SpeciaLink

THE NATIONAL CENTRE FOR CHILD CARE INCLUSION

Early Childhood Inclusion: Applying Lessons Learned Symposium

Early Childhood Inclusion: Applying Lessons Learned Symposium

August 20th to August 23rd, 2008 / University of Winnipeg, Winnipeg Manitoba

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Cover photo: *Discovery Childrens centre, Winnipeg.*

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Thanks to Brigitte Insull, Symposium photographer.

This work was undertaken with the support of the Canadian Council on Learning, which bears no responsibility for its content.

Symposium Planning Committee

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Introduction To The Conference

Early Childhood Inclusion: Applying Lessons Learned Symposium

Debra Mayer, MA
Director, SpeciaLink

With the support of the University of Winnipeg and Community Living Manitoba, SpeciaLink was delighted to welcome 200 delegates to our Symposium on Early Childhood Inclusion and Early Intervention August 21-23 2008. It was 16 years since a national gathering of this type was held. Some of the inclusion supporters who attended our 2008 symposium were in Cape Breton at that seminal event, which breathed life into the movement for inclusive child care and put the spot light on early intervention.

SpeciaLink-the National Centre for Child Care Inclusion is the only pan-Canadian non-profit organization whose sole mandate is to expand the quality and quantity of opportunities for inclusion in child care, recreation, education, and other community settings, for young children with special needs and their families. Our focus is on knowledge exchange and relationship building, and on advocacy for children and families of all types. Children with disabilities need to be able to grow up with viable optimistic futures, as do all Canadian children.

The breadth and depth of our presenters was impressive, and we were so fortunate that they were willing to exchange their lessons learned at this symposium. Almost all the keynote and workshop presenters have shared an executive summary of their presentation to further our knowledge exchange goals. Please note these reflect the opinions of the authors and not neccessarily those of SpeciaLink or our funders. Our symposium goals were only achieved with their help. Since we cannot be sure when we will be able to gather together again, we hoped to promote synergies between all the pockets of exemplary inclusionary practices and intervention approaches and to foster your relationships with one another. We believe we succeeded!

There is lots of talk these days about Evidence-Based Practice (EBP)—which is defined by Buysse and Wesley, 2006, as a decision-making process that integrates the best available research evidence with family and professional wisdom and values.

Our symposium blended together the latest research findings with family and professional wisdom and values. In each session they attended, delegates were asked to think about these questions. What difference does this make to me in the work I do? Early childhood educators and early interventionists-how will you weave the new research into your day to day work? Directors and policy makers, how will you guide inclusive policy at your centre, in your community, municipality, or province? Educators and students, what differences will these new ideas make to the way you offer professional development and the way you put those ideas into practice? How will you develop collaborative relationships across agencies, systems, and provinces to better support early childhood inclusion and early intervention? And how do we collectively move our political leaders towards commitment to young children and families, and to a universally inclusive high quality early learning system?

We appreciate the support of our funders, the Canadian Council on Learning, and the Provinces of Ontario, Manitoba and British Columbia whose funding allowed us to organize our national symposium, and our labour supporters, the Canadian Union of Postal Workers and the Manitoba Government and General Employees Union.

I want to thank the hard working members of our Board of Directors National Planning Committee and our local team—as a one person shop, I could not have done it without them!

We thank CUPW for the print and dissemination of this source book to all delegates and presenters.

Armchair Conversations from the Ivory Tower To The Frontlines

Using Action Research to Improve Quality (Thursday Keynote)

Donna Lero is a Professor at the University of Guelph in the Department of Family Relations and Applied Nutrition, where she teaches courses in child development and social policy. Her research on inclusion encompasses work she did with SpeciaLink and the Canadian Union of Postal Workers on the needs of parents with children with disabilities. She and Sharon have collaborated on research on inclusion since 1994. Most recently she and Sharon have completed an evaluation of the effects of Partnerships for Inclusion in Nova Scotia – which is on the SpeciaLink website.

Now senior researcher for SpeciaLink, Dr. Sharon Hope Irwin began as a front-line caregiver and then founded a fully inclusive childcare centre, Town Daycare, that is so well known to so many of us. Sharon was the founding director of SpeciaLink and has made enormous contributions to inclusion in many ways.

Instead of the typical kick-off keynote Donna and Sharon were invited to engage in an Armchair Conversation to reflect on what they have learned from their years of working together and think about what is important to highlight as important takeaways that can guide our future research, practice and policy development. This is an abbreviated version of that conversation with the interviewer Debra Mayer.

Just to begin with, Sharon and Donna, tell us a bit about what brought the two of you together?

Donna: Sharon and I had actually known about and circled each other for many years before we spoke about working together. In fact, we were both here in Winnipeg for the 1982 National Childcare Conference. We began to talk about collaborating in the early 1990s in a hallway conversation in Ottawa where we were both serving on the Technical Advisory Committee for the Child Care Initiatives Program – and it was our common interest in child care and the realization that we could learn a great deal from each other that brought us together… that and a certain similarity of outlook and sense of humour that has helped us be friends and colleagues as we have continued on this journey of partnering on research, training and advocacy.

Sharon: And there was also an urgent issue that faced me when the Canadian Union of Postal Workers asked me to figure out what kinds of issues their members who had children with special needs were facing, and what the union might be able to do to make their work life-family balance easier. The word researcher popped up -- who was there? Who has both the research content knowledge of children and, in particular, children with disabilities, who might I partner with? The third thing I was looking for was an academic with passion. If that's sounds like an oxymoron, it often is, but not with Donna. She carefully, and deliberately, but nevertheless spoke out when some relevant policy was just so harmful to children and families that she felt she had to move out of the ivory tower position of academe into the real world and say, "This is wrong." And it was that combination of three elements in Donna that said to me …take her if you have to, be strong if you have to, drive her if you have to, get that woman on your team.

Donna: And it worked! So we've had a wonderful time working together colleagues at CUPW – figuring out an innovative model and challenging beginning assumptions what we might do -- starting with research to learn more about parents' experiences of combining paid work with raising a child with special needs. And it was that research that led to the development of the very successful CUPW Special Needs Project – which I want people in this room to know is recognized internationally as a unique and amazing example of how a partnership between a union, management, and the non-profit sector can work together to support the needs of working parents with special challenges.

That was great. So tell us a little bit more about how you work together, a researcher and a practitioner both with common interests. What should front-line practitioners who are here today know about the research community? And what should researchers know about life on the front line?

Sharon: After persuading Donna to be on this team, there was still some part of me that was concerned about research… I worried about whether the research and the kinds of questions that are usually addressed by researchers would dilute or minimize or not really capture what is really important in the front-line work of child care. So many times we see research that focuses on what is measurable – and a commitment to inclusion and the passion and determination to make it work and to ensure that it does work is not easily measurable.

Donna: Sharon is right that personal passion, insight and sensitivity, along with a commitment to social justice have often been essential ingredients. But we have also said that if inclusion quality is to be sustained in centres and become a standard we expect across all child care programs, we need other things – leadership within the centre must be accompanied by training, mentoring, policies, supports and systems. In our work together we have been trying to identify what are the critical ingredients necessary to develop and sustain inclusion quality – so that we can move beyond heroism that is important in individual centres or communities and move to a more systemic approach.

What would be some of the early assumptions that you had -- assumptions that maybe you had to test out, or disregard? Some of the things that you thought would be true and then found out to be a bit different?

Donna: One of the things we started with was a basic question, what is inclusion quality? And we didn't find a good, widely-recognized definition in the literature. It was also a point of time when Sharon, in particular, was very sensitive to the inadequacies of the ECERS-R instrument of program quality when it came to capturing what was going on with inclusion quality. And so we had to challenge what was there and what was not there in the literature and begin to really wrestle with our own sense of what inclusion quality is and how it relates to program quality. In fact, central to that was the question of whether inclusion quality is an optional addition to program quality (as appeared to be in the case in some literature and measuring instruments) or whether it is, in fact, an essential component of what we, in the child care community, consider to be excellence in a program. And that led us to talk about assumptions and questions about whether we could and should expect all community child care programs to be inclusive and effective in including children with special needs – and to juxtapose our answer with respect to our philosophy and principles about inclusion and disability rights and the extent to which policies do and do not support that goal.

Sharon: And it's not a secret to any of you, and it's not a secret to some of the people past these doors, but issues of genuine quality in childcare have been paramount to our thinking. Many childcare centers don't provide high quality programs. We know a lot of reasons why they don't, but the fact is that they don't. And if you looked in 1992 as a benchmark, at who was providing inclusive, or as we said, integrated programs at that time, they were mainly programs that had a director or staff member who was a leader in terms of their commitment and their skills to support inclusion quality in their centre, and in many cities there would be just a few centres like that. Most people who were consultants for government would usually encourage parents with kids with special needs to enrol their children there. Looking back 16 and 18 years later we realize that in those integrated centres maybe 20% of their kids had disabilities, and they were seen as exceptionally good at delivering the service. At about the same time, I think three things were happening: (1) the movement was saying, It's got to be everywhere. Parents were saying to us, "my child with a disability all should able to go to Mrs.

Dr. Donna Lero (l), Dr. Sharon Hope Irwin (r)

Jones' place down the street, where his brothers and sisters went…he shouldn't have to go across town." Somehow services need to be delivered everywhere. (2) And this parallel was happening in education, which was also moving beyond special schools or the special education classes with the resource room pull-out to a commitment to provide education to children with disabilities where these kids live, or where everybody else goes. (3) And a third factor, was that government was beginning to feel crushed by the number of people who needed childcare for their kids with special needs and also began to recognize the inordinate expense and inefficiency of having kids taxied across town to special programs/schools or services…. So, all of those things began to lead us at the same time away from the designated centres that were known to be very, very good at providing people with services into trying to develop a way of seeing that the services follow the children wherever they went. And I know that those of us who had worked in the other kind of program (designated centres with specialized staff support in the centre) were really frightened of what this would mean, if the same amount of resources were spread from here to wherever - and included travel time for the professionals rather than for the kids. So one change in our thinking was about thinking about what other models of support for inclusive programs might look like. And I think the next fifteen years was really spent struggling with bringing that vision into focus.

Donna: I think that's true. I am reminded of our first study, A Matter of Urgency, with Kathy Brophy, also from the University of Guelph, in which we started to look at how inclusion is experienced by centre directors, early childhood educators and resource teachers and consultants – and how that, in turn, led us to Inclusion: The Next Generation so that we were

able to build on what we were learning about inclusion from one study to another and deepen and extend our thinking about inclusion, inclusion capacity and inclusion quality.

One of the challenges was conceptualizing how program quality and inclusion quality relate to each other. First there was the question of whether program quality in its broadest sense required evidence of effective inclusion (inclusion quality) as an essential component. The second was how program quality as measured by instruments like the ECERS-R relates to inclusion quality. We found in our research that there was a strong correlation between ECERS-R global quality and scores on the earlier version of the SpeciaLink Inclusion Principles and Practices measures. However, program quality, while necessary for inclusion quality, was not sufficient –there needed to be other things in place specifically to support inclusion quality. We identified these in Inclusion: The Next Generation as both characteristics and resources within centres, as well as the extent and suitability of support provided to the centres to support inclusion. So we began to understand more about the kinds of resources and support, training, mentoring, and practices within centres and those that are provided to centres that are essential for inclusion quality.

So, as you think back about the many years of working together, and now I'm thinking about the research and the scaffolding of one study to another, what would you say would be some of the highlights and the key turning points in your research that you've done over the last decade or so?

Sharon: One of the things that is changed is that the model of support has been expanded. That's a good one – of moving beyond having a limited number of designated centres include children with disabilities to find a way for the community to expand and be efficient, and many more programs at least attempt to include children with special needs. There are more kids with autism and behavioural problems in centres than there used to be. One special thing to us was when the Liberals in their last year in the federal government were promoting their childcare policy; one of the core principles was that early childhood programs be universally inclusive.

We worked with the Minister to ensure that the bilateral policies required accountability on the part of the provinces, so that they would have to account for how dollars spent on child care resulted in greater inclusion… More children with special needs in child care programs? Better inclusion practices? so that there would be those strings attached to receiving the federal dollars.

Donna: One of the highlights of our work together that I think has been very important are the models of a virtuous cycle and a discouraging cycle of inclusion quality we created with Kathy Brophy. The critical idea is, that in addition to the multiple factors that contribute to inclusion quality is that it is something that is dynamic – that inclusion quality is not a state you attain – but something that must be created, nurtured, and sustained over time. And that we do see evidence of a virtuous cycle when the supports are in place to allow directors, early childhood educators, board members, parents and professionals to learn from and be transformed by having very positive experiences with inclusion – so that they become more accepting of including a broader range of children with special needs, more confident about their capacities, and more connected to the community of professionals and community resources around them. But it can't be taken for granted – and inclusion quality is subject to sliding back as well, if you lose that inclusion leader in your program, those staff, and funding changes or government policy slips and contributes to destabilizing the quality of child care programs in general. It can also slip or be held back if you are experiencing a lot of staff turnover and if the new entry-level people in our field don't have adequate training on which to build…so that notion of inclusion quality as dynamic, and as something that needs to be continually supported and sustained over time has resonated with the field.

I was not in the elevator where Sharon button-

holed then Minister Lloyd Axworthy to make a passionate statement about why including children with disabilities in child care is so important; however I was at the dinner table with Ken Dryden, then Minister of Social Development, who was responsible for developing the Liberal government's child care policy. He had invited a number of people representing children's organizations, national organizations to Ottawa to have dinner at Parliament and Sharon was there, of course, for SpeciaLink. So, here we are around the dinner table, a very fancy setting to eat at, and most of us were a little intimidated to be sitting with this huge man who looked around the table and said, "Okay, what do I need to know?" Of course the first one off the mark was Sharon. And, she really gave him a bit of a tongue lashing even before the appetizers were served and she told him why inclusion has to be one of the QUAD principles underlying the government's policy. And she talked about Town Daycare, and what had been her experience there, as a director and what an impact that centre had made to us, and to a small, economically disadvantaged community at the edge of Canada. And subsequently Ken actually flew to Cape Breton Island and visited Town Daycare and shortly after that, "universal" changed to "universally inclusive". And so to me that was a real highlight and a real lesson learned on how to be an advocate. Now, as we know, the national early learning program didn't stick and in fact, Manitoba's Minister Mackintosh called it the most significant social policy U-turn in history and indeed it was. So, while we no longer see the same kind of leadership at the federal level for childcare and for inclusion, I think what I'm heartened by is the fact that provinces like Manitoba, British Columbia, Ontario, Nova Scotia, Newfoundland, and I'm sure others are now, in their own way developing plans to address inclusion, to support the professionals working with families, and I think I am somewhat heartened by that. This is the nature of the work that we do. There are high points and low points. There are many people, I think, out there who are doing research in a way that's not just about publishing yet one more journal article and adding that to your CV. That's the work that Donna and Sharon and Kathy and others in this room are engaged in -- research that leads to positive change. I think that's a really important thing that we have to give them lots of credit for. I think there are good lessons to learn for many of us about the kinds of things that we are faced by in our day to day challenges. … So, how have you two faced those kinds of challenges? What kept you going? What has given you the energy? What fuels your commitment and how does the momentum keep going? How have you addressed those challenges in the past? How are you addressing them today? What advice do you have for all of us?

Donna: The partnership between researchers and practitioners is very important to me and I think is essential in efforts to influence policy. I couldn't see doing what I'm doing without the real partnership that I have had with Sharon and her colleagues, for example in Partnerships for Inclusion – Nova Scotia. It is that collaboration and collegial effort that keeps the research real and policy and practice relevant. There is no way that I can have the depth of understanding of what is going on in child care centres without having partnerships with practitioners and having their voices in my ear. And having them tell me about their experiences and asking me to help them understand what factors influence what is going on is vitally important. So for me, research is more about finding out what are the most important questions or points to understand, figuring out what are the right questions to ask, and generating new questions than it is about answering the one question that we started with. And the fact that we can be part of an ongoing dialogue is really what makes being a researcher in this area so valuable.

Sharon: Linking back to your question… assuming that this high quality, action research is being done, the next challenge for us is How do we get policy makers to ensure that the resources are in place, or are put in place so that all children can benefit? We just can't stop with that interesting publication, however brilliant and eloquent it may be. We came up with a

few critical points here, and one of them is that we have to monitor what is changing or what we are learning in the context of the fact that we are hoping to influence policy. And that, on the front lines puts an extra burden, or certainly an extra task, if burden is too negative a word, on a whole lot of people who are already tasked to death. But we do need to know, is the expenditure… are the resources making a difference so that we can take back the evidence and show policy makers that it has been effective, and it's time to be more than a pilot program or spread it further, or make it deeper. And there's the other side of compromise, where sometimes my expectations are not met.

Donna: And as a researcher, I have to sometimes say, "you know what we were convinced was true? -- It's not." Or, "We need to think about what are the conditions under which it's true and the conditions under which we don't see that happening." And understanding what those conditions are pushes us to ask more relevant questions to practice on the ground -- what is needed to make this change, and what is needed to sustain it once it occurs? So that I'm very much aware of the responsibility when I'm talking to policy makers who wants to do good, who want to see positive impacts of a training program or change in policy that they understand that there typically is no quick fix, which we would all like to have, but we can identify the boundary conditions that are required in order for that new training or mentoring program to be effective. Or that for a new policy to be effective, you have to sustain the systems that you assume are in place, because if you do one thing well, but you don't have basic funding stability or a stable staff, or you don't have the next generation of entry-level people coming into the field with the background that is required for this work, then we need to think about how you're going to compensate for that, or you need to change the policy to make sure that staff to have the training and the resources to do this work.

I'm really interested in the more recent work that

you've been doing around the validation of the SpeciaLink Inclusion Scales. I know that you have been doing work on this for the Canadian Council on Learning and we have been encouraging people to use the current versions of the scales to assess and support inclusion quality in various provinces. Can you tell us a little bit about how the validation work is going in advance of the workshop session you are doing tomorrow?

Well the validation work is underway now. In fact, there are two people at the University of Guelph who, about this time I hope, are sitting at their desks and doing work with the data. The new revised scales on Inclusion will really help provide us with benchmarks that can be used to assess whether or not we are seeing change over time from the number of projects that are going to be discussed here. We've had the opportunity to get both pre-test and post-test measures, and often see real change in the scores, but we need to do the fine-grained analysis of the indicators within each item and how items relate together. What I can tell you is that we are noticing already that each item makes a unique and important contribution, but that we are seeing some clusters and some indications that centres that have high scores in some areas are not necessarily high in others. For example, we are seeing that some centres scoring high on aspects that relate to centre practices with the children that have not yet developed or been able to develop a partnership with the local school or school board to ensure a good transition for these children from child care on to school. In other centres, it is obvious that directors and staff are really extending themselves, but are not supported by a Board or Parent Advisory Committee because there is none or because it has not been proactive in this area. So we are intrigued already with how items do and don't cluster together – and what distinguishes centres that not only have generally low, moderate and high scores, but also which ones have more unevenness – with a high score on some items and lower scores on others. We also are wrestling with how to assess inclusion capacity using these scales when there are no children with special needs enrolled in the room or in the centre at the time that the scales were administered.

And – while this is very preliminary, I am also interested in teasing out what distinguishes those centres that really extend themselves through a deep commitment to parents. I also want to know more about those centres that not only do a great job with the kids, but also go further in supporting parents and working with community professionals and the schools – the ones that clearly are the leaders in our field.

Sharon: We are trying to do more than just get a snap shot of what's going on now, we're trying to understand what might be critical for sustainability. That is why looking at principles is important, because beyond the practices, if you don't have written principles where the director, the staff, the parents, the board are really committed to inclusion as an ongoing and essential part of the centre's philosophy and mandate, then you can't be sure that it's going to be sustainable.

I'm really curious about what advice you would give to all of the different kinds of people that are here in the room? What would you like the researcher to know? What would you like early childhood professionals to know? What would you like policy makers to know? How do we continue… how do we not only sustain, but build on and improve and excel in our work to make an inclusive Canada beginning with the early years of experience?

Sharon: When this first generation came into the world, maybe by accident, by saying yes to a persistent parent, by having a child or relative with a disability and feeling that this is the right thing to do, we were building a lot of it on...strictly on values, because there wasn't much out there to tell us much else. And we didn't know -- none of us had gone to school with kids with disabilities, or gone to training programs that talked about disabilities. It was all before that. The second generation came in, whose own schooling had not been with kids with

disabilities. Probably the kids with special needs were in a portable classroom across the playground -- at least they weren't in a whole other building across the town, or maybe they were in a special ed class in the school, and maybe if they were lucky, or they all were lucky then they had lunch in the same room with everybody. And it was only during this second generation's training that they saw the kids with disabilities in childcare… But the third generation is at our daycare centre and they started off in mixed programs where kids with disabilities were included. That was the way it always was for them -- so they went from childcare that was inclusive into schools that were becoming inclusive. And now that they're grownups, they have more to build on and to look back to, as to what an inclusive world is, which a wonderful step beyond where we came from. How do you build that into a world of practitioners who don't have that experience? Well, that's a different question. I guess all of us are hoping that pre-service training programs and in-service training and community-based support services will be more diligent in weaving inclusion issues strategies and values into everything they teach. I think all training, courses and workshops should assume that there will be a range of children in each centre and preschool classroom and that programs should cover everybody.

Donna: You're resonating with me as an educator in a university, and to those of you who teach in universities and colleges, one of our challenges in many parts of the country is maintaining the quality and sustainability of laboratory preschools and sometimes, field placements. And the importance of what you just mentioned of having students exposed to those high quality laboratories and practicum and placements is really critical. It's also really important, I think, to ensure that we have the opportunity to continually upgrade and learn more. So there is a need for Masters level programs in early childhood education that include inclusion as an important component within the program. I think it is also important to be aware that as the current generation of college and university faculty approaches retirement, that we are going to need the next generation of faculty and researchers and community-based trainers and facilitators to have opportunities to learn about inclusion and contribute new knowledge. . We also need more opportunities, between SpeciaLink symposia for shared learning, because there are too few of those opportunities, and we need to break down silos and understand each other's experiences, and address urgent questions… I'm always struck with how one of the things that Sharon and I do as colleagues is to continue to monitor what's changing around us and what contextual changes will affect inclusion. And as I heard the Minister speak this morning, and thought about what is going on in Ontario and BC, we are seeing more and more interest in some kind of a integration across child care and education, between programs and systems. System change is not easy… and it will be critical to ensure that the planning that is being done really addresses the concerns we would have about how the quality of inclusive practice will be addressed, and how partnerships with parents and the community will be sustained in any new integrated early childhood education and care system.

