children with special needs than Denholm's 1989 sample of B.C. directors. It is interesting to note, however, that the relative ordering of items was similar across all three samples on most items.

8.44 *Directors' Beliefs About Inclusion*

The seven belief statements used in this study also required directors to indicate their level of agreement on a 5-point scale, where 5

Table 8.3

A Comparison of Average Item Scores on Attitudes Towards Inclusion of Children with Special Needs in Regular Programs Across Three Studies

Disability or Special Need	Current 1996-97	SpeciaLink 1990	Denholm 1989 (BC)
Mild mobility difficulties	1.5	1.0	1.7
Requires specialized or adapted instructional material to progress in pre-academic skills	1.4	1.0	1.7
Impaired language skills (not ESL)	1.4	1.1	1.5
Moderate mobility difficulties — program is reasonably accessible	1.5	1.1	1.7
Mild visual impairment which cannot be corrected by wearing spectacles, contact lenses	1.6	1.1	1.7
Mildly intellectually disabled (IQ 55-75/80)	1.5	1.1	1.7
Moderate hearing loss (needs special equipment and/or services)	1.6	1.1	1.8
Requires assistance with artificial bowel or bladder with parents willing to assist	1.7	1.1	1.7
Deficient in self-help skills	1.5	1.1	2.0
Requires catheterization; parents are willing to assist	1.8	1.1	2.0
Is noticeably withdrawn	1.5	1.2	1.6
Moderate visual impairment (needs special equipment and/or services)	1.7	1.3	1.7
Eneuretic (inadequate bladder control)	1.7	1.4	2.4
Moderately intellectually disabled (IQ 30 - 55)	1.7	1.5	2.1
Displays inappropriate social behaviour	1.9	1.5	2.2
Is Deaf	1.8	1.5	—-
Incontinent (inadequate bowel control)	1.7	1.5	2.6
Requires medical monitoring by program staff	1.9	1.6	2.1
Hyperactive	1.7	1.6	2.1
Uncontrollable, but not aggressive	—-	1.6	2.2
Has tested HIV positive	1.8	1.7	—-
Has AIDS	1.9	1.7	—-
Is blind	1.9	1.7	—-
Requires intensive individualized instruction to progress in academic skills	—-	1.8	2.3
A multi-disabling condition	2.0	2.0	2.7
Can't recognize situations involving danger to him/herself	2.1	2.1	2.6
Has a phobic resistance to school	2.2	2.2	2.3
Requires catheterization; parents not willing or able to assist	2.6	2.2	3.2
Requires assistance with artificial bowel or bladder with parents not willing or able to assist	2.6	2.3	3.2
Uncontrollably aggressive at times	2.4	2.4	2.7
Moderate mobility difficulties; access is unsuitable	2.8	2.7	3.3

Note: Items were scored from 1 to 5; Strongly Agree = 1, Uncertain = 3, Strongly Disagree = 5. Average item scores have been rounded to the nearest tenth. All three samples are of directors of child care programs. Both SpeciaLink samples include directors from across Canada, selected as providing or likely providing care for children with special needs. The Denholm sample was limited to directors of child care programs in British Columbia. There were variations in instructions to respondents and in samples that may have affected responses.

indicated strong agreement. The items were developed to probe directors' views about inclusion in principle (statements 1 and 2); their beliefs about the impacts of inclusion on staff and other children (items 3 and 4); directors' views as to whether the field (in the form of most child care programs/most directors) is generally receptive to inclusion (statement 5); and a statement that asked directors whether inclusion efforts should be more concentrated, given limited allocations of resources (item 6). An additional statement assessed directors' views of early childhood educators' background preparation — given the need for a wider set of skills and knowledge among staff in inclusive programs. Table 8.4 summarizes directors' responses.

A strong majority of directors (87%) agreed that legislation should be passed in Canada to ensure that disabled children and their parents have full access to child care programs. Support for a legal mandate for inclusion would be aligned with other efforts to ensure equality for people with disabilities in other areas (education and employment) in keeping with Canada's Charter of Rights and Freedoms, and in parallel to US legislation (the IDEA Act) that has supported progress towards inclusion in that country. Furthermore, such legislation, if passed, would require adequate funding and programmatic supports to comply with the legislative intent. Even without such legislation, 61% of directors agreed or strongly agreed that day care programs should accept all children, regardless of their individual needs. Disagreement and reservations about this statement again focussed on centres' capacities and limited resources.

Responses to item 3 indicate a more mixed perspective on how

Table 8.4

Directors' Beliefs about Inclusion

Opinion and Belief Statements	Directors' Responses (%)					
	Mean Item Score	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1. Child care programs should accept all children, regardless of their individual needs.	3.7	30.5	30.5	15.3	21.4	2.2
2. Legislation should be passed to ensure disabled children and their parents have full access to child care programs.	4.3	45.0	42.0	7.6	4.6	0.8
3. Having children with special needs in most child care centres puts too much pressure on the staff.	3.3	15.2	37.9	13.6	28.0	5.3
4. Having children with special needs in child care benefits the non-disabled children.	4.5	57.0	37.8	4.4	0.7	0.0
5. Most child care programs would be willing to include children with special needs, if adequate resources were available.	4.4	59.3	29.6	5.9	5.2	0.0
6. 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.	2.9	7.6	34.1	18.2	23.5	16.7
7. Training for early childhood educators has provided them with a good background to support inclusion.	2.9	10.4	26.7	14.8	40.7	7.4

inclusion affects centre staff. One third of directors disagreed that inclusion puts too much pressure on centre staff, but 53% admitted some concerns in this regard. The response to item 4 was uniform agreement. It was widely accepted among members in this sample that inclusion benefits non-disabled children. Most directors also agreed with item 5, indicating that they see the child care field as having accepted inclusion as an appropriate or normal practice, if adequate resources are in place. [It would be interesting to know if the same level of agreement could be found among a more representative, unselected sample of directors.]

Item 6 reflects an ongoing, pragmatic and ethical dilemma. Despite widespread agreement with inclusion as appropriate practice in early childhood programs, is it better to concentrate limited resources to support effective inclusion in fewer programs than to ask all programs to be inclusive without adequate resources? Under these constraints, 41.7% of directors agreed or strongly agreed that resources should be targeted to a smaller number of child care programs; almost the same percentage disagreed with this conclusion, and 18.2% remained uncertain. The answers to this question indicate where one of the major fault lines is in child care professionals' commitment to inclusion. Concerns reflect both what would be better for centres and also what is in the best interests of individual children, particularly those with special needs, if resources are constrained.

The last statement in this series asked about perceptions of early childhood educators' background preparation — an important point, since the education and skills of staff are central to the success of inclusion efforts. Among this sample, 47% of directors believe that ECEs' training has not adequately prepared them for inclusion, while 37% expressed a more positive view. Clearly, there is room for improvement.

As was the case with the attitudes items, directors were not homogeneous in their responses to these belief statements. Statistical analysis revealed significant differences among directors in response to belief statements 1, 2, 3 and 6. Directors of integrated programs answered in a way that was significantly more supportive of inclusion as an ideal, a legal right, and a challenge staff could meet. Interestingly, they were also more likely to agree with item 6 on the basis of their concern that children's needs be met effectively, rather than poorly, despite their strong support for inclusion as an ideal practice in all child care programs.

8.5 PERSONAL CHANGE IN DIRECTORS' VALUES AND FEELINGS

In addition to the more structured assessments of child care professionals' current attitudes towards including children with various conditions in early childhood programs, and their beliefs about inclusion, a primary objective of this study was to learn whether staff and directors' personal views and feelings about inclusion had changed over time and, if so, how and why. We asked both groups to consider if their experiences over the last six years had led them to change their views towards inclusion. Specifically, we asked about

their *commitment* to the concept of inclusion; whether they were *more accepting of a broader range of children* being served or more cautious about the range of children who can be accommodated in regular child care programs; and whether they were *more comfortable* working with children who have special needs now than they were before, or less so. In each case, we asked respondents to circle a number from 1 to 5, with 1 = more committed, more accepting, more comfortable; 3 = No change, and 5 = less committed, less accepting, or less comfortable. Comments were invited following each question to probe the nature and/or reason for a change of view, and also included a more general question to capture other comments. These questions

Figure 8.1

Changes in Directors' Feelings About Inclusion

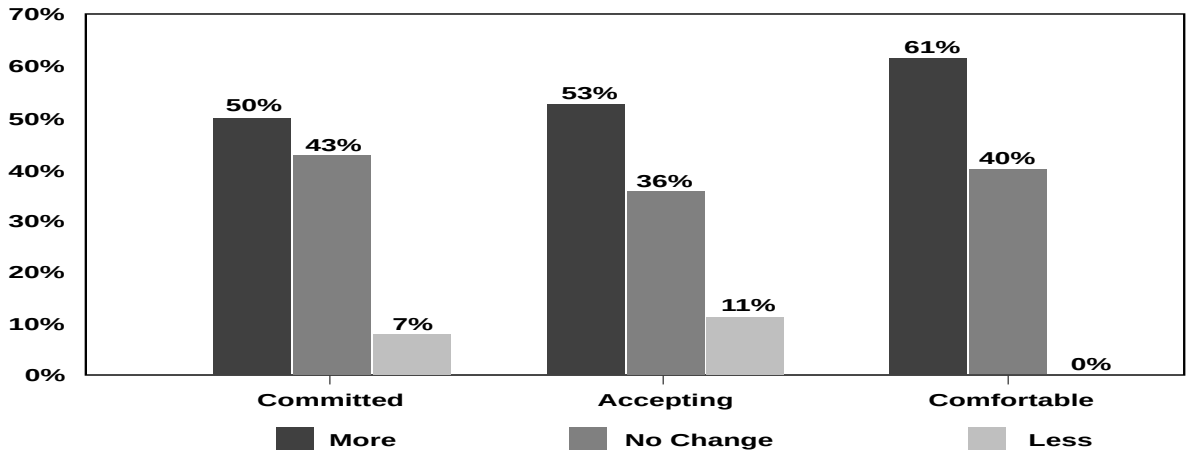


Table 8.5

Changes in Directors' Personal Beliefs Over Time

	More/ Somewhat more	No Change	Less/ Somewhat less
Since 1990, based on your experiences over the last six years, how have your philosophical views towards inclusion of children with special neemds in child care changed?			
Are you more committed to the concept of inclusion now, or less committed?	50.3%	43.0%	6.6%
Are you more accepting of a broader range of children being served or more cautious about the range of children who can be accommodated in regular child care programs?	52.7%	36.1%	11.3%
Are you more comfortable working with children who have special needs now than you were before or less so?	60.4%	39.6%	0.0%

clearly tapped directors' views of inclusion as it applies to themselves and their centres, rather than to more general or abstract ideas. They therefore provide us with meaningful information about how inclusion is experienced by directors, and how that experience affects them.

The results are shown in Table 8.5 and in Figure 8.1. More than half of directors in 1996-97 reported that they felt more committed, more accepting of a broader range of children, and more comfortable working with children with special needs. Compared to front-line ECEs and in-house resource teachers, a larger percentage of directors said their views had not changed — most often because they were already strongly committed and accepting at an earlier point. Only nine of 136 directors indicated that they were less committed to the concept of inclusion as a result of their experiences over the years; 15 directors said they were less accepting or more cautious about the range of children they thought they and other centres could accommodate; 5 directors said they were both less committed and less accepting. No director said she was less comfortable working with children with special needs than previously.

8.51 *Commitment to Inclusion*

The majority of directors either continued to be committed or said they had become more committed to the concept of inclusion over time. Many referred to how positive experiences with inclusion, seeing it work, seeing it benefit not only children with special needs but also other children, had reinforced their commitment. Some clearly had adopted a stance of advocating for inclusion based on their deeply held commitment. Here are some comments from the directors:

"I've seen the positive aspects for all the children at the centre, non-disabled/special needs children are very accepting of disabilities/special needs children." (director of a regular program in Manitoba)

"I have been committed to total inclusion since attending Normalization workshops with W. Wolfensberger several light years ago." (director of a designated program in Alberta)

"More determined — principles are sound; to ignore them is unrealistic." (director in a designated centre in Manitoba)

Other directors had less positive experiences in their own centres, or had been disappointed with the quality of inclusive practice observed in other centres. Some of their comments also confirm that broader commitment to inclusion is related to the range of children they feel can be accommodated well, given the human and financial resources available.

"I have seen too many cases where inclusion was only physical and not truly inclusive academically, socially, etc. Also, environment not accessible cognitively for the child." (director of a specialized program in Ontario who reports being slightly less committed)

"I am less willing to have aggressive children remain in program, at the expense of other group members (children)." (director of a regular program in Manitoba who is less committed now)

"...due to lack of supports and funding.... Staff and myself are frustrated with the present system." (director of a designated program in Ontario explaining why she feels both less committed and less accepting of a broad range of children in her centre)

"I would be more committed if the licensing regulations were less ambiguous and much more realistic and supportive." (director of a regular program in New Brunswick who is less committed, but more accepting and started an integrated program some years ago)

"I have always supported the concept of inclusion, but the dollars are so scarce now and the 'regular' children so needy that my staff simply can't cope with a special needs child within existing ratios." (director in Manitoba who said there had been no change in her commitment to inclusion, but that she was less accepting/more cautious about a broader range of children being accommodated in regular programs)

"....$ budget insufficient!" (director of a regular centre in Québec who is less committed and much less accepting)

8.52 *Accepting of a Broader Range of Children With Special Needs or More Cautious*

As indicated above, some directors' difficult experiences led them to be more cautious about the range of children they felt they could accommodate in their centre. Their change sometimes accompanied a change in their general commitment to inclusion, and sometimes occurred separately. In these cases, directors seemed to be actively engaged in sorting out what they and their staff could realistically do, even though it departs from their ideal of full inclusion.

On the other hand, other directors described how positive experiences with children with special needs had enabled them to feel more comfortable and develop new skills; hence, they were willing to take on new challenges.

"As each new challenge is met, the 'range' grows automatically to include this 'group' — always realizing anew that the vision of inclusion is not as narrow as others would have us believe....Until the first time a child seizured in my arms, seizures frightened me — this is a pretty commonplace reaction to the feeling of not 'being able' yourself." (director of a designated program in Manitoba, more accepting)

"Having too many children in a classroom with global delays is too taxing on the resource teacher and staff, and less beneficial for the individual child." (director of a designated program in Ontario, less accepting)

"Our government is looking at relaxing regulation which may include training and group size changes...how could I even consider integrating high needs children! One ECE can't divide themselves into so many pieces and still provide some degree of quality." (director of a regular program in Manitoba, less accepting)

"I am cautious in terms of accommodating children whose needs can not be met by the resources available." (director of a regular program in B.C., no change)

"We have never turned away any child without giving it an honest try. Tend to be cautious though, for children with behavioural aggressive tendencies.... Lack of RT time is an issue in what we can manage." (director of a designated program in Ontario)

8.53 *More Comfortable With Children With Special Needs*

As noted earlier, no director said she was less comfortable in her work with children with special needs; about 40% of directors reported no change. Of the remainder, 38% said they were much more comfortable (a score of 5), and 22% said they were more comfortable (reply of 4 on a 5 point scale). Clearly, it was personal experience that made the difference — both for directors and for staff. Some of the directors' comments are reflected in the quotes already noted. Others said:

"The more experience I've had, the more comfortable I am." (director of a regular program in Manitoba)

"One of our children was more profoundly disabled than we had expected — turned out to be a wonderful learning and caring experience for us." (director of a regular program in Saskatchewan)

"More committed as we've had great success... The children challenge your caregiving skills and as a result, caregiving improves. I'm not so overwhelmed with the disability, but strive on getting to know the child." (director of a designated program in Alberta)

These direct quotations were selected to give readers a stronger sense of the experience of inclusion from the directors' standpoint. Change in one aspect of a director's personal views often was correlated with change in another aspect. Whether or not a director said she was more committed to the concept of inclusion was statistically highly correlated with whether she said she was more (or less) accepting and more comfortable (correlations were .66 and .52, respectively — both significant at a .01 level).

8.6 DIRECTORS' VIEWS OF THEIR CENTRE'S EFFECTIVENESS IN INTEGRATING CHILDREN WITH SPECIAL NEEDS

One of our major goals in this study was to learn from directors how they feel their centres have changed over time and what they feel have been important enablers of positive change, as well as factors that have impeded their centre's success in integrating children with special needs. Directors' replies to this part of the questionnaire provide important information about the centres and also add to our understanding of inclusion as experienced by directors.

In this section, we first report on directors' views as to whether their program had become more inclusive or more effective at including children with special needs between 1990 and 1996-97 when data were collected and provide several data points to validate those views. We then examine directors' explanations of what factors enabled their centre to become more effective, as well as what has limited or frustrated their efforts.

Directors were asked this question:

"Since 1990, many centres have become more inclusive in their practice and/or more effective in integrating children with special needs in their programs. Does this describe your centre?" Of the 127 directors who replied, 80 (63%) said this described their centre, while 47 directors (37%) answered "No." Nine directors of the 136 in the sample declined to answer. When non-responders are grouped with those directors who answered no, we observe that 69.4% of designated centres, 50.8% of regular centres, and 45.5% of specialized program directors described their centres as more inclusive or more effective in 1996-97 than in 1990.

While the number of centres per province is too small to permit detailed cross-provincial comparisons, it is fair to point out that the proportion of centres described by directors as more inclusive varied across jurisdictions from 0% to 83.3%. In three jurisdictions, one third or fewer centres were described as more inclusive; in three provinces between half and two thirds of the centres were described as more inclusive; and in four jurisdictions 71-83% of centres were described as more inclusive.

If directors' perceptions are to be treated as valid indicators of differences in centre practices, we should be able to see significant differences in the extent of inclusion and in staff attitudes towards inclusion that support directors' evaluations. In fact, a number of points do validate directors' judgements.

8.61 Markers/Validators of Directors' Views of Their Centre as More Inclusive or More Effective

Centres described by directors as having become more inclusive/more effective since 1990 were compared on several dimensions: the number of children with special needs enrolled in 1996-97, the extent of their participation in the centre (full vs. part-time), and the extent to which children with complex conditions are accommodated. We also examined whether there were any differences in the extent to which centres turned away children with special needs from their program, and whether directors described different patterns of involvement with parents or levels of success in coordinating services for children with special needs in ways that matched directors' views.

As a result, we were able to validate directors' evaluations reasonably well. Analyses revealed that:

- Centres described by directors as more inclusive or more effective enrolled more children with special needs, and enrolled more children with special needs on a full-time basis (children's participation was not limited to part-time for reasons other than the fact that the program offered was a half-day preschool). Almost 44% of those centres described as more inclusive had five or more children with special needs in attendance, compared to 30.4% of centres seen as not more inclusive.
- Centres described by directors as more inclusive or more effective were far more likely to report that their centre accommodated children with more complex needs than they had previously. About 62% of directors of more inclusive centres reportedly accommodated children with more complex needs in 1996-97, compared to only 21% in centres described by di-

rectors as not having become more inclusive or more effective. In the latter case, directors were more likely to report that the complexity of children's needs their centre accommodated had remained the same over that period. Statistical comparisons were highly significant (Chi square =19.176, p< .001).

