

Specialink

..... THE NATIONAL CENTRE FOR CHILD CARE INCLUSION



Assessing Inclusion Quality in Early Learning and Child Care Services

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Learner-Oriented objectives

- **1. Apply the SpecialLink Early Childhood Inclusion Quality Scale to a classroom.**
- **2. Analyze the differences between global and inclusion scores in that classroom.**
- **3. Evaluate possible improvements that could be made in that classroom.**

Key Points

- Strong agreement on the importance and value of including children with disabilities in high quality ELCC programs
- Governments are committing to major improvements and expansions in ELCC services and to being accountable for demonstrating positive changes
- Evaluation of real progress requires change in a number of policies and practices
- Inclusion goals require sustained efforts.
- What will be measured? How? By whom?

Inclusion of Children with Special Needs in Child Care

- Many inclusive child care centres have developed on an individual basis.
- All provinces have made some provision for the inclusion of children with special needs, with some doing more than others.
- Children's access to high quality inclusive care is affected by policies that affect ELCC generally **and** inclusion specifically.
- Both **global quality** and **inclusion quality** are important issues.
- There is limited data on children with disabilities and their participation in ELCC in Canada and no sustained infrastructure to support Best Practices¹

Crucial Definitions

- **HOW DO WE DEFINE “CHILDREN WITH....”?**
What do we call children who have a developmental disability, a physical disability, ASD, a genetic disorder? We call them “children.”

The advocacy organizations have been successful in getting many people to say “a child with” So, instead of “special needs children” we tend to say “children with special needs”; “children with handicaps”; “children with disabilities”; “children with varying abilities”; “children with extra support needs”; children with SEN.”

Crucial Definitions (continued)

- **HOW DO WE DEFINE “INCLUSION”?**

NAEYC/DEC (2009) joint position statement on inclusion:

“Early childhood inclusion embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports.”

*www.dec inclusion position statement*²

Crucial Definitions (continued)

- **GLOBAL QUALITY:**

We are using the phrase “Global Quality” instead of “Process Quality” or “Program Quality” for consistency.

- **INCLUSION QUALITY:**

We are using the phrase “Inclusion Quality” to mean elements in addition to those included for all children, but which are required to effectively include children with disabilities.

Short History of Inclusive Child Care in Canada

- The 1950' s — characterized by behaviorists, antibiotics, Brown v. Board of Education.
- The 1960' s — characterized by developmental preschools often organized and run by parents of children with disabilities or, for children with physical disabilities, were attached to rehabilitation facilities. Influence of US Head Start mandate to include at least 10% children with handicaps (Zigler & Styfco).³
- The 1970' s — characterized by federal projects such as the Canada Assistance Plan (CAP), the Local Initiatives Program (LIP) and Canada Works. Also characterized by increasing maternal employment, and by the influence of Brown v. Board of Education. Some child care centres began to admit some children with disabilities.

Short History of Inclusive Child Care in Canada (continued)

- The 1980's — characterized by further increase in maternal employment and by policy development around “integration.” The beginning of specialized training for work with children with special needs in regular settings. More admission of children with disabilities.
- The 1990s — Expansion of both specialized training and inclusion of children with disabilities in regular child care settings.

Short History (continued)

Policy Developments

- 2003 Multilateral Framework on Early Learning and Child Care
- 2004-2005 “Foundations” approach
- QUAD PRINCIPLES
 - Quality
 - Universally Inclusive
 - Accessible
 - Developmentally Appropriate
- Bilateral Agreements, Accountability, Knowledge Framework
- 2006 Cancellation of Agreements, Withdrawal of Federal Leadership in ELCC Policy