Sharon: So we're talking about practitioners in terms of current practice and for tomorrow. We certainly have talked about seeking out training opportunities and upgrading knowledge and skills and maybe cultivating peer support and mentoring opportunities. And increasingly that are more positions available than there are people with credentials in early childhood education. While people will shop for jobs based on salary, working conditions, and opportunities for advancement, maybe some – or maybe more of them will also look for experience in centres that include everybody – that honour diversity of ethnicity and of course, ability/disability. It certainly is exciting as a new practitioner to have that opportunity. We certainly hope some people will move in that direction.

Collaborating for Inclusion

Developing a Policy That Works

Ryerson Early Learning Centre
School of Early Childhood Education
Dr. Rachel Langford, Director
Sally Kotsopoulos, Manager

Introduction
Our goal in this presentation was to give participants an honest account of the process the Ryerson School of Early Childhood Education (ECE) lab school has undergone in re-writing its inclusion policy over the past 12 months. The intention was to share the lessons the staff and faculty have learned in hopes that these lessons would benefit others who are writing, or planning to write, an inclusion policy.

Ryerson Early Learning Centre
The Ryerson Early Learning Centre (RELC) is the demonstration early learning and care facility for the School of Early Childhood Education located at Ryerson University in Toronto, Ontario. The centre began in 1962 and has a long history of including children with special needs. The centre is currently licensed for 56 children, aged birth through six years. Our inclusion rate flows between 10 and 20 percent of our enrollment. The goal of the Early Learning Centre is to demonstrate, to students, the highest quality of early learning and care for the children who participate in our program. We want students to become confident in their skills in teaching, interacting and building relationships so that when they enter our profession they will readily work with all children including those with special needs.

Why did we feel compelled to update our policy?
In 2007, while serving a number of children with special needs in our program, it became apparent that our previous inclusion policy no longer defined our partners' roles clearly. The policy's language was no longer up to date and several of the practices in the existing policy had fallen by the wayside. In addition, changes in our municipal structure had changed the roles of our resource consultant. The agencies of some of the support professionals who came into our program had also made changes to their roles in the community and the way service would be provided. It was at this time that the decision was made to review the policy and to determine the role of our partners.

History
Although the Early Learning Centre at Ryerson has included children with special needs in its programs since its inception, a policy was not created to guide this practice until 1992. The Ryerson Integrated Childcare Consultation (RICC) project was formed in June 1991 following a day of professional activities attended by the staff (teacher-preceptors) and many members of the school's faculty. A committee was formed consisting of 10 members from the faculty, staff, and students. By April 1992, the committee had drafted a policy manual which was then presented to the faculty and staff members for approval. Since that time, children with identified special needs have been admitted to the ELC following the guidelines of the RICC policy.

In 1998, a RICC committee, including people who were involved in the original committee along with new members, began to review how the policy was working. Some minor changes were proposed but the policy was not formally rewritten. Between 1999 and 2007, guidelines from the policy manual were followed but communication between those implementing the guidelines began to falter and become a problem. In 2007, a decision was made to review the policy. A process for the review was identified by the Director of the school and the managers of the ELC and Gerrard Resource Centre

(GRC). A Masters of Early Childhood Studies student conducted a research project to collect and analyze views on the strengths and weaknesses of the RICC policy. Focus groups and individual interviews were conducted with the teacher-preceptors, the two managers, two resource consultants and family members. Research findings were summarized in a report and shared with all participants. Another committee consisting of faculty, managers, staff, and our resource consultant was established to begin the major work of revising the policy based on the research findings. The committee drew upon other resources such as The City of Toronto Children's Services Inclusion: Policy Development Guidelines for Early Learning and Care Programs and current literature on inclusion, collaboration and a trans-disciplinary model. At this time the policy is still being written. Since 1992 when the first inclusion policy was developed, the policy has been a dynamic and living document subject to reviews and change.

The Previous Policy

The policy, from 1992 through 2007, had several components or sections. The first section contained a philosophy of integration statement (word usage reflects terms current at that time). The statement addresses three levels of commitment to integration/inclusion: a commitment to meeting the developmental/educational needs of all children; a commitment to supporting families in their roles; and a commitment to individualized programming that is achieved through adaptations to the environment, modifications to the regular curriculum and/or coordination of support services to the child and family. In this policy, a goal to include ALL (word emphasized in document) children into the RECL was stated. The second section focused on the following principles of a model of integration:

• The model should be exemplary, flexible, and collaborative.
• Decision making is accomplished in an atmosphere of trust which allows for open communication with mutual respect and acknowledgement of the diverse skills of individuals on the team.
• Staff are responsible for the development and implementation of individualized program plans. Support in the IPP process is available through access to a variety of resources identified by the team (resource consultant, speech-language therapists, OT, play therapy, family supports etc.).
• A child and family-centred focus is achieved through a process of continuously assessing child and family needs, seeking resources to meet those needs and individualizing program plans. (In the 1992 policy parents were case coordinators and advocates for their own child).
• The model needs to responsive to feedback through ongoing evaluation.
• The School of ECE and the ELC will advocate for appropriate resources such as funding, time, and space to allow for the integration of children with special needs and the successful implementation of a model.

Three other statements of significance were articulated in the policy:

1. Statement of Ratio

No more than 10-20% of the children in the centre will have challenging needs. This number was determined because it is representative of the general population and provides a level of integration appropriate for a lab school providing field education experiences. At the same time, before a child with challenging needs is enrolled, the overall needs of all children in the group are considered through consultation with the teacher-preceptors. A separate waiting list is maintained. A minimum of one space per room is reserved for children with special needs.

2. Statement of Confidentiality

Embedded in the procedures is a statement of confidentiality that respects the privacy of individual children, families, and professionals. A statement of confidentiality is to be signed by all staff and students working in the ELC (Early Learning Centre) and

GRC (Gerrard Resource Centre) to remind them of this obligation.

3. Statement of Exceptional Health Needs
Training on procedures for assisting children with exceptional health needs will occur for all teacher-preceptors. To respect the privacy of children and families, disclosure of health needs will be determined on an individual basis. Teacher-preceptors should receive in-service training to update and review procedures on a regular basis from resource professionals or parents.

How does the revised policy work?
The new policy retains some of the content of the old policy including the principles of a model of inclusion. Thus the intention and spirit of our inclusion policy has been consistent since 1992. The new policy outlines in more detail the process and roles that need to be clearly laid out to generate a comprehensive service plan. This change is a result of new procedures for accessing services. For example, in Toronto, our resource consultants are assigned by the City of Toronto, and are housed in a variety of different agencies who receive funding to help pay for their salaries. The consultant assigned to the ELC carries a caseload of about 25-30 children who come from different programs. Although capable of doing observations, screenings and developmental assessments, the consultant's time is limited and must be shared. The resource consultant also arranges for special funding and other resource supports such as occupational therapy and equipment. Speech and language therapists are able to attend our family meetings but cannot carry out their services on our site. Consequently, children must travel to sessions and so must our teacher-preceptors if we want to watch how intervention is happening and provide continuity of service for the child and family. With these changes, it became necessary to understand the different roles of teachers, consultants and other support personnel, their strengths and limitations, in order to best meet the needs of children and families in the program. By outlining the various processes, we are able to provide families with a thorough care approach. We can make sure that children's needs are being met from the very beginning, and that we are all working together as partners. The following charts illustrate the processes outlined in the new policy. The first chart (Appendix 1) shows the flow required to enroll a child who is already identified with a special need before they come into the program. The second chart (Appendix 2) shows the flow required to when a special need is identified while the child is in the program. Both charts show how the centre would continue to serve the child's and family's needs, with trans-disciplinary meetings, writing individual program plans, keeping documentation, providing developmental reports, and communicating on a regular basis. Many of the children who come into our program stay until it is time for them to move into the elementary school system. Our policy includes the transition process we undertake to ensure the family feels supported in contacting the school and arranging the necessary resources for successful placement in the upcoming year.

Our policy also includes forms we use regularly to release information, learn about the family's expectations, guide a trans-disciplinary meeting, set up training for extreme medical issues and write an IPP.

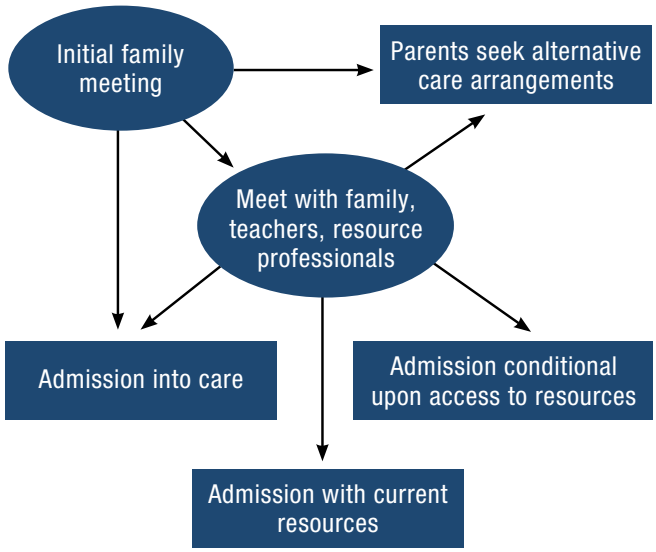
Other Policy Changes
The research our Masters of Early Childhood Studies student carried out demonstrated to us that change is a result of our interconnections with resources, families, the children, our teacher-preceptors and with current research itself. We hope that we can also contribute to research on inclusion policies. The research pointed to three major areas of change required in our policy–language, model, and content. First, our research showed that we all define what we had thought of as common terms differently. We were passionately engaged in the language of inclusion. During the Winnipeg presentation, participants also asked for definitions of teacher-preceptors, resource

consultants, and of course 'children with special needs'. We, therefore, began to develop a policy that defines terms and roles at the very beginning through discussion and consensus building to avoid misunderstandings. Second, the research showed that our model of inclusion has evolved from a Collaborative model to a Transdisciplinary model and each partner influenced by their training and viewpoint within the model affects ourunderstanding of its implementation. Our goal then was to create a model which has a cohesive team where each person's skills are recognized and respected, and expertise is shared equally. Finally our research demonstrated that our philosophy (*presentation handout*) with its six guiding principles required clarity. We have added definitions for concepts embedded in the principles so that any of us who read the policy will be able to follow it.

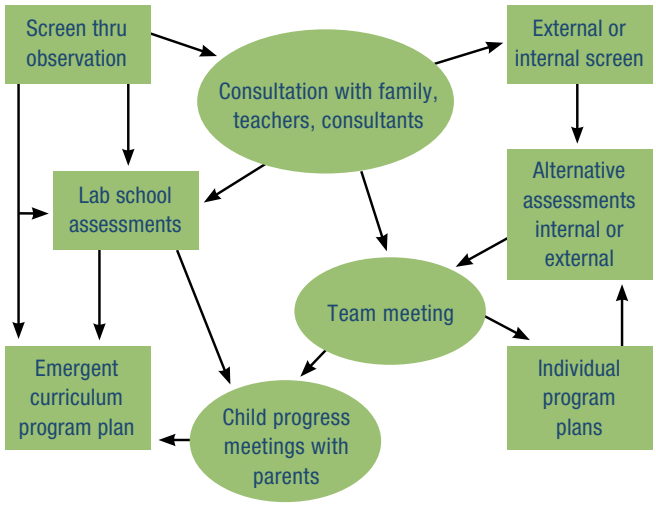
Lessons Learned

Creating an inclusion policy is a complex process that requires everyone involved to be critically reflexive about what is working and what is not. The voices of all of our partners have to be heard recognizing that every centre determines their own partners. We have determined that partners must also include all children in the program and their families. We learned that we have to have a collective vision and understand what each person means when we talk about inclusion. Defining terms is a large part of writing an inclusion policy. We have to be honest with each other, especially about what we can handle in order to commit to a high quality early learning and care experience for every child. The policy has to acknowledge our experiences and address issues we know will come up. The policy has to guide us in exhausting every avenue to ensure our commitment to full inclusion is realized. We have to be realistic about where our limitations are in funding, community supports, our teacher-preceptors' skills and comfort levels, what training is required, and who will provide it. We have to learn how to facilitate change through listening, delegating and research. We learned that a good policy can be implemented, and is the key step in a commitment to inclusion.

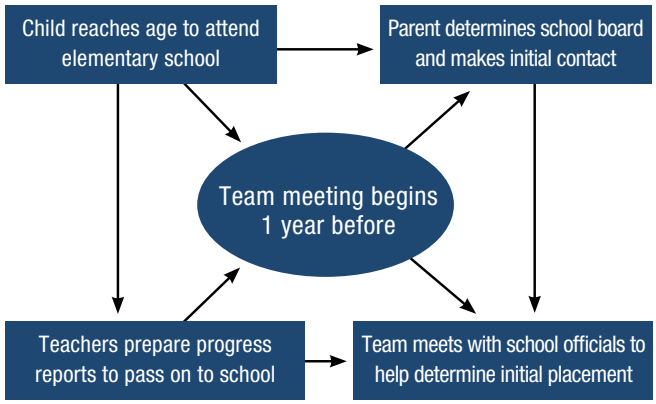
Appendix 1:



Appendix 2:



Appendix 3:



Partnerships For Inclusion

Nova Scotia Lessons Learned

Carolyn Webber and Shannon Harrison

In 2003 Partnerships for Inclusion – Nova Scotia was developed in order to support the inclusion of children with special needs in high quality early childhood environments through a quality enhancement process. The premise of the project was that sound early childhood practices are the foundation for serving children with and without disabilities. From 2003 to 2008, Partnerships facilitators worked in licensed early childhood facilities throughout Nova Scotia using a model of on-site consultation to support inclusion and enhance program quality. The model was developed to provide early childhood educators with access to current research and best practices. Facilitators worked with ELCC programs using strength-based collaboration and consultation to assist in program development to achieve higher levels of quality and inclusion.

Partnerships for Inclusion was a province-wide initiative. Five facilitators were hired to work with licensed centers in five regions of Nova Scotia. Centres were invited to volunteer for the project. For the first two phases of the project, letters describing the project were sent to all licensed child care facilities; however as the project continued, word spread and centres became aware of Partnerships. When they volunteered, centres committed to a process that lasted 14-18 months. All staff were involved in the process of program evaluation and quality enhancement. The program included evaluations, meetings, weekly visits from their facilitator, staff training, professional development, and hands on work within the classroom.

Tools Used for Measuring Quality:

Early Childhood Environment Rating Scale - Revised (ECERS-R)

The Early Childhood Environment Rating Scale (ECERS-R) comprehensively defines quality in preschool settings. The 43 items of the scale cover seven categories:

- Space and Furnishings
- Personal Care Routines
- Language-Reasoning
- Activities
- Interaction
- Program Structure
- Parent and Staff

The ECERS-R is used worldwide to evaluate quality in early childhood environments. It is based on Developmentally Appropriate Practice. It is objective and reliable as well as being easy to understand. The ECERS-R validates the strengths of a program but also determines the areas of a program that have weaknesses. As well, the scale highlights concrete examples of components of a good early childhood program making it easy to set goals and objectives for your program.

SpeciaLink Child Care Inclusion Practices Profile and Principles Scale

Scales were also developed by Sharon Hope Irwin of SpeciaLink to evaluate levels of quality in inclusion practices and principles within programs. Although the ECERS-R is a comprehensive assessment of global quality, it does not adequately address issues related to inclusion of children with disabilities. Dr. Irwin developed the SpeciaLink Child Care Inclusion Practices Profile and Principles Scale to evaluate both the practices related to including children with special needs and the principles that guide those daily practices.

The Centres:

Centres varied in inclusion history – from beginners to long-time leaders. They also varied in resources within centres and in the support they received from professionals. 2/3 of centres had at least 1 child with

identified special needs enrolled. Most centres had some prior experience with inclusion, but this was often "informal" and only if a child with special needs came up in the queue. Only 16% of centres had a written policy statement on inclusion while 86% had a written statement on quality.

The On-Site Consultation Model:

Results:

- 86% of centres improved ECERS scores
- One of every three centres improved by more than one full point
- At the second assessment, 71% of centres scored more than 5.0
- Improvements occurred for centres at all starting points, but those with lower initial scores generally improved the most
- Inclusion quality showed limited evidence of substantial change in the sample as a whole.
- Cohort 1 showed a slight increase in Principles Scores compared to Cohort 2 but neither increased in average Practices scores.
- Cohort 3 increased slightly in Principles and Practices; however Cohort 4 showed no change.

There was anecdotal evidence of improvement within individual centres found in facilitators' reports and interview data.

Administrators and educators found that…

- They were more effective as a team
- There was staff renewal, engagement and reflection
- The changes diffused throughout the centre
- There were many positive responses from the children
- Staff- child interactions were more responsive and meaningful

Ongoing concerns that must be addressed:

- Need for equipment and improved facilities
- Need for financial assistance for additional staff
- Staff readiness, attitudes, capacities, and support available

Funding stability

Critical features that supported the success of the project were that:

- Success was built on relationships - Facilitators spent much time and energy building a relationship with staff based on trust and respect.
- The project was arms-length from government – The project was not linked with licensing. Facilitators were not enforcers but rather supporters and facilitators of change.
- Participation was voluntary – By volunteering to participate, centres displayed a willingness to reflect on their practice and make changes.
- The model was responsive and evolutionary – The model was changed and adapted to meet the needs of the centres involved.
- The process was collaborative – The facilitator was not the "expert". Centres led the process with facilitators providing support and resources

Lessons Learned:

Lesson 1 - Change is hard

Change is difficult because people do what they know how to do, and most of the time they believe in what they do. In a child care setting, the individual's actions and desires are meshed with the actions of others Therefore, change creates a ripple effect and all are affected by any changes made.

Change takes time. Time away from children, time to sustain change. Change evokes mixed emotions and may create discomfort. Change happens best slowly with opportunities for input given to those most clearly affected. Ideally, any changes should engage global thinking and flexibility, with all stakeholders . Change provides opportunity for understanding not only where you are going, but where you have been.

Stages of Concern about Changing

Awareness Concerns

• What are you talking about?

Information Concerns

• Well, give me more information.

Concerns about consequences

• How will it affect me?
• What's in it for me?
• How will it affect others?

Logistical Concerns

• How do I implement the changes?
• Do I do this alone or collaborate with others?
• What strategies do I use?

Accountability Concerns

• What are the outcomes for children, families, program, and community?
• How do I know if it is working?
• How do I communicate success?

Concerns about refocusing

• What new ideas and challenges are generated by the changes?

• Where do I go for future support?

Great truths about the change process:

• For change to occur, both bottom-up and top-down strategies are necessary
• Change requires that all parts of the system play a role in the process
• You cannot mandate change
• You cannot make people change
• New ideas often require individuals to change their behaviour which may necessitate having a reason to change or recognize the need to change
• Every person is a change agent
• The change process should be broadly participatory
• For change to occur, multiple stakeholders need opportunities to listen and to understand the unique perspectives each brings to the issues at hand
• Change is a process, not a blueprint
• Change does not happen quickly
• It is a gradual process that requires time
• Effective change strategies are relevant to practitioners' contexts and are responsive to practitioners' skills and perspectives, thus providing reasonable alternatives to current practice
• Change requires ongoing support
• Change is best facilitated by continued support and monitoring
• The process should include opportunities for communication, dialogue, and planning as new issues and concerns emerge.

In order for change happen, the person expected to change has to want to change and must see the rationale and understand the need for change. As well, the person must see the difference between current practice and the ideal goal. Finally, she has to have some control over the change, for example, what it involves, how, and when it is made and she will need support throughout the change process.

The agent of change must have a trusting, positive relationship with the person expected to change. She must have the skills and knowledge to help the person expected to change to understand and buy into the need for change. She must be able to empower the person expected to change to be internally motivated. Most importantly, the agent of change should understand that change will take time so must have patience, and be flexible.

Lesson 2 - Reflective Practice is the Key to Success

Simply put, self-reflection is looking at what you do, considering its impact, thinking about what made you do it and considering how you could make it better. Self-reflection is both a method and an attitude. It promotes understanding and empathy for children

and parents and fosters personal growth. Self reflection should be an on-going process and it does make a difference.

Through the process of self-reflection, practitioners discover the source, meaning and implications of beliefs. Reflection provides opportunities to look at the effects of our actions, attitudes and beliefs on children. It can illuminate tacit understandings that have developed around familiar practices and help us examine the nature of problems and their underlying causes. Self-reflection may help temper unsubstantiated judgments, explore alternative solutions to problems, and release unused creative resources.

Lesson 3 - On-site Support Works

Making the Transfer from Theory to Practice

	Knowledge and understanding	**Skill in applying**	**Transfer to repertoire**
Theory	90%	25%	5%
Demonstration	90%	50%	5%
Practice	90%	90-95%	5%
Feedback	90%	90-95%	5%
Coaching	95-100%	90-100%	90%

Coaching is one way to ensure transfer of training in a staff development program. Reliable transfer seems to require some form of consistent follow-up.

Lesson 4 - You can't have a good program for children with special needs if you do not have a good program.

The level or degree of success of a project like this will depend on many things:

- Commitment
- Dedication
- Resources
- Time and most importantly…
- Attitude

Suggested Reading:

Lero, D.S. & Irwin, S.H. (2008), Improving Quality, Enhancing Inclusion: Partnerships for Inclusion – Nova Scotia; Guelph, ON: Centre for Families, Work, and Well-Being, University of Guelph

Reaching IN…Reaching OUT (RIRO)

Jennifer Pearson

Reaching IN…Reaching OUT (RIRO) is an evidence-based skills training program designed to promote resilience in children seven years and younger. RIRO's skill-set helps adults help children Reach IN to face life's challenges and Reach OUT to others and opportunities that encourage learning and healthy development.