- Centres described as more inclusive or more effective by directors were slightly more likely to report that parents were more extensively involved with frequent meetings and communication. This difference was not statistically significant, but was in the expected direction.
- One might expect reports that coordination is problematic to be rare in this population of centres that has a longer-term history with inclusion, and presumably well-established relationships with specialists and community professionals. Directors of centres in both categories were equally likely to say that coordination of services for children with special needs was going very well, with no major problems most of the time (40.5% of each group). However, almost twice as many centre directors in the "not more inclusive" group admitted that there were some problems or serious problems with coordination that were occurring on a regular basis (19.0% vs. 10.2%, respectively).

In summary, several specific markers appeared to validate directors' assessments of whether their centre had become more inclusive or more effective in inclusion practices over time. The descriptions above suggest that centres described as more inclusive had staff who were taking on more responsibilities over time and were doing reasonably well in managing additional challenges. What enabled these centres to function more effectively? What factors impeded other centres?

8.62 *Perceived Enablers of Effective Inclusion*

Directors who indicated that their centre had become more inclusive and/or more effective in integrating children with special needs since 1990 were asked which of several factors had enabled their centre and their staff to become more inclusive during that period. Directors were asked to indicate all factors that applied and note the two factors that had been *most important.* Table 8.6 summarizes directors' responses (See following page.)

Of 10 possible enablers, five were seen as important by half or more of the directors, and eight of the 10 factors were seen as having been important by 25 percent of directors. The single enabling factor on which there was greatest consensus among directors was accumulated experience in working with children with special needs (73%). We interpret this as most likely meaning accumulated *positive* experiences in working with children with special needs. Spontaneous comments about the value of positive experiences throughout the staff and director surveys noted how important such experiences are for enabling staff to feel more comfortable working with the children in their care, and giving them self-confidence.

The second factor identified most often by directors as important for

enabling their centre and staff to be more inclusive over time was assistance from other professionals and health-related services (61%). The latter included physiotherapists, occupational therapists, speech and language specialists, behavioural psychologists, external resource consultants and intervention workers, etc. Such assistance is critical, especially for centres who are attempting to accommodate children with more complex disabilities and health problems, and for those with fewer in-house resources.

Three other factors were identified among the top five enablers by 51-54% of directors. The three all refer to factors that reflect a strengthening of centre staff capabilities: additional training related to inclusion for the director or her staff; additional centre personnel (resource teachers or support workers) who bring specialized knowledge and skills to the centre and offset some of the additional demands and workload that centre staff would otherwise experience; and stronger support for inclusion among centre staff. We believe that stronger staff support for inclusion plays a unique role here. While staff support may be essential to have as a foundation to build on, we believe it is also strongly affected by positive experiences, and hence is critical for sustaining a centre's efforts, especially when circumstances are trying.

Other enabling factors such as ad-

Table 8.6

Enablers of Effective Inclusion at the Centre

	Most Important	Important	Total
Additional centre personnel (resource teachers, support workers)	16.3%	36.3%	52.6%
Additional equipment and/or structural modifications to the centre	6.3%	26.3%	32.6%
Specific policy initiatives at the provincial/ territorial level	1.3%	23.8%	25.1%
Additional training related to inclusion for myself or my staff	6.3%	47.5%	53.8%
Changes to basic education for ECEs that support inclusion	1.3%	11.3%	12.6%
Stronger support for inclusion among centre staff	12.5%	38.8%	51.3%
Assistance from other professionals and health-related services	11.3%	50.0%	61.3%
Changed staffing patterns in the centre for planning, 1:1 match, etc.	2.5%	21.3%	23.8%
Accumulated experience in working with children who have special needs	13.8%	58.8%	72.6%
Information and support gained from networking with peers	3.8%	33.8%	37.6%

*Based on N=80; directors who said their centre had become more inclusive or more effective

ditional equipment and structural modifications are important, especially if there are obvious barriers that prevent certain children from attending at all, but do not appear to be as significant to directors in this sample as the other factors already mentioned. Provincial policy initiatives were seen as an important enabler for programs by about one quarter of centre directors, but were not seen as one of the *most* important factors. (The importance of positive policy initiatives may be less directly recognizable as such, although they may be responsible for funding that allows the hiring of additional personnel or additional training for centre staff.)

Together, this profile of directors' responses regarding enabling factors identifies the critical importance of:

- accumulated positive experiences with inclusion in child care centres,
- appropriate assistance being provided by other professionals to support and complement staff efforts, and
- resources that add to and strengthen staff capabilities within centres (the number of staff with specialized skills, additional training, and support that enables staff to continue to feel positively about inclusion and be committed to making inclusion work within the centre for more children over time). The latter also reflects higher morale and cohesion.

8.63 *Factors That Limit or Frustrate Effective Inclusion*

Directors were asked similarly to identify those factors which, in their opinion, had "limited or frustrated your centre's capacity to be inclusive and/or your program's effectiveness in integrating children with special needs." Once again, they were asked to indicate all of the factors from a list of 10 that applied and to identify the two *most important* limiting factors. Table 8.7 summarizes directors' responses (See following page.)

Of 10 possible frustrators, only one was seen as important by more than half of the directors, while three others were seen as important by between 40 and 50% of our sample. The single limiting factor on which there was greatest consensus among directors was "No or limited additional funding to support inclusion." This factor was described as an important limiting factor by 56% of our directors, including one fifth of the sample who said it was the most important factor that limited or frustrated inclusion. The three factors on which there was also substantial agreement were: reduced funding to support inclusion (40% of directors); stress caused by additional workload and time demands on centre staff (41%), and the general level of support/funding for child care programs in your province/territory (44%). It is interesting to note that the next set of limiting factors referred to lack of access to in-house resource teachers, and insufficient involvement or support from external resource consultants and community based professionals (described as important limiting factors by about one quarter of the directors). Very few directors indicated that their staff's level of training or attitudes were significant limiting factors.

Frustrations about lack of funding

Table 8.7

Frustrators of Effective Inclusion at the Centre

	Most Important	Important	Total
No or limited additional funding to support inclusion	20.6%	35.3%	55.9%
Reduced funding to support inclusion	13.2%	27.2%	40.4%
No in-house RT or loss of centre-based RT or support worker	7.4%	16.9%	24.3%
Limited/insufficient involvement of external RTs or resource consultants	1.5%	22.8%	24.3%
Limited support/assistance from other professionals/ health-related services	8.1%	19.1%	27.2%
Stress caused by additional workload and time demands on centre staff	15.4%	25.7%	41.1%
Lack of support from other parents or the centre's board	0.7%	2.9%	3.6%
Staff not adequately trained to meet children's needs	4.4%	14.0%	18.4%
Staff not willing or not committed to extend inclusive practices	2.9%	5.9%	8.8%
General level of support/funding for child care programs in province or territory	9.6%	34.6%	44.2%

Based on N=136; all directors

and lack of human resources were noted in many of the quotes included in earlier sections of this chapter. In fact, one director of a specialized centre noted her frustration related to lack of funding to enable more typically developing children to attend the program, thus limiting her efforts to evolve from a more segregated program to one that was more integrated.

8.7 CURRENT AND FUTURE CONCERNS ABOUT INCLUSION: THE PERCEIVED IMPACTS OF FISCAL RESTRAINT

Section 8.6 referred to directors' perceptions of change in their centre that had occurred in the period from about 1990 to 1996-97 when data were collected. We also wanted to assess the extent to which reductions in funding to child care programs in the year preceding data collection had or were having any effects on child care quality and the centre's capacities for effective inclusion. This matter was a pressing concern to address since the combination of the termination of the *Canada Assistance Plan*, reduced federal-provincial transfers, and a preoccupation with debt and deficit during the slow recovery from the recession of the early 1990s was being felt across the country at a time when the urgent need for reinvestment in child care was patently evident.

Indeed, we felt that effective inclusion might have been seriously jeopardized in some provinces and in many centres. Understanding the more immediate financial context in which directors and centres

had to manoeuvre was seen as an important piece of information for interpreting directors' attitudes, beliefs, and view of their centre, as well as many of the comments they made throughout the questionnaire. We also believe that it is important to identify how cutbacks and lack of expansion of provincial support for child care programs affects programs in their daily work with children and families.

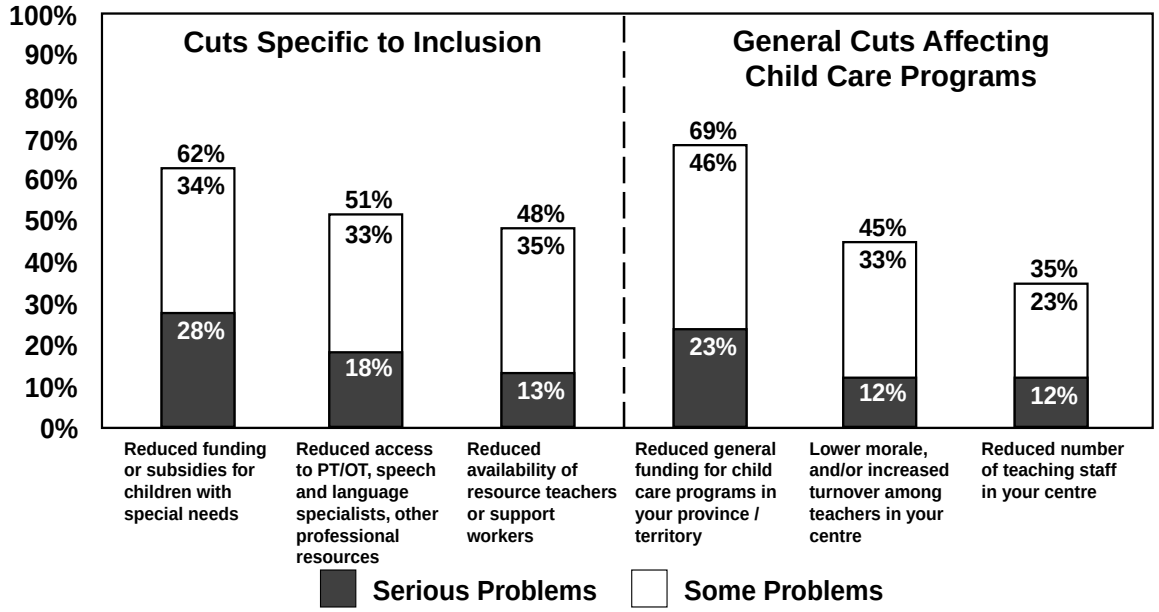
Since these reductions are so critical, we felt it important to include a direct question on the extent to which centres were already experiencing cutbacks and policy changes that were jeopardizing inclusion, according to program directors. We also asked whether directors thought that such cuts, if enacted in the future, would cause some or serious difficulties.

The section of the director's questionnaire headed *Current and Future Concerns* contained a multipart question worded as follows: "To what extent have changes in the last year *already affected* your program's capacities to be inclusive? In your view, if the changes listed below were to occur, how *would they affect* your program's ability to effectively include children with special needs in the future?"

Six types of reductions or likely impacts of reductions were presented (three related to cuts in funding or changes in the general quality of child care programs, and three that specifically relate to supports for inclusion). Directors were asked to indicate if, during the current year, each factor "has not affected us, is causing some difficulties, or is causing serious difficulties" that were affecting their centre's capacities. Directors also indicated if each cut or change, if enacted in the future, would affect

Figure 8.2

Cuts Affecting Support for Inclusion and Program Quality



their program or would cause some or serious difficulties. The data presented below focus only on reports of changes experienced in the last year that had already affected child care programs' capacities to be inclusive.

Findings:

Of the 130 directors who responded to this section of the survey, 89.2% said they had already experienced reductions in funding, staffing, or access to community-based resources in ways that were affecting their centre's capacities to be inclusive.

- More than 40% (41.5%) of centre directors reported having experienced one or more cuts or changes that were causing *serious* difficulties for their centre.
- Almost two-thirds of centre directors reported some or serious problems as a result of reduced general funding for child care programs in their province or territory or reduced funding or subsidies for children with special needs (69%, and 62%, respectively). More than half also experienced reduced access to physiotherapists, occupational therapists, and/or speech and language specialists to support the efforts made by staff in the child care centre.
- Reductions in funding and staff support were not limited to only a few provinces or regions of the country. Some difficulties were experienced in 75% of centres in 9 jurisdictions.
- A large majority of centre directors (almost 75%) reported experiencing two or more reductions that were causing problems in their centre. Of even greater concern is the finding that 30% of centre directors reported having already experienced reductions in *two or more areas* that were *seriously* affecting inclusion!
- Typically, centres experienced cuts and policy changes in ways that affected *both* the base of quality care through reductions in general funding for child care programs, a reduction in teaching staff in their centre, or as a result of lower morale and increased turnover related to cuts, as well as reductions in supports or funding specifically needed for effective inclusion (reduced availability of RTs or support workers, reduced access to PT/OT, speech and language specialists and other professionals, and reduced funding or subsidies for children with special needs). Approximately 76.5% of centres had experienced problems related to general funding cuts or reductions; 72.8% of centres reported experiencing one or more cuts to specific supports for inclusion.

8.8 SUMMING UP

This chapter provides extensive information about directors and about the experiences they have had since 1990 in their efforts to provide leadership to staff, to improve program quality, and to become more effective in integrating children with special needs into their child care centres. The chapter provides a moving portrait of directors, many of whom are

committed to the concept of inclusion, and who have been attempting to extend their efforts and those of their staff. It also demonstrates that their individual motivations and efforts are often not matched by the availability of appropriate funds and human resources to support inclusion.

Being more committed to inclusion and more accepting of a broad range of children with special needs were found to be important attributes in directors. Not only do they model these values for staff, but their presence is correlated with the director taking an active role in advocating for support for inclusion and on behalf of children with special needs. In these cases, the directors are more likely to provide workshops on inclusion to their staff and to others, and to accept more children with special needs into their program.

While generally pro-inclusive in their attitudes and beliefs, directors provided many examples of ambivalence and frustration, and sometimes a rethinking of their own view as to how and whether they could best meet the competing needs of children, parents and staff, given limited resources.

Directors provided examples of learning from successful experiences and being chastened by situations that were beyond the capacities of themselves and their staff to handle. Clearly, one of the main findings was that attitudinal resistance to inclusion *per se*, and lack of appropriate education and experience on the part of directors and many of their staff were not significant barriers to inclusion, at least among this sample.

The most significant enablers of effective inclusion in these centres were accumulated positive experiences in working with children with special needs, and the strengthening of inclusive capacity among centre staff, in part through effective support and collaboration with resource teachers/consultants and community-based professionals and specialists.

Barriers and factors that limit or frustrate inclusion were also clearly evident: expectations that are not matched by resources to support inclusion, and cutbacks and lack of government leadership to maintain and build on, rather than erode, the base quality of child care programs, limit these programs' capacities to contribute effectively to the goals of early intervention and prevention and to the overall promotion of healthy child development.

As one of our directors put it, ***"Early intervention programs for children with special needs have been proven to be successful. Preschools and day care need to be a part of early intervention and preparing young children for their future. All children, if it is their parents' choice, should be able to attend a regular preschool program with the appropriate supports in place for that child and for the teacher and the preschool program."*** (director of a specialized program in BC)

END NOTES

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[6] Irwin, S.H. & DeRoche, J. (1992). Attitudes of Canadian mainstream child care staff toward inclusion of children with special needs. (Unpublished manuscript.)

9. An External Window: The Views Of Travelling Resource Teachers And Resource Consultants

Donna S. Lero, Sharon Hope Irwin, Kathleen Brophy

9.1 INTRODUCTION

One of the windows available to us that proved very valuable was obtained by surveying a small sample of travelling resource teachers and resource consultants (TRT/RCs). These individuals were employed in various jurisdictions by municipalities or provincial governments or through community-based non-profit agencies specifically for the purpose of providing consultation and direct support to child care centres, family daycare homes, and school age programs that include children with special needs. This project is one of a very few studies to include this emerging sector of the child care workforce in research.[1]

Travelling RTs/RCs provided a unique perspective in this research project. Most visit a variety of programs and see which ones are doing well and which ones are having difficulty with inclusion. They also develop an informed and informing perspective of those factors — both internal to child care programs and external to them — that directly affect centres' capacities to provide effective, inclusive care of high quality.

Mailed surveys were used to obtain information from 23 TRT/RCs. Eighteen of the travelling RTs/RCs who responded (88%) had participated in the 1990 study of attitudes and experiences of child care professionals conducted by SpeciaLink, and five were new recruits who replaced someone who had participated in the earlier study.

The travelling RTs/RCs who had been involved in the first SpeciaLink study were not necessarily employed in their current capacity at that time — some had been centre directors and some had been front-line staff who had since moved into their current position. Twelve of the 23 travelling RTs/RCs (52%) were located in Ontario, where the model of travelling RTs/RCs has developed most rapidly; the remainder were scattered among other jurisdictions.[2]

9.2 EXPERIENCE, EDUCATION AND TRAINING OF TRAVELLING RESOURCE TEACHERS/RESOURCE CONSULTANTS

9.21 *Experience*

Almost half of the travelling RT/RCs (47.8%) had been in their present position for five years or less, with another 39.1% having been in their present position for between six and nine years. The relatively large number of TRT/RCs with less than five years experience in their present position is characteristic in occupations that are emerging, but belies the fact that almost 87% of the resource teachers/resource consultants had 10 or more years experience in the child care field, including 69.6% who had 15 or more years experience in child care programs. Likewise, slightly more than 60% of TRT/RCs had 10 or more years of combined experience in working with children with special needs, either within programs or in a travelling capacity. (See Table 9.2)

9.22 *Education and Training*

Most travelling resource teachers/resource consultants (72.7%) had a community college diploma as their primary form of post-secondary education. Six TRT/RCs had a university degree, including three with a graduate degree and two with both a diploma and degree.

Table 9.1

Geographic Distribution of Travelling Resource Teachers and Resource Consultants

Jurisdiction	Number	Percent
NS	1	4.3%
NB	1	4.3%
ON	12	52.2%
MA	1	4.3%
AB	2	8.7%
BC	3	13.0%
YT	2	8.7%
NT	1	4.3%
TOTAL	23	100.0%

*Provinces without TRTs/RCs in our sample are not listed.