Shawn Martell with Minister Ken Dryden and MP Roger Cuzner

2017 Multilateral Early Learning and Child Care Framework⁴

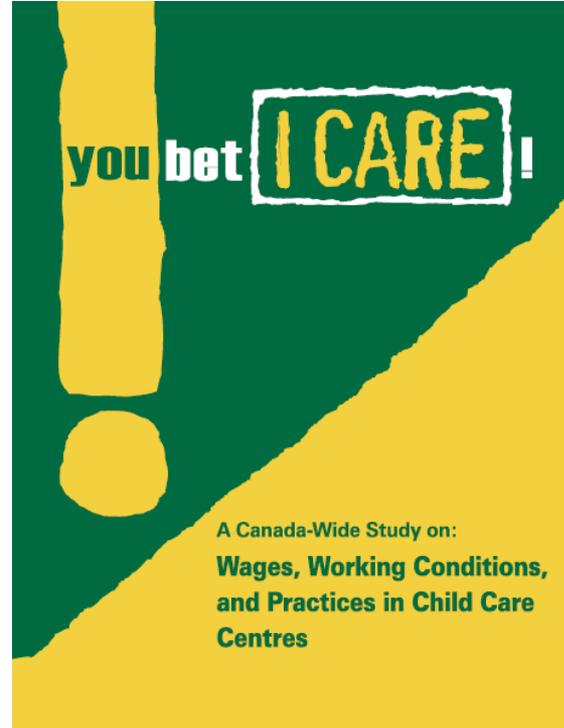
- A shared long-term vision “where all children across Canada can experience the enriching environment of quality early learning and child care”
- Guiding Principles:
 - Quality
 - Accessibility
 - Affordability
 - Flexibility and Inclusivity in early learning and child care
- Evidence based
- Accountability framework with annual reporting of progress by provinces and territories

Research on Inclusion in Canadian Child Care Programs

1998 Study

- 70% of centres included at least 1 child with SN
- Variation by province, auspice
- 40% of directors had turned down 1 or more children with SN in the last 3 years

- Major barriers:
 - Insufficient funds to provide for additional staffing (55%)
 - Building requires structural modifications (33%)
 - Staff not adequately trained (26%)
 - Centre already had its maximum number of children with SN (22%)



Challenging the Challenging Behaviours

A SOURCEBOOK BASED ON THE UNUSUAL EXPERIENCES OF CHALLENGING BEHAVIOURS IN CHILD CARE

By various contributors as written from their

"Once you work, I have never enjoyed anything as much as being with the kids because out of them is how much you can see. By the time I have done it, the usual things are not as hard as they seem to be. In situations of discipline, the more you do that they believe, the easier the world gets. You just have to have an emotional control. It's hard to be that kind of lady, but I do want to be that lady. And when you have people who are not in the picture to get to see the good in that, it's not as hard as you think it is. You have to be that lady."

By Lynn Miller

INCLUSION VOICES

Canadian Child Care Directors
Talk About Including
Children with Special Needs



A Matter of Urgency

Including Children
with Special Needs
in Child Care in Canada



HIGHLIGHTS FROM INCLUSION

The Next Generation
in Child Care in Canada



Sharon Hope Irwin

Donna S. Lero

Kathleen Brophy

Improving Quality, Enhancing Inclusion

Partnerships for Inclusion ~ Nova Scotia ~

DONNA S. LERO, Ph.D.
SHARON HOPE IRWIN, Ed.D.



Centre for
Families, Work
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Specialink
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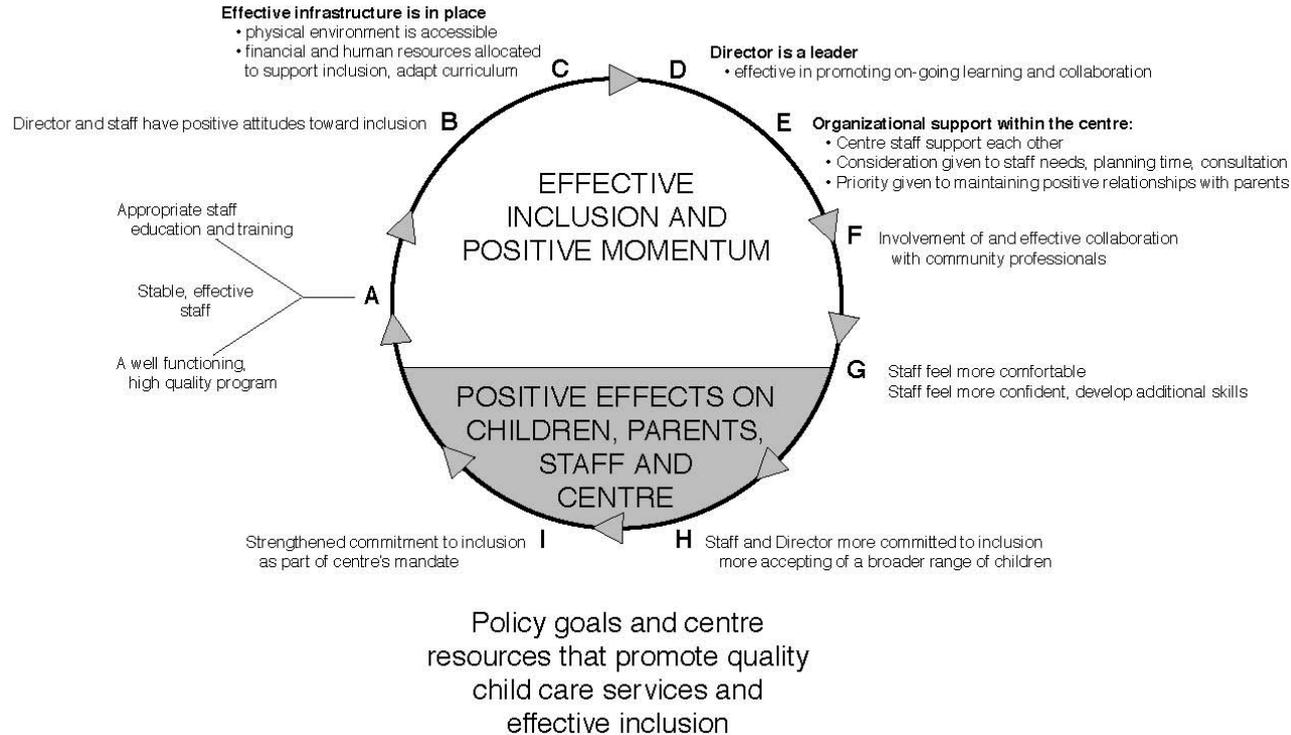
What is Required to Have and Sustain Inclusion Quality in Child Care?