The RIRO skills training program has been shown to provide adults with a roadmap to navigate major stressors and everyday frustrations with resilience, thus increasing their ability to role model effective thinking and coping strategies in their daily interactions with children. In addition, training participants report that RIRO's skill-set enhances the relationship they have with the children in their care.[1]

Studies show that relationships can be an important protective factor for children exposed to harsh conditions, such as poverty, neglect and abuse, as well as those living with a disability [2,3,4] Adults who have successfully transitioned from such circumstances in childhood consistently cite the importance of one person in either a family or community environment that encouraged them to believe in themselves and their capacity for resilience.[5, 6]

Resilience has been defined as the ability to "cope well with adversity" [7] and "persevere and adapt when things go awry." [8] Resilience helps people steer through everyday stresses, overcome childhood disadvantage, bounce back from adversity and reach out to opportunities. Over thirty years of research tells us that resilience makes people healthier, live longer, more successful in school and jobs, happier in relationships and less prone to depression.[2, 8, 9]

Research says that we all have the innate capacity for healthy development.[10]

Yet, some people feel helpless in the face of adversity, so they easily give up attempts to change or improve the situation. Others facing similar circumstances, see the adversity as a challenge or problem that can be solved if they look for options and keep on trying.[2 11]

Resiliency researcher, Martin Seligman, discovered that the way people think about adversity and opportunity influences whether they bounce back or give up.[9]

Seligman listened to thousands of people describe their thoughts about why both positive and negative events had occurred in their lives. He concluded that people develop thinking patterns that cause them to react to situations out of habit and jump to conclusions that may be self-defeating. Seligman found that these "thinking habits" relate to "3Ps" people unconsciously use to explain why things happen and what impact they will have: Personalization-Who or what the caused the problem? (Me/ Not me)

Permanence- How long will the problem last? (Always /Not always)
Pervasiveness- How much of my life will this problem affect? (Everything / Not everything)

These thinking habits, summarized by the "3 Ps" turn up in the research about how people's thinking and coping patterns can lead to depression, aggression and optimism.

People who combine "Me/ Always/ Everything" thinking habits are prone to feelings of helplessness and depression. [9]

A"Not me /Always / Everything" thinking pattern can also elicit feelings of futility. However, instead of feeling depressed, this combination can make people feel trapped and angry. This thinking habit can lead to aggression and in extreme cases, to criminal behaviour.[12]

A "Not me/ Not always / Not everything" combination is related to optimistic thinking.[9] However, used habitually, this thinking pattern can promote an unrealistic or inaccurate view of situations. For example, unbridled optimism may cause people to ignore signs of serious relationship or health problems, preventing them from addressing the situation and seeking help.

Here's the good news – people can learn to be more resilient by changing how they think about the situations they face. And importantly, for people who care for young children, research tells us that role modeling resilience is crucial. By age two- three years children mimic the thinking and coping styles of adults around them. By age eight, most children have already developed thinking habits as they process adversity and opportunity.[13]

Realizing the importance of adult role modeling as a resource for children's early learning, RIRO's sponsor, *The Child and Family Partnership, searched for evidence-based models that could be used to promote resilience in child-serving professionals. The partnership found the Penn Resilience Program (PRP), a cognitive /behavioural, social problem solving approach used to teach resiliency thinking skills to people eight years and older.

The PRP skills are designed to help people handle stress and frustration, gain perspective in times of trouble and deal effectively with problems, conflicts and opportunities. In addition, research shows the PRP thinking skills help prevent or reduce depression.[12]

In 2002, The Child and Family Partnership received funding from Social Development Canada to adapt and test the feasibility of using the PRP model with young children in child care. The Early Learning and Child Care (ELCC) sector was chosen to pilot the skills because of the daily exposure Early Childhood Educators (ECEs) have with young children and their families, as well as the range of needs children display in typical child care centres.

From a research perspective, the Partnership wanted to know if the PRP skills would help ECEs role model resilient thinking and coping strategies in their everyday interactions with children. In addition, they wondered if any of the adult skills could be introduced to the children directly, if they were adapted in child-friendly ways.

Four diverse child care centres in Southern Ontario were included in the pilot project. The centres were chosen for their geographical, socio-economic, and cultural diversity as well as the quality of their existing programming and staff. The centres included an ECE lab school, primarily serving two parent income families; a municipal centre in a suburban/rural setting with a high percentage of children with special needs and families experiencing financial and social stresses; a centre located near a public housing project, and a downtown centre, both serving children and families from diverse backgrounds with an array of needs and stressors in their lives.

Twenty seven ECEs and centre directors were taught the PRP adult skill set. After practicing the resiliency skills in their own lives, they introduced the skills by role modeling during their daily interactions with approximately 225 children ages 2 ½ to 6 years. ECEs also introduced selected skills directly to the children

through child-friendly approaches, such as puppet plays, stories and activities.

Formal evaluation revealed that children as young as 3½ years were able to benefit from the child-friendly activities. And adult role modeling of the skills was appropriate with children of any age. ECEs reported additional benefits including reduced job stress, better adult communication and increased teamwork. In addition, the evaluation found that ECEs were able to develop and role model several critical abilities researchers associate with resilience, including emotional regulation, impulse control, causal analysis, empathy, self efficacy, realistic optimism and reaching out. 8 ECEs observed changes related to these critical abilities, in both, their own and the children's behaviour.

For more details about the pilot research results, please go to RIRO's website www.reachinginreachingout.com.

Based on the promising results of the pilot study, Social Development Canada provided funding to develop a specialized skills training program for ECEs and other child-serving professionals. Part one of RIRO's skill training gives participants the opportunity to practice skills that promote "3 Rs of Resilience":

- Relax - skills that help calm and ease stress in the moment
- Reflect - skills that help challenge non-resilient "thinking habits" and generate alternatives for a more flexible response to conflict, change and challenge.
- Respond - skills that help handle adversity with "realistic optimism" (knowing that positive outcomes are achieved through effort, planning and problem -solving.)

Part two of the training helps professionals apply the skills to children in their care.

In addition to the skills training program for child-serving professionals, RIRO has developed curriculum modules for college and university students. RIRO's website offers free downloadable print and video resources including the College Curriculum Modules, RIRO's Resiliency Guidebook and ResilienC, a quarterly newsletter about resilience promotion.

In Spring 2006, RIRO was awarded a three-year project funding by the Ontario Trillium Foundation to develop, pilot and implement an evidence-based "Train-the-Trainer" program and to create a trainers' network to roll out RIRO skills training in the ELCC sector across Ontario. To date, nearly 2000 child-serving professionals and paraprofessionals have received the RIRO skills training. Results from post training surveys sent to participants one to three months after the training are confirming the original pilot study findings. See RIRO's website for more details about the post training results.

RIRO's goal is to promote children's resilience by increasing adult's awareness of the importance of creating resilience-rich environments for young children through warm, nurturing relationships and by role modeling resilient thinking and behaviour in their daily interactions. RIRO is committed to making resources and training about resiliency promotion widely available to professionals, paraprofessionals, students and caregivers.

For information about "Train the Trainer" opportunities, contact RIRO's coordinator, Dr. Darlene Hall by email: Info@reachinginreachingout.com

The Child and Family Partnership:

Special thanks to Dr. Andrew Shatté, originally from the Penn Resilience Program at the University of Pennsylvania, for his consultation to the pilot project and permission to use the original written materials on which the RIRO Skills Training program is based (Reivich, K. & Shatté, A. The Resilience Factor, 2002, New York: Broadway Books).

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ECCE's Integral Role in Ending Exclusion

A Personal and Public Perspective

Judy Wasylycia-Leis, Member of Parliament

Access to quality child care was a driving concern of mine throughout my 20 year political career. For me it is fundamental to the achievement of women's full equality and it is also a central feature of civil society. Whether at the Manitoba legislature or the House of Commons in Ottawa, the struggle for publicly-funded and accessible child care is political and it is the dream of achieving such a public policy that keeps me active in political life. But access to child care is also a very personal issue for me. It is personal because if I had not had the benefit of a wonderful daycare for my two boys, I would not have been able to pursue my chosen career of elected public office. Furthermore, if it had not been for the inclusion of my special needs son into that daycare, I quite simply would not have been able to continue my political work.

Pregnant with our second son, my husband and I learned that our first-born had a rare brain disorder that caused uncontrollable seizures and profound developmental delays. Already enrolled at the Care-for-Kids Co-op Daycare, Nick, along with his parents, healthcare professionals and the daycare staff began a journey that was life-changing for all involved. There was never any question about Nick staying and being fully included in his daycare. With the help of additional staff approved by the Manitoba Child Care Office, our daycare welcomed Nick and was a vital part of the team working to document, diagnose, and treat his disability. It was also key to helping us deal with the shock, the uncertainty, the fear, the guilt and the stress that quite naturally occurs whenever parents are confronted with the news that their child has a disability and, in our case, such a rare disorder where there are only 11 male cases in the world. Every step of the way, our daycare was there in extraordinary ways breaking new ground in the direction of totally inclusive child care. Keep in mind this was 20 years ago when the movement to end exclusion was just beginning. To this day, I see the work of Nick's daycare as a model for inclusion, an example of

what is possible when the will and the resources are there.

Some of those innovations pursued all those years ago are as follows: coordination of a meeting very early on in the process at Nick's daycare involving the daycare director and staff, the paediatric neurologist assigned to Nick's case, a representative of the provincial child care office, and my husband and myself. From that day forward, Nick's well-being became a partnership between his family, his daycare and the medical community. Attending round tables, observing Nick at occupational therapy, keeping track of seizures - these were all ways the daycare played a role in helping understand and respond to Nick's condition. As well, the daycare was central to the identification of new and emerging needs such as speech therapy.

A communication book that went back and forth between home and the daycare every day was fundamental to addressing Nick's needs and was a key source of information for medical purposes. Details about seizures, reactions to drugs, changes in behaviour were all documented and were vital to the process of piecing together this rare disorder and of making medication and dietary changes.

Advice from Nick's caregivers about behavioural issues and disciplinary matters proved vital in our journey not just as new parents but as new parents of a child living with a disability and expecting our second one. The support and guidance of the daycare staff helped us develop better parenting skills and to deal with the stress of juggling not just work and children but political life and parenting a special needs child.

The personal has certainly influenced the political. I am more determined than ever to work for a national child care plan based on the principle of inclusion. It means recognizing this as a fundamental right and freedom as well as a benefit to our economy keeping in mind that every dollar invested in special needs child care produces seven dollars in savings down the road. This means persistent pressure on the federal government not only for a national early childhood development and education program that is publicly-funded and universally accessible, but also for the ratification of the United Nations Convention on the Rights of Persons with Disabilities which states very clearly that, children with disabilities should have full enjoyment of all human rights and fundamental freedoms on an equal basis with other children.

Since for me the personal is political and since my dream of inclusive accessible child care comes from that perspective, I leave you with a story I wrote a few years ago with the hope that it will inspire you and keep you devoted to the pursuit of special links.

The Tooth Fairy Story

It is Mother's Day. The suitcase from my weekly Ottawa-Winnipeg flight sits there waiting to be emptied and repacked. A bigger suitcase is sitting out on the bed waiting to be packed. It is for my husband and our son Nick who has a disability and is off to Montréal Neuro for more tests and brain surgery. His younger brother Joe is running around looking for the 'dippidy-doo' for his cool new hair do all the while fretting about absences from parents and asking questions about death. The phone keeps ringing with calls from constituents. There are events to be attended. Arrangements for the sitter have to be confirmed. Summer camp registration is late and the lawn has to be mowed. I'm almost out of control and starting to do this thing where I walk wildly around the house because there's too much to do and I don't know where to start.

But then I get a mother's day card from my husband and two boys. It says, "Why did the Mom cross the road?" Opening it up it reads, "No-one could tell really. She was mumbling to herself about peace and quiet. She circled the block a couple of times and came back a lot happier." The card helps: actually it lifts me up because I'm reminded that lots of other women are involved in this daily juggling ritual and because I'm surrounded by people who support what I'm doing and accept the way I am.

My time in politics has been exactly concurrent with my time as a parent, my first-born having arrived just a short time before my first election as an MLA and my second son being conceived in the middle of the next campaign. I can't separate out these two parts of my life. They have become interwoven. Has the personal become political or the political now personal? I am not sure; what I do know is that the very thing that creates the stress and complexity in my life is that which drives me and gives me a sense of accomplishment. When I dip into the memory box, all I come up with are stories from the intersection; the place where family and politics/women and politics overlap and connect. It is my oldest son who, at the age of 2 having observed my feverish pace to sign up members for my first nomination race, saw me looking for something in the kitchen among the pots and pans and asked, "are you looking for a membership?" It is my other son, at the age of 2 or 3, when I was busy fighting child care cutbacks at the Manitoba legislature, announcing that the government had come to his daycare and stolen all the money. It is messages of support when I breast-fed Joe as a newborn at the Legislative Building and realizing this act had probably more impact than all those speeches on women's equality. It is taking the knowledge that comes from having a son who is mentally challenged into the political arena and speaking out against the speed by which society is ditching its responsibility towards the fragile, the aged and the at risk. It is the inner peace that comes from overcoming the

feeling of being powerless and knowing that in the process others are inspired to turn fear and anger into political action and positive change. It is knowing that somehow despite our worst fears we pass on something of our values and sense of responsibility to our children. That happens when I draw on the memory of my youngest son who, at the age of 9 was able to counter school-yard talk that all feminists are lesbians who kill their children and divorce their husbands by asserting that feminists are people who stick up for women's rights. That happens when my child in one of his tearful good-byes as I leave for Ottawa shows me that deep down he understands why I do what I do when he says, "why couldn't I have become an actor or a singer and donated all my money to the poor?"

What more can I ask for? To instill knowledge and impart by example, that is surely our best defense against unreasoning prejudice and forces that seek to destroy. That is what keeps me going. That is what creates clarity in a world of unprecedented change. That is why I am grateful for the women who came before and showed the way. The women who had political courage, who listened to their inner voices, who transformed personal experiences into public action, who acted upon their beliefs. It is as Gloria Steinem said almost 30 years ago, "we wish for all of us the courage to hold on to a vision of a world in which children are born wanted and loved, with enough food and care and shelter to grow up whole. The vision of all people as perfectible and transcendent - free of the social prisons of sex and race - and remarkable for the hopes and dreams and capabilities that exist in the unique, unrepeatable combination in each of us." The courage of so many women today to hold onto that vision also keeps me going. And maybe what I'm doing involves some courage. But mostly it involves good supports, some luck, and a little magic. So what's my cause for celebration today? It is the relief of surviving another day and not dropping too many balls in my daily juggling act. This morning I thought I would check out my horoscope and couldn't believe what I read. It said, "balance work, family and romance; one is getting short shrift." All I could say was give me a break!

As I hope you can tell from my story, what I celebrate most of all is making a little difference at that place where politics and children intersect. Which brings me to my last memory of when Joe lost a tooth and, before bed, put it under his pillow. The next morning the sitter arrived at 6.30 am so I could get to the CBC Studios by 7.00 am for an interview on genetically-altered foods. Just before we went on air, I remembered that I had forgotten to replace the tooth with some money and immediately broke out in a cold sweat. Well somehow I survived the interview, got home by 7.30 before my son had awoken and made the switch. What a reason to celebrate! I made a little difference on the political front, the old parenting instincts kicked in and, most importantly, there is still a tooth fairy.

Family Centered Practice

Where are we? Where are we going?

Barb Reid,
Executive Director, G.R.I.T
barbreid@gritprogram.com

Synopsis of Session/Discussion
This interactive workshop shared the learning journey as they challenged themselves to link their program philosophy of Family Centered Practice with day-to-day experiences for families. As an innovative early childhood intervention model for children with severe disabilities, becoming truly family centered began with critical exploration and reflection on professional's values, beliefs, and current practices (behaviors) for engaging families and increasing parent involvement within the program.

This workshop highlighted the eight year journey of The GRIT Program through the adoption and application of family centered practices. More recently, the focus shifted to include evaluating our effectiveness. As the outcome of family centered practices can only be measured through the perspective of the families themselves, the presenter also shared how the program evaluated their adherence to the practices, as viewed through the eyes of parents in the program.

Family Centered Practice is a process that links behaviors of professionals with outcomes for families The work of Carl Dunst and colleagues, describes family centered practice as a philosophical value based approach whereby program practices "place families in central and pivotal roles in decisions and actions involving child, parent, and family/ community resources that strengthen existing capabilities and promote child, parent and family competence" (Dunst & Trivette).

AAA Model - Adoption, Application and Adherence (Carl Dunst and Carol Trivette)
The three essential processes, adoption, application, and adherence to family centered practice principles were described as well as examples of the reflective practices engaged in as a team of multi-disciplinary professionals. The workshop also engaged participants through exercises to evaluate their own professional values and behaviors as they relate to providing support to families. The evolving nature of relationships and interactions between parents and professionals is critical.

1. Adoption of principles: The actions taken to select and determine how principles will guide program practices
    - Statements of beliefs about how supports and resources ought to be made available to parents/ family members
    - Value statements that describe how staff will interact with and treat families

2. Application of principles: The day- to- day behaviors used by professionals to interact with families. Professional and parent relationships from two dimensions: relational and participatory.

a) Relational Behaviors associated with "effective help-giving". The professional's ability to develop trusting relationships with parents is foundational but only the first step to moving into more participatory levels of interaction i.e. compassion, active listening, empathy, mutual trust, collaboration.

b) Participatory Behaviors: It is the success at the participatory level where "active parent engagement" leads to increased confidence and competence in the skills, knowledge and abilities needed for parents to access needed resources and supports.
    - essential to shared decision-making and

family choice
- experiences to meaningfully involve families in actively obtaining resources, supports, or desired life goals.
- building on current assets of the family and providing opportunities for new learning.

3. Adherence: The extent to which program participants (parents) judge their experience as being consistent with the guiding principles of family centered practice. In 2006-2007, GRIT formally evaluated our effectiveness in adhering to the principles value statement identified in the area of family centered practice. Over the past two years, parents who responded to a mailed survey consistently indicated that based on their experiences with GRIT's practices, they are highly satisfied or exceeded their expectations in six areas:

- seeks and promotes parental input and active participation
- respects and supports parent priorities for their child and family
- increases parent's knowledge and confidence about their child's development
- enhances parents' confidence in their ability to advocate and positively influence the future for their child and family
- gains sufficient information to make informed decisions, and
- the program responds sensitively to parents' concerns.

In addition, statistical information regarding parent choice for school placements indicates that 84% of parents choose inclusive grade one classrooms for their children with multiple, complex/ medical needs, with transition support provided by the GRIT Program.

Closing:
The workshop closed with an emphasis on the need for professionals to engage in reflective practices. We all need to develop a circle of "critical friends" who will challenge our skills and confidence to continue to stretch and grow in our application of best practices.

The field of early childhood special education has changed. It is time for policy makers, administrators and practitioners to change too. This begins by an examination of how we treat our most valued team member… the parents.

About GRIT (Getting Ready for Inclusion Today):
GRIT is an exemplary, fully inclusive early childhood program serving 72 families of children with severe disabilities between 2 ½ - 6 years of age. Located in Edmonton Alberta, the GRIT Program is well recognized for their long-standing commitment to the core values of: community inclusion, family centered practice, learning through play, and being a learning organization. These values are supported in the best-practices of current research to ensure children's development is maximized, independence is strengthened, and children become full participants in their family life, community and neighborhood school.

The program offers an interdisciplinary consultative/ coaching team model, with parents as active members of the team. Other team members include; a certified teacher, speech language pathologist, occupational therapist, physical therapists, as well as a developmental specialist (1:1 support person) to provide the daily support needed to ensure the child's maximum participation and success. GRIT coordinates with community agencies to access other specialized resources as needed (i.e. vision/ hearing consultants, behavior specialists, adapted phys.ed. etc.).

Program hours are typically a half day, Monday - Friday throughout the school year. Children receive support in natural settings, where they would be if they did not have a disability. Therefore, educational programming occurs in the child's home, community (park, library, swimming pool etc.), neighborhood play school, and kindergarten in their community school.

Children involved have diverse diagnoses including: Cerebral Palsy, Spina Bifida, Down Syndrome, Autism, visual and hearing impairments, global developmental delays, medically fragile (including

palliative), as well as an increase in children with mental health related diagnoses.

About the presenter:
Barb Reid has been working in the field of early childhood / special education for more than 25 years. Presently, as the Executive Director with The GRIT Program (Getting Ready for Inclusion Today) her professional practice is grounded within community inclusion, early childhood, and family centered philosophies. Barb draws experience from her varied roles including early intervention consultant, college instructor, teacher, and administrator. Barb is committed to supporting families as they increase their knowledge and confidence to guide their vision for their son or daughter's future.

Amazing Resources:

www.researchtopractice.info

Research studies of Carl Dunst and colleagues translated for service providers and families

www.fipp.org/casetools.php

Instruments and scales developed by Carl Dunst and colleagues to evaluate outcomes

Canadian content!

www.canchild.ca

MPOC – Measure of Process of Care

Articles for families, service providers and policy/ decision makers

www.specialinkcanada.org

www.earlyinterventioncanada.com

www.investinkids.ca

The GRIT Program
(Getting Ready for Inclusion Today),
Edmonton Alberta.
780- 454-9910
www.gritprogram.com

Vision, Policies and Practice

On the Road to Inclusive Child Care

Community Living Manitoba
Child Care Inclusion Committee

Donna Freeman, Director of Programs
Discovery Children's Centre
Robyn McEvoy, Assistant Director
Anne Ross Day Nursery
Tracy Porhownik, Executive Director
Can You Imagine Preschool Care and Educational Centre

Introduction
Our goal in this presentation was to share information on the importance of inclusion in early childhood settings. We briefly outlined SpeciaLink's Inclusion Practices, Profile and Principles Scale as a starting point for developing inclusive attitudes and goals. Because knowledge, ideas and group participation is highly valued, the workshop continued with a brainstorming session regarding inclusive thoughts, visions and missions, and a brief discussion of the Community Living Manitoba Child Care Inclusion Committee's vision statement for inclusion.

The overarching goal of this workshop was for participants to apply information, knowledge and benefits regarding inclusion in child care to current child care settings and develop recommendations and improvements.

The results of this workshop reflect the child care setting's vision for inclusion, ideas for converting these policies into practice, as well as new-found energy and enthusiasm that comes from working with like-minded individuals to make positive changes in the lives of children and their families.