Table 9.2

Travelling Resource Teachers' and Resource Consultants' Experiential Background

	Average	Length of Time in Years				
		1 - 2	3 - 5	6 - 9	10 - 14	15+
Years in present position	5.4 years	39.1%	8.7%	39.1%	8.7%	4.3%
Years in child care field	16.8 years	0.0%	4.3%	8.7%	17.4%	69.6%
Years worked with children with special needs as a resource teacher or consultant	11.8 years	13.0%	4.3%	21.7%	21.7%	39.1%

The majority of diplomas (84%) were granted in early childhood education (ECE); degrees were awarded mostly in psychology, special education, speech pathology or ECE. Eleven RTs/RCs (47.8%) had an additional certificate or credential specific to inclusion (a Resource Teacher certificate or another credential related to children with special needs).

Table 9.3

Travelling Resource Teachers' and Resource Consultants' Educational Background

Formal Education Completed	Number	Percent*
Diploma - no degree	16	72.7%
No diploma - undergraduate degree	1	4.5%
Diploma and degree	2	9.1%
Graduate degree	3	13.6%

*based on N=22, 1 missing

Table 9.4

Resource Teachers' and Resource Consultants' Self-identified Learning Needs

Topic Areas in Which RTs and RCs Would Like Additional Training, Technical Assistance or Information	Percent
Accessing information about new assistive devices, learning tools and specialized materials	69.6%
Promoting social interactions between children with special needs and other children	65.2%
Maintaining and promoting quality care in a period of diminishing resources	60.9%
Training or helping ECEs to implement social skills programs	60.9%
Helping ECEs adapt curricula to suit individual needs	56.5%
Working as a team within centres on behalf of children with special needs	47.8%
How to help directors be more sensitive to issues within centres	47.8%
How to work collaboratively with agencies (FCS, schools)	47.8%
Learning about the experiences of other resource teachers/services	43.5%
Working with and supporting families	43.5%
Advocating on behalf of children and families with special needs	39.1%
How to promote the benefits of an itinerant model	39.1%
Training or helping ECEs to develop and implement IPPs	30.4%
How to work collaboratively with specialists (OT/PT, etc.)	26.1%
Specific, in-depth information about particular disabilities	21.7%
Developing and implementing individual program plans (IPPs)	17.4%

All of the travelling resource teachers/resource consultants in this sample were actively supplementing their pre-service education with additional learning activities.

Ten had taken a university or college level course related to inclusion since 1990 and all had attended workshops or conferences since then. In fact, 56% of the resource teachers/resource consultants had attended ten or more workshops or conferences related to inclusion between 1990 and 1996 (average = 16 workshops or conferences), and 20 of the 23 respondents had provided workshops or in-service training to others on various topics related to children with special needs.

When asked about their own learning needs, RTs/RCs identified topics ranging from "accessing information about new assistive devices, learning tools and specialized materials" (69.9%) to "developing and implementing individual program plans" (17.4%). (See Table 9.4.)

9.3 ROLES AND RESPONSIBILITIES OF TRAVELLING RESOURCE TEACHERS/RESOURCE CONSULTANTS

The roles and responsibilities of travelling resource teachers/resource consultants are multidimensional, complex, and variable from one individual or jurisdiction to another. Furthermore, roles and responsibilities are changing in response to changing needs, the reorganization of community-based services and service delivery models, changing policies, and changes to funding levels and funding allocations. At the time data were collected:

- 5 resource teachers/resource consultants said their mandate/activities primarily or exclusively focussed on working with "identified" children only (those eligible for funding),
- 6 said their primary or exclusive mandate was to consult with centres as problems or concerns are identified,
- 4 said both activities (working with identified children and consulting with centres) constituted their primary mandate, and
- 1 consultant indicated that her primary role was to promote the benefits of the Resource Consultant model and its uses in her area.

In addition to working directly with children deemed eligible for special services, many resource teachers/resource consultants also work with other, non-identified children who require behavioural interventions, speech and language therapy, or are considered "at risk" for other reasons. Of those who work directly with children, resource teachers/resource consultants see an average of 10 children with special needs per week (range 5-16) with an average of 15 children with special needs in their active caseload (range 5-30). Our sample of TRT/RCs typically concentrated on children age 0-6 years old, but some were involved in providing support to caregivers of children 6-12 years old as well. Table 9.5 provides additional information about the roles and responsibilities of travelling resource teachers and resource consultants, and confirms the importance of their role in supporting inclusive care.

In carrying out their many roles, travelling resource teachers/re-

source consultants visited various programs; many have direct contact with parents as well.

- 15 resource teachers/resource consultants in this sample (65.2%) regularly visited child care centres. Those who did visited anywhere from 2 to 30 centres (average = 7.4)
- 11 resource teachers/resource consultants (47.8%) visited preschools or nursery schools. Those who did so visited from 1-5 programs regularly (average = 2.6)
- 7 resource teachers/resource consultants (30.4%) visited one or more family day care homes (average = 9.2)
- 8 resource teachers/resource consultants (34.8%) visited 1-8 school age programs on a regular basis (average = 3.9).

Fourteen resource teachers/resource consultants who provided information indicated that on a regular basis they visit between 3 and 75 different sites. On average, they visited 13.7 sites each — most commonly at least every two weeks, and often on a weekly basis.

9.4 VIEWS OF RESOURCE TEACHERS/RESOURCE CONSULTANTS OF FACTORS THAT DIFFERENTIATE CENTRES THAT ARE EXTREMELY EFFECTIVE FROM THOSE STRUGGLING WITH INCLUSION

The 15 resource teachers/resource consultants who regularly visited child care programs were asked to describe what proportion of the programs they visited could be classified in the following three categories:

- centres that are extremely effective in their overall capacity to include children with special needs,

Table 9.5

Roles and Responsibilities of Travelling Resource Teachers and Consultants

Role Functions:	Percent
Complete assessments and develop IPPs	52.2%
Coordinate team meetings with centre staff, parents, other professionals	52.2%
Observe individual children; monitor their progress	52.2%
Model intervention techniques; train staff	56.5%
Carry out IPPs with individual children	30.4%
Serve as case manager for individual children	39.1%
Help directors be more sensitive to issues within the centre, (e.g. staffing patterns and staff needs; child-specific requirements, capacity of centre to meet needs of particular children)	52.2%
Assist staff in adapting or modifying curriculum, routines, or timetable to accommodate children with special needs	65.2%
Provide support and consult with parents about their child and his/her program; advocate for parents	60.9%
Facilitate children's transition to school	56.5%

- centres that are doing a reasonably good job, and
- centres that are struggling.

As it turned out, the TRT/RCs classified roughly one third of the centres they visited in each category. Of 149 centres, 48 (32.2%) were described as extremely effective, 50 centres (33.6%) were described as doing a reasonably good job, and 51 centres (34.2%) were described as struggling with inclusion.

Follow-up questions asked all respondents to tell us which factors, in their view, distinguish centres that have been extremely effective with inclusion from other centres, and then which factors most distinguish centres they see as struggling with inclusion compared to other programs. In each case 11 possible factors were provided. Resource teachers/resource consultants were asked to check all that applied and to identify two factors that were *most important* in their view. An opportunity for adding additional items was provided, as was room for comments. Table 9.6 summarizes the findings on factors that RTs/RCs thought best described extremely effective centres and Table 9.7 provides information on factors that were most often perceived as characteristic of centres that are struggling with inclusion.

The findings from these two questions taken together, in our opinion, provide strong support for a) using an ecological perspective to understand inclusion, and b) recognizing that effective inclusion rests on and requires a foundation base of high quality child care in children's programs. Travelling resource teachers' and consultants' responses indicate that the foundation for effective inclusion requires:

- Stable, well-trained staff with high morale who have the resources they need to do an effective job without being over-

Table 9.6

Travelling Resource Teachers' and Consultants' Perceptions of What Distinguishes Extremely Effective Centres from Other Programs

Extremely Effective Centres:	Most Important	Important	Total
Director is a leader, showing sensitivity, commitment	48%	44%	92%
Director is willing, able to find and allocate additional resources	9%	57%	65%
Centre has additional personnel	13%	61%	74%
Centre has additional equipment or has made structural modifications	4%	30%	35%
Additional and on-going training re: inclusion is provided to staff	22%	48%	70%
Staff complement has teachers who are trained, experienced	9%	61%	70%
Centre staff have high morale, low turnover	35%	48%	83%
Centre benefits from other professionals; expertise used	9%	83%	91%
Modified staffing patterns to allow planning, consulting, matching	9%	44%	53%
Pro-active board strongly supports inclusion	0%	44%	44%
Centre not overloaded with challenges	0%	35%	35 %

whelmed. These resources include time, additional personnel, additional training, effective arrangements within the centre to facilitate teamwork, and their director's and board's support for their efforts;

- Expertise, consultation, and support from relevant community professionals; and
- A director who is effective, sensitive to her staff, and highly committed to inclusion — a leader who motivates and supports others and is directly involved in contributing to the centre's success.

It was interesting to note that while many factors were considered to be important for effective inclusion by travelling RT/RCs, the centre director's leadership, commitment, effectiveness and sensitivity were seen as *most crucial*, both in distinguishing centres that are extremely effective from others, and in distinguishing between centres that are struggling with inclusion compared to other programs.

"High level of caring and commitment from parents, staff, CDC — who all work together." (resource consultant from the Yukon Territories, describing centres that are extremely effective)

"Attitude — willingness and open-mindedness. In general, there is not enough commitment from directors or staff to inclusive child care. My perception is that they feel they have enough to do and that they do not have the funding to pay for the extra time for meetings and workshops." (resource consultant, Ontario, describing centres that are not effective)

Table 9.7

Travelling Resource Teachers' and Consultants' Perception of What Distinguishes Centres That Are Struggling with Inclusion from Other Programs

Centres That Are Struggling with Inclusion:	Most Important	Important	Total
Director is not effective or is insensitive to staff needs	30%	44%	74%
Director, staff, or board not really committed to inclusion	44%	35%	79%
No or limited additional funding or personnel to support inclusion	17%	61%	78%
No in-house RT or loss of centre-based RT or support worker	0%	35%	35%
No or limited additional equipment; structural modifications not made	0%	39%	39%
Stress caused by additional workload and time demands	17%	61%	78%
Lack of support from other parents	0%	52%	52%
Staff not adequately trained to meet children's needs	13%	78%	91%
Lack of effective team work, sharing of roles among RTs and ECEs	17%	57%	74%
Number of children with major challenges strains centre resources	9%	44%	53%
High staff turnover; low morale	17%	61%	78%

Table 9.8

Changes Experienced by Travelling Resource Teachers and Consultants and the Centres They Visit

Changes in Workload, Effectiveness, or Stress	Percent of RTs/RCs Reporting Change		
	Increase	No Change	Decrease/ Decline
The complexity of children's special needs you are now dealing with	81.0%	19.0%	0
Your caseload size	63.6%	31.8%	4.5%
Time provided for planning / consulting	18.2%	40.9%	40.9%
Effectiveness of centre staff in working together as a team	78.3%	17.4%	4.3%
Availability and involvement of resource teachers, integration workers, others	39.1%	30.4%	30.4%
Stress level and need for support among child care staff	81.8%	13.6%	4.5%
Stress level and need for support among parents of children with special needs	61.9%	38.1%	0
Your competencies and knowledge base in this area	87.0%	13.0%	0

"The centres who are doing extremely well including children with extra needs are those who believe in inclusion. They may not have specific training in special needs, but have a solid basis in E.C. education (typical development). The board may not be committed to including all children but are very supportive of staff. It surprises me how many centres that have large numbers of children who present challenges are able to make successful adjustments in their programmes." (A resource consultant in British Columbia)

"Program staff see inclusion as a growth and learning opportunity, taking ownership for child within the group. Programs are able to access extra equipment, staff enrichment, behaviour management consultation, training from our service. The supervisor has to work with the team to develop a supportive plan for the child, other (typical) children, parents, and team members." (resource consultant from Ontario)

9.5 SUMMING UP

In various ways, we have endeavoured to provide a snapshot of inclusive practice, as described by directors, staff, and TRT/RCs, and to identify what has changed or is in the process of changing. Travelling RTs and RCs were also asked to indicate how things had changed for themselves or for the centres they visited over the last few years. Their responses are shown in Table 9.8.

Travelling RTs and RCs reported that, over the last few years, both the complexity of children's special needs that they and the centres they visit are dealing with and their caseload size has increased, but so have their own competencies and knowledge base. With respect to

child care centres, approximately 78% of RTs and RCs reported having observed an increase or improvement in the effectiveness of centre staff working together as a team, but without commensurate increases in time available for planning and consulting or a significant increased involvement on the part of resource teachers or integration workers.

Most troubling were the findings that more than 80% of TRT/RCs reported having observed an increase in the stress level and need for support among child care staff, and that almost 62% of TRT/RCs had seen an increase in stress among parents of children with special needs.

Overall, what emerges from the data provided by travelling RTs and RCs — an important external window on child care programs — is validated elsewhere in this report. A consistent, mixed picture emerges from the multiple windows available. On the one hand, that picture is one of child care programs and staff gaining more confidence in their work with children with special needs and a stronger commitment to inclusion, accompanied by greater efforts to include more children with more complex or challenging conditions. On the other hand, the picture shows limited resources and additional stress. Moreover, examination of the roles, responsibilities and experiences of travelling RTs and RCs demonstrates that they are a critical part of the infrastructure that supports effective inclusion — and that their capacity to do so is also vulnerable when funding constraints result in imbalances between workload expectations and their capacity to provide support to parents, children, and child care programs.

END NOTES

[1] A separate, but related, study of the roles and responsibilities of in-house and travelling resource teachers/consultants in Ontario has recently been completed. See Coulman, L. (1999). Knowledge, attitudes, and experiences of resource teachers and resource consultants in inclusive child care centres in Ontario. Masters thesis, University of Guelph, Faculty of Graduate Studies. Other Canadian research studies on resource teachers and resource consultants include: Brophy, K., Hancock, S. & Otoo, M. (1993). The role of the resource teacher in child care programs: An Ontario study. *Early Child Development and Care*, 84, 75-80; Frankel, E.B. (1994). Resource teachers in integrated children's centres: Implications for staff development. *International Journal of Early Childhood*, 26(2), 13-20; and Hutchinson, N.L. & Schmid, C. (1996). Perceptions of a resource teacher about programs for preschoolers with special needs and their families. *Canadian Journal of Research in Early Childhood Education*, 5(1), 73-82.

[2] Given the concentration of TRT/RCs from Ontario and the small number in other jurisdictions, we would recommend that a larger study of travelling RT/RCs' views might be useful. However, the opinions provided, even by this small sample of "key informants," are consistent with the growing literature on inclusive child care.

10. INTEGRATING WHAT WE HAVE LEARNED

Donna S. Lero, Sharon Hope Irwin, Kathleen Brophy

10.1 INTRODUCTION

This study had a number of goals and objectives. Our primary purpose was to develop an in-depth understanding of the factors that are most critical to maintain and enhance inclusive child care in Canada. The approach we used to achieve that goal was to conduct a multifaceted study of child care professionals in centres that had already been involved in including children with special needs for some years. In effect, we wanted to understand their experiences — both successful and less successful — in order to determine what practical recommendations could be developed to support and enhance the capacities of child care programs to integrate children with special needs effectively and to sustain their capacities to do so over time.

Among the many questions we wanted to answer were these:

- How do inclusive programs function? How many children with special needs do they include, and under what conditions? To what extent are children with severe disabilities, complex needs and challenging behaviours turned away from centres that have and do accept other children with special needs? To what extent is their participation limited to part time attendance due to funding and resource constraints? How do directors, ECEs, resource teachers/support workers, external consultants, and community professionals collaborate to make inclusion work?
- What resources are required for effective inclusion? What enables staff to work successfully with children with special needs? What resources are necessary for programs to be effective and to continually improve in this area?
- How can we characterize directors' and front-line teaching staff's attitudes, beliefs and feelings about inclusive child care? How have the experiences they have had with inclusion in their centres affected their current attitudes? What has changed over time?
- What are some of the challenges staff and programs face in their ongoing efforts to provide high quality, inclusive care? What are the most critical factors that distinguish programs that are extremely effective from other programs? What are the critical factors that are seen to be associated with centres struggling with inclusion?

- Have provincial funding cuts affected centres' capacities to provide high quality, inclusive care? What are the most critical policy and practice concerns that must be addressed to maintain and enhance the capacities of centres and their staff to provide high quality care for *all* children?

Our study involved viewing inclusive child care through four distinct, but complementary "windows." Those windows enabled us to consider:

1) what the research literature and practice base related to inclusive child care can tell us;

2) the views and experiences of front-line child care staff, consisting of both early childhood educators and more specially trained in-house resource teachers/support workers;

3) the views and experiences of centre directors in their multiple roles; and

4) the perspectives of travelling resource teachers/resource consultants who visit and provide support to early childhood programs and who are in a position to identify which factors they see contributing to successful inclusion and what remain as serious obstacles to that goal.

Looking through different windows at the same phenomenon, or viewing it from different angles, can sometimes result in fragmented and inconsistent images that don't fit into a coherent whole. That was not the case in this instance. Instead, we are struck with how consistent and coherent our emerging understanding of inclusive child care is, and how helpful it is to be able to integrate information obtained from the three sub-samples included in this study.

Moreover, we have found that employing an ecological theoretical framework has helped us appreciate how the various *person, process,* and *contextual* factors related to inclusion operate in a complex, dynamic, but understandable fashion. This framework recognizes, for example, the importance of ECEs' and resource teachers' attitudes and training, directors' attitudes and leadership capabilities, and the programmatic requirements necessary to support and accommodate individual children, as examples of *person* factors that are critical elements to consider. Consideration of *processes* — specifically, the experiences teachers and directors have with inclusion, and how both successful and unsuccessful experiences affect their ongoing commitment and willingness to include a wide range of children — are also essential to this framework and to our understanding. Thirdly, considerations of *context* provide a much needed focus on the human and financial resources available to support inclusion, as well as the policy context that affects the base level of quality on which successful inclusion rests.

10.2 NECESSARY INGREDIENTS FOR SUCCESSFUL INCLUSION

The research literature and a base of practice knowledge developed over more than a decade by SpeciaLink[1] and others has confirmed that successful inclusion requires much more than having children with special needs in attendance and the implementation of individual program plans for these children within child care

centres. Based on our research findings we see effective inclusion as requiring and being sustained by:

- positive attitudes toward inclusion on the part of the director and program staff. Beyond that, it is evident from our research (as was suggested by Peck in a series of studies)[2] that long-term success requires an ongoing and sustained commitment on the part of all staff in a child care program, along with parents and board members, to make inclusion work well in the centre and to continue to do so as part of the centre's ethos or service mission (that is, as an integral component of the identity of that centre);
- high quality programs that can be used to support successful inclusion. This basic level of quality presupposes that child care programs have stable, well-educated and well-paid staff, most of whom have at least a two-year community college diploma and some of whom have specialized training related to including children with special needs, as well as appropriate stable funding to support the provision of a well-designed curriculum in an accessible environment;
- a commitment to implement inclusion with respect for staff needs and concerns, as evidenced by directors taking steps to enable centre staff to work well as a team, and to provide the training, resources, and supports needed to enable them to succeed;
- the practice of using experiences (both positive and difficult ones) as a basis for ongoing learning and improvement for all centre staff and for communities that want to have well-functioning early childhood programs as service partners in an integrated approach to supporting children and families;
- effective collaboration with, and the involvement of, external resource consultants and related professionals in the community (e.g., speech and language specialists, early intervention staff, physiotherapists, occupational therapists, public health nurses, psychologists, social workers);
- centres developing and sustaining their capacity to involve and support parents of children with special needs in ways that are beneficial to their child's progress and respectful of parents' wishes and concerns;
- communicating with others, sharing experiences, and advocating for resources that are important not only for one's own centre, but also for other programs and for all children and families; and
- ongoing research, professional development, and policy analysis that can support all of the above by providing both the technical assistance and funding support that are required to support effective inclusion as a component of a high quality child care system.