- **RESOURCES WITHIN CENTRES**
 - Stable High Quality programs - accessible
 - A Director or Lead Teacher who is an Inclusion Leader
 - Trained, committed staff; additional staff (RT)
 - Support from parents, Board
- **RESOURCES, SUPPORT PROVIDED TO CENTRES**
 - Funding for extra staff -- above ratio
 - Support, collaboration with professionals, specialists
 - Proactive and responsive support from resource consultants
- **A POLICY FRAMEWORK** that ensures access, capacity building and sustained excellence

INCLUSION QUALITY is a dynamic feature of programs and service models that must be continually supported

Figure 10.1

A Virtuous Cycle That Supports Effective Inclusion



Source: Irwin, Lero & Brophy. (2000) *A Matter of Urgency*

Evaluation of Progress in Achieving the Goal of Being Universally Inclusive requires

- Clearly stated measurable objectives, targets and timetables
- Improvements in multiple dimensions that contribute to this goal
- Identification of meaningful indicators and plans for systematic data collection
- Commitment to using the data to identify aspects that require continuing attention

Issues in Using Monitoring for Continuing Progress

- Identification of data to be used, methods for regular and systematic data collection to be developed^{5,6}
- Information should be used to identify and respond to unmet needs, address concerns
- Accountability for collecting information and reporting results publicly in a timely fashion
- Citizen participation and ownership
- Opportunities for sharing best practices, empowering ECE field

Indicators - 1

Prima Facie Evidence

- The number of children with special needs in child care programs
- Evidence of children with a range of needs and levels included
- Number of centres accepting children
- Reduced incidence of children with SN being turned down
- Higher retention ... No Expulsion

Indicators - 2

Change in Provincial Policies and Practices

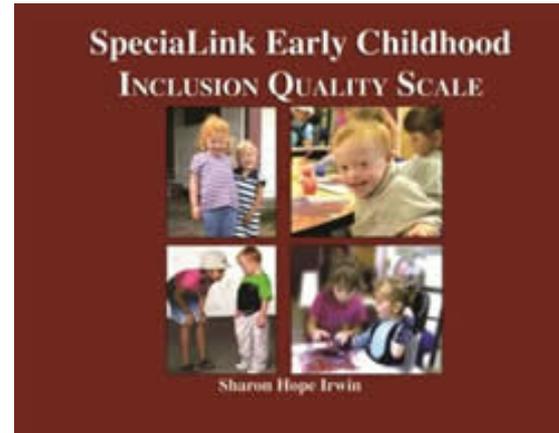
- Education / training requirements for director and staff related to inclusion
- Policies that affect availability and access for children and parents
- Policies that ensure all programs are physically accessible with design features appropriate for care
- Resources to provide additional trained staff beyond ratio as needed
- Resources allocated for in-service training and on-going support to centre staff and regulated home child care providers
- Monitoring of adequacy of resources, including caseloads of resource consultants