Community Living Manitoba
Child Care Inclusion Committee
ALL children bring gifts and have the right to be valued, accepted and included. We embrace inclusion and celebrate diversity as the means to foster the well being of every child and thereby enrich our communities. All are entitled to full participation and support to meet their individual needs using a strength based, family centered approachwhereby we all learn from each other.

This vision statement is at the heart of the work being carried out by the Community Living Manitoba Inclusion Child Care Committee.

The Community Living Manitoba Child Care Inclusion Committee formed in 2003 as a group of child care professionals seeking to network and advocate for meaningful inclusion of children with additional support needs in child care settings. Our work has led to the creation of a Vision Statement for inclusive childcare, workshops to change attitudes and increase success when including all children, and a comprehensive resource kit of inclusive statements to supplement early childhood education centres existing policies for job descriptions, parent policies and personnel policies. The Canadian Association of Community Living recommends that measures of inclusion must be built in alongside other elements that are considered to be part of "high quality" early learning and care. High quality child care is inclusive child care, and this workshop was structured to inform child care professionals of a resource for updating their current policies and practices to become more inclusive of children with additional support needs. We recently participated in another PATH to help determine our new direction with the completion of these projects, and we hope to continue and build on this work.

Presentation
Canadian Association for Community Living stresses that high quality child care IS inclusive of all children and their families. Child care centres and homes cannot consider themselves to be high quality places for children unless all children can fully benefit from their services. Meaningful involvement is being invited on a

play date or to a birthday party, being seen as one of the group. Because we all need special supports at times, that doesn't need to be cast in a negative light. It is just a fact of life and explaining that to children and adults helps them to understand that we all have good days and bad days, strengths and weaknesses and teaches a more positive approach to including all children and families.

Child care inclusion means that all children can attend and benefit from the same child care programs. The principle of inclusion fully incorporates basic values that promote and advance participation, friendship and a celebration of diversity. Not only is the ability to attend important, but the ability to fully participate in the program is necessary for social inclusion. In an inclusive setting, children become friends with each other based on common interests, needs and goals and differences are accepted as a natural part of life.

The SpeciaLink's Inclusion Scales help assess inclusion in child care centres. Used together with the ECERS-R, they provide a picture of sustainable and evolving inclusion quality. Some provinces and agencies would like to believe that in order to become inclusive you can simply enroll a child with special needs and add some supports; research tells us that it's not so simple, this in itself will not work.

After a centre has determined the direction it will follow with inclusion, it must be clear about its vision, mission statement, beliefs and values, goals, objectives and finally its action plan. The vision is the starting point. The clarity of the organization's vision in regards to inclusion will play an important role in creating and sustaining a learning environment that leads to inclusion and quality. It is the responsibility of the organization's leader to ensure that inclusive statements are a part of the vision. If the leader is not recognizing the importance of inclusion, someone needs to point it out. Inclusive statements in the organization's mission will show that you value inclusion. Your mission clarifies what you will accomplish. The mission affects all parts of your practices. Your vision leads to your mission which guides your actions on a daily basis.

Developing inclusion policies or embedding inclusion principles is an important step on the road to full inclusion. Together with your philosophy statement, your inclusion policy describes the "culture" of your program. The purpose of having an inclusive policy is to guide your practices and point out to others that this is a big part of what your centre is about and why you do some activities and routines a specific way. Policies must become your own; every centre is different and inclusion will look different in different centres- based on the children and families who attend your programs.

Policies and statements can not stand on their own. Procedures must be put into place to be sure that this is happening. It is necessary to adapt, modify, accommodate and individualize; what ever it takes to include ALL children.

To start the change we need to be sure that everyone knows about your vision, beliefs, values and goals. Inform and educate your parents, staff, board members, and the other children. They must all become aware of your objectives and action plan to become inclusive. Community Living Manitoba's Child Care Inclusion Committee has developed the Inclusive Policies Resource Kit which can be used as a tool in this process. (Website: aclmb.ca -look for Inclusive Early Childhood Education)

Feedback from Participants

There should be more consistency from province to province, region to region. Participants reported that they knew of parents that were making choices of provinces to reside in based on what supports that province made available to families who have children with special needs. Some provinces offered many supports; others offered few supports to families and Early Childhood Education programs. A part of the difficulties with the inconsistency from province to province is the lack of clear definitions.

Adapt, modify and accommodate. All of these actions speak to ways that programs can become inclusive. All children can be included in existing programs when the ECEs adapt, modify and accommodate. If a child has a

life threatening allergy, and the child is not able to eat at the same table as the group of children, there are ways to accommodate the child's needs. Another small table could be placed up against the group's table and the child with the allergy can join the group for meals.

All provinces are having difficulties in finding and retaining trained staff. In order to retain staff, funding needs to be increased so that staff salaries can be increased. With present staff salaries it is difficult to attract new people in the field and also hard to keep them in the field. A solution to the funding problem should start with a publicly funded system.

For a centre to begin to practice inclusion, the staff has to have an inherent understanding of the inclusive policies and practices. Staff will need support and specific training. Staff will need to form a strong partnership with the family and they must all have a "can- do" attitude.

Working as a team with enhanced ratios works better than a one to one approach. It benefits the child with special needs because he bonds and builds relationships with more than one staff. (Staff all gets sick, have holidays and some even leave the field; they will not be at the centre for ever). It benefits the other children, typically developing children, who learn best from each other; they develop empathy and learn how to care for one another. Inclusion has benefits for the parents, they do not have to worry about who is going to care for their child and work on his identified goals, if the "assigned" staff is away. Finally, it benefits the staff, they do not get burnt out or become physically or emotionally exhausted.

A child is a child first. Use a strength-based approach to build on a child's strengths and interests. The staff needs to know how to access resources and recognize the family's needs. A child with special needs can not be "left out." Physical presence in a group is not inclusion, the child must be included. If a child in a wheel chair is outside and wants to play in the sandbox, the child should be taken out of the wheel chair and be physically moved into the sandbox to play. Alternately, a container of sand could be brought to the child's wheelchair and other children can join play at the wheel chair.

One of the participants at the workshop suggested that it is important to let people know what you are doing. She suggested that we should write an article and share some of the valuable information we shared about the importance of inclusion.

Conclusion

We learned how inclusion looks different in every centre. Inclusion is affected by the staff in the centre, the children and parents who use the centre and even outside supports that are available to the centre, affect how inclusion will work. The importance of a clear policy is evident. Yet even with inclusive policies, inclusion will not be present in a program without inclusive practices and procedures to back up the visions and values behind the policy. Procedures must be put into place to ensure that inclusion is happening.

Even though we all have good intentions and we all mean to do what is best for all families, there are lots of barriers that we need to overcome to make inclusion possible. Learning about the challenges that lie ahead and the importance of persevering and celebrating every small step, we can all be on the road to inclusive child care.

Vic Stone, Chair SpeciaLink(l) thanks Dan Hurley, Senior Executive Officer and Advisor to the President, University of Winnipeg

For Goodness Sake

An applied approach to behavioural intervention for young children

Dr. Jean Clinton is Assistant Clinical Professor with the Department of Psychiatry and Behavioural Neuroscience at McMaster University in Hamilton Ontario and an Associate with the Department of Child Psychiatry at the University of Toronto. She is a Board member for the Fraser Mustard Council for Early Child Development and a popular presenter across Canada Her lively and inspiring presentations focus on current research on brain development and its relevance to healthy outcomes for children.

Monica Carruthers is an experienced ECE who has acquired expertise in the area of inclusion. As a member of ASCY's team of Professional Development Consultants, Monica provides on-site mentoring in For Goodness Sake, and delivers workshops to support ECEs in delivering high quality programs inclusive of children with special needs. Monica is the chair of the Hamilton Task Force on FASD (Fetal Alcohol Spectrum Disorders).

Dr. Jean Clinton spoke for the first hour and a half on The First "R" in education: Relationships. The presentation included:

- an understanding of brain development in the early years
- an understanding of the importance of connecting and building relationships, and the doorway to children's language, cognitive and social development
- an understanding of the factors which impact children's behaviour

Monica then presented "Hamilton's story" and the history of how ECEs identified challenging and aggressive behaviour as a barrier to delivering high quality, inclusive early childhood education and care in a 1991 study.

Dr. Jean Clinton

As a result of the "cry for help" with challenging behaviour the Hamilton Early Learning Partners-Best Practice Committee developed "For Goodness Sake"- which is an applied approach to behavioural intervention for young children.Monica introduced this interactive CD, a resource for ECEs including an overview of the process through which ECE's can implement an early intervention plan to support social and emotional development, and reduce challenging behaviour.

Policy Perspectives I - Toronto's Plan for Inclusive Child Care

Making a difference with Early Intervention

Mary-Anne Bédard
Program Manager, Toronto Children's Services

Background
Parents who have children with special needs faced additional challenges when looking for a child care program and the child faced overt discrimination based on their disability. In contrast, some child care programs felt that they could not provide a developmentally appropriate program because they lacked knowledge, experience or resources.

In addition, programs who traditionally offered inclusive environments struggled as they often had a higher proportion of children with special needs because access to other programs was limited or denied. Parents had to travel out of their neighbourhoods to find an accepting centre, which had implications for family life, as well as school placement when the child entered school.

Therefore, in the Spring of 2005, community-based supports were restructured to achieve a more rationalized system of support for child care that was equitably distributed across the city. The City of Toronto, in partnership with community agencies, revised the support system for children with special needs in licenced child care programs and called it Every Child Belongs. This model built on the existing system and further strengthened the capacity of all programs to meet the needs of every child. http://www.toronto.ca/children/sp_needs.htm

The Model
The vision of Every Child Belongs is that children with special needs and their families have access to child care and appropriate supports in the neighbourhood where they live.

Special Needs Resourcing staff (whether municipally employed or based in community agencies) were assigned a group of child care centres to work with on a continual basis. This new system provided every licensed centre with consistent program support and individual child consultation. This increased their capacity to provide care for children with special needs so that all children had access to childcare and appropriate supports in the neighbourhood where they lived.

In addition to consultative support, programs can also access Child Care Support funds which provide short term enhanced staffing to assist with inclusion and Intensive Resource support which provided specialized staff to provide more focused intervention for children with complex needs/issues.

Training:
As a part of the EVERY CHILD BELONGS model, training was recognized as an important component of quality child care and capacity building. As a result, a training strategy developed by Humber College Institute of Technology & Advanced Learning was built into the model.

The first phase of the training initiative in 2005/06 focused on Leadership and the creation of a culture of Inclusion within child care programs. This training was delivered to over 600 supervisors/ Board Members and Operators, of licenced programs in the first year.

Phase Two in 2007 created a bi-annual city-wide training calender for the childcare community focused on special needs. The calender has since grown to include topics such as leadership development, quality programing and working with parents http://www.toronto.ca/children/pdf/sn_training.pdf

Phase Three which is being undertaken in 2008, will

see the development of local training teams in each of the City's four quadrants. These training teams will be responsible for working with their local child care community to identity training needs and to deliver targeted training.

The Future:
The political climate may change from day to day, however, the commitment to quality, inclusion, and equity remain strong. The City of Toronto, with its partners, will continue to develop a comprehensive system to support children with special needs in child care Inclusion promotes full participation, friendship, and celebrates diversity. An inclusive child care program offers a positive and healthy environment for all children to develop and grow.

In 2008/2009 we will be developing an Operating Criteria for Agencies providing Special Needs Resourcing Services. This tool will establish benchmark standards for agencies that support children with special needs in child care programs.

For more information regarding services for children with special needs in Toronto, please visit the City of Toronto web site at www.toronto.ca/children

You can also contact Mary-Anne Bedard, Program Manager of the Special Services Unit, Toronto Children's Services at mbedard@toronto.ca or 416-397-1260.

Additional Links:

http://www.toronto.ca/children/pdf/spneeds_7.pdf

http://www.toronto.ca/children/pdf/policy_inclusion.pdf

Policy Perspectives I - Supporting Inclusion in Manitoba

Monica Lytwyn
Inclusion and Quality Enhancement Specialist
Manitoba Child Care Program

History
What is currently called the Children with Disabilities Program (CWD) began in 1983. Provision for CWD was in The Community Child Care Standards Act and in Regulation 62/86. At that time communications to facilities was that each must be open to accepting children with special needs.

Goals of Service
Goals are in no particular order. The goal of the Children with Disabilities program is to:

Foster respect and acceptance of individual differences and to provide other children, child care facilities and parents opportunities to learn from those with additional support needs.

Prepare children for full participation in the community, including transition into the school system.

Provide access to community child care facilities and appropriate early intervention strategies for children with additional support needs.

Facilitate inclusion of the child into the existing program and daily schedule of the child care facility, including the range of experiences provided in small and large groups in order to encourage ongoing social, emotional, cognitive and physical development.

Facilitate supports that encourage a child's development through collaboration among parents, child care providers and professionals involved with the child and family in the development of individual plans that are responsive to the child's unique needs.

Provide flexible, individualized and tailored supports and resources.

Support he promotion of socialization, increased self-esteem and self-confidence and participation in the community.

Enable families to pursue education or to obtain or retain employment.

Provide respite to families of children with additional support needs.

Team Members
Team members collaborate. Each team member should recognize the family as the most important part of a child's life and meet the needs of the child. There are specific duties of the team and these duties are shared among all team members. All team members are responsible for the development and update of Individual Plans and should attend all intake and review meetings. Team members include:

- Parent/Guardian
- Case Manager
- Acts as a coordinator of services for the family
- Can be any of the team members
- Child Care Facility
- Child Care Co-ordinator
- Referral Source
- Children's Special Services Child Development Counselor (Winnipeg) or Child Development Worker (Rural and North)
- Children's Therapy Initiative (CTI)
- Behavioural Specialist (Winnipeg)
- And more

Specific team members will vary according to the needs of the child.

Eligibility
Children are eligible for the CWD program when they present one (or more) of the following:

- A mental disability
- A physical disability
- A behaviour issue
- An emotional issue

…that requires the child to receive assistance to participate in a program

Referrals
Referrals are usually needed to become eligible for CWD funds. Referrals come from a number of sources such as Children's Special Services, Behaviour Specialists, Society for Manitobans with Disabilities and more. Most referrals come from the Child Development Clinic. Referrals are a resource the family and child care facility by providing information and being part of the team.

Enrolment process
Although all of these steps occur, the order may be different depending on each individual situation. The family and the referral source fill out the intake application. The intake application is available from the Child Care Co-ordinator. The family contacts the child care facility to go on the wait list. The intake application, with the diagnostic assessment or medical report is sent to the Child Care Co-ordinator in the area/region for approval. Appropriate forms are sent to Provincial Services for funding to commence. The team members, including the family, attend the intake meeting once a space is available in a child care facility. The child begins care.

Grants
Staffing grants provide funds to a facility to hire and additional staff person. It is the most common grant provided.

The Guaranteed Space Payment, also known as the 2 for 1 grant, is available to Family Child Care Providers. Due to space restrictions it may not be appropriate for an additional staff person in a family child care home. This grant provides extra time and resources by reducing the total number of children in care.

Specialized equipment and training grants are available. The training grant will pay for additional training for staff. The equipment grant pays for additional materials or equipment needed for a child to be included into the program. Both of these grants are being reviewed so they can be available consistently.

Individual Plans
An individual plan is a written statement of goals unique to the child. It is a collaboration based on the knowledge of each team member, about the abilities of the child and goals to work towards. Although there is an expectation that all facilities have this in place, it may not always be the case. The Manitoba Child Care Program is looking at ways to make this more consistent.

Looking to the future…
The new name of the CWD program will be the Inclusion Support Program.

Family Choices: Manitoba's Five-Year Agenda commits to additional support around inclusion to practitioners through:

- Mentoring
- Training
- Resources

Family choices is available at: www.manitoba.ca/familychoices

For more information please contact:

Monica Lytwyn
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Meeting the Inclusion Training Challenge - 1 - Overview of the Issue

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Background
The Child Care Human Resources Sector Council (CCHRSC) presented at the SpeciaLink symposium, as an introduction to Cluster B – Education & Training: an Agent for Change Toward Inclusive Practice. As a pan-Canadian, non-profit organization dedicated to addressing human resources issues in the child care sector, the CCHRSC develops research, strategies, and tools to meet the needs of the child care workforce. By bringing together sector stakeholders such as post-secondary educators, employers, representatives of child care and labour organizations and others the CCHRSC works to achieve the following goals:

- provide leadership and coordination on human resource issues in the sector;
- foster enhanced human resource management practices in the sector;
- foster enhanced skills development practices in the sector;
- develop mechanisms to increase the portability/ recognition of credentials;
- increase access to, and understanding of, labour market information, trends, and issues in the sector.

While the CCHRSC is not an organization that specializes in inclusion generally, inclusion (as it relates to the workforce) is a topic that often arises during project research. As a result, inclusion is a thread throughout many of CCHRSC's research reports and strategies. As an introduction to the Cluster B – Education & Training: An Agent for Change Toward Inclusive Practice presentations, the CCHRSC's Executive Director Diana Carter provided an overview of relevant research findings around inclusion and their relationship to human resource issues including training, recruitment, and retention. The presentation was followed by two in-depth presentations on:

- concurrent inclusive child care theory and practicum approach at Camosun College; and
- the Red River College approach to promote best practice in inclusion, both in the training curriculum and in practice.

CCHRSC Presentation Details:
The presentation provided an overview several CCHRSC projects which had findings that pointed to the lack of, and need for, inclusion training and related resources for the child care workforce. The reports discussed included:

- Labour Market Update Study Working for Change (2004)
- Shedding New Light (from You Bet I Care! (YBIC) (2004)
- Occupational Standards for Child Care Administrators (2006)
- Career Promotions & Recruitment Strategy project (2006)
- The Training Strategy Project (2007)
- Supporting Employers in ECEC (2008)

Labour Market Update Study Working for Change (2004)
The study provided an in-depth profile of the ECEC workforce and the context in which they work and identified 2 main occupations using the NOC-S codes:

- ECE's (practitioners) and assistants
- Child care administrators

In this study inclusion and the need for related training was identified as a key issue facing the workforce. At the time, few initiatives to address "inclusion" broadly existed. From a human resource perspective,

the study identified a general lack of training and training programs that specifically addressed special needs, cultural, and social inclusion. This, paired with increasing expectations being placed on the workforce to work effectively with children with special needs contributed to higher levels of stress of ECE's. This also contributed to the inability to recruit and retain enough qualified staff and had a direct impact on the quality of care for children with special needs.

In-house capacity seemed to be the best predictor of quality inclusion. Inclusion happens in the centre that has a well-supported staff team with its own capacity to continue to keep including children with disabilities, built on training and information—a virtuous circle that is mostly about experience and building capacity. Outside consultation and resources help but the quality of the centre for all children is the key element.

Sharon Hope Irwin, SpeciaLink (LMU Key Informant Interview)

Recruitment And Retention study, Shedding New Light (2004), additional data analysis of You Bet I Care! (YBIC) – 2001

The Shedding New Light study examined recruitment and retention challenges drawing from You Bet I Care! Study. The study results demonstrated that feeling well prepared and competent in the job could serve as a buffer against stress/burnout of ECE staff. In order to achieve high levels of preparedness/confidence, the study's recommendations point to the need for more training that prepared ECE's to work with children with a wide range of needs.

Occupational Standards for Child Care Administrators (2006)

Occupational Standards have been developed for the two core roles in child care:

Child Care Practitioner (ECE): developed by the Canadian Child Care Federation (2003)

Child Care Administrator: developed by the Child Care Human Resources Sector Council (2006)

A note on the Occupational Standards Child Care Practitioner

These standards seek to document core knowledge, skills, and abilities required for child care practitioners. "Inclusion" is referenced generally throughout the document in relation to child development, but specific skills, knowledge, abilities are not detailed.

The accompanying Code of Ethics more clearly articulates the need for inclusive programs that communicate respect for diversity regarding: ability, culture, gender, socio-economic status, sexual orientation, and family composition.

Occupational Standards Child Care Administrators

The Occupational Standards Child Care Administrators are the first standards created for the child care administrator role. The standards document the need to develop inclusive and developmentally appropriate curriculum for all children, including those with special needs. This likely reflects the growing body of research between 2003-2006, which identified the need to actively plan and provide training for inclusive practices.

More specifically, the Occupational Standards for Child Care Administrators note the importance of:

- inclusive principles and practice for all children
- anti-bias and inclusive theories and practices
- ensuring the viability and sustainability of inclusive, quality early childhood education and care programs

Career Promotions & Recruitment Strategy project (2006)

While inclusion was not explored directly in this project, secondary findings indicated:

ECE's often enter the field because they want to make a difference, particularly with special needs and at-risk children. There is a need to educate guidance and career counselors regarding the complexity of

the occupation, including around the need to work with children with special needs and understand and respond to cultural diversity.

Enhanced training (including inclusion content) could contribute to addressing the retention challenge by creating a better-prepared workforce.

The Training Strategy Project (2007)

The final report: People, Programs, and Practice: A Training Strategy for the Early Childhood Education and Care Sector in Canada has a three-part focus:

The people—expanding the size and capacity of the sector by defining the core roles of early childhood educator and director.

The programs—enhancing the quality and consistency of early childhood education post-secondary programs through voluntary accreditation.

The practices: enhancing access to, and the effectiveness of, post-secondary education and ongoing professional development through flexible delivery methods.

One component of the research for this project explored how prepared students felt to work with children with special needs based on length of training:

One-year certificate – 50% felt quite or very well prepared

Two-year program – 74% felt quite or very well prepared

Three-year program – 76% felt quite or very well prepared

In general new graduates felt least prepared to work with children with special needs & other professionals in education or social service settings, as compared to other groups. Employers and other stakeholders agreed with findings above.

While faculty and post secondary training institutions recognize the need for more training in this area, it is widely agreed that a two-year diploma in ECE allows for only a cursory introduction to this important area. Most feel that comprehensive training around inclusion cannot be accommodated within a two-year program.

Supporting Employers in ECEC (2008)

Preliminary findings of this project found that equity of access and meaningful inclusion is reliant on a knowledgeable and skilled workforce, and on funding to provide supports where needed. Also the research identified that as the child care sector becomes ever more inclusive, the need to find and retain well-trained staff becomes more pronounced. Consequently, there is increasing pressure on employers to find qualified, well trained staff who are ready to work in inclusive environments.