[The sections below provide additional observations and comments related to several of these necessary ingredients.]

Despite uneven policy development and limited funding support, it ap-

pears that successful inclusion, when viewed in this holistic way, has become and is reflective of another level or dimension of quality in child care settings that has been adopted by child care professionals, as well as an obvious criterion for a more coherent, integrated child care service system. This view is based, in part, on an ongoing articulation of standards to be met in high quality, developmentally appropriate, inclusive care programs; and on the adoption of a code of ethics[3] for the child care field that includes an appreciation of the rights of all children and families to high quality care. (See Chapter 2, Section 2.5 for further discussion.)

10.3 SPECIFIC FINDINGS FROM OUR RESEARCH

The research findings highlighted in this section integrate results obtained from the three subsamples within our study that are reported in Chapters 7, 8, and 9 of this report. In particular, we note the convergence that is visible when we consider what ECEs and in-house resource teachers tell us has contributed to their successful experiences in including children with special needs in their centres (and also what have been sources of frustration); what directors tell us has enabled or limited their centres from being effective in integrating children with special needs; and what travelling RTs/RCs describe as the factors that most distinguish centres that are extremely effective with inclusion from those that are struggling. In every case the importance of the necessary ingredients listed in the previous section was confirmed.

As well, there is evidence of two alternative potential dynamics that we describe in more detail in Section 10.4 of this chapter.

One dynamic consists of what we refer to as a positive, or virtuous, cycle in which centre staff are enabled and supported to experience success; which, in turn, results in a stronger commitment to inclusion, enhanced skills, more confidence, and a willingness to continue to expand their efforts.

The second, competing dynamic, consists of a discouraging cycle in which centre staff are frustrated in their efforts to successfully include children with special needs, in part because of a lack of appropriate resources and support available for that purpose, and/or because of limited supports to sustain the base level of quality in the centre. In this case it appears that both the director and centre staff become less accepting of the centre's goal of including a broad range of children with special needs, even if it remains an ideal they agree with and endorse as a fundamental principle.

In such cases, centres may cease to enroll *any* children with special needs, or do so only on occasion, with children who fit a narrow band of conditions that the centre feels can be accommodated, retrenching from a view of their centre as an integrated program in their community. It would appear that children with more severe disabilities, complex needs, and those with challenging behaviours will most likely be excluded in such cases.

10.31 *Positive Attitudes Toward Inclusion and Staff's Education and Training*

The literature reviewed in Chapter 3 reflects the fact that through the 1980s and 1990s research identi-

fied positive attitudes toward inclusion as a critical contributor to its successful implementation, and similarly, resistant attitudes as one of the largest barriers to inclusion, both in early childhood programs and in school-based settings.

Early childhood teachers who lack post-secondary education in ECE or child development and additional ongoing learning opportunities to enable them to plan for and adapt curricula and activities appropriately are most likely to be concerned about and less committed to working with children with special needs.

Less positive attitudes toward inclusion have been shown to reflect a number of factors. These include: resistance to including children with specific disabilities or conditions that require more individualized, specific knowledge and ongoing 1:1 involvement (especially without additional centre personnel); limited self-confidence on the part of teachers; limited preparation for, or perceived skill in, working collaboratively with parents and other professionals; and significant concerns about the resources available to support inclusion — particularly concerns about additional workload, stress, and lack of planning and consultation time.

Stoiber et al. (1998)[4] have found that early childhood staff's beliefs about inclusion were associated with their level of education, their training, and years of experience. Their findings and those of others are generally based on heterogenous samples from a range of community programs.

Our study used a rather select and specialized sample — *a purposive sample* — that focussed on front-line child care staff and centre directors who already had considerable experience with inclusion in their programs. A high proportion of the early childhood educators and in-house resource teachers (87%) and directors (92%) had a two-year diploma in ECE or a related field or a university degree. In recent years, the majority had attended a number of workshops and conference presentations on inclusion or on children with special needs.

In our study, ECEs, in-house RTs, and directors expressed strong support for the view that children with a wide range of disabilities, health conditions and behavioural difficulties should be enrolled in regular preschools or child care programs, provided that the children have suitable access and that resources are in place to meet the child's needs and maintain program quality. Of thirty specific conditions or circumstances, there were only seven situations in which less than 75% of program staff or directors did not agree that chidren with certain disabilities or challenges should be included in regular child care programs. In each case, the child's circumstances were seen to be particularly challenging, either because access was unsuitable or 1:1 supervision and/or more specialized assistance was required. Overall, child care staff in these programs, many of whom had several years experience working with children with special needs, expressed strong general support for inclusion as an ideal.

They also responded to a series of statements designed to assess their current beliefs about inclusion. Despite the lack of a legal mandate to do so, almost 90% of front-line

teaching staff endorsed the view that child care programs should accept all children, regardless of their individual needs, and strongly agreed with the statement: "Most child care programs would be willing to include children with special needs, if adequate resources were available."

In summary, within this sample of relatively well-trained teaching staff and directors, positive attitudes toward inclusion and a commitment to inclusion as a general goal were the norm, and seemed to be important contributors to program success, according to program directors. "Stronger support for inclusion among centre staff" and "Additional training related to inclusion for me and/or my staff" were identified by centre directors as among the top five contributing factors that had enabled their centre to become more inclusive/more effective in integrating children with special needs between 1990 and 1996-97.

Is this important to note? We believe so. If an acceptance of diversity and a commitment to inclusion are becoming prevalent throughout the child care field, then a focus on efforts to persuade staff about inclusion and to promote positive attitudes could still be useful as an adjunct approach, but probably should no longer be a main focus of attention. Meeting educators' needs for more specific information and providing opportunities for them to acquire skills and share positive experiences and strategies would appear to be a more fruitful approach for those planning professional development and continuing learning activities, especially for child care staff who already have some background preparation and experience.

We note, however, that pro-inclusion attitudes should neither be assumed nor taken for granted. While directors in our purposive sample indicated that, from their perspective, the main barriers to inclusion did not emanate from staff unwillingness to accept children with special needs or a lack of commitment to inclusion, the recent *You Bet I Care!* [5] nationally representative sample revealed that "staff not feeling adequately trained to care for children with special needs" and "a limited capacity or willingness on the part of staff to include children with complex problems or challenging behaviours" were significant factors in directors' decisions to turn down an application or inquiry pertaining to a child with special needs from parents or community agencies who wished to refer a child to a local program.

We also note that our sub-sample of travelling RTs/RCs who visit a wide range of child care programs identified "a lack of real commitment to inclusion on the part of directors, staff, or the centre's board" as one of the most telling features that distinguished centres that are struggling with inclusion from other centres. Furthermore, travelling resource consultants identified "staff not adequately trained to meed children's needs" as among the *most significant* factors that distinguished centres that were struggling with inclusion.

10.32 *Supports Within Child Care Programs*

One of the observations that came through our study from each of the three sub-sample groups and from the spontaneous comments made by participants to our questions

was that centres clearly are collegial environments in which effective supervisory support and co-worker relationships are critical resources.

While external supports are also essential, ECEs and RTs in our study confirmed that supports within the centre from co-workers, and adequate time to plan, consult, and liaise with parents and others involved in the collaborative effort that inclusion requires are critical factors — both in accounting for times when they were successful, and when they felt frustrated and their efforts were less successful. (See Chapter 7.) Staff felt most supported when they could rely on additional special needs workers and in-house RTs in the program to assist them, when other staff and the director were supportive (both instrumentally and emotionally), when they had additional training to help them, and when positive relationships with parents were sustained.

Staff expressed most frustration, especially in working with children with more complex or challenging conditions, when there were few or no additional resources to assist them — no additional RT or integration worker, lack of time to plan and consult with parents and other professionals, and in situations where the experience generally left them feeling pulled between the child(ren) with special needs and the needs of other children. In such cases, staff can feel quite stressed and the experience can diminish both their sense of competence and confidence and their commitment to inclusion.

We note, in particular, that when asked how things had changed for you or your centre in the last few years, our sample of committed ECEs and in-house RTs, as a whole, described a pattern that, on the one hand, indicated that their own knowledge and competence had increased, as had their effectiveness as centre staff working together as a team. Both of these are particularly important since many front-line staff indicated that, compared to earlier years, they were involved with children with increasingly complex special needs. On the other hand, however, centre staff also reported that both time for planning/consulting and the availability and involvement of resource teachers, integration workers and others had either not changed commensurately with increasing demands, or had actually decreased. (See Chapter 7, Section 7.6.)

Similarly, centre directors commented that limited funding or reduced funding to support inclusion, limited general support from their provincial/territorial government for child care programs, loss of centre-based resource teachers or support workers, and additional workload and time demands on centre staff were factors that they felt had limited or frustrated their centre's capacity to be inclusive and/or their program's effectiveness. (See Chapter 8, Sections 8.6 and 8.7.)

As confirmation, travelling resource teachers and consultants reported that, in their view, centres that are *extremely effective with inclusion* are distinguishable, particularly in having:

- directors who are leaders, who show sensitivity to staff needs, and are effective in finding and allocating additional resources to support inclusion, and

- the capacity to benefit from other professionals' expertise.

These travelling RTs/RCs also confirmed that centres that were *extremely effective with inclusion* were most likely to be those in which:

- the centre has additional personnel to support inclusion;
- centre staff have high morale and low turnover;
- centre teachers are trained and experienced;
- additional and ongoing training related to inclusion is provided to staff; and
- staffing patterns are modified to allow planning and consulting time.

Travelling resource teachers and consultants similarly described *centres that they see as struggling* with inclusion as those in which:

- staff are experiencing additional workload and time demands;
- there is high staff turnover and low morale;
- there is a lack of effective team work and sharing of roles;
- limited funding support and personnel are available to support inclusion; and
- the director is not effective or is insensitive to staff needs and concerns.

10.33 *The Role of Centre Directors as Leaders*

Additional data analysis allowed us to explore in more detail how directors function as leaders who support inclusion within child care centres. Briefly, we reviewed directors' responses to two questions that served as indicators of leadership. These were: a) whether the director had been involved since 1990 in any advocacy activities related to inclusion of children with special needs (such as presenting a brief, writing to an MP or MPP, being on a task force, etc.); and b) whether the director had provided any workshops or in-service training to others on topics related to children with special needs.

We reasoned that participation in advocacy activities in support of inclusion is a strong, public behaviour that demonstrates commitment in a tangible way to child care staff and others in the community, and is oriented to securing greater access to resources to make inclusion work. The provision of workshops or in-service training demonstrates recognition of the importance of addressing unmet information needs and enhancing skill development among staff and others — another characteristic of leadership. These two behaviours, while somewhat limited on their own, are believed to be markers of a broader constellation of directors' 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.

According to directors' self-reports, 63 (47%) had been involved in advocacy activities related to inclusion since 1990 and 69 (51%) had provided workshops or in-service training to others on topics related to children with special needs. Based on these responses, we classified directors as falling into three categories indicative of leadership:

- directors who had *not been involved* either in advocacy activities in support of inclusion or in the provision of workshops or in-service training (46 directors or 34%),
- directors who had been *involved in one of these two activities* (46 directors or 34%), and
- directors who had been *involved in both activities* (43 or 32%) — these are the directors we refer to as leaders.

Centre directors who were classified as belonging to the middle category comprised 20 who had been involved in advocacy activities only and 26 who had not been involved in advocacy, but had provided workshops or in-service training to others on topics related to children with special needs. Proportionately, 82% of directors of specialized programs met our definition of a leader, as did 39% of directors of designated programs, but only 16% of directors of regular programs.

Analysis indicated that four background variables contributed to a director being a leader. Directors who had more formal education (a university degree), those who had a credential or certificate related to inclusion or special needs, directors who had more years of experience in working with children with special needs, and those who attended more workshops and conferences and were involved in continuous learning themselves were more likely to be leaders in their centres and communities.

Directors who were leaders (with a score of two according to our classificatory approach) were also found to have higher scores on our scale measuring general commitment to inclusion. Moreover, directors who had engaged in neither leadership behaviour described themselves as either less committed and/or less accepting of a broader range of children with special needs or as not having changed their view over the years. Directors who had even been involved in one of the two ways of demonstrating leadership were more likely to say they were more committed and more accepting of a broader range of children with special needs.

Finally, and perhaps most importantly, directors who exhibited leadership in either fashion were:

- more likely to enroll a larger number of children with special needs, even when specialized programs were excluded from comparisons;
- more likely to report that their centres were accommodating children with more complex needs than they had previously; and
- more likely to say that since 1990 their centre had become more effective or more successful with inclusion.

We believe these relationships are not accidental. They confirm our interpretation that directors who take an active role in advocating for inclusion and/or ensuring that their staff and others in the child care community have access to in-service training are more committed to inclusion themselves and are also attentive to those conditions that are needed to maintain their centre's effectiveness on an ongoing basis.

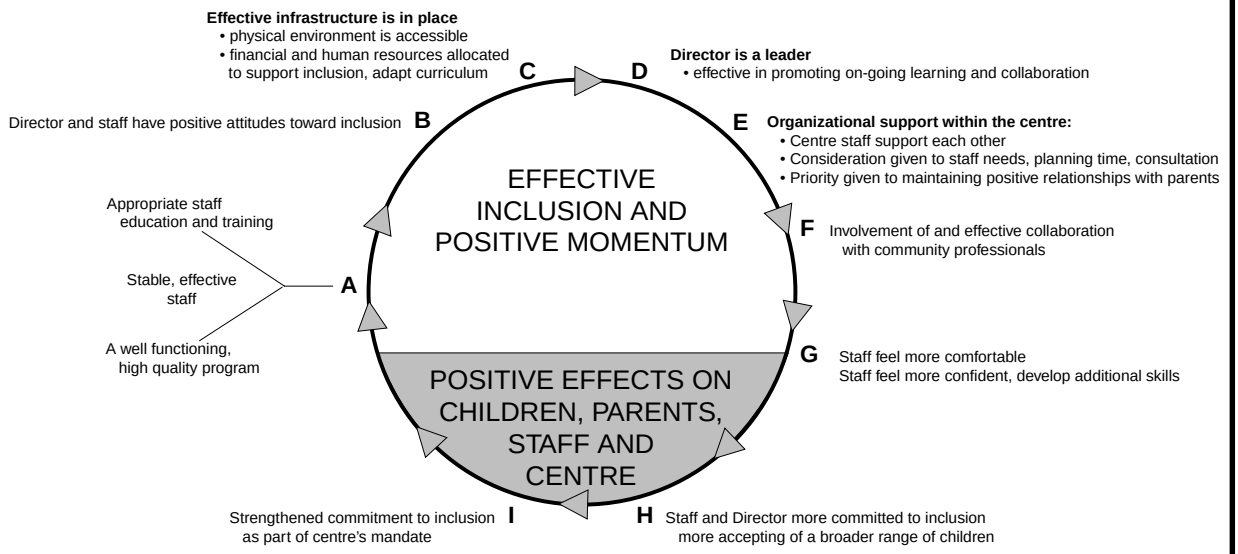
10.4 THE EFFECTS OF EXPERIENCES WITH INCLUSION

One of the strongest findings from the literature which we saw confirmed in our data was that centre staffs' and centre directors' experiences with inclusion affected them greatly, and also affected the range of children with special needs that they included. Over and over, staff repeatedly commented that, in contrast to their general attitudes and beliefs, the extent to which they were more committed to inclusion personally, the extent to which they were accepting of a broader range of children with special needs being included in their program or were more cautious, and how comfortable and confident they felt about working with children with special needs, had been strongly affected by their experiences.

Positive experiences with inclusion enable ECEs and RTs to strengthen their more general commitment to inclusion by realizing that it can work and be a positive experience for all concerned. Positive experiences provide understanding, learning opportunities, skill development, and more self-confidence. Moreover, positive experiences with including children with special needs appears to promote a greater willingness to accept new challenges and to expand the range of children that one sees as likely to be able to be included successfully. We call this process a positive, *VIRTUOUS CYCLE*. The full sense of the components that feed into it and the outcomes that result are shown in Figure 10.1.

Figure 10.1

A Virtuous Cycle That Supports Effective Inclusion



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

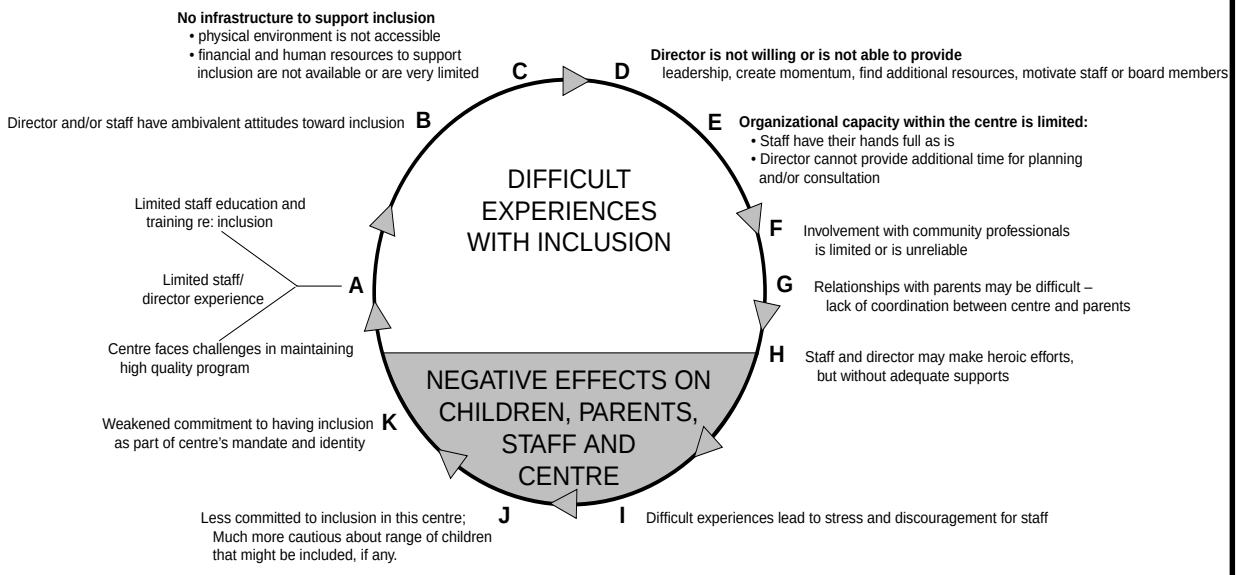
On the other hand, centre staff, and particularly centre directors who, while still committed to inclusion in principle, described themselves as less committed personally and/or less accepting of a broader range of children with special needs in their centre, often described a negative or *DISCOURAGING CYCLE* of experiences.