Indicators - 3

Use of direct measures of Inclusion Quality in ELCC Programs for Continuous Improvement

SPECIALINK EARLY CHILDHOOD INCLUSION QUALITY SCALE

- Specialink Inclusion Principles Scale
- Specialink Inclusion Practices Profile



Psychometric evaluation – reliability and validity of the scale completed in 2010 (Lero & Irwin, Canadian Council on Learning)

The project: Assessing Inclusion Quality in Early Learning and Child Care Services

- In several earlier projects, SpecialLink trained child care consultants and frontline child care staff in the use of the Inclusion Scale, for data collection across Canada, as well as for their own use. We also worked as consultants in several inclusion quality enhancement projects, using the Inclusion Scale for pre/post/follow-up measures.
- The current project has given us the chance to investigate relationships between global quality and inclusive quality in inclusive classrooms. It will identify and quantify gaps in quality between services to children with disabilities and services to typical children. In addition, it will identify best practices and distinguishing characteristics of ELCC programs that display high inclusion quality.

Data Collection

- 1. The *SpeciaLink Early Childhood Inclusion Quality Scale*⁸ (Irwin, 2017 — The Inclusion Scale). The only reliable and valid instrument available for measuring inclusion quality in ELCC.
- 2. The *Early Childhood Environmental Rating Scale – Revised*⁹ (Harms, Clifford & Cryer, 2005—ECERS-R). The best known and most widely used scale for measuring global quality in ELCC.
- 3. The SpeciaLink centre questionnaire and field notes, as well as a selection template providing additional demographic information about the centres.
- 4. Program staff, trained to an 85% reliability level on both scales, observed 65 ELCC classrooms, with at least one child with a disability present, in 5 provinces, using both scales.

Data Collection (continued)

- Centres were recommended by observers based on a number of criteria, including being likely to have two children with SN in a preschool classroom and being diverse in terms of locale (within particular geographic parameters, SES, and varied perceived overall quality).
- The final sample included 12 centres from each of British Columbia, Manitoba, New Brunswick, and Nova Scotia and 19 centres from Ontario (7 from the Ottawa area and 12 from Milton). Data collection in the middle of a Canadian winter severely limited centre choices to metropolitan areas.

Inclusion Principles

- 1. Zero Reject**
- 2. Naturally Occurring Proportions**
- 3. Same Days / Hours of Attendance Available to All Children**
- 4. Full Participation**
- 5. Maximum feasible parent participation at parent's comfort level**
- 6. Leadership, Proactive Strategies and Advocacy for High Quality Inclusive ELCC**

Inclusion Practices

1. **Physical Environment and SN**
2. **Equipment and Materials**
3. **Director's Role as an Inclusion Leader**
4. **Staff support within the centre**
5. **Provisions for staff training**
6. **Therapies, collaboration**
7. **IPPs**
8. **Parents of Children with Special Needs**
9. **Involvement of Typical Children**
10. **Board of Directors or similar units**
11. **Preparation for the transition to school**

Video Link

- <https://specialinkcanada.org/Practice9.mov>

Practice 9: Involvement of Typical Children¹⁰

Practice 9: Involvement of Typical Children

Note frequency and intensity of play that involves children with special needs and typically developing children — especially in dramatic play area, block area, out of doors and during free play times.

Inadequate 1	Minimal 3	Good 5	Excellent 7
<p>1.1 <input type="checkbox"/>Y <input type="checkbox"/>N Typically developing children rarely interact with children with special needs.</p> <p>1.2 <input type="checkbox"/>Y <input type="checkbox"/>N Staff take no active role in encouraging social inclusion.</p> <p>1.3 <input type="checkbox"/>Y <input type="checkbox"/>N Competition is used frequently to motivate children to perform.</p>	<p>3.1 <input type="checkbox"/>Y <input type="checkbox"/>N Typically developing children sometimes¹ interact with children with special needs in group social play situations. (That means that during at least 25% of the time when children with special needs are in group play situations such as the Dramatic Play area and the Block area, they are not ignored and left out of the play.)</p> <p>3.2 <input type="checkbox"/>Y <input type="checkbox"/>N Staff make comments or gestures to promote social inclusion.</p> <p>3.3 <input type="checkbox"/>Y <input type="checkbox"/>N Cooperation is motivated occasionally, by adult requests.</p>	<p>5.1 <input type="checkbox"/>Y <input type="checkbox"/>N Children with special needs are often¹ included in group social play.</p> <p>5.2 <input type="checkbox"/>Y <input type="checkbox"/>N Staff suggest appropriate roles or dramatic situations that are inclusionary.</p> <p>5.3 <input type="checkbox"/>Y <input type="checkbox"/>N Cooperation is stressed, through planned activities that require more than one child to accomplish.</p>	<p>7.1 <input type="checkbox"/>Y <input type="checkbox"/>N Children with special needs are included in group social play most of the time¹.</p> <p>7.2 <input type="checkbox"/>Y <input type="checkbox"/>N Staff systematically use techniques of scripting, cooperative learning, valued object sharing, etc., to promote social inclusion.</p> <p>7.3 <input type="checkbox"/>Y <input type="checkbox"/>N Staff receive specific training in promotion of inclusive social play.</p> <p>7.4 <input type="checkbox"/>Y <input type="checkbox"/>N Cooperation is motivated frequently by adult verbal statements AND by activities that need more than one child to accomplish.</p>