Conclusion

While inclusion and special needs are much better recognized now than even a few years ago, there are no consistent training requirements for ECEs working with children who have special needs. The development of a consistent and standard approach regarding the necessary experience and expertise of staff working with special needs children is required. In addition, resources on ensuring inclusive practices around cultural and social diversity are not widely available and also need to be developed/widely available. As much of child care is delivered through small or medium size organizations, which for the most part do not have the capacity to address these issues independently, there is a need for a coordinated approach to developing standards, curricula, and resources around inclusion must be addressed at the pan-Canadian level.

In order to better address the need for better training in inclusion there are three areas of focus that this review of the research would suggest.

Improvement is dependent on clear and consistent

articulation of training requirements for ECEs to work effectively with children who have special needs. (For example do all ECEs need a certain level of core training on inclusion, or should this be a specialized and separate training program?)

Standards should to be established to inform training requirements for ECEs working with children who have special needs.

A clear plan of action needs to be in place, with specific activities, timelines and performance indicators to advance inclusion in the sector- if it's not measured any initiatives undertaken may not be effective or complete.

For more info: www.ccsc-cssge.ca

For project reports detailed in this paper:

Working for Change & Shedding New Light:

http://www.ccsc-cssge.ca/english/research/research.cfm

Occupational Standards for Child Care Administrators:

http://www.ccsc-cssge.ca/english/research/occupationalstandards.cfm

Career Promotions & Training Strategy projects:

www.ccsc-cssge.ca/english/aboutus/completed.cfm#p1

Supporting Employers project:

http://www.ccsc-cssge.ca/english/aboutus/current.cfm

National Occupational Classification for Statistics, http://www.statcan.ca/english/concepts/occupation.htm

Meeting the Inclusion Training Challenge - 2 - Rewards, Realizations and Reservations

Joan Astren
Camosun College, Victoria, BC

Post secondary institutions offer the inclusive child care course and practicum in numerous formats. Camosun college offered the theory course and practicum concurrently. In addition to the con-current courses , Camosun College piloted a worksite practicum format. This conference presentation offered instructor insights, practicum supervisor feedback and students experiences with the con-current theory and practicum offered in a worksite setting.

Historically, Camosun College offered the second year final (fourth) practicum in a block format. In order to complete this practicum students would either need to take unpaid leave of absence or utilize part of their holidays to ensure practicum completion. In 2003 Camosun College developed a pilot program where students were offered an opportunity to engage in a worksite practicum. Faculty and students found this experience to be very successful . In 2007 Camosun college once again offered a con-current theory/ practicum within a worksite setting. This experience proved to be extremely beneficial and valuable to the students, the on site supervisors and faculty. The learning was rich, deep and reflective and interactive.

To gain a deeper sense of this process Mary Ellen Menuier and Joan Astren along with the support of Early Childhood Education faculty and Health and Human Services department developed a short survey and disseminated it to other provincial post secondary institutions. A student survey was also developed alongside of the supervisor feedback.

The responses received were very insightful and supported one of the foundations of our field of early childhood education and care.

Realizations

The following summarizes the students' responses and experiences from engaging in a worksite practicum.

Students described having the opportunity to complete their practicum in a worksite was a stabilizing factor in their employment. Many would not be able to complete the practicum if offered in a different format. Overarching was the realization from the students having an established relationship with both children and parents was not only pivotal in beginning to dialogue with the parents but about formulating next steps in defining some possible goals in supporting their children. Helpful for the student was 'knowing' the child and 'knowing' about the child. The student/educator was very tuned into the child's cues and had established knowledge of how to modify the environment to help facilitate an optimum experience for the child.

The student already an employee, the awareness of the 'fit' between the student's philosophy and centre were congruent which further encouraged a sense of belonging with student's sense of self and within the profession. Supporting the sense of professional beliefs , the student had already established a positive working relationship with center colleagues . This laid the groundwork for colleagues to engage collegial collaboration, theory building, and reflective practice, enhancing opportunities to bring the learning to a deeper level. To further build inclusive practice, student's had an opportunity to critique the center using the inclusion scale. The outcome was helpful in seeing the extent and depth of their inclusive practice. Colleagues then further "owned" their practice and were able to celebrate their centers as place of being welcome for all children or alternatively willing to adjust to ensure full inclusion.

The practicum supervisor's feedback was very positive. Having their existing employee/student remain in their current role prevented the supervisor from having to find and hire another early childhood educator. This supported retention in the field and critically, the educators maintained the attachment they had established with the children. The supervisor stated they could mentor the student to a deeper level and then mutually reflect on practice. This experience

maximized the currency of "relationship." The stability of the student/employee supported the cohesion between staff and parents. Reported was the "lifelong learning" some supervisors embraced when their employee/student brought as it provided fresh lens and a deeper or different perspective in supporting children requiring extra support.

The opportunity for students to take the theory and practicum con-currently enabled them to crystallize their knowledge. Students experienced the immediacy, of implementing their newly acquired learning's and strategies. With the support of faculty, supervisors and their classmates students could discuss their strategies , gain immediate feedback. The enthusiasm was apparent, the knowledge was immediately transferable and tangible.

Reservations

Included within this survey were considerations for reflection. As the student was already employed in the worksite practicum there could be the potential for a "blurring" of roles from the supervisor. Although this was not a common concern, it was identified as a potential concern. This brings up the question of defining supervisor and mentor? The perceived switch from supervisor to mentor or a perceived change could influence the relationship already established. This was not an alarming reservation but an awareness to "know" about. The familiarity and comfort of the center could be a factor in impeding the student's motivation to complete assignments thoroughly and in a way that evoked meaning for them.

Based in a worksite practicum the realization of ethical considerations emerged. It was a continued reminder to us to be able to identify the ethical concern and to adhere to the prescribed protocol.

Possibilities

To continue to enhance this deeply rich and memorable practicum, ideas for further consideration include, having a preliminary meeting with the supervisor, student and faculty to discuss potential pitfalls and ways of working through the challenges. Develop and offer a workshop on mentoring students/employees which would offer insight into the distinction of both methods and strategies to supporting the student/employee.

Summary

Camosun College's pilot project offering a con-current theory/practicum course within a worksite practicum has been immensely successful. This was evidenced by student survey, supervisor feedback and faculty experience. The rationale addresses the current and ongoing crisis of retention of early childhood educators in the field. This pilot project not only addresses retention but utilizes our foundational belief of practice, the currency of "relationship!" Relationship with the child, family and center staff. Camosun College offered this experience for their students and the outcomes demonstrated a comprehensive, reflective learning and practice to its fullest extent, whereby maximizing opportunities for fully supporting the child's experience and providing for true inclusion, celebrating all children.

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Meeting the Inclusion Training Challenge - 3 - Education and Training

An Agent for Change Towards Inclusive Practice

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The focus and content of ”special needs” courses in the ECE programs at Red River College(RRC) have changed considerably in the past three decades. We have moved from teaching a more integrated version of the American special education perspective to currently leading the charge for inclusion and inclusive practice in the ECE field. What follows is a brief review of the historical contexts in which these changes emerged and the program offerings in ECE and inclusion presently available at RRC.

Historical Contexts

Prior to the late 1980s, the approach regarding children with special needs in child care centres was heavily reliant on the American special education model. This was reflected, as well, in the course offerings at RRC in the Child Care Program.

In the 1980s, Manitoba underwent a number of critical changes to the “systems” impacting child care. Not only did Manitoba enact the Child Day Care Standards Act (1983) but government, also, mandated the Child Care Education Program Approval Committee (CCEPAC) to regularly review and approve all provincial post secondary Child Care /ECE programs to ensure their graduates could be classified at the Child Care Worker level II or III. (In the 90s the terminology was amended to ECE II and ECE III). The new provincial legislation stipulated that 2/3 of the staff must be ECE IIs and/or IIIs in licensed mixed age centres. To ensure appropriate and relevant training CCEPAC was established to approve related college and university programs. Additionally, another committee was mandated by government, the Manitoba Colleges Early Childhood Education Committee (MCECEC). This committee was charged to share information and facilitate articulation among Manitoba’s colleges, and hopefully and consequently with universities as well.

During this same time, the province introduced the Children with Disabilities Program. Under the skilled direction of Dr. Laura Mills, who was philosophically aligned with colleague Sharon Hope-Irwin, this program set out the basis and policy framework for inclusion and the means to enhance ratios (and receive funding through this program) for centres who served children with special needs. This philosophy became the corner stone of the special needs courses offered by RRC. Inclusion was the goal in student practice.

In the 2000s, we found, much to the chagrin of parents and some ECE services, that inclusion in the day care sector was still uncommon, if not rare. The old practices of hiring untrained (one-to-one) “special needs workers” was still common place rather than

using the funds to support trained ECEs, enhance ratios , and expect that all staff work with the children with special support needs. The knowledge, skills and attitudes that are indicative of inclusion somehow were not translating from the RRC's classrooms into ECE practice. Some challenges were evident:

The field had adopted the old segregated integration practice as the status quo and it was well accepted. Change was resisted.
Policy guidelines and inclusive practices were not enforced.
Diploma grads were unable to sustain "new" learning/practices about inclusion among status quo practitioners.
Post diploma training was too theoretical and had too little emphasis on specific practices/actions needed to facilitate the change toward "active" inclusion in centres.

RRC's Focus on Inclusion in the Diploma Level
In the two year ECE diploma, there is one course that is specific to inclusion, Support Children's Special Needs. The focus is simple. Students begin to explore the attitudes and values that support authentic inclusion, they learn that "everyone" works with children with diverse needs and all children, and in particular those with diverse needs, are considered from a developmental perspective. Finally, all children are welcome by all staff in the day care. This means we must find ways to ensure the environment allows all children to participate in all activities and events in the day.

Although there is only one course that has an inclusive "focus', the philosophy and skill development is integrated throughout the second year of the program and novice inclusive strategies are practiced throughout both practicums.

The diploma program and its competency /learning packages is developed by the full time day program. In addition to this traditional delivery method, the program is delivered through PLAR, a workplace model and through continuing and distance education. All these delivery methods use the day program learning packages as the basis of program content. Consistency of the courses and programs, thus can be assured.

RRC's Focus on Inclusion in the Post Diploma
The Studies in Special Needs Child Care Post Diploma was recreated and developed in 2007. The challenges of the current practices in the field were discussed earlier. These were the basis of the decisions to change the post diploma content. At the outset, the definition of special needs was broadened; it became more inclusive of a full range of special support needs, including transitional influences, such as separation anxiety, temporary medical needs or hospitalizations, death in family, new siblings, witnessing violence, etc. No longer will the field be restricted to responding only to children with diagnosed developmental exceptionalities.

Following this "new" vision of diverse needs, the focus of the post diploma became:
• Developing skills specific to building inclusive practice
• Scaffolding knowledge and skills through the progression of assignments to build that practice
• Demonstrating a sound theoretical framework for applied practice; so being able to "do", explain how to do it and explain why it needs to be done.
• Applying specific tasks and their skill set to what is needed in the service of children in our workplace.
This culminates in a 6 month practicum in which all inclusive practices are demonstrated repeatedly and the impact of these practices assessed over the 6 month practicum.

The post diploma courses are offered in a particular sequence, only as part time studies; each subject is the prerequisite for the subsequent course. Each subject is built upon the skills practiced in the preceding course. An assumption is that these students are working in child care centres and are able to practice what they

are learning in real time. They are able to experiment with approaches and specific strategies throughout the course of their evening studies. The post diploma is structured as a series of five 42 hour courses plus a six month practicum at the student's workplace. These are:

- Foundations of Inclusion
- Families and Partnerships
- Core Practice in Special Supports
- Advanced Practice (in Assessment, Planning and Guiding Children with Special Support Needs)
- Leading Inclusion

Practicum: Leading Inclusion

The fifth course, Leading Inclusion, expects that students begin to develop the skills to facilitate others' learning, supervise staff and mentor others' emerging inclusive practice. The culminating course, Practicum: Leading Inclusion, exemplifies what the graduate will be able to do. During the 6 month practicum the student will:

Draft a baseline of current practice and subsequent 6 month review following implementation of changes in practice. This includes outcomes of prior efforts in the Leading Inclusion course to:

- Assess quality & inclusive (ECERS & SpeciaLinks tools) practices
- Assess transition & communication systems
- Recommend inclusion policies, philosophy, practices for centre
- Practice leadership/supervisory tasks
- Plan for change to support staff in inclusive practice
- Assess own ability to "lead" changes for inclusion
- Develop and maintain a minimum of 4 developmental profiles & child portfolios
- Develop an inclusion practice plan
- Create and/ or adapt IPs, Inclusion, behaviour and family support plans
- Hold parent/family meetings
- Assess ongoing inclusive practise and outcomes of changes
- Model & coach all practices for inclusion
- Facilitate family interviews & meetings and staff meetings
- Mentor, coach & supervise colleague/staff inclusion practice
- Create & facilitate effective communication systems to support staff learning & engagement in inclusive practice
- Manage and/or facilitate systems supportive of inclusion: case management files, assessments, TEAMs, supervise development of child profiles or portfolios, family profiles
- Complete Practicum Skills Assessment at a satisfactory or proficient level

The post diploma is delivered as a conventional evening school program with a great deal of practice refining higher level ECE skills and developing practical advanced skills in preparation for leading inclusion as inclusion specialists and special needs supervisors in centres. Graduates should be able to "lead" inclusion in centre programs.

The post diploma is being adapted for distance delivery; two courses have been adapted and delivered to date. These are designed for independent study. Through snail mail, students receive the course orientation, an outline of module 1 of the course, and a SharePoint guide. The main vehicle for communication and collaborative learning is SharePoint. This provides contacts, links, group sites and discussion boards and outlines as well as a document repository, schedule, instructor bio, announcements, photos, etc. This is administratively fairly simple. It is not too challenging as RRC has the existing platforms and software and SharePoint is simple and user friendly for first time distance students.

Students have access to tech support if needed from 12-8 daily. The distance delivery is supplemented with e-mail and individual phone tutorials, if needed. Our feedback from the delivery of the first two courses has

been positive.

Education as Change

One must question whether novice ECEs, who are recent diploma grads, can be expected to be the great purveyors of "new" approaches. Too often graduates must adapt to the expectations and practices of the status quo. Rarely would a novice have the confidence or experience to blaze a trail for "new" practices. The diploma level special needs training focuses on a developmental and social equality context, child-centred approaches and creating welcoming environments in which all children feel they "belong" and can participate. Primarily, we hope that graduates can raise their consciousness of the values and attitudes of inclusion.

At the post diploma level, we can make some logical assumptions. Students are well acquainted with the ECE field, basic sound ECE practices, and variations in child development. Students have experience and confidence in their work with children; they have less fear of challenges that children and colleagues may present. Finally, students are seeking ways to meet a range of diverse needs and create a more inclusive program…otherwise, why would they be here?

The potential outcome of education as an agent for change is far more possible at the post diploma level. As this course of study generates a sustained period of inclusive practice that may be retained following practicum, it, thereby, can create positive change in ECE centre practice for the inclusion of children with special support needs.

Lessons Learned

At the diploma level, it's about the basics: the attitudes, values and understanding development. We need to remember what is realistic for ECE novices/ grads to practice in the field.

At the post diploma level, we build upon the basics of the diploma and the student's work experience. We need to remember that at this level we are offering "advanced" training. Such training is not "for the faint of heart"; have high expectations for child centred practice and advocacy; high level skill sets; and concrete, practical outcomes for the specialty, supervision and leadership.

Finally, as leaders in education, we often must preempt the status quo. It is our task to move practice beyond what has been acceptable to government (we forget that government legislates to minimums, not quality) and acceptable to a field which has no formal mechanism by which to assess its own performance. It is our task then to educate towards quality and exemplary practice. Colleges, consequently, can be the means, the catalyst, and the agents for change to support ECEs in their creation of inclusive programs for young children.

Family Supports - 1 - Family Navigator

Dr. Linda Scott
CFB Esquimalt MFRC

The Navigator Program was created at CFB Esquimalt Military Family Resource Centre (MFRC) in 2006 with the goal of providing high quality, consistent support to Canadian Forces (CF) families with special needs and responsibilities. The MFRC, a non-profit agency, received project funding to develop a national program and to pilot a local respite service. A web-based resource was created to reach families across the country and to provide a professional toolkit for MFRC staff (www.familynavigator.ca). The Navigator program recognizes the range of special needs and responsibilities that military families face, which include caring for a child with special needs or a partner with health concerns, supporting aging parents, and finding resources for a CF member with operational injuries. The service components are education, family support, networking and respite. Military families experience unique lifestyle stressors, such as the cycle of deployment and the need to re-create supports when moving to a new community.

The Navigator Program is entering its third year and it has changed and developed to meet the needs of military families with special needs and responsibilities. This summary will include how the Navigator role was created and implemented at the Esquimalt MFRC, populating and maintaining the bilingual Navigator web site with resources and information from local MFRC communities, and the on-going development of a community of practice among the staff at the 33 Military Family Resource Centres across Canada.

Development of the Navigator Program

The Navigator Program was created because we felt that we needed to look more deeply at the special challenges faced by local families and more broadly at the resources in other provinces. For example, A family just moved to Victoria from Halifax, the military member is leaving on deployment for 6 months, and they have a child diagnosed with special needs who will be entering kindergarten in the Fall. They have to set up all the services again, in a different province, with different government ministries, school districts, and funding guidelines. They need support right now, real services rather than waitlists, respite for the parent at home, specialized child care, and some peace of mind for the member who is deploying on a dangerous mission.

We wanted to make it easier for a family to explore resources and design their own plan, contacting the MFRC or community agencies according to the family's needs. The goal was to build a Canada-wide service so that a family could connect with a Navigator at any MFRC in the country.

The Navigator Program was initiated because of concerns voiced by families, so we started with a Parents Forum to ask parents what they needed. Our next steps were to survey MFRCs across the country (33), look at local agencies for ideas, conduct research into services, develop a proposal, and apply for funding to the Directorate of Military Family Services. We received funding for one full time Navigator and funding to hold a national bilingual conference for MFRC delegates.

In Year 1, 2006-7, we developed the role of the local Navigator, created a new national bilingual website and toolkit, and provided a national conference for learning and collaboration. In Year 2, 2007-8, the focus was on populating the website, developing a community of practice, and maintaining the local Navigator. As we embark on Year 3, 2008-9, we are looking towards further development of the community of practice, stronger support across the country, and building involvement with local families in the Navigator service. We started out with strong

local involvement through the original Parents Forum, but with families moving that involvement needs to be rebuilt.

Web-Based Tool for Families
There are three components to the bilingual Family Navigator website: (1) Your Community: Key resources for each target group (child, adult, eldercare, CF member with operational injuries) submitted by the MFRCs from across the country; (2) Find Resources: Resources by topic and target group; from Autism/ Children to Alzheimer's/Eldercare; and, (3) Share with Others: A forum to post questions or ideas.

Professional Toolkit
The Family Navigator website also has a password protected side that staff can access, which includes the professional Toolkit and a staff Forum. The Toolkit provides the principles, goals, and activities associated with the Navigator service, with information on setting up a program, funding, the Navigator role, creating a family network, collaborating with the community; and, participating in a community of practice.

Navigator Service Components
There are four components in the Navigator service: (1) Education: To assist families to meet others through family networks, to gather information and share ideas; (2) Family support: To help families identify their needs, find resources, and receive follow up for continued support; (3) Networking: To build connections in the local community and across the country to share knowledge and experience; and, (4) Respite: Recognition that respite is a significant need for families due to the military lifestyle and the Navigator can assist with exploring options and finding ways to fund services.

Navigator Service Process
The process used by the Navigator in working with families involves four steps: (1) Clarify: Conduct an assessment process, identify family strengths and needs, and help the family to clarify the key issue; (2) Identify Potential Resources: Use knowledge, networks, and the toolkit to explore what would help the family get started; (3) Action Plan: Share ideas with the family, problem-solve, develop a plan together; and, (4) Try Out the Plan: Implement the plan, follow up to see results, and identify other challenges or sources of support.

Community of Practice
One of the most important aspects of the Navigator Program has been the creation of a Community of Practice. This term was coined by Etienne Wenger to describe "groups of people who share a passion for something that they know how to do and who interact regularly to learn how to do it better (www.ewenger.com). MFRC staff can be more effective through connecting with others across the country who work with families who have special needs in order to share knowledge, problem-solve, advocate, and gain contacts to refer families.

Lessons Learned
Successes: (1) The Navigator Program has been successful in providing individualized support and responding to unique challenges; for example, addressing the gap in service by providing respite for families who are on waitlists. (2) Navigator Conference: The conference, held in Victoria in April 2007, brought together practitioners, policymakers, researchers, and administrators from across the country to share their passion for supporting families with special needs. A core group volunteered to navigate off the corner of their desks as we tried to build a community of practice; (3) Community of Practice: All of the MFRCs responded to the call to provide their top 9 resources, with the result that the total number of resources for each centre now ranges from 15 to 101. MFRCs also participate in promoting the website within their own communities (19 of the 33 centres), and some use the term Navigator. Starting in January 2008, the Navigator News, a one page bilingual resource highlighting new initiatives and staff in the Navigator role, began monthly publication.

Challenges:
(1) Funding: Implementation of the Navigator Program at the national level. Currently, each MFRC operates autonomously as a not for profit agency, applying for funding based on a business plan, and determining whether the Navigator service is a priority.
(2) Time: It takes time to maintain a national website and build a community of practice; and,
(3) Commitment: There are many staff across the country who are committed to the Navigator Program; however, it is a reality that there is also staff turnover resulting in a learning curve for new staff.

Moving forward
(1) Website maintenance: Keep the website up to date and informative for families and staff;
(2) Family network: Build strong local family networks for mutual support, and to assist families moving into the community; and,
(3) Community of practice: Generate innovative approaches to ensure that the community of practice thrives.