In these situations, lack of, or reductions in, financial and human resources available to the centre to support their efforts with inclusion; administrative barriers and difficulties related to subsidies and their allocations, and reductions in the base level of support for child care quality generally that was experienced by many centres as a result of limited or regressive policy changes, were constructing situations in which further or even ongoing efforts to include children with special needs were seen as unsustainable. (See Figure 10.2.)

While resources are always finite, centre directors who were less accepting of a broader range of children with special needs being included in their programs and who were starting to be less committed, as well as some directors who described their centres as not having become more successful in integrating children with special needs in the last few years, saw their responses as realistic and perfectly justified on two bases. These were: 1) their concern that children with special needs and other children would be ill-served by having them

Figure 10.2

A Discouraging Cycle That Jeopardizes or Defeats Effective Inclusion



Policy goals and centre resources that jeopardize the quality of child care services and effective inclusion

in situations in which their needs could not be met effectively, and 2) their concern for their staff and for safeguarding the overall quality of the program.

In either case, these directors found themselves facing ethical dilemmas that sometimes caused them to start rethinking their beliefs about inclusion as an appropriate goal and expectation for underfunded community-based programs, given the scarcity of resources. We believe this is exactly what explains the divergence of responses obtained to one of the six general belief statements about inclusion. When asked to respond to the statement, "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," 40.2% of centre directors agreed or strongly agreed, 41.7% disagreed or strongly disagreed, and 18.1% said they were uncertain.[6] This response was in sharp contrast to the pattern of responses that was strongly pro-inclusive on most other statements. A split of a somewhat less severe magnitude was also evident among front-line staff, especially the ECEs.

10.5 CONCLUSIONS

Our study is one of very few in Canada that has addressed issues related to including children with special needs in child care centres. In addition, it is also somewhat unique in being able to capture and juxtapose the experiences and views of several groups: front-line early childhood educators, more specialized centre staff who serve as in-house resource teachers/ support workers, centre directors, and travelling resource consultants. Our sample is also quite unique in that we purposefully selected centres and child care professionals, most of whom had considerable experience with inclusion and who could share their reflections with us on how their experiences with children with special needs had affected them, as well as their program's capacities to sustain effective inclusion efforts over time.

These child care professionals have contributed valuable insights and observations that have provided a coherent picture of the critical elements needed to develop and sustain effective inclusion in Canadian child care programs. On the whole, our findings confirm and extend the published research on inclusive early childhood programs, which is largely in the American context. They point to obvious recommendations for policy makers, faculties in post-secondary educational programs in ECE and related areas, disability rights advocates, and the child care field. Most importantly, we believe that our findings identify two major issues that must be addressed if effective inclusive practice is to become and remain a reality across Canada.

10.51 *Revisiting Our Definition of, and Expectations for, Inclusive Child Care*

The first major issue, which takes us back full circle to the beginning of this report, is the need for clear expectations about what effective inclusion is supposesd to look like and what purposes it is intended to achieve. If inclusion is really based on principles of social justice and equality that affirm the rights of *all* children to accessible,

developmentally appropriate early childhood education and care in community-based settings, and a belief that such experiences are important for early child development and family support, then resources must be allocated to ensure that the programs are accessible and developmentally appropriate. A right to early childhood care and education, like a right to public education, would not mean that all children would be served in the same way. For example, a child recovering from chemotherapy would require a period of in-home child care; a child who is highly self-injurious might require short-term, full-time clinical care. But, in all cases, there would be a right to care.

The matter of how resources will be made available to ensure that parents have choices, and that centres and staff have adequate training and the resources they need to accept children in their program, and provide some degree of therapeutic support to achieve positive developmental outcomes, remains unspecified. Without the policy development that is needed to truly deliver integrated children's services, and in a period of continued underfunding for child care, inclusive child care is likely to continue to be hit and miss, variable across and within jurisdictions, and sustainable only to the degree that dedicated individuals continue to be committed to inclusion as a principle they believe in.

10.52 *The Relationship Between Effective Inclusion and High Quality Child Care*

The second major issue that this study raises is the relationship between successful and sustained efforts to effectively include children with special needs and the need to support high quality programs and policy development. It is abundantly clear from our research findings and from some of the other recent research on inclusion that whether one views effective inclusion as built on top of, and requiring a solid foundation of quality child care (i.e., an optional but possible add-on to high quality programs) or as a more recently recognized dimension of high quality child care centres and systems, the two concepts are inextricably linked.[7]

Based on the responses of centre staff, directors, and travelling resource consultants in this study, an effective system of inclusive child care will seldom occur and certainly cannot be sustained in the context of an unstable, poorly trained and poorly paid child care workforce, whose work is not valued. It can and does occur in centres that have more stable funding; additional resources; and trained, stable and committed staff who continue to invest in their own professional development and who embrace a strong code of ethics.

It requires directors who are experienced both as human resource managers and as leaders who have the skills to support collaborative, coordinated working relationships with parents and with community-based professionals on behalf of the children in their programs.

Most of all, we believe that at this point in history, it requires strong leadership at the policy level to provide the resources that are required to have a national system of early childhood programs that are funded to provide high quality care and education for *all* of Canada's children and to achieve the goals of healthy child development and strong cohesion that Canadians value. This, indeed, is *A Matter of Urgency*!

END NOTES

[1] Irwin, S.H. (1992). *Integration of children with disabilities into daycare and afterschool care systems.* Ottawa: National Welfare Grants, Disabled Persons Unit, Health and Welfare Canada.

[2] Peck, C.A., Hayden, L., Wandschneider, M., Peterson, K. & Richarz, S. (1989). Development of integrated preschools: A qualitative inquiry into sources of resistance among parents, administrators, and teachers. *Journal of Early Intervention*, 13(4), 353-364. See also, Peck, C.A., Carlson, P., Helmstetter, E. (1992). Parent and teacher perceptions of outcomes for typically developing children enrolled in integrated early childhood programs: A statewide survey. *Journal of Early Intervention*, 16(1), 353-364.

[3] Such a code of ethics has been developed by the Canadian Child Care Federation. See Canadian Child Care Federation (2000). *Partners in quality: Tools for practitioners in child care settings — code of ethics,* 18-20. ON: Author.

[4] Stoiber, K.A., Gettinger, M. & Goetz, D. (1998). Exploring factors influencing parents' and early childhood practitioners' beliefs about inclusion. *Early Childhood Research Quarterly,* 13(1), 107-124.

[5] Doherty, G., Lero, D.S., Goelman, H., LaGrange, A. & Tougas, J. (2000). *You Bet I Care! A Canada-wide study on wages, working conditions and practices in child care centres.* Guelph: University of Guelph (Centre for Families, Work and Well-Being).

[6] This response was provided more often by directors of specialized programs. When a limited number of centres include children either by design or default, their capacity to serve the full population of children who might benefit is limited, as is the capacity of community-based centres which lack the resources or supports to include some of those children.

[7] Harms, T., Clifford, R.M. & Cryer, D. (1998), *Early childhood environment rating scale*, revised edition (*ECERS-R*). New York: Teachers College Press, Columbia University.

11. RECOMMENDATIONS

Sharon Hope Irwin, Donna S. Lero, Kathleen Brophy

11.1 INTRODUCTION

High quality child care and other early childhood development programs[1] have positive benefits for children with special needs, for their parents, for other children, for child care staff, and for the community. However, the participation of children with special needs is limited by a number of factors, some that are general to child care and others that are specific to the inclusion of children with special needs.

General conditions affecting child care services that work against effective inclusion include chronic under-funding and unstable financial resources, limited formal training of child care staff, high levels of staff turnover, low wages, a limited supply of licensed spaces, and other factors that impede the overall quality of the service.[2] Addressing these barriers requires additional public investment to improve the supply and quality of early childhood programs, as recommended in a number of major research studies and policy analyses.[3]

Based on findings in *A Matter of Urgency* and as summarized in the literature review in Chapter 3, we identify two types of barriers that are specific to inclusion. The human resources barriers include lack of additional early childhood educators and resource teachers with specialized training to supplement existing program staff and ameliorate the additional workload, and inadequate or limited access on the part of early childhood programs to specialists who can work in partnership with them to address children's and families' unique needs. The financial and physical resource barriers include reduced or limited funding to support inclusion, both in the form of fee subsidies to parents and additional dollars allocated directly to centres; and inadequate resources for structural modifications, additional equipment, and technical training and assistance to support inclusion efforts.

Attitudinal barriers on the part of staff, evidenced by resistance to inclusion and unwillingness to include children with special needs, while very prominent in the research literature, did not emerge as major barriers in this Canadian sample of centres that had prior or ongoing experience with inclusion. Negative or resistant attitudes, when evident in this study, were specific to situations in which centres were or would be under-resourced, placing them in the difficult situation of not being able to meet children's needs effectively

without causing undue stress for staff and compromising the quality of the program for other children. Limited or reduced resources to support inclusion efforts and less than successful experiences that occurred under such circumstances were most often the pivot points that affected teachers' and directors' attitudes towards inclusion. The lack of clear, pro-active, pro-inclusion policies and appropriate supports is the context in which most of these barriers reside.

11.2 RECOMMENDATIONS

The following 22 recommendations are organized under two categories: Legislation, Policy Development and Funding; and Capacity-Building, and these, in turn, are organized into eight major areas.

11.21 A Focus on Legislation, Policy Development and Funding

While *A Matter of Urgency* identifies many tasks for post-secondary Early Childhood Education training programs, the child care field, researchers, and advocacy organizations, we believe that the primary responsibility for ensuring that child care programs across Canada have the resources they need to serve *all* children in the community — especially children with different abilities — lies with all three levels of government: the federal government, provincial and territorial governments, and local and municipal governments, particularly those with service planning and monitoring responsibilities. This study and others have demonstrated the heroic measures that staff in child care programs have taken to include children with special needs because they believe that these children have a right to quality early childhood education and care that contributes to their development and well-being. But voluntary inclusion efforts appear to have gone about as far as they can go, without clear directives in legislation and public policy and substantial public funding and support.

Given the recently signed federal/provincial/territorial Early Childhood Development Agreement[4] which provides a framework for policies and actions, plus the public commitments some provincial governments have already made toward inclusion,we recommend the following:

1. That federal, provincial and territorial, and municipal governments make specific public commitments to ensure the equitable inclusion of children with special needs in all child care programs and other Early Childhood Development services that receive any public funding or preferential tax treatment.

2. That federal, provincial and territorial governments develop and implement policy frameworks and adequate funding programs related to the inclusion of children with special needs and their families with goals, targets, timetables and follow-up mechanisms that can be used to assess progress. Sufficient funding must be allocated to cover the additional costs of extra staffing, training, equipment, structural modifications, and related services that make the inclusion commitment achievable and ensure equitable access to services for all children with special needs. These investments must be put in place as part of base budgeting for children's programs, with amounts increasing

with the annual rate of inflation and maintained over time, in keeping with comprehensive service planning at both the provincial/territorial and local levels. While foundations, private sector contributions, and charitable donations may assist in these areas, we believe that sufficient funding to ensure effective inclusion must be assured by governments as a matter of principle, in keeping with other public policies designed to ensure equity, create opportunities to develop skills and enhance well-being, and promote the full inclusion of individuals with disabilities in community life.

3. That federal, provincial and territorial governments ensure that early childhood development services (child care centres and family child care homes, preschools, resource centres, etc.) are of sufficient quality to provide a base on which to build fully inclusive services.

11.22 A Focus on Capacity-Building

A Matter of Urgency makes clear the commitment and willingness of child care directors and front-line staff to include children with special needs. It also makes clear the limits that insufficient funding, resources, training, and staffing create in even the most committed staff. Our non-governmental recommendations focus on "capacity-building" — meaning, in this case, the expansion of this sector's ability to move toward full inclusion of children with special needs.

This study highlights the important leadership role that directors have in inclusive child care centres, and the contributions that experience and additional training make to increased commitment and competence in front-line child care staff. While the growth of commitment and capacity to include children with special needs occurred over many years in the centres in our selected sample, today it is important to "jump-start" the inclusion process in centres that are currently non-inclusive, and to address those difficulties that have surfaced in centres that are struggling to include children with special needs.

The following recommendations are grouped under the topics of education and training, ongoing learning opportunities, child care practices, research, and information and public education. Various stakeholders should be involved in each area in order to draw on their collective expertise and resources. Such stakeholders would include university and college instructors; centre directors, early childhood educators and resource teachers; child care consultants, related health professionals, researchers, advocates; and especially parents. Moreover, we recommend that each province/territory designate a cross-sectoral working group as having primary responsibility for working with government to ensure that specific steps are taken in a coordinated fashion at multiple levels (in communities and across the province/territory). This working group should have a clear mandate and terms of reference and be responsible for developing a pro-active approach, with regular reports made to a designated Minister and to the public.

Education and Training

According to the 1998 *Child Care Sector Study*, only 15% of early childhood education (ECE) certifi-

cate programs and 66% of ECE diploma programs included either specified courses or an infused approach related to the inclusion of children with special needs. In a fully inclusive child care system, all staff would have at least a base level of education and training to prepare them to work effectively with children with special needs within a regular child care environment. Some teaching staff would have additional training. These staff (sometimes referred to as resource teachers or supported child care workers) may have more responsibility for working directly with children with more challenging conditions, and for serving as a resource to other staff in the centre. All directors and supervisors would have additional training commensurate with their roles and responsibilities for supporting teaching staff within the program, facilitating program modifications when needed, supporting and working in partnership with parents of children with special needs, and collaborating with other professionals.

To reach these goals, we recommend:

4. That all pre-service Early Childhood Education certificate, diploma, and degree programs and those in related fields include course work on inclusive principles and practices. Ideally, topics related to the inclusion of children with special needs should be infused (or embedded) in all ECE courses.

5. That all post-basic Early Childhood Education certificate, diploma and degree programs be designed to reference "inclusion" as a basic principle. Whether an early childhood professional is pursuing advanced training to be a resource teacher, or whether she is interested in more general knowledge about early childhood development, the course work should presuppose that she will work with children and families in an inclusive setting.

6. That specialized training for directors and supervisors, usually offered in certificate programs at the post-basic level, presuppose inclusive settings, and address the multiple, important roles directors have in promoting effective inclusion. Educational opportunities for directors should specifically address the director's overall role in promoting inclusion and include those topics that directors have identified as important for them. (See Chapter 8.) Opportunities for shared learning among directors already in the field, including those with considerable experience with inclusion, should be developed and sustained.

7. That field experiences (practica) in Early Childhood Education training programs include substantial opportunities for experience in successful inclusive settings. Learning opportunities in support of inclusion should be a required part of every program, especially those (such as student placements and practica and mentoring programs) that can also provide new information and support to those already in the field.

Ongoing Learning Opportunities for Practitioners

In addition to formal education and training programs, there is a need for ongoing learning and support for staff already working in child care and other ECD programs.

To reach this goal, we recommend:

8. That faculty in post-secondary institutions work collaboratively with child care organizations and leaders in the field to develop appropriate continuing education opportunities and in-service and mentoring programs to address the ongoing learning and support needs of all child care staff to promote inclusion in all child care programs and other ECD programs.

9. That in-service training and workshops on inclusion issues and strategies be developed to meet the needs of staff with a wide range of experience in the field and various levels of formal training. Training and ongoing learning supports must be made available on a continuous, affordable and accessible basis across the country.

10. That mini-courses and full-day workshops on critical topics in inclusion be offered as part of provincial Early Childhood conferences and be financially supported, providing bursaries or subsidization to participants who would otherwise be unable to attend.

Child Care Practices

In *A Matter of Urgency*, the leadership skills of directors were identified as one of the most important elements that distinguished highly effective centres from those that were struggling with inclusion. In cooperation with governments (for funding) and with universities, colleges, consultants, and child care organizations (for planning and monitoring), centres and directors identified as highly effective at inclusion should be enabled to serve as "promising practice" examples and be directly involved in providing advice and training in leadership on inclusion. Efforts to promote and improve inclusive practice should build on the positive experiences and practice wisdom evident in successful programs and the understanding many parents, professionals and community groups have developed over time. Leadership training, networking, information sharing and the development of materials (such as videos and electronic learning fora) should build on existing expertise and reinforce successful efforts.

To meet these goals, we recommend:

11. That initiatives be developed to involve directors and front-line staff of successful inclusive programs as key change agents to help lead the child care field toward full inclusion. These initiatives would include such activities as leadership training institutes, networking opportunities on inclusion issues, a mentorship program for inclusion, a field-based speakers' bureau on inclusion, skill-building workshops for successful practitioners to become trainers, and internships for potential inclusion leaders.

12. That partnerships, collaborative activities, cross-disciplinary training, and information-sharing between child care organizations and advocacy organizations for the disabled be supported to develop key resources for parents, child care programs and other ECD services, health and social service professionals, and community organizations. These partnerships should be used to ensure that resources are used as effectively as possible and as a force to promote responsive programs and services.

13. That existing levels of inclusion in child care programs be sustained and built upon. Many regular Canadian child care programs have gone part of the way to full inclusion; many formerly specialized programs now include some typically developing children. It is important to be positive about the steps these programs have taken and to encourage their development toward fully inclusive child care. Awareness and planning materials should be designed to aid in this process. Successes should be publicized and celebrated, and both successful and frustrating experiences should be used as a basis for information-sharing within the child care community.

14. That the role of parents of children with special needs as inclusion advocates, supporters and experts be acknowledged and strengthened. Their successes in advocating for inclusive child care and other early childhood development programs should be highlighted in presentations, and print and video products. Parents should be present as key reviewers, consultants and trainers in inclusive child care initiatives. Their involvement should be compensated, and arrangements made so that their children's needs are considered when activities require their time, energy and travel away from home.

15. That provincial and national networks of inclusive child care programs be supported to share information and resources and identify other unmet needs.

Research

There is a need for ongoing research related to the inclusion of children with special needs in a range of programs, and for understanding how inclusion supports children's development, family well-being, and community service provision. Currently there are no provisions in any jurisdiction for ongoing data collection related to the inclusion of children with special needs in child care and related programs for benchmarking and planning purposes, and to assess new ways that inclusion can and should be supported.