¹ "Sometimes" means 25% of the time; "Often" means 50% of the time; "Most of the time" means over 75% of the time.

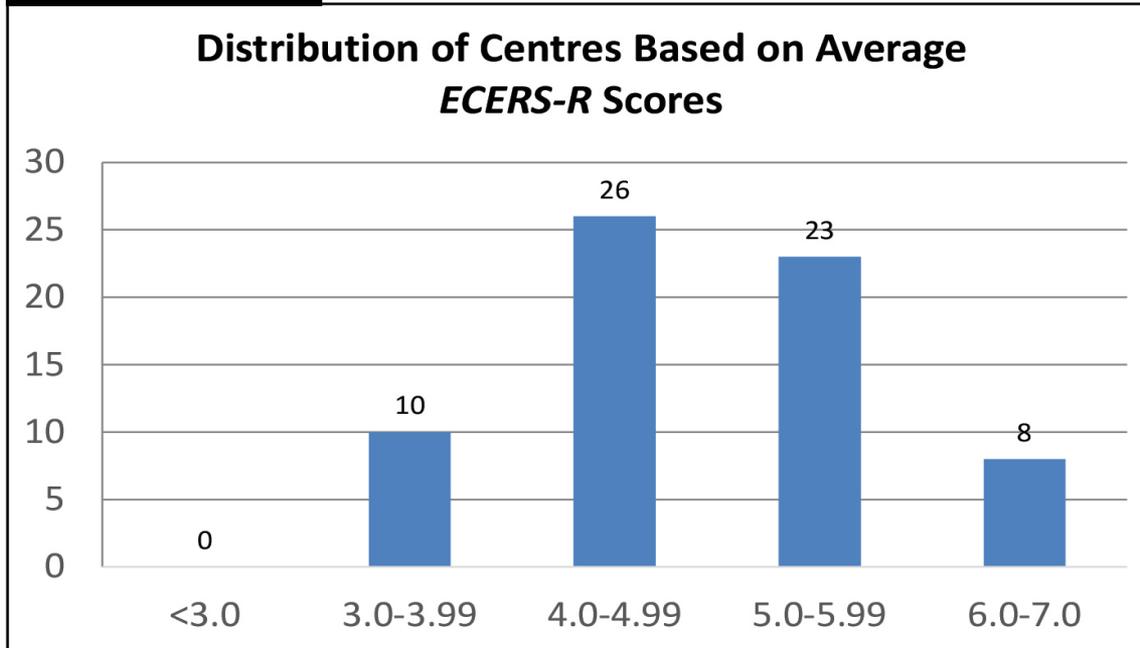
POINTS OF CLARIFICATION:

7.2 "Scripting" is a peer-mediated strategy designed to teach a socially advanced peer to promote the involvement of another child – often one with autism.

7.3 This indicator would be met by workshops such as *Making Friends* and by other workshops also based on M. Guralnick's *Assessment of Peer Relations*. Other workshops of at least 8 hours duration that focus on facilitated social play, such as SpecialLink's *Social Play in Inclusive Child Care Settings* and the training, planning and use of *Social Stories*TM would also meet this indicator.