Family Supports - 2 - Supporting Manitoba Families Parenting a Child with a Disability

The Stepping Stones Version of the Triple P Positive Parenting Program,
Jennifer Wolk and Kelly Penner Hutton,
Healthy Child Manitoba

The Stepping Stones variant of the Triple P - Positive Parenting Program is a family support intervention designed for parents who have a child with a disability. Triple P was developed by Professor Matthew Sanders at the University of Queensland and has over 25 years of evaluation for various levels of the program that indicate its effectiveness. The program is a prevention and early intervention approach that has a multidisciplinary focus, is cost-effective (e.g., makes use of the current workforce), and is embedded within a population health framework. Triple P is a flexible system of parenting and family support with five intervention levels of increasing intensity. Stepping Stones Triple P (SSTP) falls within Level 4: Standard Triple P and is a broad focus parent skills program that includes 8 to 10 sessions of individual work with parents.

Stepping Stones Triple P was developed to meet the needs of parents who have a child with a disability. The theoretical basis for SSTP stems from social learning models, child and behaviour therapy research, developmental research and psychopathology, and attribution theory. SSTP is a modified version of the Standard Level 4 program with additional Principles of Positive Parenting and additional strategies specific to parenting a child with a disability. The program has the flexibility to be individually tailored to meet the needs of individual families. The SSTP program helps parents to acquire knowledge, skills, and efficacy as they learn to give their children appropriate positive attention, build positive relationships, and practice strategies for constructively managing misbehaviour when it does occur in a manner that is safe and not harmful to the child or to the relationship between the parent and child. Overall, SSTP aims to: enhance the knowledge, skills, and confidence of parents; reduce coercive and punitive methods of disciplining children; improve parents' communication about parenting issues; and reduce parenting stress associated with raising children.

Evidence Base

There is a strong evidence base for the Triple P family of interventions. Independent research studies have been conducted in a variety of locations around the world (Australia, Germany, Hong Kong, The Netherlands, New Zealand, Singapore, Switzerland, United Kingdom, and the United States of America). Results from studies focused on SSTP have shown the program to be effective for increasing desirable behaviour and reducing challenging behaviour in children with a variety of disorders including Down syndrome, Cerebral Palsy, Fragile X Syndrome, developmental disability of unknown origins, and Autistic Spectrum Disorders (Mazzucchelli, Roberts, Studman, & Sanders, 2006).

Within Manitoba, research will soon be conducted on Stepping Stones for families parenting a child with Fetal Alcohol Spectrum Disorder. This research will focus on the acceptability, usefulness, and helpfulness of SSTP for care-givers of this population and may lead to potential suggestions for program adaptations. Triple P International is currently evaluating a Level 3 version of Stepping Stones (brief, narrow focus parent skills training) as well as a tip sheet series.

Training and Program Delivery in Manitoba

The Triple P initiative in Manitoba stemmed from the Healthy Child Committee of Cabinet's desire to support parents and reduce the number of vulnerable children in Manitoba. The Healthy Child Committee of Cabinet is a unique Cabinet committee that is

dedicated solely to the well-being of children and youth. Membership of the Healthy Child Committee of Cabinet includes the Ministers of: Healthy Living; Aboriginal and Northern Affairs; Culture, Heritage, and Tourism; Education, Citizenship and Youth; Family Services and Housing; Health; Justice; Labour and Immigration; and the Minister responsible for the Status of Women.

The number of vulnerable children in Canada has remained consistent for many years with approximately 26% of children considered to be vulnerable (National Longitudinal Survey of Children and Youth, 1994, 1996, 1998). Vulnerable children can be found within families of all socio-economic levels. Although the largest proportion of vulnerable children within any one income level falls within the low family income group (36% of low income children considered vulnerable), the largest sheer number of vulnerable children can be found within the middle to high family income groups. Targeting programs to only low-income families would miss about 67% of the children that need them. Thus, in order to prevent serious behaviour and emotional problems of children and improve their early development, the best approach is to increase the confidence, skills, and knowledge of parents in the task of raising a child at a population level. In March 2005, the Healthy Child Committee of Cabinet announced the commitment to support parents and provide them with parenting information, resources, and assistance through the implementation of the Triple P – Positive Parenting Program system.

Training and program delivery of Triple P in Manitoba is delivered through partnerships between the government of Manitoba (Healthy Child Manitoba Office) and multisectoral community partners. Healthy Child Manitoba covers the arrangements and costs for training and resource materials. Training is delivered by trainers from Triple P International based in Australia and is open to all practitioners and service providers in agencies that provide services and supports to families and children in Manitoba.

To date, over 650 practitioners from a variety of sectors (Health, Social/Community Services, Education, Child Welfare, Early Learning – Child Care, and Mental Health) have been trained and accredited in various levels of Triple P. Fifty-two practitioners
have been trained and accredited in SSTP to date (May 2008).

Resources

1. www.gov.mb.ca/healthychild

2. www.triplep.net

3.Harrold, M., Lutzker, J. R., Campbell, R. V., & 4. Touchette, P. E. (1992). Improving parent-child interactions for families of children with developmental disabilities. Journal of Behaviour Therapy and Experimental Psychiatry, 23, 89-100.

5. Huynen, K. B., Lutzker, J. R., Bigelow, K. M., Touchetter, P. E., & Campbell, R. V. (1996). Planned activities training for mothers of children with developmental disabilities. Behavior Modification, 20, 406-427.

6. Mazzucchelli, T. G., Roberts, C., Studman, L. J., Sanders, M.R. (2002). Behavioral family intervention for children with developmental disabilities and behavioral problems. Journal of Child and Adolescent Psychology, 35(2), 180-193.

7. Roberts, C., Mazzucchelli, T., Studman, L., & Sanders, M. (2006). Behavioral Family Intervention for Children with Developmental Disabilities and Behavioral Problems. Journal of Clinical Child and adolescent Psychology, 35 (2), 180-193.

8. Sanders, M. R., (1999). The Triple P – Positive Parenting Program: towards an empirically validated multilevel parenting and family support strategy for the prevention of behavior and emotional problems in children. Clinical Child and Family Psychology Review, 2, 71-90.

9. Sanders, M. R., Mazzucchelli, T. G., Studman, L. J. (2004). Stepping Stones Triple P: the theoretical basis and development of an evidence-based positive parentig program for families with a child who has a disability. Journal of Intellectual & Developmental Disability, 29(3), 265-283.

10. Sanders, M. R., & Plant, K. (1989). Programming for generalization to high and low risk parenting situations in families with oppositional developmentally disabled pre-schoolers. Behavior Modification, 13, 283-305.

11. Whittingham, K., Sofronoff, K., & Sheffield, J.K. (2006). Stepping Stones Triple P: A pilot study to evaluate acceptability of the program by parents of a child diagnosed with an Autism Spectrum Disorder. Research in Developmental Disabilities, 27, 364-380.

Family Supports - 3 - Voices on Health and Learning

Donna Michal, Co-coordinator
Jamie Kass, National Child Care Coordinator
Early Childhood Work Group, Canadian Union of Postal Workers Health and Learning Knowledge Centre Canadian Council on Learning

Overview
Health and learning are intertwined; in order to grow and learn very young children need a healthy beginning. Understanding the intertwined health, social and learning requirements of young children can guide parents, practitioners, college instructors and policymakers in planning for early childhood.

Background
The Canadian Council on Learning (CCL) promotes and supports evidence-based decisions about learning throughout all stages of life, from early childhood through to the senior years.

Five Knowledge Centres serve as national networks linking expertise, providing national forums, and acting as reference and key resource points about learning in Canada: Aboriginal Learning, Adult Learning, Early Childhood Learning, Health and Learning, and Work and Learning.

The Health and Learning Knowledge Centre (HLKC), based at the University of Victoria, focuses on three broad themes: Health Literacy, Sustaining Healthy Communities of Learning and Building Capacity. The HLKC has eleven working groups; Work Group I is the Early Childhood Work Group, led by Camosun College.

Introduction
The Early Childhood Work Group conducted a consultation, the Target Audience Project, during the spring of 2007. Participants included parents, health care professionals, early childhood educators and faculty from early childhood education post secondary programs.

This consultation asked participants to identify:

- health and learning issues and concerns
- sources of health information
- barriers to accessing information
- information gaps and needs

Method
Surveys, focus groups and interviews were used to gather information for this project. In total, 624 persons from 10 provinces and one territory participated.

Survey
At the beginning of this consultation, a unique partnership opportunity was identified. The Special Needs Project, a project of the Canadian Union of Postal Workers' Child Care Fund, was planning its spring parent interview. The Special Needs Project provides a variety of supports to CUPW members who have children with disabilities. As part of the Special Needs Project, local Advisors telephone parents three times each year to offer a range of supports and program suggestions. These phone interviews are also an opportunity for the Special Needs Project to collect information from members for further project development. The Special Needs Project was very interested in the kinds of questions the Early Childhood Work Group was investigating about health information, and agreed to include the health information questions with multiple choice responses in the spring interview that Advisors have with parent members.

Phone interviews took place during the first two weeks in March, 2007. Advisors read a brief description of the project to parents before asking the questions. Advisors interviewed 483 parents from ten provinces. Parents were asked the age of their child with a disability and the province where they lived. Parents were not asked the ages of all of their children.

Focus groups and interviews
Using the networks of the Early Childhood Work Group

members, focus groups and interviews were held in the Yukon, British Columbia, Saskatchewan, Manitoba, Ontario and Nova Scotia. Participants included 18 parents, 23 health care and health promotion professionals, 21 early childhood educators, 28 ECE faculty, 4 government officials and 3 representatives from non-governmental organizations.

Results

Survey
Parents in CUPW's Special Needs Project were asked questions about health issues, and information sources and needs through telephone interviews. These parents use and prefer multiple sources of health information; on average parents use three sources. The used and preferred sources are the same across ages of child and parts of the country:

• personal contact with a health professional

• website/internet

• articles

Recent health concerns for these parents included emotional health, social behaviour, intellectual development and nutrition. Parents are looking for more information on these issues.

A summary of responses according to key questions follows:

1. Where do you go for health information?

These parents use multiple sources for their health information. On average, parents chose 4 responses to this question. Medical practitioner, Internet, specialist and health clinic or hospital were the choices with the highest number of responses.

Many parents also answered "other" to this question. Classifying and sorting the "other" responses revealed that almost half of what parents listed as "other" were specific health or other professionals (naturopath, psychologist, counselor, chiropractor, pharmacist, therapists, Special Needs Project Advisor and telehealth (health line, 1-800 nurse, info-sante), with the rest of the "other" as agencies or services (family centres, rehabilitation centres, specific hospitals).

2. What health concerns have you had in the past year?

These parents had multiple health concerns during the past year. On average, parents chose 4 responses to this question. Emotional health, social behaviour, intellectual development and nutrition had the highest number of responses.

"Other" responses for this question were specific health issues (e.g. brain surgery concerns), specific illnesses (e.g. diabetes) or were related to specific disabilities (e.g. hearing loss).

3. What was the format of the health information used?

These parents used multiple formats of health information. On average, parents chose 2.5 responses to this question. Personal contact with a health professional, website/ internet and articles had the highest number of responses.

"Other" responses for this question included specific health or other professionals (as in question one), agencies, family and friends, books and television information.

4. What other health information are you looking for?

These parents are looking for health information on multiple topics. On average, parents chose 3 responses to this question. Emotional health, social behaviour and nutrition had the highest number of responses.

"Other" responses for this question included specific health issues (e.g. blood clot), condition, emotional/social health issues (e.g. addiction) or were related to specific disabilities (e.g. autism).

What information format do you prefer?

These parents preferred multiple formats of health information. On average, parents chose 2.6 responses to this question. Personal contact with a health professional, website/internet and articles had the highest number of responses.

"Other" responses for this question included specific health

or other professionals (as in question one), agencies, family and friends, books, magazines and television information.

Focus groups and interviews

Five broad areas of health and learning issues were raised and addressed in all focus groups and interviews.

Nutrition, highlighting food security, geographic availability, time to prepare, emotional aspects, practices in early learning settings and food allergies.

Physical activity, highlighting physical development, obesity and obesity prevention, outdoor activities in winter, activity levels in early learning settings for children, staff and students.

Environment, highlighting water and air quality, pesticides, food additives, toxins (including cleaning products) and asthma.

Illness and illness prevention, highlighting immunizations, communicable diseases, dental health, "half well" children in early learning settings, handwashing and antibiotic resistance.

Social and emotional health, highlighting family stress, poverty and income security, immigrant families, impact of illness, pain and grief from residential school experiences.

The sources that participants use for health information spanned many resources: the internet, medical and health personnel (including telehealth), health facilities (clinics and hospitals), teachers, colleagues, friends, family, support groups and print materials.

Participants repeatedly identified these barriers to accessing health information: lack of access to health professionals, lack of skills to determine reliability and validity of internet information, insufficient rural and northern connectivity, low levels of literacy, and cultural and language differences.

Some participants acknowledged the need for more health information in areas such as alternative health and therapies, emotional wellness, learning disabilities and autism. Other participants identified a "huge health promotion machine" with plentiful information but spoke to the need for a resource or "source" directory of health information materials.

Services gaps and needs were identified throughout this consultation. Service needs included more family physicians, speech and language services, hearing screening and allergy testing, dieticians and trained early childhood educators. The need for public health nurses to spend more time with families was also acknowledged.

Key Findings

Five themes resonated with all participant groups throughout this project as laying the basis for supportive health information to families:

- Relationships between parents and professionals are "key" for health information.
- Income security is a determinant of health. Poverty impacts all levels of health and learning.
- Mixed messages about health abound: on the internet, media and agencies/ departments.
- Understanding health literacy with a sensitivity to cultural practices is essential.
- Communities and context matter.

In addition to these themes, distinctions emerged between the sources that parents use for health information and the role of early childhood educators. Parents view health care professionals, the internet and articles as key sources of health information for their young children and family. The role for early childhood educators in their work with families includes supportive relationships with parents, children and other professionals, referrals to reliable sources of health information, providing healthy early learning settings and acting as healthy role models.

Throughout the Target Audience Project, participants shared stories that illustrated the complexity and interconnectedness of health and learning issues. Diversity of populations, financial security, emotional responses and cultural perspectives create different relationships with

health and learning information.

The barriers to accessing health information included: lack of health professionals, lack of skills to find and determine reliability/validity of internet information, rural and northern isolation, low levels of health literacy and cultural and language differences.

Identified service needs included the need for more: family physicians, time for public health nurses to spend with families, speech and language services, hearing screening/ allergy testing,

dieticians, transportation support, trained early childhood workforce and quality child care spaces.

Future directions and connections

The challenge ahead is recognized with these questions:

What supports do families need to access health information?

What supports do parents need to positively influence the health of their young children?

Findings from this consultation provide the Early Childhood Work Group with additional directions in its work of shaping applied research, creating knowledge exchange products and activities, and disseminating information.

Findings from the CUPW parent survey provide project development information for the Special Needs Project.

Additional resources

More information about the Canadian Council on Learning and the five Knowledge Centres is available at www.ccl-cca.ca

A full report of this consultation, Voices on Health and Learning , is available on the Canadian Council of Learning website at: http://www.ccl-cca.ca/CCL/AboutCCL/KnowledgeCentres/HealthandLearning/OurWork/WorkingGroups.htm?Language=EN" \t "_parenthttp://www.ccl-cca.ca/CCL/AboutCCL/KnowledgeCentres/HealthandLearning/OurWork/WorkingGroups.htm?Language=EN

http://www.ccl-cca.ca/CCL/AboutCCL/KnowledgeCentres/HealthandLearning/OurWork/WorkingGroups.htm?Language=EN

The Lesson in Learning: Mixed Messages: How to choose among conflicting information to support healthy development in young children is available at: http://www.ccl-cca.ca/CCL/AboutCCL/KnowledgeCentres/HealthandLearning/HealthandLearningHome/?Language=EN

http://www.ccl-cca.ca/CCL/AboutCCL/KnowledgeCentres/HealthandLearning/HealthandLearningHome/?Language=EN

http://www.ccl-cca.ca/CCL/AboutCCL/KnowledgeCentres/HealthandLearning/HealthandLearningHome/?Language=EN

Further information about the Canadian Union of Postal Workers' Special Needs Project can be found at www.specialneedsproject.ca

For further reading:

Connection Between Inclusion and Health (Health and Learning, Summer 08, a publication of the Canadian Teachers Federation with funding support from the Health and Learning Knowledge Centre, CCL

http://www.ctf-fce.ca/e/publications/health_learning/Issue6/Issue6_Article1_EN.pdf

"Working relationships of public health nurses and high priority families in northern communities" (UNBC and Northern Health project led by Dr. Martha Macleod, http://web.unbc.ca/~macleod/) report underway, poster available on website.

The Magic of M.O.V.E

The M.O.V.E Program (Mobility Options Via Education)

Judy Hoffman
Director, Canadian Cerebral Palsy Society,
Sooke BC

What is 'MOVE'?
MOVE is an International program designed to systematically teach independence in sitting, standing, transferring and walking with a strong emphasis on TEAM collaboration between trained professionals and families. It is a merger of therapy and education that provides the framework for identifying which functional skills are the most important to teach and consistently practice to achieve a better outcome for students with severe disabilities.
MOVE is a successful method for assessment, goal setting, task analysis and the teaching of functional skills. It is a philosophy embedded into existing curricula and activities that assists children to move away from helplessness to gain independence, dignity and more meaningful participation in life.

How Did MOVE Begin?
Move developed in the 1980's by Linda Bidabe, a special education teacher in Bakersfield California, who recognized the urgent need to raise our expectations for children with motor disorder to give them every opportunity to control their own lives. She wondered why children with profound multiple disabilities showed barely any improvement in the acquisition of movement skills despite receiving physiotherapy and other interventions.

Children with multiple disabilities are heavily reliant on others because of their limited ability to move about independently and this severely limits their options thereby reducing the degree of control over their lives. It was observed that over time children with profound multiple disabilities lose skills previously acquired increasing their dependency and permanent reliance on equipment. This can lead to the development of secondary conditions such as scoliosis, osteoporosis and contractures that often require multiple surgical interventions.

The loss of skills was seen to directly relate to:

- The need for more practice to allow the newly acquired skill to become fluent.
- The children become more passive as they grow larger and heavier - this results in greater difficulty to provide care and greater reliance on aids that in turn further increases the children's passivity.
- Less of an ability to generalize and be able to transfer a skill learned in one situation to another situation.
- The care demands for children with profound multiple disabilities leaves little time each day for the teaching of new skills and needed practice.

Linda Bidabe's research into how to overcome this loss of skills proved that students that no one expected to sit, stand, and walk can do so with systematic teaching, proper physical prompting and assistance.

Additionally, she learned that more frequent and intensified physical therapy was indicated for this group of children to reach their full potential. A new service delivery model was needed so that the expertise and skill of the therapists could be shared with everyone on the child's team. This would allow everyone to assist with the teaching of motor skills and ensure enough time was devoted to practicing sitting standing and walking.

What is the MOVE philosophy?
- All children learn – no matter how severe the disability.
- All children learn if we know how to teach.
- All children can improve their motor skills if given

enough physical assistance.
• All children must be given the opportunity to learn motor skills.

What is the purpose of the MOVE program?
Move is designed to:
• Use education as a means of systematically acquiring motor skills.
• Use therapy services for cyclic collaboration; i.e. therapists help update the program and periodically (on a cycle) work with the individual, family and staff to review the program and make any necessary changes.
• Provide a program whereby participants naturally practice their motor skills while engaged in educational or leisure activities.
• Reduce the time and energy requirements for routine care.
• Provide a way to measure small increments of functional motor skills resulting in a method to show and record improvement.
• Provide a sequence of motor skills which:
  • Are age appropriate and based on a Top-Down model of needs rather than the traditional developmental programs based on the sequential acquisition of infants.
  • Are valuable and usable to the participant now and in adult life.
  • Increase the opportunities to practice mobility skills within the community as well as in the home.
  • Range from the level zero self-management to the level of independent self-management.
  • Provide the individual with the basic motor skills needed for development of other skills such as expressive language and self care.

What MOVE is Not:
• a cure.
• limited to people with multiple disabilities.
• solely a therapy or meaningless exercise program.
• a developmental, bottom up model.
• appropriate for individuals who can already sit, stand and walk.
• a pull-out or stand alone program.
• seeking to replace other services.
• an equipment-based program.

Why Move Works:
Common Sense
It is common sense that the more you practice a skill the better you become at it, whether it's ice skating, piano playing or learning to sit, stand and walk. MOVE creates repeated opportunities for meaningful practice.

Practical
It is practical because it teaches skills while strength and co-ordination develop.

Functional It is functional because MOVE can be used anywhere, at home, in the preschool setting and in the community. The charting-paperwork is simplified and the therapeutic jargon is replaced with simplified language that everyone understands.

Activity-Based
Activity based learning ensures that motor skills are being developed while engaged in meaningful age appropriate activities. When getting dressed, during circle time, while watering the garden so that throughout the day motor learning is embedded into what the child is doing.

How MOVE Works
Six Steps:
1. Testing
2. Setting Goals
3. Task Analysis
4. Measuring Prompts
5. Prompt Reduction Plan
6. Teaching the Skills

Using the MOVE Assessment Profile testing involves identifying the current functional ability of the student across 16 movement skills. Each movement skill has 4 levels of achievement from the GRAD Level down to Level 3, ranging from Independent Function to totally dependent. With the parents input and some physical testing with the child you check off/ colour in the highest skill the child is able to do. This is a top down motor milestone test that sets the baseline to compare future performance.

Setting goals is focused on what the child wants to and needs to do as well as the wishes of the family. It is consistent with current Family Centered Practices. Selecting goals that have usefulness and value to the student right away as well as in adulthood ensures motivation for the student and caregivers.

Task Analysis breaks down the functional goal into the basic movements needed to accomplish the task or activity.

Step 4 measuring prompts – The MOVE curriculum outlines ways to measure the amount of support the child needs right now to perform a movement task. The prompt location, amount of support and the type of support are recorded. The use of physical prompts allows a child to practice a skill even when he or she does not have enough postural control to maintain the position independently. This is very necessary in order for students with severe disabilities to learn motor skills because if practice is postponed until adequate postural control 'develops' they may never get the opportunity to practice the skill.
The 5th step follows closely. The goal of the program is to TEACH skills and not merely substitute for skills the child lacks. A systematic method for reducing the amount of support given is detailed in the MOVE curriculum and a clear plan is made for each child.

The MOVE curriculum lists many strategies for teaching each of 16 movement skills.