There are only a handful of researchers who are studying inclusion in child care and other early childhood development programs in Canada, and funding for this kind of research has been inconsistent and limited. Two recent developments — the federal/provincial/territorial agreement on a framework for funding Early Childhood Development Services with accountability measures built in, and the funding of complementary Centres of Excellence — have the potential to help promote and consolidate research in this area. However, the need for stable ongoing, committed funding for applied research on inclusion efforts, that can be used to help guide and evaluate policies and practices and to inform the field, remains. If Canadian research on inclusion is to continue, specific committed sources of funds will be required — both to conduct the research and disseminate research findings, and to educate the next generation of researchers in university programs.

Information about the extent of inclusion, provincial/territorial policies and funding to support inclusion, and centres' experiences with inclusion should be collected, coordinated, and disseminated on a regular basis. Such information is

important in order to assess whether improvements are being made in the various areas identified to date, and to determine what are the most effective strategies to support inclusive practice. Development and demonstration projects on high-priority inclusion topics should be supported and a mechanism for the independent evaluation of the effectiveness of these projects/models should be established prior to dissemination. Support for replications and the extension of demonstrably effective models must also be provided.

With these goals in mind, we make the following recommendations:

16. That research be undertaken on the effects of inclusive child care, both for children with special needs and for typically developing children. Research should also address the linkages between effective, inclusive services for children with special needs in child care programs and other community-based initiatives designed to promote healthy child development and support parents. Research should be funded and undertaken to determine how changes in child care-related policies, programs, and funding approaches — including those introduced prior to and following the ECD Services Agreement — actually affect resources within communities, inclusion processes, and children with special needs.

17. That funding for research, evaluation and innovation on topics related to inclusion of young children with special needs in child care be a sustained high priority of governments. It is important that such funding remain, regardless of changes in governments, departments and programs. Funding for Canadian research, evaluation, and innovation about inclusive child care programs and related ECD services should be continued through vehicles such as the F/P/T Early Childhood Development Agreement, Child Care Visions, Social Development Partnerships, the Disabled Persons Unit, and Health Canada.

18. That funding for a panel of successful, innovative, and inclusive child care centres — one in each region across Canada — be provided to help strengthen their capacity as demonstration and training sites for the field, and to help identify emerging research questions and practice issues. A consortium, including researchers, health and program practitioners, service organizations, and parents, would identify the centres, based on objective criteria and measures, a range of innovative practices, and a regional, urban/rural/cultural/economic mix.

Information and Public Education

Currently, the extent to which children with special needs are included in or excluded from community-based programs, and the challenges and benefits of doing so, is largely an invisible topic. A commitment to promote the optimal health and well-being of all children in Canada requires awareness of some of the unique issues related to children with disabilities, including the extent to which services are appropriate and effective in including all children.

Consequently, we recommend:

19. That research findings related to children with special needs and effective inclusion and best practices be widely disseminated at no or low cost

to inform policy development and practice, and to promote public awareness.

20. That inserts in government mailings to the public, public service announcements, and government promotional material reinforce both the visual images and the language of inclusion related to people with disabilities of all ages, including the very young.

21. That high quality training materials and products related to inclusion, created under such programs as Child Care Visions, the federal/British Columbia Strategic Initiatives Program, and university-based research, be updated and made available at no or low cost for child care training and to promote public awareness.

22. That newsletters, web sites and other sources of information about children with special needs and about inclusion in child care and other early childhood development programs that can inform multiple communities be supported, expanded and promoted.

ENDNOTES

[1] We use the phrases "early childhood development services (ECD)" and "early childhood care and education services (ECCE)" interchangeably. Where we say " child care" in this study, we are emphasizing "licensed, full-day, non-parental group settings" that provide care and education for children of infant, toddler and/or preschool age and/or after-school for children up to age twelve. Other ECD services such as nursery schools and preschools, family daycare settings, family resource centres and seasonal programs, were not included in our sample. However, the general principles of inclusion would apply to them as well.

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[3] Cleveland, G. & Krashinsky, M. (1998). *The benefits and costs of good child care: The economic rationale for public investment in young children.* Toronto: Childcare Resource and Research Unit, Centre for Urban and Community Studies, University of Toronto; Beach, J. & Bertrand, J. (1998). *Our child care workforce: From recognition to remuneration: A human resource study of child care in Canada. Main report.* Ottawa: The Child Care Sector Steering Committee; Goelman, H., Doherty, G., Lero, D.S., LaGrange, A. & Tougas, J. (2000). *You Bet I Care! Caring and learning environments: Quality in child care centres across Canada.* Guelph, ON: University of Guelph (Centre for Families, Work and Well-Being) website: http://uoguelph.ca/cfww; Kent, T. (1999). *Social policy 2000: An agenda.* ON: Caledon Institute of Social Policy. Website: www.caledoninst.org.

[4] First Ministers (2000, September 11). *First Ministers' Meeting Communique on Early Childhood Development.* See full text at website http://www.scics.gc.ca/cinfo00/800038005 e. html.

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APPENDIX A

EARLY CHILDHOOD EDUCATOR'S & RESOURCE TEACHER'S QUESTIONNAIRE

Attitudes and Experiences Regarding Inclusion of Children with Special Needs in Child Care Programs

SpeciaLink
The National Child Care Inclusion Network
&
DEPARTMENT OF FAMILY STUDIES, UNIVERSITY OF GUELPH

Our Definition of Children with Special Needs

For the purposes of this study, **Special Needs** refers to children whose disabilities / disorders / health impairments meet your province's eligibility criteria for additional support or funding in child care settings. In areas with no additional support or funding, this term refers to children with an identified physical or intellectual disability that would be classified as moderate to severe. This definition does not include children usually described as being at high risk, who have not actually been identified as having a significant disability or delay — even though such children may require curriculum modifications and/or additional attention. Depending on your province/region, a child with signifigant emotional and/or behavioural problems may be classified either as a child with special needs or a child at risk.

Still confused or concerned about this definition?
Before proceeding please phone SPECIALINK

1-800-840-LINK

EARLY CHILDHOOD EDUCATOR'S Questionnaire

This questionnaire is divided into several sections. In most cases you can answer the questions fairly quickly by placing a check mark in a box or filling in a short response. Your comments are welcome at any time. Do feel free to write in your comments in the areas included or in the margins. We thank you for taking the time to fill in this questionnaire and hope it will be an interesting experience for you.

1. CAREGIVER CHARACTERISTICS:

Please tell us about yourself and your background.

1.1 Which of the following best describes your current position?

- ☐ ECE/Preschool Teacher/Child Care Worker
- ☐ Special Needs Worker/Support Worker
- ☐ On-Site Resource Teacher
- ☐ Combination Resource Teacher and ECE
- ☐ Combination Special Needs Worker and ECE
- ☐ Other? (Please Specify) _____

1.2 How long have you had your present position (as above?) _____ years

1.3 How long have you worked in the child care field? _____ years

1.4 How many years have you worked with children with special needs in child care programs? _____ years

1.5 Your age is:

20 - 30 ☐	31 - 35 ☐	36 - 40 ☐	41 - 45 ☐
46 - 50 ☐	51 - 55 ☐	56 - 60 ☐	61 or older ☐

2. YOUR EDUCATION AND TRAINING

2.1 Please describe your educational background related to your work:

Diploma _____ in (subject) _____

Degree _____ in (subject) _____

Other credentials / certificates: _____

_____

2.2 Since 1990, have you taken any university or college level courses related to the inclusion of children with special needs? Yes ☐ No ☐

2.3 Since 1990, have you attended any workshops or conference presentations on children with special needs? Yes ☐ No ☐ → How Many? ____

2.4 Were any of these workshops or conference presentations offered by SPECIALINK? Yes ☐ No ☐

2.5 How useful has SPECIALINK been, as an organization, through its newsletter, videos, workshops and 1-800 number in each of the following:

	Very Useful	Somewhat Useful	So-So	Not very Useful	Not Applicable
a. Increasing my awareness of issues relating to children with special needs	☐	☐	☐	☐	☐
b. Increasing my skills in being able to program for children with special needs in my care	☐	☐	☐	☐	☐
c. Providing emotional support and an understanding ear for my concerns	☐	☐	☐	☐	☐
d. Providing a link to other sources of information about working with children who have special needs	☐	☐	☐	☐	☐
e. Providing a link to other people who work with children who have special needs	☐	☐	☐	☐	☐
f. Increasing my awareness of policy issues and advocacy efforts affecting children with special needs in child care programs	☐	☐	☐	☐	☐

2.6 Since 1990,

a. Have you been involved in one or more advocacy activities related to 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.)? Yes ☐ No ☐

b. Have you provided any workshops or in-service training to others on topics related to children with special needs? Yes ☐ No ☐

2.7 Please indicate in which areas you would like additional training, technical assistance, or information:

- ☐ General information about special needs
- ☐ Specific, in-depth information about particular disabilities
- ☐ Caring for children with special needs
- ☐ How to work with and support families
- ☐ How to work collaboratively with agencies (CAS, schools)
- ☐ Promoting social interactions between children with special needs and other children
- ☐ Maintaining and promoting quality care in a period of diminishing resources
- ☐ How other centres mainstream effectively
- ☐ Adapting my curriculum to suit individual needs
- ☐ Developing and implementing individual program plans
- ☐ Advocating on behalf of children and families with special needs
- ☐ How to work collaboratively with specialists (OT/PT)
- ☐ How to work as a team within the centre on behalf of children with special needs
- ☐ Other?_____

3. ATTITUDES TO INCLUSION

3.1 Please indicate the extent to which you agree or disagree with each of the following statements by placing a check mark in the appropriate box. The following items assume that a "regular preschool or child care program" is an average, community-based child care program (not especially designated as an integrated program) with resources available to most centres in your province or territory.

	I think a child, age 3-5 years, with the following characteristics should be enrolled in a regular preschool or child care program:	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1	A child who is hyperactive	☐	☐	☐	☐	☐
2	A child who has inadequate bowel control	☐	☐	☐	☐	☐
3	A child who has inadequate bladder control	☐	☐	☐	☐	☐
4	A child who is deficient in self-help skills, e.g., dressing, feeding	☐	☐	☐	☐	☐
5	A child who has mild mobility difficulties, e.g., needs crutches, wears calipers	☐	☐	☐	☐	☐
6	A child who has moderate mobility difficulties, e.g., needs wheelchair					
	a) if program is reasonably accessible	☐	☐	☐	☐	☐
	b) if access is unsuitable	☐	☐	☐	☐	☐
7	A child who requires specialized and/or adapted instructional materials to progress in pre-academic skills, e.g. tactile puzzles, special scissors	☐	☐	☐	☐	☐
8	A child who has impaired language skills (not ESL)	☐	☐	☐	☐	☐
9	A child who is at times uncontrollably aggressive	☐	☐	☐	☐	☐
10	A child who is noticeably withdrawn	☐	☐	☐	☐	☐
11	A child who has a phobic resistance to school attendance	☐	☐	☐	☐	☐
12	A child who requires intensive individualized instruction to progress in academic skills	☐	☐	☐	☐	☐
13	A child who requires medical monitoring by the staff, e.g. a child with diabetes, heart problems, epilepsy, etc.	☐	☐	☐	☐	☐
14	A child who has AIDS	☐	☐	☐	☐	☐
15	A child who has tested HIV Positive	☐	☐	☐	☐	☐
16	A child who requires assistance with artificial bowel or bladder					
	a) if parents are willing to assist	☐	☐	☐	☐	☐
	b) if parents are not willing or are unable to assist	☐	☐	☐	☐	☐
17	A child who requires catheterization					
	a) if parents are willing to assist	☐	☐	☐	☐	☐
	b) if parents are not willing or are unable to assist	☐	☐	☐	☐	☐
18	A child who has been assessed as mildly intellectually disabled (IQ 55 - 75/80)	☐	☐	☐	☐	☐
19	A child who has been assessed as moderately intellectually disabled (IQ 30-55)	☐	☐	☐	☐	☐

(3.1 Continued)

I think a child, age 3-5 years, with the following characteristics should be enrolled in a regular preschool or child care program:	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
20 A child who often cannot recognize situations involving danger to himself/herself	☐	☐	☐	☐	☐
21 A child who displays inappropriate social behaviour e.g. masturbation, often taking another's belongings, etc.	☐	☐	☐	☐	☐
22 A child who has a mild visual impairment (which cannot be corrected fully by wearing of spectacles, contact lenses)	☐	☐	☐	☐	☐
23 A child who has a moderate visual impairment (needs special equipment or services)	☐	☐	☐	☐	☐
24 A child who is blind	☐	☐	☐	☐	☐
25 A child who has a moderate hearing loss (needs special equipment and/or services)	☐	☐	☐	☐	☐
26 A child who is Deaf	☐	☐	☐	☐	☐
27 A child who has a multi-disabling condition, e.g. physical and intellectual disabilities	☐	☐	☐	☐	☐

Comments: _____

_____

3.2 Please indicate the extent to which you agree or disagree with each of the statements:	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1 Day care programs should accept all children, regardless of their individual needs.	☐	☐	☐	☐	☐
2 Legislation should be passed to ensure disabled children and their parents have full access to child care programs.	☐	☐	☐	☐	☐
3 Having children with special needs in most child care centres puts too much pressure on the staff.	☐	☐	☐	☐	☐
4 Having children with special needs in child care benefits the non-disabled children.	☐	☐	☐	☐	☐
5 Most child care programs would be willing to include children with special needs, if adequate resources were available.	☐	☐	☐	☐	☐
6 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.	☐	☐	☐	☐	☐
7 Training for early childhood educators has provided them with a good background to support inclusion	☐	☐	☐	☐	☐

Most people change their views and attitudes as a result of their experiences. Based on your experiences over the last six years, how have your philosophical views towards inclusion of children with special needs in child care changed? (Please circle a number)

3.3 Are you more committed to the concept of inclusion now, or less committed?

1	2	3	4	5
More committed		No Change		Less committed

Comments _____

_____

_____

3.4 Philosophically, are you more accepting of a broader range of children being served or more cautious about the range of children who can be accommodated in regular child care programs?

1	2	3	4	5
More accepting		No Change		Less accepting

Comments _____

_____

_____

3.5 Are you more comfortable working with children who have special needs now than you were before, or less so?

1	2	3	4	5
More comfortable		No Change		Less comfortable

Comments _____

_____

_____

4. CURRENT EXPERIENCES WITH INCLUSION

4.1 Overall, how many children are you directly responsible for on a daily basis? ____

4.2 What is their age range? from ____ to ____

4.3 Are you currently working with any children who have an identified disorder, disability, or chronic health problem (an identified special need according to the definition on the inside front cover of this questionnaire)? Yes ☐ → How Many? ____ No ☐

4.4 If you have **no children** with special needs in your current group, have you worked directly with any children with special needs in the last two years? Yes ☐ → How Many? ____ No ☐ **If No, skip to question 5.**

*If you have worked with two or more children with identified special needs in the last two years, **think about the one who benefitted the most from being included in your program**. If you have only worked with one child, please answer the following questions with that child in mind.*

4.5 Nature of the disability/special need

_____

4.6 Level of disability/special need: mild ☐ moderate ☐ severe ☐

4.7 On a scale of 1 to 10, please circle a number to indicate how successful you felt you were in including this child in your program.

1	2	3	4	5	6	7	8	9	10
Not successful at all									Great!

4.8 What resources helped you work successfully with this child? Please check off (✓) all the resources you used to assist you. Add a star (*) to the **two resources** that were most crucial.

- ☐ Training or workshops
- ☐ External resource consultant/early interventionist
- ☐ Extra special needs worker/in-centre resource teacher
- ☐ Visits of therapists/specialists who work directly with the child (eg: OT/PT)
- ☐ Extra release time for planning, consultation, workshops
- ☐ Modification of physical space
- ☐ Specialized equipment/materials
- ☐ Child-specific training
- ☐ Newsletter/other printed materials/videos
- ☐ Modification of program schedule and/or curriculum
- ☐ Empathy and understanding from other staff
- ☐ Volunteers
- ☐ Parents of children with special needs

Other? _____

_____

_____

4.9 In what areas were you most successful in your work with this child?

_____

_____

_____

_____

4.10 What did you find most frustrating or problematic in your work with this child?

a. Issues about the child:

- ☐ complexity of child's physical/health needs
- ☐ child's behaviours
- ☐ child unable to communicate/difficult to engage
- ☐ absence of visible progress

b. Issues about the program:

- ☐ lack of equipment/adequate space
- ☐ inflexibility of program
- ☐ lack of time to plan/consult/liaise
- ☐ lack of support worker

c. Issues about the role of child care:

- ☐ lack of use of my skills/knowledge in planning process for transition to school, or by external consultants

d. Issues about the family:

- ☐ over-demanding/over-involved
- ☐ uninterested
- ☐ unable/unwilling to follow through
- ☐ stressed out/unsupported

e. Issues about other children:

- ☐ feeling pulled by the needs of the other children
- ☐ unable to deal with other children's reactions to this child

f. Issues about self:

- ☐ lack of knowledge and training
- ☐ stressed out
- ☐ challenges to personal values and beliefs

g. Issues about relationships among staff:

- ☐ relationship between resource teacher/support worker and ECE
- ☐ expectations of director/resource teacher or consultants
- ☐ differing perspectives and goals of program staff

h. Other:

- ☐ _____
- ☐ _____

4.11 What resources would have helped you work more effectively with this child?

Now consider a situation in the last 2 years in which you were ***less successful.***

4.12 What was most problematic or frustrating for you?

FOR EVERYONE

5. CONFIDENCE IN YOUR ABILITIES

5.1 Please use the categories below to indicate how competent and confident you feel about your own abilities in each of the following areas:

		Very Competent	Generally Good	Uncertain Sometimes	Somewhat Weak	I'm Working on This!
1	Able to meet developmental needs of most children with special needs	☐	☐	☐	☐	☐
2	Able to encourage other children's acceptance and involvement with children who have special needs	☐	☐	☐	☐	☐
3	Able to adapt existing curriculum and materials to meet children's needs	☐	☐	☐	☐	☐
4	Able to work collaboratively with parents and share planning, coordination, etc	☐	☐	☐	☐	☐
5	Able to obtain information and advice I need from other professionals in the community to help me work with and plan for this child	☐	☐	☐	☐	☐
6	Able to work as a team with other teachers in my program	☐	☐	☐	☐	☐
7	Able to express my needs for support when things get too stressful	☐	☐	☐	☐	☐

6. CHANGE OVER TIME

6.1 With regard to the following, how have things changed for you or your centre in the last few years? Which have increased, decreased, or remained the same?