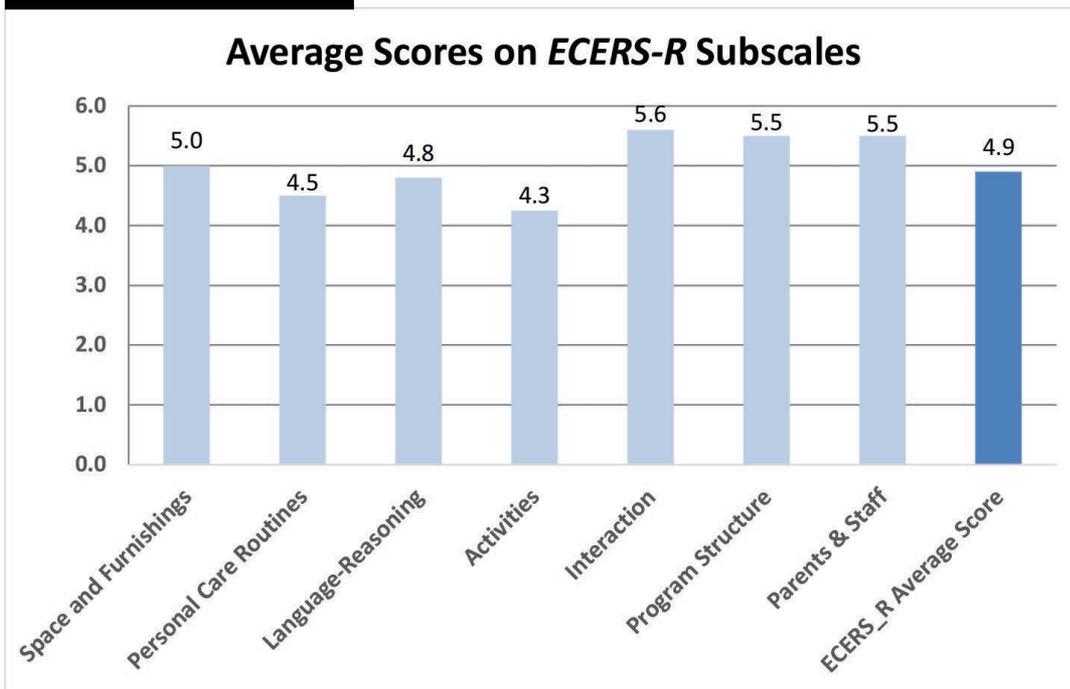
Preliminary Findings

Figure 1



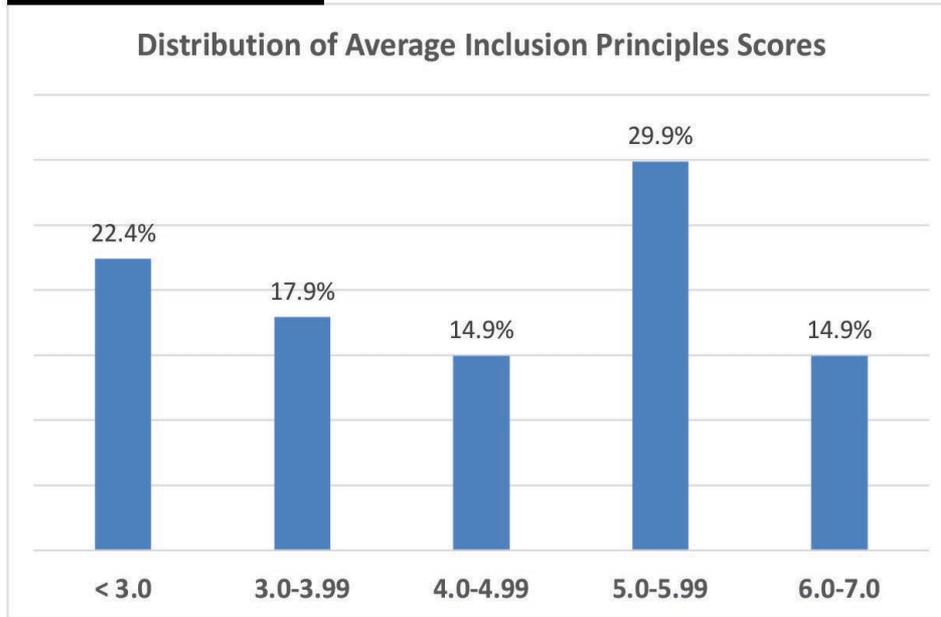
Preliminary Findings

Figure 2



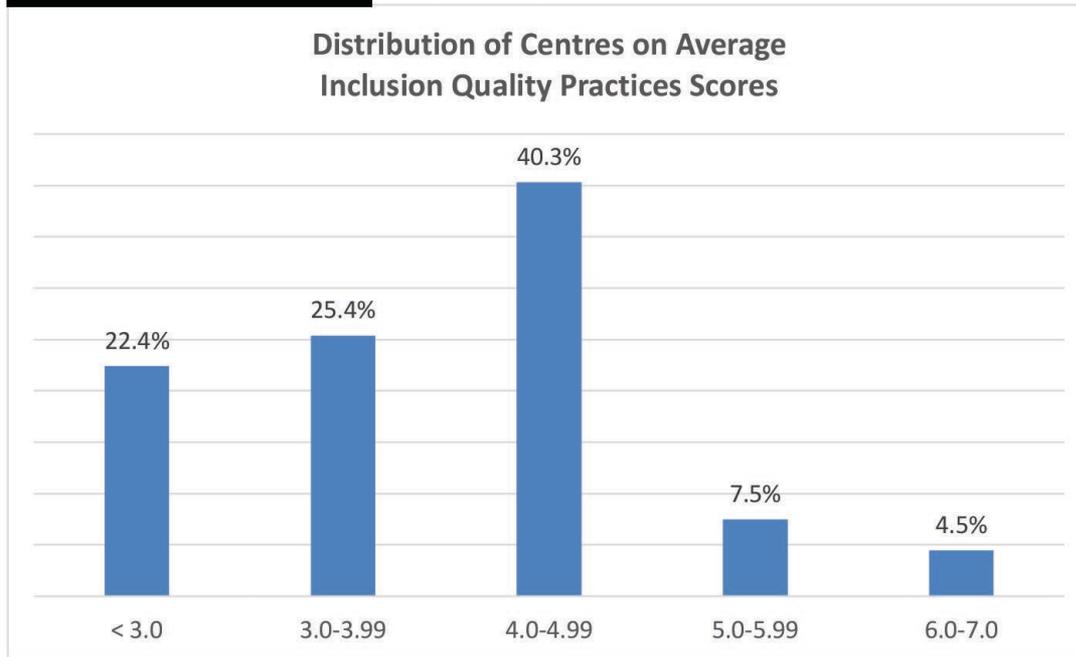
Preliminary Findings

Figure 3



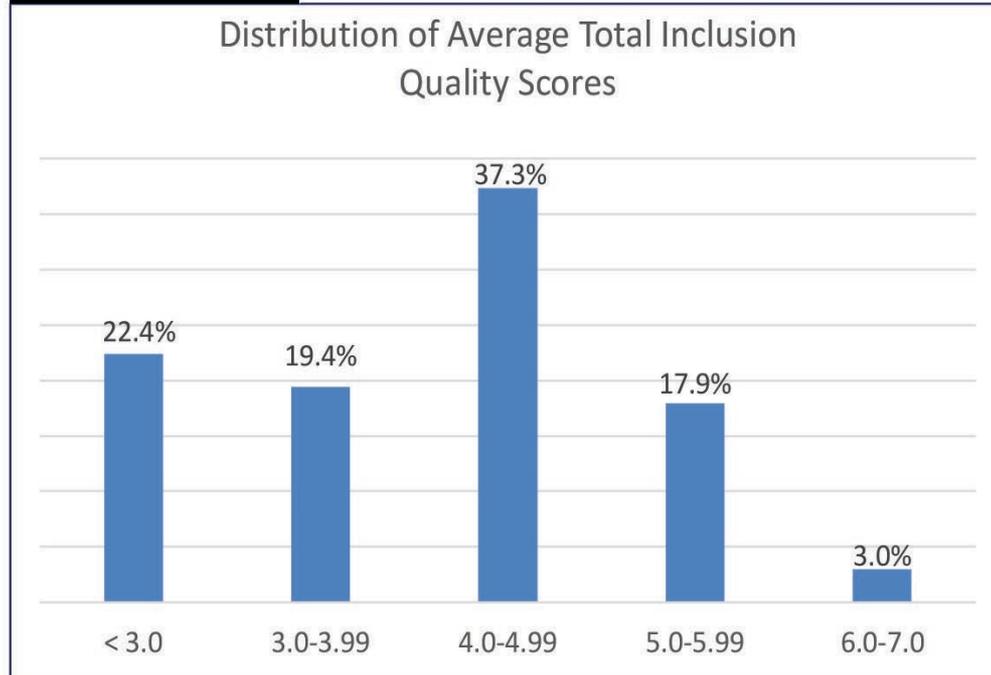
Preliminary Findings

Figure 4



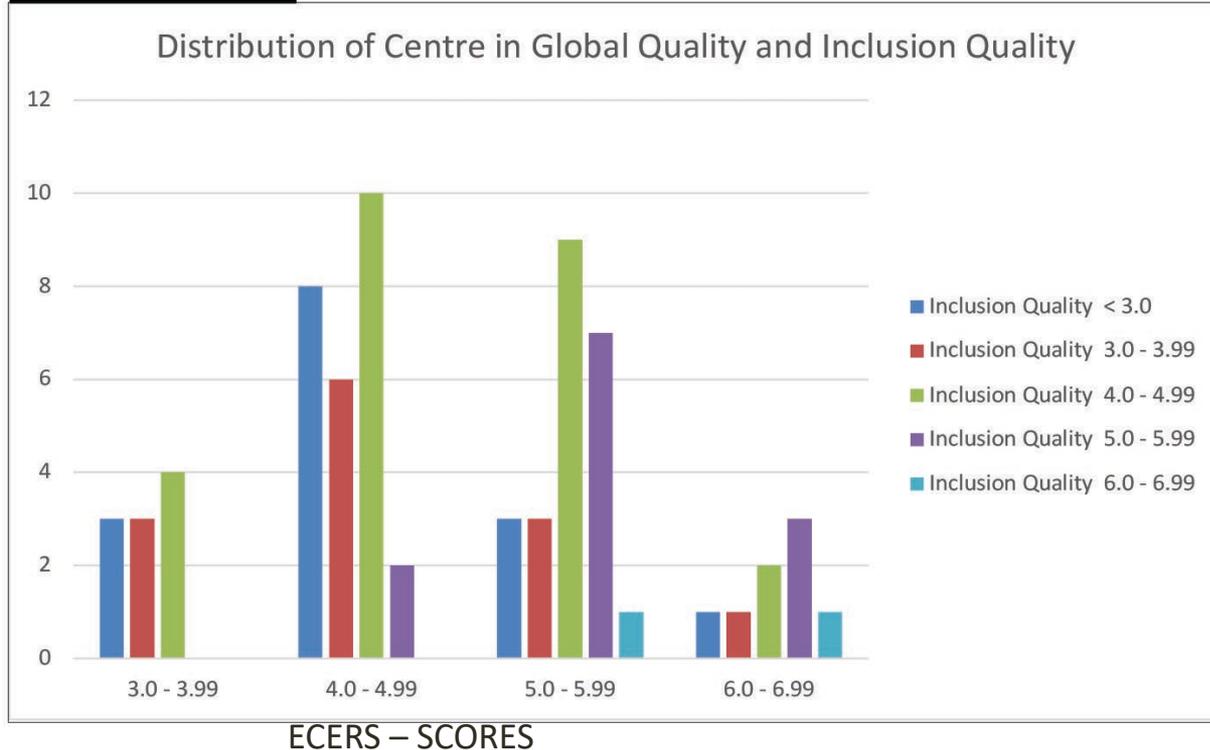
Preliminary Findings

Figure 5



Preliminary Findings

Figure 6



Preliminary Conclusions^{11,12}

- What does our analysis tell us about the relationship between overall program quality and inclusion quality?
- The data support our hypothesis that good overall global quality appears to be a necessary, but not sufficient condition for good inclusion quality. Twelve of the 14 centres that had high inclusion quality scores also had high global quality scores, suggesting that a threshold of 5.0 or above may be important to assure high quality inclusion. On the other hand, 19 centres had ECERS-R scores that indicated good overall program quality, but had inclusion quality scores suggestive of inadequate, minimal or mediocre quality. Clearly, while global quality is an important resource to support inclusion quality, there are other factors that are important contributors to quality inclusion principles and practices and to their sustainability.

Preliminary Conclusions (cont.)

- Analysis of field notes and directors' questionnaires may provide greater understanding of these other factors.
- We've spent most of this presentation addressing Indicator 3 — direct observation of child care centres. But our work here takes us back to Indicators 1 — prima facie evidence and 2 — changes in provincial (and we would now “federal”) policies and practices that must also be quantified and made accountable if inclusion quality is to improve. As frontline child care staff continue to say, “We can't do it alone.”

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We welcome your comments!

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