Is There A Book?
Yes, there is a comprehensive manual detailing the six steps of MOVE that provides a framework and a method to measure the learning of vital skills in sitting, standing and walking.

The MOVE Curriculum allows for easy documentation, goal writing, task analysis and measures skills not always easy to measure i.e. prompt reduction.

The MOVE Curriculum is available from MOVE INTERNATIONAL at www.move-international.org 1-800-397-MOVE (6683)

What About Equipment?
Equipment is viewed as temporary and not as a permanent substitute for skills a child lacks. It is designed to help support the student while movement is taught. Dependence on equipment is continually reduced until as much independence is achieved as possible.

Equipment is used to " do what?"
- to teach skills
- places student in positions for performing functional activities.
- allows staff to physically manage student.
- used and designed so that assistance can be reduced.
- allows students to independently practice motor skills.
- to help improve bone and joint health and to increase the muscle strength of the extensor musculature.
- places the student at a better height for social interaction.

Different equipment is used for a variety of functional and educational activities based upon the level of skill development and goals selected. These can be anything from a standard classroom chair and bench to a simple aluminum walker or specialized equipment like Rifton's Dynamic Stander or Pacer gait trainer.

Impossible is an option – not a fact!

Resources:

1. www.move-international.org
2. www.move-europe.org.uk
3. www.movemiddleeast.com
4. www.rifton.com
5. The MOVE CURRICULUM
6. The MOVE ASSESSMENT PROFILE
7. Children with Severe Disabilities and the MOVE Curriculum by Gilbert Thomson PT. 286 pages. Available through MOVE INTERNATIONAL.

For more info: jhoffman-ccps@shaw.ca

Renewal and Advocacy Fuel

Leadership Lessons Along the Way (Friday Keynote)

Lynn Skolnitsky, MA

Some Key Questions
- How can I shift from surviving to thriving?
- How can I shift my focus from what's not working, to what I DO want?
- How can I step into my leadership?

What is a Leader?
- Anyone who wants to help others
- Knows how to draw on the intelligence that exists everywhere: organization, classroom, community.
- Acts as a steward of other people's creativity, gifts, wisdom.

Margaret Wheatley
- Collaborative and flexible: we all have a piece of the puzzle. Everyone is contributing! We take turns leading.
- Sometimes the leader is the 5 year old in the room

Winnipeg: WOW Factors
- Inclusive early childhood centre
- Community Living Manitoba Family Leadership Retreat
- School Transition: Collaborative school principal

Inclusive Early Childhood Centre
- Red flags – led us to an early diagnosis
- Integration facilitator, worked with autism consultant
- Included Eric in all activities with peers
- Proactive planning meetings

How do I shift from surviving to thriving?
- Lots of overwhelm
- New diagnosis, steep learning curve
- Work-related stress for both parents
- Not much sleep
- Extended family members ill

Lynn Skolnitsky, Keynote

Begin to notice our inner conversations...

How do I move from focusing on what's not working, to focusing on what I want?
- Learning to notice language patterns
- The power of metaphors
- The power of visual aids

Water Metaphors
- Salmon swimming upstream
- Sink or swim
- Shooting the rapids
- Sucked under
- Coming up for air
- Paddling as fast as I can

What are the metaphors in your life right now?

What do I want?
- Calm water - Clear, Quiet, Serene
- Smooth sailing

• Soothing sound of the trickle of water
• Breathe deeply, cool summer breeze
• Ripple effect

Are you picturing that?

CL-MB Family Leadership Retreat

• Weekend retreat for families with children with special needs
• Respite
• Relaxed setting. Laughed, cried, silly skits, reflected on our lives

Outcomes of Leadership Retreat

• Energy to burn!
• Full of possibilities,
• Grateful
• Isolation
• How can I step into my leadership
• Connect to a larger conversation
• Ready to do some trailblazing

School Transition: Collaborative School Principal

• Language: work the muscle
• Listened deeply, Family Centered lens
• French immersion experiment
• ECE at school IEP meetings
• Collegial collaboration

REAL BONUS: Community building, critical mass of 'an accepting culture' smoothed the transition to school and impacted other students

Toronto (2003-2006)

Challenges:

• New town, no extended family within 4000 km
• Kids making new friends
• School refused special needs supports in French Immersion
• Exclusion, teasing, bullying
• Disclaimer!

How can I focus on what I DO want?

• What **do** I want?
• Why is that important to me?
• What's good about this situation?
• What else can I do?

Toronto WOW Factors

• Community Living Toronto – Education Liaison
• Ontario Coalition for Inclusive Education
• CL Toronto - Sibshops
• Extend-A-Family
• CL Ontario – Creating Inclusive School Cultures Project

Community Living Toronto

• Education Liaison
• Family centred planning – creative!
• Companion with a coaching style
• Strategy and debrief sessions
• Solution-focused
• Attentive listening
• Advice-free

Some Advice on Advice

What are some of the ways you might ….?
(then be quiet and let the person think about that!)

Ontario Coalition for Inclusive Education

• Understanding our rights
• Websites: school board inclusion policy
• Ontario Human Rights Commission document: Guidelines for Accessible Education (google)
• Mentoring from experienced people
• Heard what other people were doing, gave me new ideas

A Big Lesson From Eric

(Story) (Sometimes the leader is an 8 year old who is late for school)

Community Living - Sibshops

• Stress relief for Sabrina
• Lots of fun & connected with kids who understood
• Gained a sense of voice
• Started to experience her own leadership:
    • in the classroom
    • on a speakers' panel at Autism Conference

Extend A Family

Mission: "to ensure people develop meaningful relationships and participate fully in the community"

- Family Centered – design around what you need
- Grade 3. Friendship Circle – play-based
- Grade 4. Friendship Circle Ambassadors. Learned rules to playground games and used them to connect kids on the playground.

Reflecting Back

What do I want?

- 'Get through' to the principal
- Better social life for Eric

How can I step into my leadership?

•Find somebody who could influence the principal

Community Living Ontario

- Creating Inclusive Schools Project
- Multi-stakeholder consultation: Seven dimensions of diversity
- Impossible expectations we have of teacher
- Continuum of parents, teachers, schools
- We are all on an 'inclusion' road
- Each school is unique. None are perfect. Everyone was doing SOMETHING right!
- There are many ways to affect change – start connecting with those 'pockets of progressiveness' around you and build from there

When we step into our leadership, who else benefits?

- Other parents who saw our vision for inclusion began to question the status quo

• Resources to the 3 teachers
• Other kids on the playground
• Wrote letters, shared documents, links

Gaia Centre for Work & Spirituality
Declaration: get closure on that chapter of my life ... and ponder what's next
• How can I reconfigure my career so that I can keep doing the work I can't NOT do, and balance it with my own interests?
    •Write some stories about life with Eric

A paddle around the lake revealed …..
I was IN my picture!!

New 5 Year Plan
• Let's move back to BC
• Family wedding in BC May 18, interviews
• By June 1 contract signed
• By June 15 sold our house
• By August 1 we moved back to BC
• By October 1 Solution-Focused CoachingWHEW!!
(The Universe loves speed).

Vancouver (2006 to present)
Challenges:
• A move across the country and starting all over again!
• Kids making new friends
• New teacher who didn't 'get' inclusion
    Eg. Spelling tests in the library with the EA

Vancouver WOW Factors
• Principal with a vision for inclusion (Hint: I shopped around)
• Educational Assistant (French speaking) 3 years in a row!
• Occupational Therapist extraordinaire
• Friend 2 Friend Social Learning Society

What do I want?
• Influence the teacher about inclusion AND build a good relationship
    Who else can do this? (EA, OT)
• Good social life for Eric
    Who can do this? (Friend 2 Friend)

Advocacy & Leadership
• Manitoba nurtured me
• Ontario tests me
• In BC I have re-balanced my life

Outcomes
• I live the questions (coaching paradigm)
    • frustration, anger, despair, creativity, results, serenity
• **Accolade** letters to the school board
• Eric: better social life, better grades
• I have a huge chunk of my life back
• Trailblazing: First child in VSB with autism to take a Grade 6 class trip to Quebec for 8 days! (It was their idea).

Today
• New metaphors: I pilot my ship. I have my navigation system and my toolkit and I choose serenity, whatever the weather. An ORCA (symbol of solidarity) is my totem.
• Coaching for Collaborative Leadership
• I work with people and organizations whose mission is to work for social wellness
• Coaching Individuals: advocacy that builds bridges
• Coaching Organizations: use the coaching approach with their employees & clients
• Teach Art & Science of Coaching: coming back to Winnipeg Oct 29-Nov 2, 2008
• Community work: Community Living -BC Innovations Grant on Leadership Development for Youth with ASD
  And .....

Chicken Soup for the Soul:
Children with Special Needs. Stories of Love and Understanding for Those Who Care for Children with Disabilities.
• Eric and I have published a story

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And We All Fall Down

Facilitating Inclusive Play in Early Childhood Settings

Erin Cameron, MSC
Lana-Lee Hardacre, MSW
(Conestoga College, Kitchener, ON)

The central premise to the notion of inclusive play can be summed up by the following quote from Jean Piaget (1980): "Play is a powerful form of activity that fosters the social life and constructive activity of the child." This philosophy is held as a central design force of the Arts Express summer program jointly hosted in Waterloo, Ontario by KidsAbility, Wilfrid Laurier University, Faculty of Music and Music Therapy Program, the University of Waterloo, Carousel Dance Centre, and Conestoga College, Early Childhood Program. Arts Express is an arts experience for school-aged children with diverse abilities, their siblings, and peers. During the week at Arts Express, children experience music, drama, dance, art, sensory, and recreational activities. A video diary of the week-long camp event and the Gala Performance was shared with SpeciaLink Symposium participants, at the beginning and end of the session.

To establish a notion of play and inclusion among the group, participants were invited to engage in a play-based experience. A small group of volunteer participants initiated a game of catch and were given the direction to include new members into the group if they possessed a specific characteristic. The larger groups of participants were encouraged by facilitators, to join in the group play. To successfully enter into this play, a participant had to be wearing a wrist watch. The experience was debriefed with the following questions posed for discussion: What happened? Why were some people included in the play and other people denied access to the play? How did it feel to be included or not included? Even though the environment was set up, by the facilitators, for an inclusive play experience, not all members of the group were actually able to join in the play. Sometimes, in community settings, caregivers set up "inclusive" environments, but they "fall down" in providing inclusive experiences for all children.

To establish inclusive environments, caregivers should ask themselves the following questions from the perspective of each individual child:

- Do I feel welcomed?
- Do I feel a sense of belonging?
- Do I know how to join the play?
- Do I have choices?
- What can I do?
- What am I interested in doing?
- What do I find difficult?

When caregivers consider these questions, it leads them toward thinking about what supports and adaptations are needed, to create a play environment that welcomes all children. Often, it is quite easy to consider the physical environment. More challenging, however, can be the considerations of the social environment (child to child; child to adult interactions) and the temporal environment (timing and daily schedule).

Careful planning for an inclusive environment involves on-going and systematic observation of each child, as well as the physical, social, and temporal environments. Observations of the child should include the child in different settings and at different times of day. It should also identify the child's strengths, in all areas of development, and the child's interests. Recording this information in a systematic and convenient method will ensure ease of access and application of the information to the child's experiences in the program.

When focusing on the physical environment,

caregivers must observe the child indoors and outside, manipulating play materials, and while using props and tools.

Observations of the child engaged in social interactions should not be limited only to group interactions, but must also include interactions with adults, one-on-one interactions with peers, and solitary play. To observe the impact of the temporal environment on the child, caregivers need to include observations from a variety of times in the daily schedule. This also includes observations before, during, and after transitional experiences. Support and adaptations may be necessary in all of these areas to promote the successful play experiences for all children in the group.

Experiences for children, regardless of ability should include both opportunities for spontaneous and planned activities. Children enjoy experiences where they can feel successful. Therefore it is essential to involve the children in play experiences where they are able to demonstrate their individual strengths and interests. Experiences that include all areas of development provide multiple ways for participation and increase the likelihood of sustained play, for all children. Offering experiences that are flexible and allow for adaptation and participation at a variety of levels experiences encourage participation in simple and complex experiences. This also demonstrates a celebration of diversity and allows children to demonstrate success, in many different forms.

Caregivers in early childhood environments, play a significant role in establishing inclusive play experiences. They are responsible for providing both spontaneous and planned play opportunities, selecting toys and adapting the physical, social, and temporal environments to ensure that they are developmentally appropriate, for a variety of ages and abilities. It is also essential that the caregiver focus on the interactions between group members, rather than the activity itself. To do this, children can be supported in their development of social skills, through strategic modelling of social interaction with both peers and adults. It is the caregiver who is expected to keep,

play for children with diverse abilities from becoming work. Well meaning goals and program planning, often overshadow the pure joy in play and the positive impact of the development of peer relationships.

Participants in the session used assigned case studies to practice finding a balance that promoted the holistic development of children, through inclusive play experiences. The participants shared ideas that included the following considerations:

- Set up a safe and secure environment
- Value and respect all children
- Use early identification and assessment to determine strengths and interests
- Identify and remove all barriers to inclusion (physical, social, and temporal)
- Promote access to all play experiences
- Be developmentally responsive to each child
- Set-up ongoing planning and review of the child and the play environment

To encourage inclusive play at a national level, the following policy recommendations must be supported:

1. Establish evidence base practice, by using the growing body of research on development and play.
2. Provide ongoing professional development or all staff in the program.
3. Staffing resources must enable opportunities for observation, recording, planning, collaboration with colleagues and families, and facilitation of play.
4. Programs must employ qualified and well paid staff, who practice an inclusive philosophy.
5. Provide physical and social accessibility to play, both indoors and outdoors, for all children.
6. Provide support services for individual children and programming that is well integrated and easy to access.
7. Inclusive play can only be achieved by a shared responsibility for funding from families, communities and ALL levels of government.

In conclusion, *"(i)t is not always the amount of money that makes the best play environments, but the quality of time and energy in planning for play opportunities (for) children of all ages,"* (Hartle & Johnson, 1993). Inclusive play is essential as it facilitates children to construct knowledge about themselves, others, and the world around them. However, inclusive play can not be promoted without sufficient funding and time for observing, planning, and facilitating.

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Models For EI Service Delivery In First Nations Communities

Developing Sustainable Early Intervention Services in Confederacy of Mainland Mi'kmaq

Isabel DenHeyer,
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Juliana Julian,
Community Health Director Paq'tnkek First Nation
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Centre of Excellence for Children and Adolescents with Special Needs

Background

In recent years there has been a great deal of research on childhood development in the neuroscience area from conception to age six. Evidence from research suggests that the base for competence and coping skills that will affect learning, behaviour and health throughout life are established before the age of three. The implications for the results of this research are important for all children, but are especially important for children with disabilities who may require extra support to reach their full potential. Early intervention services can provide this extra support to children and their families. This report examines the development of early intervention services within a framework of early childhood programs in Mi'kmaw First Nations communities in Nova Scotia. It reproduces much of the work accomplished and reported on in a First Nations early intervention pilot project excluding confidential information, and it draws on complementary reports on First Nations early childhood program development.

Early Intervention Pilot Project

In the spring of 2007, Paq'tnkek First Nation and CMM initiated a one year early intervention pilot project entitled: Working towards Sustainable Programs and Services for Young Children with Disabilities and Their Families in Paq'tnkek First Nation. This project was funded by Funding Arrangements and Capacity Development Fund administered by First Nations Inuit Health, Atlantic Region. The final report produced for the project was for internal use within CMM. This report has been produced with the permission of the participants for external distribution.

Early Intervention Services as part of Early Childhood Support Services

The pilot project had two main components. The first was contracting a provincial early intervention program to deliver services for children with disabilities in a small First Nations community for one year. The second component was the researching of jurisdictional and fiduciary issues associated with providing support for pre-school children with disabilities and their families in First Nation communities. The pilot was successful in contracting early intervention services for one year through negotiations involving federal, provincial, and First Nations and community organizations. During the pilot, supports in addition to early intervention programs, were identified as necessary for children with disabilities and their families. Pilot participants realized that the extra supports identified were similar to early childhood support services recommended by:

Developing Sustainable Early Intervention Services in CMM Communities in Nova Scotia

i Early Child Development: a Powerful Equalizer Final Report (Irwin, Siddiqi & Hertzman, 2007)

ii Mi'kmaw Kina'matnewey Special Education Policy Manual. DenHeyer, Isabel. Jamuary 2005. Published by Mi'kmaw Kina'matnewey

In the course of the pilot project various issues were identified as potential impediments to creating a comprehensive early childhood framework of services inclusive of early intervention.

Provision of services for children involves many players representing federal, provincial and First Nations communities and organizations, professional organizations, and most importantly families. Jurisdictional issues affect funding and service provision at administrative levels and ultimately delivery of services to individual children.

Sustainable funding for core programs and mechanisms for accessing funds were identified as essential elements for early intervention services and for early childhood program planning. It was recognized that integrating early intervention services into a larger framework will require careful planning and long term commitments from all parties. The pilot project successfully addressed cross jurisdictional issues in contracting services and made recommendations for establishing core funding for early intervention services. These recommendations are extended to include the establishment of a comprehensive early childhood development system inclusive of children with disabilities in First Nations communities.

Social Inclusion and Child Care

A framework for inclusion of children with special needs in Early Childhood Education and Care programs

Jenny Robinson, Executive Director
Ontario Coalition for Better Child Care

Using the eight policy lessons on Early Childhood Education and Care (ECEC) from the Organization for Economic Co-operation and Development this presentation makes the connections between the policy concepts of social inclusion and inclusion.

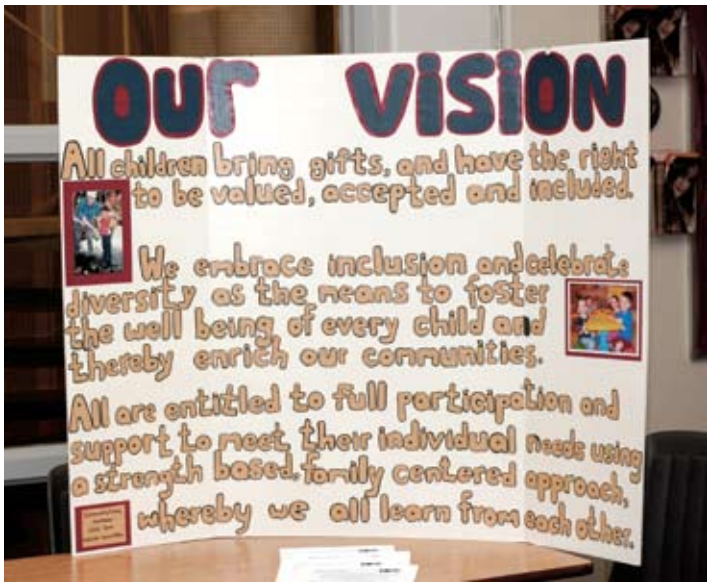
From the broad context of creating policy that engenders civil society, where every person has a meaningful role to play in the fabric of community, to individual lives –the quality provision of early learning and care is an essential component of a truly inclusive society.

According to the OECD Early Childhood Education and Care (ECEC) is an integrated and coherent approach to policy that results in the inclusion of all children and all parents regardless of employment status or socioeconomic status. (OECD, Starting Strong, 2001).

Under the right conditions, early childhood education and care (ECEC) can be a primary means to enhance social inclusion. The development of talents, skills and capabilities in the early years has an effect not only on childhood well-being, but also on the social, educational, financial and personal domains as children mature into adulthood.

The OECD's comparative research found that:
- Countries that have developed these elements show strong commitment to children and families
- Have made efforts to ensure access to all children, special efforts for children in need of special support
- Quality is high on the agenda in these countries

Canada has a long way to go in the development of a universal ECEC system. The eight "policy lessons" developed by the OECD*'s Thematic Review of ECEC (20 nations, eight years, comparative, detailed reviews) provide an excellent framework to evaluate that state of Canada's commitment to ECEC.



Toronto First Duty

A model of integrated early learning, child care and parent support

Zeenat Janmohamed
Toronto First Duty

Phase 2 Research Progress Report

Toronto First Duty was designed as an integrated model of program delivery by combining three early childhood streams including regulated child care, kindergarten and parenting supports into a single, accessible service for children prenatal to six. Toronto First Duty is shaping the current patchwork of programs into a guide to building an integrated system of early learning and care including an integrated staff team. The early years team is comprised of early childhood educators, kindergarten teachers, special resource consultants, educational assistants, the early years coordinator and the school principal. The programs are offered in shared spaces and are supported by a shared vision for curriculum development and pedagogy. The early years coordinator and school principal provide leadership to ensure that the staff team work cooperatively to offer an integrated play and learning experience for all the children.

Toronto First Duty began as a partnership between the City of Toronto and theToronto District School Board, with support from the Atkinson Charitable Foundation.

The Toronto First Duty partnership tested early childhood service integration but the prime goal was to influence public policy; to bridge the disconnect between child care,education and family support programs; and to demonstrate the advantages ofcomprehensive, universal service provision to policy makers, families and communities.

During Phase 1 (2002 - 2005) the TFD concept was tested at five representative sites. Neighbourhood schools partnered with community organizations to demonstrate the core features of service integration: integrated governance; seamless access; parent participation and an integrated early learning environment planned and delivered by a staff team. Over a three year period the sites documented and showcased both the successes and challenges. The purpose of Toronto First Duty (TFD) was to test-drive new public policy for integrated early childhood programs that offered early learning and care for every child (Corter et al., 2002). Prior to the TFD initiative, numerous provincial reports have recommended moving to an integrated service delivery system for early childhood programs (for example, McCain & Mustard, 1999; Ontario Premier's Council on Health, Social Justice & Well-being, 1993; Royal Commission on Learning, 1994; Ontario Ministry of Community & Social Services, 1990). (Corter, Betrand, Pelletier, Janmohamed, Brown, Arimura and Patel, 2007).

In November 2004, the Ontario government introduced the Best Start strategy and allocated the new federal dollars to expand licensed child care programs, particularly those located in schools, as a central component of the Best Start strategy. Local Best Start Networks with representation from municipalities, district school boards, public health, provincial government and community agencies began to develop plans to establish networks with improved levels of service and integration. However, the subsequent change of the federal government pulled back the latest round of funding for child care and left Ontario's Best Start initiative without any further new funding. Despite the lack of federal leadership in early childhood development, a commitment to influence public policy remains a key goal of Toronto First Duty. In phase 2 of the TFD project, resource allocation has been consolidated to one site at Bruce WoodGreen.