	Increased/Improved	No Change	Decreased/Declined
a. The complexity of children's special needs that you are now dealing with	☐	☐	☐
b. Time provided for planning/consulting	☐	☐	☐
c. Effectiveness of centre staff in working together as a team within the program	☐	☐	☐
d. Availability and involvement of resource teachers, integration workers, others	☐	☐	☐
e. Your competencies and knowledge base in this area	☐	☐	☐

Comments: _____

_____

_____

6.2 Changes on the horizon include greater opportunities to network with others and to receive information from the Internet and other sources.

a. Would you like to be on SPECIALINK's mailing list for free newsletters and other materials related to inclusion?	Yes ☐	No ☐	Not sure ☐
b. Would you be interested in sharing your centre's experiences with inclusion in a scrapbook that describes successful inclusive child care in Canada?	Yes ☐	No ☐	Not sure ☐
c. Would you like to receive a summary of the findings from this study?	Yes ☐	No ☐	Not sure ☐
d. Are you able now to access e-mail and/or browse websites related to child care and inclusion?	Yes ☐	No ☐	Would like to ☐

Thank you so much for taking the time to complete this survey!
We know that you are very busy and we appreciate your effort!!

Please feel free to add any other comments
you may wish to contribute related to any part of this questionnaire
or about inclusion in child care programs.

_____

_____

_____

_____

_____

_____

_____

_____

If you would like to receive SPECIALINK'S *newsletter or a summary of findings, please provide your name and address below. This section will be separated from your survey form and used for office purposes only.*

Name: _____

Centre: _____

Address: _____

_____

Telephone: _____

E-mail address, if you have one: _____

APPENDIX B

DIRECTOR'S QUESTIONNAIRE

Attitudes and Experiences Regarding Inclusion of Children with Special Needs in Child Care Programs

SpeciaLink
The National Child Care Inclusion Network
&
DEPARTMENT OF FAMILY STUDIES, UNIVERSITY OF GUELPH

Our Definition of Children with Special Needs

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Still confused or concerned about this definition?
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1-800-840-LINK

DIRECTOR'S Questionnaire

This questionnaire is divided into several sections. In most cases you can answer the questions fairly quickly by placing a check mark in a box or filling in a short response. Your comments are welcome at any time. Do feel free to write in your comments in the areas included or in the margins. We thank you for taking the time to fill in this questionnaire and hope it will be an interesting experience for you.

1. CAREGIVER CHARACTERISTICS:

Please tell us about yourself and your background.

1.1 Which of the following best describes your current position?

- ☐ Director/Supervisor with administrative responsibilities only
- ☐ Director/Supervisor with teaching responsibilities
- ☐ Other? → *(Please Specify)*_____

1.2 How long have you had your present position (as above?) _____ years

1.3 How long have you worked in the child care field? _____ years

1.4 How many years have you worked with children with special needs in child care programs? _____ years

1.5 Your age is:

20 - 30 ☐	31 - 35 ☐	36 - 40 ☐	41 - 45 ☐
46 - 50 ☐	51 - 55 ☐	56 - 60 ☐	61 or older ☐

2. PLEASE TELL US ABOUT YOUR CENTRE

2.1 Your child care centre is

- a. ☐ a specialized centre for children with special needs
- b. ☐ a centre designated as integrated or one that has contracted spaces
- c. ☐ a regular child care centre with no special designation
- d. ☐ a half-day preschool program

2.2 Your centre is

- a. ☐ a non-profit centre
- b. ☐ a private / commercial centre
- c. ☐ a parent cooperative
- d. ☐ Other → *(Please describe)* _____

2.3 The number of children your centre is licensed for is _____.

2.4 The number of children who attend on a full-time basis is _____.

2.5 The number of children who attend on a part-time basis is _____.

2.6 The children who attend your centre range in age from _____ to _____

2.7 The total number of teaching staff in your centre who are employed on a regular basis either full or part time (excluding yourself) is _____.

2.8 How many children with an identified disability/disorder/chronic health problem (special needs, as defined previously) currently attend your program Full time? _____ Part time? _____.

2.9 Is this number typical of the number of children with special needs you have had in your centre over the last 3 years?
Yes ☐
More than usual ☐
Less than usual ☐

2.10 Since 1990, has the complexity of children's special needs your centre accommodates:
Increased ☐ Decreased ☐ or Remained the same? ☐

2.11 Are there other children who require additional supports or a modified curriculum in order to fully participate in your program (children at risk or those who have significant delays, but are not identified as having special needs for funding/support purposes)?
Yes ☐ → How Many Children? _____
No ☐

2.12 Have you had to turn down any children with an identified disability or special need in the last 3 years?
Yes ☐ → How Many Children? _____
No ☐ → If No, please skip to Question 2.14

2.13 What were the main reasons that caused you to turn down a child (or children) from your program? *(Please check all that apply)*

- ☐ Physical access to program / rooms
- ☐ Child too aggressive
- ☐ No funding available
- ☐ Complex health concerns could not be addressed (e.g. tube feeding, catheterization)
- ☐ Loss of centre-based resource teacher/ support worker
- ☐ Unable to access external support services (e.g resource teacher, physiotherapist, etc.)
- ☐ Already had maximum number of children with special needs
- ☐ Child required 1:1 attention
- ☐ Child not toilet trained
- ☐ Staff not trained
- ☐ Staff not willing
- ☐ Difficult to meet parents' expectations
- ☐ Other? _____

For Everyone:

2.14 Are there children with identified special needs whose attendance is limited to part time because: *(Check all that apply)*

- ☐ Resource teachers/support workers are only available part time or part day
- ☐ Overall staffing can't accommodate full day (e.g. ratio concerns)
- ☐ Subsidy available for part-time attendance only
- ☐ Difficulty with nap time
- ☐ Transportation
- ☐ Child requires health procedures we can't perform, e.g. tube feeding, catheterization
- ☐ Other → *Please specify*: _____

2.15 Is there a written program plan for each child with special needs? Yes ☐ No ☐

2.16 IF YES, who usually does the program plan?

- ☐ The child's regular teacher (front line ECE)
- ☐ ECE and resource teacher
- ☐ Resource teacher only
- ☐ Other → *Please specify*: _____

2.17 In general, who is most directly involved in discussions and communication with the parents of children with special needs in your centre?

- ☐ The child's regular teacher (front line ECE)
- ☐ ECE and resource teacher
- ☐ Resource teacher only
- ☐ The centre director or a designated supervisor
- ☐ An external resource teacher/support worker/early intervention specialist
- ☐ Other → *Please specify:* _____

2.18 While things may vary from family to family, how would you describe the manner in which parents of children with special needs relate to your centre and its staff?

- ☐ There is ongoing, extensive involvement — parents and teachers work as partners.
- ☐ Parents are not involved on an ongoing basis, but meet with us regularly to discuss their child's progress and are involved in planning and decision making.
- ☐ Meetings and communication occur on an as needed basis; parents are not as involved in planning and decision making with us, but may be with others.
- ☐ Parents and centre staff meet infrequently.

2.19 What (additional) resources are currently available to support effective inclusion of children with special needs in your program?

	PROGRAM RESOURCES	Yes	No	Don't Know
1	An on-staff resource teacher in my centre	☐	☐	☐
2	A resource consultant who comes to my centre on a regular basis	☐	☐	☐
3	Additional teacher(s) or support worker(s) - **full time**	☐	☐	☐
4	Additional teacher(s) or support worker(s) - **part time**	☐	☐	☐
5	Infant Development Program or Early Intervention Consultant	☐	☐	☐
6	Physiotherapist and/or Occupational Therapist	☐	☐	☐
7	Speech therapist and/or Audiologist	☐	☐	☐

(2.19 Continued)

PROGRAM RESOURCES	Yes	No	Don't Know
8 Psychiatrist / Psychologist	☐	☐	☐
9 Paediatrician	☐	☐	☐
10 Nurse or nursing assistant	☐	☐	☐
11 Specialized equipment/materials or funding for this purpose provided by:			
- The provincial/territorial government	☐	☐	☐
- Parents	☐	☐	☐
- A community agency or service clubs	☐	☐	☐
12 The involvement of parents of children with special needs	☐	☐	☐
13 Volunteers	☐	☐	☐
14 Other → *Please specify* _____	☐	☐	☐

2.21 Who is the person who serves as the primary coordinator of these services for your centre? *(Check only one alternative.)*

- ☐ Me (the director) or a designated supervisor
- ☐ An in-house resource teacher or support worker
- ☐ An external resource consultant
- ☐ The parent(s)
- ☐ A regular ECE on our staff
- ☐ An infant development worker or early intervention specialist
- ☐ Another agency (CAS, Association for Community Living, etc.)
- ☐ No particular person is designated

2.22 How is the coordination going most of the time?

- ☐ Very well, no major problems
- ☐ Fairly well, minor problems get resolved
- ☐ There are some problems and some have not / are not resolved
- ☐ There are some serious problems with coordination

3. YOUR EDUCATION AND TRAINING

3.1 Please describe your educational background related to your work:

Diploma _____ in (subject) _____

Degree _____ in (subject) _____

Other credentials / certificates: _____

_____

3.2 Since 1990, have you taken any university or college level courses related to the inclusion of children with special needs? Yes ☐ No ☐

3.3 Since 1990, have you attended any workshops or conference presentations on children with special needs? Yes ☐ → How Many? ____ No ☐

3.4 Were any of these workshops or conference presentations offered by SPECIALINK? Yes ☐ No ☐

3.5 How useful has SPECIALINK been, as an organization, through its newsletter, videos, workshops and 1-800 number in each of the following:

	Very Useful	Somewhat Useful	So-So	Not very Useful	Not Applicable
a. Increasing my awareness of issues relating to children with special needs	☐	☐	☐	☐	☐
b. Increasing my skills in being able to program for children with special needs in my care	☐	☐	☐	☐	☐
c. Providing emotional support and an understanding ear for my concerns	☐	☐	☐	☐	☐
d. Providing a link to other sources of information about working with children who have special needs	☐	☐	☐	☐	☐
e. Providing a link to other people who work with children who have special needs	☐	☐	☐	☐	☐
f. Increasing my awareness of policy issues and advocacy efforts affecting children with special needs in child care programs	☐	☐	☐	☐	☐

3.6 Since 1990,

a. Have you been involved in one or more advocacy activities related to 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.)? Yes ☐ No ☐

b. Have you provided any workshops or in-service training to others on topics related to children with special needs? Yes ☐ No ☐

3.7 Please indicate in which areas you would like additional training or information:

a ☐ Specific, in-depth information about particular disabilities

b ☐ How to help staff be effective in their work with children who have special needs

c ☐ Staff evaluation and feedback to those working with children who have special needs

d ☐ How to work collaboratively with agencies and specialists

e ☐ How to help parents make informed choices and decisions about their child and his/her care

f ☐ How other centres mainstream effectively

g ☐ Promoting social interactions between children with special needs and other children

h ☐ How to work as a team within the centre on behalf of children with special needs

i ☐ Advocating on behalf of children and families with special needs

j ☐ Maintaining and promoting quality care in a period of diminishing resources

k ☐ Other? _____

_____

_____

_____

4. ATTITUDES TO INCLUSION

4.1 Please indicate the extent to which you agree or disagree with each of the following statements by placing a check mark in the appropriate box. The following items assume that a "regular preschool or child care program" is an average, community-based child care program (not especially designated as an integrated program) with resources available to most centres in your province or territory.

	I think a child, age 3-5 years, with the following characteristics should be enrolled in a regular preschool or child care program:	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1	A child who is hyperactive	☐	☐	☐	☐	☐
2	A child who has inadequate bowel control	☐	☐	☐	☐	☐
3	A child who has inadequate bladder control	☐	☐	☐	☐	☐
4	A child who is deficient in self-help skills, e.g., dressing, feeding	☐	☐	☐	☐	☐
5	A child who has mild mobility difficulties, e.g., needs crutches, wears calipers	☐	☐	☐	☐	☐
6	A child who has moderate mobility difficulties, e.g., needs wheelchair					
	a) if program is reasonably accessible	☐	☐	☐	☐	☐
	b) if access is unsuitable	☐	☐	☐	☐	☐
7	A child who requires specialized and/or adapted instructional materials to progress in pre-academic skills, e.g. tactile puzzles, special scissors	☐	☐	☐	☐	☐
8	A child who has impaired language skills (not ESL)	☐	☐	☐	☐	☐
9	A child who is at times uncontrollably aggressive	☐	☐	☐	☐	☐
10	A child who is noticeably withdrawn	☐	☐	☐	☐	☐
11	A child who has a phobic resistance to school attendance	☐	☐	☐	☐	☐
12	A child who requires intensive individualized instruction to progress in academic skills	☐	☐	☐	☐	☐
13	A child who requires medical monitoring by the staff, e.g. a child with diabetes, heart problems, epilepsy, etc.	☐	☐	☐	☐	☐
14	A child who has AIDS	☐	☐	☐	☐	☐
15	A child who has tested HIV Positive	☐	☐	☐	☐	☐
16	A child who requires assistance with artificial bowel or bladder					
	a) if parents are willing to assist	☐	☐	☐	☐	☐
	b) if parents are not willing or are unable to assist	☐	☐	☐	☐	☐
17	A child who requires catheterization					
	a) if parents are willing to assist	☐	☐	☐	☐	☐
	b) if parents are not willing or are unable to assist	☐	☐	☐	☐	☐
18	A child who has been assessed as mildly intellectually disabled (IQ 55 - 75/80)	☐	☐	☐	☐	☐

(4.1 Continued)

	I think a child, age 3-5 years, with the following characteristics should be enrolled in a regular preschool or child care program:	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
19	A child who has been assessed as moderately intellectually disabled (IQ 30-55)	☐	☐	☐	☐	☐
20	A child who often cannot recognize situations involving danger to himself/herself	☐	☐	☐	☐	☐
21	A child who displays inappropriate social behaviour e.g. masturbation, often taking another's belongings, etc.	☐	☐	☐	☐	☐
22	A child who has a mild visual impairment (which cannot be corrected fully by wearing of spectacles, contact lenses)	☐	☐	☐	☐	☐
23	A child who has a moderate visual impairment (needs special equipment or services)	☐	☐	☐	☐	☐
24	A child who is blind	☐	☐	☐	☐	☐
25	A child who has a moderate hearing loss (needs special equipment and/or services)	☐	☐	☐	☐	☐
26	A child who is Deaf	☐	☐	☐	☐	☐
27	A child who has a multi-disabling condition, e.g. physical and intellectual disabilities	☐	☐	☐	☐	☐

COMMENTS: _____

	4.2 Please indicate the extent to which you agree or disagree with each of the statements:	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1	Day care programs should accept all children, regardless of their individual needs.	☐	☐	☐	☐	☐
2	Legislation should be passed to ensure disabled children and their parents have full access to child care programs.	☐	☐	☐	☐	☐
3	Having children with special needs in most child care centres puts too much pressure on the staff.	☐	☐	☐	☐	☐
4	Having children with special needs in child care benefits the non-disabled children.	☐	☐	☐	☐	☐
5	Most child care programs would be willing to include children with special needs, if adequate resources were available.	☐	☐	☐	☐	☐
6	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.	☐	☐	☐	☐	☐
7	Training for early childhood educators has provided them with a good background to support inclusion	☐	☐	☐	☐	☐

Most people change their views and attitudes as a result of their experiences. Based on your experiences over the last six years, how have your philosophical views towards inclusion of children with special needs in child care changed? (Please circle a number)

4.3 Are you more committed to the concept of inclusion now, or less committed?

1	2	3	4	5
More committed		No Change		Less committed

Comments _____

_____

_____

4.4 Philosophically, are you more accepting of a broader range of children being served or more cautious about the range of children who can be accommodated in regular child care programs?

1	2	3	4	5
More accepting		No Change		Less accepting

Comments _____

_____

_____

4.5 Are you more comfortable working with children who have special needs now than you were before, or less so?

1	2	3	4	5
More comfortable		No Change		Less comfortable

Comments _____

_____

_____

4.6 Have you changed your views or attitudes in other ways? If so, how?

_____

_____

_____

4.7 Since 1990, many centres have become more inclusive in their practice and/or more effective in integrating children with special needs in their programs. Does this describe your centre?

Yes ☐
No ☐ → **If No, Skip to Question 4.9**

4.8 **If Yes,** Which of the following factors enabled your centre and your staff to become more inclusive during that period? Please check (✓) all that apply and star (*) the two most important factors.

- ☐ Additional centre personnel (resource teachers, support workers)
- ☐ Additional equipment and/or structural modifications to the centre
- ☐ Specific policy initiatives at the provincial/territorial level that were introduced to support inclusion
- ☐ Additional training related to inclusion for myself or my staff
- ☐ Changes to basic education being provided to ECEs that support inclusion — allowing me to hire new staff that have this training
- ☐ Stronger support for inclusion among centre staff
- ☐ Assistance from other professionals and health-related services (physiotherapists, occupational therapist, speech and language specialists, behavioral psychologist, etc.)
- ☐ Changed staffing patterns in the centre to allow greater involvement of ECEs or myself in planning, work with consultants, or 1:1 matching of children and teachers when needed
- ☐ Accumulated experience in working with children who have special needs
- ☐ Information and support gained from networking with peers in other child care programs or related agencies
- ☐ Other → *Please specify* _____

4.9 **For Everyone:**
What factors have limited or frustrated your centre's capacity to be inclusive and/or your programs's effectiveness in integrating children with special needs? Please check (✓) all that apply and star (*) the two most important factors.

- ☐ No or limited additional funding to support inclusion
- ☐ Reduced funding to support inclusion
- ☐ No in-house resource teacher or loss of centre-based resource teacher or support worker
- ☐ Limited/insufficient involvement of external resource teachers or resource consultants
- ☐ Limited support or assistance from other professionals or health-related services in your community
- ☐ Stress caused by additional workload and time demands on centre staff
- ☐ Lack of support from other parents or the centre's board
- ☐ Staff not adequately trained to meet children's needs
- ☐ Staff not willing or not committed to extend inclusive practices to children who are harder to serve
- ☐ General level of support for / provincial funding of child care programs in your province or territory
- ☐ Other → *Please specify* _____

5. CURRENT AND FUTURE CONCERNS

We are currently in a period of tremendous change as each province/territory works to reduce its deficit and respond to changes in federal-provincial cost-sharing.

5.1 To what extent have changes in the last year **already affected** your program's capacities to be inclusive? In your view, if the changes listed below were to occur, **how would they affect** your program's ability to effectively include children with special needs in the future? (*Please respond both about the* **Current Year**, *and about* ***Likely Future Effects*** *for each item.*)

	CURRENT YEAR			LIKELY FUTURE EFFECT		
	Has not affected us	Is causing some difficulties	Is causing serious problems	Would not affect our program	Would cause some difficulties	Would have serious effects
a. Reduced general funding for child care programs in your province / territory	☐	☐	☐	☐	☐	☐
b. Reduced number of teaching staff in your centre	☐	☐	☐	☐	☐	☐
c. Lower morale, increased turnover among teachers in your centre	☐	☐	☐	☐	☐	☐
d. Reduced availability of resource teachers or support workers	☐	☐	☐	☐	☐	☐
e. Reduced access to PT/OT, speech and language specialists, other professional resources	☐	☐	☐	☐	☐	☐
f. Reduced funding or subsidies for children with special needs	☐	☐	☐	☐	☐	☐
g. Other? → *(Please specify)* _____	☐	☐	☐	☐	☐	☐

5.2 Other changes on the horizon included greater opportunities to network with others and to receive information from the Internet and other sources.

a. Would you like to be on SPECIALINK's mailing list for free newsletters and other materials related to inclusion? Yes ☐ No ☐ Not sure ☐

b. Would you be interested in sharing your centre's experiences with inclusion in a scrapbook that describes successful inclusive child care in Canada? Yes ☐ No ☐ Not sure ☐

c. Would you like to receive a summary of the findings from this study? Yes ☐ No ☐ Not sure ☐

d. Are you able now to access e-mail and/or browse websites related to child care and inclusion? Yes ☐ No ☐ Would like to ☐

APPENDIX C

ITINERANT RESOURCE TEACHER / CONSULTANT'S QUESTIONNAIRE

Attitudes and Experiences Regarding Inclusion of Children with Special Needs in Child Care Programs

SpeciaLink
The National Child Care Inclusion Network
&
DEPARTMENT OF FAMILY STUDIES, UNIVERSITY OF GUELPH

Our Definition of Children with Special Needs

For the purposes of this study, **Special Needs** refers to children whose disabilities / disorders / health impairments meet your province's eligibility criteria for additional support or funding in child care settings. In areas with no additional support or funding, this term refers to children with an identified physical or intellectual disability that would be classified as moderate to severe. This definition does not include children usually described as being at high risk, who have not actually been identified as having a significant disability or delay — even though such children may require curriculum modifications and/or additional attention. Depending on your province/region, a child with signifigant emotional and/or behavioural problems may be classified either as a child with special needs or a child at risk.

Still confused or concerned about this definition?
Before proceeding please phone SPECIALINK

1-800-840-LINK

QUESTIONNAIRE FOR ITINERANT RESOURCE TEACHERS AND RESOURCE CONSULTANTS

This questionnaire is divided into several sections. In most cases you can answer the questions fairly quickly by placing a check mark in a box or filling in a short response. Your comments are welcome at any time. Do feel free to write in your comments in the areas included or in the margins. We thank you for taking the time to fill in this questionnaire and hope it will be an interesting experience for you.

1. CAREGIVER CHARACTERISTICS:

Please tell us about yourself and your background.

1.1 Which of the following best describes your current position?

- ❑ Itinerant Resource Teacher
- ❑ Resource Consultant
- ❑ Resource Teacher and ECE
- ❑ Manager/Coordinator with itinerant RT responsibilities
- ❑ Manager/Coordinator without itinerant RT responsibilities
- ❑ Other? _ *(Please Specify)* _____

1.2 How long have you had your present position (as above?) ____ years

1.3 How long have you worked in the child care field? ____ years

1.4 How many years have you worked with children with special needs as a resource teacher or resource consultant? ____ years

1.5 Your age is:

20 - 30 ❑	31 - 35 ❑	36 - 40 ❑	41 - 45 ❑
46 - 50 ❑	51 - 55 ❑	56 - 60 ❑	61 or older ❑

2. YOUR EDUCATION AND TRAINING

2.1 Please describe your educational background related to your work:

Diploma _____ in (subject) _____

Degree _____ in (subject) _____

Other credentials / certificates:

_____

_____

_____

2.2 Since 1990, have you taken any university or college level courses related to the inclusion of children with special needs? Yes ❑ No ❑

2.3 Since 1990, have you attended any workshops or conference presentations on children with special needs? Yes ❑ > How Many?___ No ❑

2.4 Were any of these workshops or conference presentations offered by SPECIALINK? Yes ❑ No ❑

2.5 How useful has SPECIALINK been, as an organization, through its newsletter, videos, workshops and 1-800 number in each of the following:

	Very Useful	Somewhat Useful	So-So	Not very Useful	Not Applicable
a. Increasing my awareness of issues relating to children with special needs	❑	❑	❑	❑	❑
b. Increasing my skills in being able to program for children with special needs in my care	❑	❑	❑	❑	❑
c. Providing emotional support and an understanding ear for my concerns	❑	❑	❑	❑	❑
d. Providing a link to other sources of information about working with children who have special needs	❑	❑	❑	❑	❑
e. Providing a link to other people who work with children who have special needs	❑	❑	❑	❑	❑
f. Increasing my awareness of policy issues and advocacy efforts affecting children with special needs in child care programs	❑	❑	❑	❑	❑

2.6 Since 1990,

a. Have you 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, taking part in a lobby, etc)? Yes ❑ No ❑

b. Have you provided any workshops or in-service training to others on topics related to children with special needs? Yes ❑ No ❑

2.7 Please indicate in which areas you would like additional training, technical assistance, or information:

a. ❑ Specific, in-depth information about particular disabilities

b. ❑ Developing and implementing individual program plans

c. ❑ Working with and supporting families

d. ❑ How to work collaboratively with specialists (OT/PT, etc.)

e. ❑ Working as a team within centres on behalf of children with special needs

f. ❑ Training or helping ECEs to develop and implement IPPs

g. ❑ Learning about the experiences of other resource teachers/services

h. ❑ How to help directors be more sensitive to issues within centres

i. ❑ Accessing information about new assistive devices, learning tools, specialized materials

j. ❑ Advocating on behalf of children and families with special needs

k. ❑ How to work collaboratively with agencies (CAS, schools)

l. ❑ Promoting social interactions between children with special needs and other children

m. ❑ Maintaining and promoting quality care in a period of diminishing resources

n. ❑ Training or helping ECEs to implement social skills programs

o. ❑ Helping ECEs adapt curricula to suit individual needs

p. ❑ How to promote the benefits of an itinerant RT model

q. ❑ Other? _____

_____

_____

_____

_____

_____

2.8 Do you have contact with other resource teachers or resource consultants who can provide you with information and support when you need it? Yes ❑ No ❑

3. ATTITUDES TO INCLUSION

3.1 Please indicate the extent to which you agree or disagree with each of the following statements by placing a check mark in the appropriate box. The following items assume that a "regular preschool or child care program" is an average, community-based child care program (not especially designated as an integrated program) with resources currently available to most centres in your province or territory.

I think a child, age 3-5 years, with the following characteristics should be enrolled in a regular preschool or child care program:	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1. A child who is hyperactive	❑	❑	❑	❑	❑
2. A child who has inadequate bowel control	❑	❑	❑	❑	❑
3. A child who has inadequate bladder control	❑	❑	❑	❑	❑
4. A child who is deficient in self-help skills, e.g. dressing, feeding	❑	❑	❑	❑	❑
5. A child who has mild mobility difficulties, e.g., needs crutches, wears calipers	❑	❑	❑	❑	❑
6. A child who has moderate mobility difficulties, e.g., needs wheelchair a) If program is reasonably accessible	❑	❑	❑	❑	❑
b) if access is unsuitable	❑	❑	❑	❑	❑
7. A child who requires specialized and/or adapted instructional materials to progress in pre-academic skills, e.g. tactile puzzles, special scissors	❑	❑	❑	❑	❑
8. A child who has impaired language skills (not ESL)	❑	❑	❑	❑	❑
9. A child who is at times uncontrollably aggressive	❑	❑	❑	❑	❑

I think a child, age 3-5 years, with the following characteristics should be enrolled in a regular preschool or child care program:	**Strongly Agree**	**Agree**	**Uncertain**	**Disagree**	**Strongly Disagree**
10. A child who is noticeably withdrawn	❑	❑	❑	❑	❑
11. A child who has a phobic resistance to school attendance	❑	❑	❑	❑	❑
12. A child who requires intensive individualized instruction to progress in academic skills	❑	❑	❑	❑	❑
13. A child who requires medical monitoring by the staff, e.g. a child with diabetes, heart problems, epilepsy, etc.	❑	❑	❑	❑	❑
14. A child who has AIDS	❑	❑	❑	❑	❑
15. A child who has tested HIV Positive	❑	❑	❑	❑	❑
16. A child who requires assistance with artificial bowel or bladder					
a) if parents are willing to assist	❑	❑	❑	❑	❑
b) if parents are not willing or are unable to assist	❑	❑	❑	❑	❑
17. A child who requires catheterization					
a) if parents are willing to assist	❑	❑	❑	❑	❑
b) if parents are not willing or are unable to assist	❑	❑	❑	❑	❑
18. A child who has been assessed as mildly intellectually disabled (IQ 55 - 75/80)	❑	❑	❑	❑	❑
19. A child who has been assessed as moderately intellectually disabled (IQ 30-55)	❑	❑	❑	❑	❑
20. A child who often cannot recognize situations involving danger to himself/herself	❑	❑	❑	❑	❑

I think a child, age 3-5 years, with the following characteristics should be enrolled in a regular preschool or child care program:	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
21. A child who displays inappropriate social behaviour e.g. masturbation, often taking another's belongings, etc.	❑	❑	❑	❑	❑
22. A child who has a mild visual impairment (which cannot be corrected fully by wearing of spectacles, contact lenses)	❑	❑	❑	❑	❑
23. A child who has a moderate visual impairment (needs special equipment or services)	❑	❑	❑	❑	❑
24. A child who is blind	❑	❑	❑	❑	❑
25. A child who has a moderate hearing loss (needs special equipment and/or services)	❑	❑	❑	❑	❑
26. A child who is Deaf	❑	❑	❑	❑	❑
27. A child who has a multi-disabling condition, e.g. physical and intellectual disabilities	❑	❑	❑	❑	❑

COMMENTS:

3.2 Please indicate the extent to which you agree or disagree with each of the following statements:

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1. Day care programs should accept all children, regardless of their individual needs.	❑	❑	❑	❑	❑
2. Legislation should be passed to ensure disabled children and their parents have full access to child care programs.	❑	❑	❑	❑	❑
3. Having children with special needs in most child care centres puts too much pressure on the staff.	❑	❑	❑	❑	❑
4. Having children with special needs in child care benefits the non-disabled children.	❑	❑	❑	❑	❑
5. Most child care programs would be willing to include children with special needs, if adequate resources were available.	❑	❑	❑	❑	❑
6. 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.	❑	❑	❑	❑	❑
7. Training for early childhood educators has provided them with a good back-ground to support inclusion.	❑	❑	❑	❑	❑

COMMENTS: _____

The following section is for those who actually visit centres as an itinerant resource teacher or resource consultant. If this description does not apply to you, please skip to Question 4.12.

4. CURRENT EXPERIENCES AS AN ITINERANT RESOURCE TEACHER / CONSULTANT

4.1 The number of sites you visit on a regular basis is _____

4.2 In general, how often do you visit each site? _____

4.3 What types of programs do you visit? (*Please check all that apply*)

- ❑ child care centres > How many? _____
- ❑ preschools / nursery schools > How many? _____
- ❑ family day care homes > How many? _____
- ❑ school-age programs > How many? _____

4.4 Do you visit families at home?

- ❑ for initial visits only
- ❑ on a regular basis
- ❑ Only in unusual cases
- ❑ No

4.5 Does your mandate and/or activities primarily or exclusively include:

- ❑ working with "identified" children only (those who are eligible for additional funding)
- ❑ consulting with centres as problems or concerns are identified (not only on a child-by-child basis)
- ❑ other?_ (*Please specify*) _____

4.6 Do you (also) work with other children, even if it is not strictly your responsibility, such as:

a. Children requiring speech and language therapy or PT/OT? Yes ❑ No ❑
b. Children who require behavioural intervention? Yes ❑ No ❑
c. Children considered "at risk" for other reasons? Yes ❑ No ❑
d. Children whose first language is not English (ESL)? Yes ❑ No ❑

4.7 In an average week, how many children with special needs do you work with? _____

4.8 How many children with special needs (in total) constitute your current caseload? ____

4.9 The age range of the children you work with are: from _____ to _____

4.10 *We would like to know more about your role as an itinerant RT or resource consultant.*

Which of the following tasks are part of your job? Please √ all that apply to you and add a ☒ to the 2 tasks below that are most important or central in your work.

a. ❑ Complete assessments and develop IPPs

b. ❑ Coordinate team meetings (with centre staff, parents, other professionals)

c. ❑ Observe individual children; monitor their progress

d. ❑ Model intervention techniques; train staff

e. ❑ Carry out IPPs with individual children

f. ❑ Serve as case manager for individual children

g. ❑ Help directors be more sensitive to issues within the centre, (e.g. staffing patterns and staff needs; child-specific requirements, capacity of centre to meet needs of particular children)

h. ❑ Assist staff in adapting or modifying curriculum, routines, or timetable to accommodate children with special needs

i. ❑ Provide support and consult with parents about their child and his/her program; advocate for parents

j. ❑ Facilitate children's transition to school

k. ❑ Other?_ *(Please specify)* _____

4.11 Of the _____ (#) of child care centres (preschools, nursery schools, etc.) you visit regularly, how would you describe their current overall capacity to include children with special needs? How many would you describe as

a. Extremely effective? _____
b. Doing a reasonably good job? _____
c. Struggling? _____

* The total number of centres you visit should be reflected here

FOR EVERYONE:

4.12 In your view, what distinguishes those centres that have been extremely effective from other centres? *(Please check √ all that apply and star [X] the two most important factors, as you see them.)*

a. ❑ The director is a leader, showing sensitivity to staff and commitment to inclusion.

b. ❑ The director is willing and able to find and allocate additional resources.

c. ❑ The centre has additional personnel to draw on (an in-house resource teacher, support workers).

d. ❑ The centre has additional equipment and/or has made structural modifications.

e. ❑ Additional and on-going training related to inclusion is provided to ECE staff.

f. ❑ The centre's staff complement includes teachers who are trained and experienced in working with children who have special needs.

g. ❑ Centre staff have high morale, and there is low turnover among ECE staff.

h. ❑ The centre is able to benefit from assistance provided by other professionals -- expertise is used effectively.

i. ❑ Staffing patterns in the centre have been arranged to allow greater involvement of ECEs or myself in planning, working with consultants, or 1:1 matching of children and teachers when needed.

j. ❑ The centre has a pro-active board that strongly supports inclusion; fund-raises

k. ❑ The centre is not over loaded with children who present major challenges of poverty, dislocation, high risk.

l. ❑ Other? _ *(Please specify)* _____

COMMENTS: _____

_____

_____

_____

_____

_____

_____

_____

4.13 In your view, what most distinguishes centres that are struggling with inclusion compared to other centres you have seen? *(Please check √ all that apply and star ☒ the two most important factors, as you see them.)*

a. ❑ The director is not effective or is insensitive to staff's needs.

b. ❑ The director and/or staff and/or Board are not really committed to inclusion.

c. ❑ No or limited additional funding to support inclusion (resource teachers, support workers)

d. ❑ No in-house RT or loss of centre-based RT or support worker

e. ❑ No or limited additional equipment; structural modifications have not been made

f. ❑ Stress caused by additional workload and time demands on centre staff

g. ❑ Lack of support from other parents

h. ❑ Staff not adequately to trained to meet children's needs

i. ❑ Lack of effective team work and sharing of roles among resource teachers and ECEs

j. ❑ Number of children in centre with major challenges of poverty, dislocation, high risk exceeds the centre's resources

k. ❑ High staff turnover; low morale

l. ❑ Other? > *(Please specify)* _____

COMMENTS: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

5. CONFIDENCE IN YOUR OWN ABILITIES

5.1 Please use the categories below to indicate how confident and competent you feel about your own abilities in each of the following areas:

		Very Competent	Generally good	Uncertain sometimes	Somewhat weak	I'm working on this!
1	Able to meet developmental needs of most children with special needs	❑	❑	❑	❑	❑
2	Able to encourage other children's acceptance and involvement with children who have special needs	❑	❑	❑	❑	❑
3	Able to adapt existing curriculum and materials to meet children's needs	❑	❑	❑	❑	❑
4	Able to work collaboratively with parent(s) and share planning, coordination, etc	❑	❑	❑	❑	❑
5	Able to obtain information and advice I need from other professionals in the community to help me work with and plan for this child	❑	❑	❑	❑	❑
6	Able to work as a team with ECEs in child care programs	❑	❑	❑	❑	❑
7	Able to provide workshops and information sessions for ECEs	❑	❑	❑	❑	❑
8	Able to express my needs for support when things get too stressful	❑	❑	❑	❑	❑

COMMENTS: _____

_____

_____

_____

_____

_____

6. CHANGE OVER TIME

6.1 With regard to the following, how have things changed for you or the centres you visit in the last few years? Which have increased, decreased, or remained the same?

		Increased/ Improved	No Change	Decreased/ Declined
a.	The complexity of children's special needs that you are now dealing with	❑	❑	❑
b.	Your caseload size	❑	❑	❑
c.	Time provided for planning/consulting	❑	❑	❑
d.	Effectiveness of centre staff in working together as a team within the program	❑	❑	❑
e.	Availability and involvement of resource teachers, integration workers, others	❑	❑	❑
f.	Stress level and need for support among child care staff	❑	❑	❑
g.	Stress level and need for support among parents of children with special needs	❑	❑	❑
h.	Your competencies and knowledge base in this area	❑	❑	❑

Comments:_____

_____

6.2 Other changes on the horizon include greater opportunities to network with others and to receive information from the internet and other sources.

a.	Would you like to be on SPECIALINK's mailing list for free newsletters and other materials related to inclusion?	Yes ❑	No ❑	Not sure ❑
b.	Would you be interested in sharing your centre's experiences with inclusion in a scrapbook that describes successful inclusive child care in Canada?	Yes ❑	No ❑	Not sure ❑
c.	Would you like to receive a summary of the findings from this study?	Yes ❑	No ❑	
d.	Are you able now to access e-mail and/or browse websites related to child care and inclusion?	Yes ❑	No ❑	Would like to ❑

THANK YOU SO MUCH FOR TAKING THE TIME TO COMPLETE THIS SURVEY!! WE KNOW THAT YOU ARE VERY BUSY AND APPRECIATE YOUR EFFORT!

Please feel free to add any other comments
you may wish to contribute related to any part of this questionnaire
or about inclusion in child care programs

If you would like to receive SPECIALINK'S newsletters or a summary of the findings from this study, please provide your name and address below. This section will be separated from your survey form and used for office purposes only.

Name: _____
Centre: _____
Address: _____
_____
Telephone: _____
E-Mail address, if you have one: _____

A Matter of Urgency

Including Children with Special Needs in Child Care in Canada

BASED ON the front-line experiences of pioneer child care staff and directors—people who, without adequate supports, have created and sustained inclusive child care centres in Canada, and have made them work—this book identifies what must be done to fully include children with special needs in all Canadian child care programs.

THE FINDINGS in *A Matter of Urgency* demand unequivocal answers from policy makers and politicians regarding the inclusion of children with special needs.

"Children with special needs still do not have the *right* to attend child care programs with their non-disabled peers. These children must no longer be excluded and segregated. *This* is a matter of urgency...."

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