Research and evaluation

The relationship between research, policy development and practice is a fundamental goal of Toronto First Duty. The project's findings influenced the Ontario government and are reflected in its Best Start strategy. The core elements of the First Duty model are incorporated into the Best Start Plan: Toronto Vision for Children. Now, TDSB and City are joined by Toronto District Catholic School Board, the French language school boards, community agencies, Toronto Public Health, and family support programs in expanding service integration and moving forward on systems change. The goals and objectives of First Duty are now contained within Toronto Best Start. The training and assessment tools developed for First Duty are now part of tools available for Toronto Best Start. The learning from TFD continues to inform the ongoing implementation of Toronto Best Start. In short TFD fulfilled its goal of making integrated service provision public policy.

The original TFD project sites are now rolled under Toronto's Best Start and within the Toronto District School Board's Early Years Leaders group. They are a demonstration of the TFD vision along the continuum from coordination and collaboration to integration and are joined by other sites that are demonstrating collaborative efforts through staff teams and high quality early learning environments. The final research report of TFD Phase 2 will review baseline information from 1999 with that of 2008 and consider emerging trends in how early childhood programs and services are working in Toronto. The system level progress towards achieving the level 5 benchmarks will be assessed as well as consideration of overall changes in population characteristics and child outcomes as assessed by EDI. Given the focus of the newly announced provincial Early Learning Advisor, the final report will pay particular attention to the impact of TFD on 4 and 5 year-old children. (Corter et al. 2007).

Data collection for Toronto First Duty focused on program implementation and included interviews and surveys with staff/administrators and parents, use of the Indicators tool, and program quality assessment. The Indicators of Change is a tool developed by the research team to assess the TFD sites' progress along a continuum of co-existence to coordination, collaboration and finally integration, using a scale from 1 to 5. This is done in five dimensions: local governance, seamless access, early learning environment, early childhood staff team, and parent participation. The Indicators of Change tool will be utilized again in phase three to evaluate the progress toward integration at the Bruce WoodGreen site. In addition, program quality will be evaluated using observations based on the Early Childhood Environment Rating Scale – Revised (ECERS-R) (Harms, Clifford & Cryer, 1998). The ECERS-R is a widely used rating scale The research team employed this measure in order to be able to describe BWELC's environment using a recognized tool and over time from Phase 1 to Phase 2.

Integrating children with special needs

According to Lero and Hope Irwin (2008), ECERS-R

does not adequately evaluate the level of integration of children with special needs therefore anecdotal observations combined with resources from SpeciaLink Child Care Inclusion Practices Profile and Principles Scale will be considered in phase three. However, program integration in Toronto First Duty seems to benefit families with children who require extra support. When families first enroll their children in the program, the early years team works jointly to ensure seamless access to the program for the entire family. The early years coordinator, the parenting worker and the school staff team organize registration as a team. At this first point of contact during enrolment, the family is able to indicate what their goals are for their children and provide any information they want to share. It is an opportunity to become familiar with the family. In turn, the family has an opportunity to become familiar with the staff team and begin to understand how an integrated program works.

In the Toronto First Duty model, all the partnering agencies make a commitment to share resources, both financial and human resources. This ensures that all the assets are combined to provide an effective plan of action to support any children with special needs. As a result of integrating parenting resources, child care and kindergarten programs, there are multiple points of contacts with the family and a staff team that has established relationships with the family able to support the family at multiple points of entry. A commitment to family involvement is paramount to integration both at a formal level through participation in the governing management committee and through informal participation in the program. The early years team jointly works together to advocate on behalf of the family and children. In the case of children with special needs, the partnerships between parenting supports, child care and school based programs, offers connections to services and extra support without duplicating resources.

The Toronto First Duty study explored the impact of integrated services consisting of kindergarten, child care and family support programs on the daily lives of parents and their kindergarten aged children. Overall, the findings of this study support the conclusion that integrated delivery of early childhood services is associated with lower levels of daily parenting hassles and the inclusion of the school community as a source of support for parents. Children may benefit from these improvements in family life and from greater levels of continuity in their experience of care and learning. In the next research phase, further consideration will be given to evaluating Toronto First Duty's capacity to integrate children with special needs and the findings will inform the program's ability to make policy changes to ensure optimal experiences for all children.

Note: Full report available at www.toronto.ca/firstduty

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For more info: www.toronto.ca/firstduty

Creating Places For All Children

All-day Training Session on Why to Measure Inclusion Quality in Early Childhood Centres — and How

Dr. Sharon Hope Irwin,
Senior Researcher, SpeciaLink

Professor Donna S. Lero,
University of Guelph

Over 2,800 directors, consultants, licensing officers, early childhood educators, related professionals, ECE trainers, researchers, early interventionists, parents, students, etc. have received one or two-day training in the use of the SpeciaLink Early Childhood Inclusion Quality Scales, in 9 provinces and 1 territory. The Scales have been received positively by frontline staff as well as by agencies and provincial and municipal governments, and are now used in many jurisdictions as their measure of inclusion quality in early childhood centres. In late October, the training will be presented at an invited post-conference workshop of the DEC International Conference in Minneapolis.

34 participants at the Early Childhood Inclusion: Applying Lessons Learned SpeciaLink symposium chose to spend all the workshop time on Friday, August 22, 2008 for training in the use of the Scales. During the six-hour period, they were able to complete the basic training, and many are following through with self-training in additional items in the Scales as well as in inter-rater reliability. The DVD, "How to Measure Inclusion Quality in Child Care" is available as an aid for self-training.

The SpeciaLink Early Childhood Inclusion Quality Scales are tools for assessing inclusion quality in early childhood centres. Used together, they provide a picture of sustainable and evolving inclusion quality — an emerging issue as more children with special needs attend community-based centres and as inclusion pioneers leave their centres and a new generation of directors and early childhood educators take on the challenge. The workshop format combined a Powerpoint Presentation with interactive experiences, including individual scoring and discussion of various items in the Scales, presented on paper and on DVD.

Background:

Dr. Lero introduced the workshop with a discussion of the status of early childhood services for young children with special needs in Canada. She pointed out that, unlike other children in Canada of minority status, children with disabilities can be excluded from enrolment in early childhood centres. There are many reasons for this — additional costs for extra supports, lack of staff training, physical inaccessibility, etc. When children are deprived of critical and developmental experience in their early years, their parents are often forced out of the workforce and onto unemployment and welfare programs and we all lose.

10% of Canadian children need extra support to be included in early childhood programs, because of their disabilities. 10% of families, therefore, face a double disadvantage because of their child's disability — the additional challenges of parenting a child with a disability plus unemployment because of the lack of child care — enlarging Canada's shameful disability ghetto.

In 2003 and 2004-2005, the federal Liberal minority government joined with the provinces in promoting and funding the beginnings of an inclusive early learning and child care system through the Multilateral Framework on Early Learning and Child Care and through the Quad Principles of the Bi-lateral Child Care Agreements that included "universally inclusive" as one of the principles for which the provinces would be accountable. Despite the cancellation of the

Bi-lateral Agreements as of March 31, 2007 by the Conservative minority government elected in January 2006, many provinces continued to move forward on the inclusion issue.

Dr. Lero then asked: "Why do we measure inclusion?" She pointed out 7 major reasons: self-assessment and personal growth and development; staff development; developing your centre's list of priorities; focusing fundraising efforts; identifying further training needs; talking about inclusion quality to your parents, board of directors, other funders, community and government; and meeting accountability standards.

She argued that there is strong agreement on the importance and value of including children with disabilities in high quality Early Childhood programs and that governments are making commitments to major improvements and expansions in early childhood services and to being accountable for demonstrating positive changes. And that, finally, evaluation of real progress toward inclusion requires change in a number of policies and practices.

She continued:

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.

Three suggested types of indicators were explained:

Prima Facie evidence, mainly in the form of numbers of children with special needs included, range of needs and levels included, number of centres accepting children with special needs, reduced incidence of children with special needs being turned down.

Necessary changes in provincial policies and practices, including education/training requirements for director and staff related to inclusion; policies that affect availability and access for children and parents, policies that ensure that all programs are physically accessible with design features appropriate for care; resource to provide additional trained staff beyond ratio as needs; resources allocated for in-service training and on-going support to staff; monitoring of adequacy of resources, including caseloads of resource consultants.

Direct measures of inclusion quality including the SpeciaLink Early Childhood Inclusion Quality Scales and ongoing research to track emerging concerns and address accountability issues.

With the "Why Measure Inclusion Quality?" question addressed, Dr. Sharon Hope Irwin then began the actual training exercises. Since almost all 34 participants were familiar with the scoring methodology of the Early Childhood Environmental Rating Scale – Revised (the ECERS-R) and with its emphasis on shared vocabulary, which are also used for the Inclusion Scales, she was able to dispense with a detailed discussion of scoring and vocabulary, and have participants begin the scoring exercises right away.

The rest of the morning was spent in preparatory activities, where participants did paper and pen exercises on aspects of the Scales, such as unscrambling columns of indicators into their correct order and rating one item while using a written description. This period was highly interactive, with many participants volunteering their trial answers and asking about the actual indicators on the pages they were using.

In the afternoon, participants watched three separate video segments, each of which portrayed scenes illustrating a particular item in the Scales — specifically "staff support," "involvement of typical children," and "zero reject." Their task was to read the

item in the Scales, watch the associated video segment and then try to score it. They were told to put question marks next to any indicators they were unsure about having seen. Since this was video — not a real-life observation at a centre — we then "rewound" the video, so they could review the 5-minute segment and revise their scores, where appropriate. Then, volunteers were asked for their scores and rationale, and general discussion followed, where other participants gave different scores, and discussed their reasoning. Finally, for each segment, we then showed an additional sequences within it, where the developers of the DVD explained how they had scored the item.

The same procedure was followed for each of the three video segments, during which participants became more familiar with the process, observation techniques, scoring techniques.

In addition to learning how to observe and score, the participants gained some familiarity about the items we worked with (3 from the training DVD and 3 others from the earlier exercises). Insightful questions about why certain indicators were included, why some were placed in particular columns, how different provinces use different terminology were asked and then discussed.

A brief discussion of the other Practices and Principles followed.

Finally, a brief description of the inter-rater reliability process was presented, and the inter-rater reliability form was used on the blackboard. Since inter-rater reliability requires actual observation of classrooms by two independent observers at the same time, and also a score of 85% agreement on the items, the process was not replicated during the training. However, the second speaker (Sharon Irwin) agreed to tutor participants through the process, if they went ahead with it. She also agreed to send copies of the inter-rater form and protocol and the article "Everybody Knows What Sarah Knows" by email to all participants.

In "Why to Measure Inclusion Quality — and How" participants learned to use the SpeciaLink Early Childhood Inclusion Quality Scales. These tools complement the Early Childhood Environment Rating Scale — Revised (ECERS-R) that measures global quality but which pays minimal attention to inclusion quality. The rationale for the Inclusion Scales was also be discussed. At the end of the workshop participants received copies of the tools to use in their own work.

These documents are available by request and are distributed at most of our training. SpeciaLink appreciates the financial support of the Canadian Council on Learning as we refine the instruments to meet standards for high quality research.

If you have not yet taken part in our inclusion training, please visit http://www.specialinkcanada.org/assistance/community.html SpeciaLink on the Road, to find out where we are offering training next.

Community Living Presents - 1

More Than Just Lip Service

Dixie Mitchell

The New Brunswick Association for Community Living has partnered with the early learning and child care sector for the past 71/2 years to enhance the global quality of environments for all children in centres while enhancing the capacity of staff to include all children.

The Opening the Door to Quality Child Care and Development Project (OTD) staff have supported early childhood educators and directors in early learning and childcare centres through an on-site consultation model using various environmental evaluation tools -ECERS-R, ITERS-R, the Caregiver Interaction Scale, and SpeciaLink's Principles and Practices for Inclusion. Once evaluations have been completed, OTD site support facilitators then work with the centre staff to create a collaborative action plan as a "road map" for effecting change in practices and the environment. The site support facilitators provide ongoing professional development, resources and visits to support centre staff in implementing and sustaining the necessary changes.

The funding for the many phases of this project has been provided to the New Brunswick Association for Community Living by Social Development, NB government. Along with the on-site support process many other forms of support have been developed. Some of these supports are:

- A mentoring program for directors of centres which is called D2D. This program enables directors to become less isolated; share resources; bring issues particular to directors to the table for discussion and resolution and enhances collegiality for this part of the sector. D2D has empowered directors in becoming leaders for quality inclusive practices in their regions through Conversation Cafes, Sharing Circles and professional development forums. The Occupational Standards for Administrators developed by the Canadian Child Care Human Resources Sector Council and several research/publications by Irwin and Lero have served as a foundation for this work.
- Parent Power is a program that enables all parents/ families of children enrolled in centres to learn more about child development and inclusion; play and making friends, transitioning to school and having a stronger voice for their children. It also enables families to work in partnership with early childhood educators to document milestones in their children's development through scrapbooking their stories, pictures, quips, etc. to demonstrate the strengths and gifts that children have.
- Each Child Matters is a new inclusion training guide for early childhood Educators which was published in June, 2008, by the New Brunswick Association for Community Living. This 10- module professional development guide will be implemented in the New Brunswick Community Colleges in 2008/09 and regional professional development opportunities will be held for all those employed in early learning and child care centres, methods and resource teachers in schools, TAs, Early Interventionists and interested families.
- Mentoring Educators Program (MEP) This program will begin in early 2009 and will support early childhood educators as they transition to new provincial curriculum developed by the University of New Brunswick and the Universite de Moncton. MEP will enable provincial early childhood educators to dialogue with each other within a region and from region to region. Through a mentoring pairs process, early childhood educators will be at less risk for isolation, will receive more support resources and professional development opportunities.

Dixie Mitchell is coordinator of Opening the Door to Quality Child Care and Development and looks forward to inquiries and further information. You may e-mail her at dmitchell@nbacl.nb.ca . You may also telephone 1-866-622-2548 and ask for Dixie.

Community Living Presents - 2

Mobilizing the Early Childhood Community through Community Partnerships

Debra Mayer MA
for Community Living Manitoba

Introduction
Community Living Manitoba is dedicated to the full inclusion in the community of persons of all ages who live with an intellectual disability. A key focus area is on early childhood inclusion. The presentation by Rose Flaig, Deputy Director, Community Living Manitoba and myself described the results from our Inclusive Child Care Capacity Building Project (IC³BP) which has paired inclusion mentors and free workshops about inclusion to centres volunteering to improve their inclusion quality.

Over three phases, we were funded by Families Forward, the Parent-Child Centred Coalition in River Heights/Fort Garry, The Winnipeg Foundation, the Jewish Foundation of Manitoba, The Manitoba Marathon Foundation, Thomas Sill Foundation, the Community Inclusion Fund and an anonymous donor. Child care centres contributed at least $15,000 of their own dollars to the project in terms of staff salaries, toys, equipment and other environmental enhancements, meals and refreshments and at least one recruited additional dollars from local service organizations. In total, our project has included 13 Winnipeg licensed early childhood centres and 7 in Westman, North Assiniboine, Eastman, Interlake, South Central and Central region of our Province.

The Approach
This evidence based approach combines assessment, on-site consultation, and the provision of resources and personal support to directors and early childhood staff in preschool and school age rooms in licensed child care centres.

The consultative mentoring model utilized by Community Living Manitoba shares goals with similar Canadian projects and programs (Partnerships for Inclusion, Nova Scotia; Keeping the Door Open project in New Brunswick, City of Toronto; etc.). This approach to supporting inclusion was originally developed by Partnerships for Inclusion (PFI) a technical assistance project sponsored by the University of North Carolina which uses rating scales in a consultation model aimed at raising the level of quality in child care programs. All have found that the consultation model precipitates positive changes that have long-term effects on quality.

Project Details
The project was administered by Community Living Manitoba. The team included Project Manager, Debra Mayer, Project Coordinator, Wendy Church and additional inclusion mentors (independent consultants) selected for their prior knowledge and experience with inclusion, mentoring, quality assessments, and adult education. This project benefited enormously by their commitment to the process and to inclusion itself.

Inclusion mentors worked directly with centre staff, engaging them in collaborative goal setting and action planning and providing a range of resources and support to facilitate improvements. In response to assessment on quality and inclusion assessment scales, mentors tracked each centre's progress towards the provision of high quality inclusive care for children with special needs and typically developing friends.

Each centre received the following support:
ECERS-R and SpeciaLink's Inclusion Assessments establish baseline quality indicators, help identify target areas for improvement, & demonstrate positive change.

- Creative strategic planning half day utilizing PATH

(planning alternative tomorrows with hope) to set specific goals for change;
- Up to 24 hours of complimentary inclusion specific Workshop Training
- At least 5 monthly consultations with an ECE inclusion mentor, helping staff and parents in the planning for implementation of change, and reflecting on changes in practice.
- Final post project scores and sustainability planning
- The Final Celebration.

Evaluation Methodology
Descriptive information about the centre, inclusion experiences, and staff's education and attitudes was obtained from the director during the application process at the beginning of the project and staff completed anonymous surveys of their attitudes and values pre-and post involvement in the project. Parent feedback was also solicited via a short anonymous survey but as responses were low we have not reported on them.

As a key focus for Community Living Manitoba is on the full participation of children with special needs in inclusive centres, and in the increasing capacity of centres to become more inclusive, we pair the use of ECERS-R with the SpeciaLink Inclusion Scales which provide a much more detailed snapshot of inclusion capacity within a centre.

In addition to quantitative data, qualitative data was also collected. All directors and mentors were part of the project advisory committee and their feedback and suggestions were incorporated as the project unfolded. Minutes capture their thoughts about the project and its impacts on staff, on programming, and on the children attending the centres. Directors from our Phase 2 and Phase 3 cohorts met for a Lessons Learned morning in October.

Staff created portfolios, photo albums, murals or DVD presentations that were shared at their Final Celebrations, and also participated in a final creative facilitation exercise where last thoughts and lessons learned were documented. All these provided rich qualitative information about the change processes that occurred, and also provided contextual information that was useful for identifying what facilitated change and what acted as impediments
or barriers.

Contribution to the Evidence Base
With funding support by Canadian Council on Learning (http://www.ccl-cca.ca/CCL) and in cooperation with the University of Guelph, SpeciaLink is conducting Assessing inclusion quality in early childhood learning and child care (ELCC) in Canada with the SpeciaLink Child Care Inclusion Practices and Principles Scales.

Our Manitoba data is undergoing a more detailed analysis by the University of Guelph as part of this national research project which will be fully reported by December, 2008. We have appreciated the advice and support offered to this project by Dr. Sharon Hope Irwin and Dr. Donna Lero.

The Collaborative Planning Cycle
The baseline assessment was followed by collaborative action planning session (PATH-a creative facilitation technique: Planning Alternative Tomorrow with Hope) that involved staff, parents, board members and other stakeholders to develop centre specific goals. Subsequently, each inclusion mentor worked with the director and a lead early childhood educator (Inclusion Connector) as well as all other staff to plan for and help implement the changes identified by the respective teams. Mentors conducted observations, provided consultation, workshops, resources, and direct personal support to enable positive change — on a regular basis for about six months.

The wishes and dreams captured in each centre's PATH

were both fanciful and practical….and many of them came true over the course of each project.

One centre's PATH identified the following goals:
There are 2 new play structures, a garden that is bountiful, green grass and trees. We have de-cluttered and organized our space. We have created a privacy space for 1-2 children. Learning areas are clearly defined and appropriate required materials as per ECERS-R are accessible and adaptive. Health practices such as hand washing as per ECERS-R will be practiced regularly. Dispensers installed at back entrance and reminder posters for everyone. We will have a statement regarding inclusion.

Inclusion Training
Centre teams attended a series of workshops called Preparing for Inclusion, presented by mentors and other community members such as child development staff and parents of adult children with disabilities. Topics for the workshops can be seen at HYPERLINK "http://www.aclmb.ca/Early_Childhood_Education/Workshop_Descriptions.pdf" http://www.aclmb.ca/Early_Childhood_Education/Workshop_Descriptions.pdf.

Mentors were often the workshop presenters and were thus able to customize the content to meet specific needs of their teams in attendance. Where possible, parents of children with special needs were invited in to share their stories especially during the family centred practices session; child development staff were able to attend and co-present at several of the workshops on the Individual Plan.

Average attendance at the series was impressive. For example, in phase 3,76% of 132 staff from all centres attended, and many participants had 100% attendance. All participants received documentation of their professional development participation for their personal portfolios.

Rural participants hosted workshops at their own centres and these were opened up to the community, allowing a diffusion effect to occur. Our Westman workshops were hosted by our target centre and brought in a total 61 discrete workshop registrants from the large rural region; from all sectors of the child care community, nursery school, preschool, family child care, Aboriginal, programs and from the college and Children's Special Services in 8 different cities and towns in the area. Our full day session for directors, supervisor and inclusion connectors in Winnipeg brought together 18 leaders from our 10 project centres, and 61 other participants.

Transformations in Practice and Purposeful Inclusion
The centre has done a total turn-about. Staff communication has improved significantly since they started receiving the support of the project, the workshops and the mentoring. They have made significant changes to the environment such as taking down all of the paper on the walls and have began painting the walls in earth tone colors. Staff noticed an immediate reduction in the noise level in the room. The shelves are no longer overcrowded and staff are actually thinking about "development" and what toys to put out based on how it can enhance development as well as ECERS-R. They are doing a lot more observation especially on how the learning environment affects children and their behavior!

Data Collection
ECERS-R Scores (Phase III)
The data shown here is from Phase 3. Average score on global quality increased by 1.4 but some went up as much as 2 full points. 50% of centres made significant increases of 2 or more in the subscale "Activities" in 6 or more of the following items: Fine motor, Art , Music/movement, Blocks , Sand/water, Dramatic play, Nature/science , Use of TV/computers , Promoting acceptance of diversity. These increases translate to

Debra Mayer thanks Hon. Gord Mackintosh, Minister, Family Services and Housing

the development and expansion of different activity centres and adopting a more child-oriented curriculum approach. Many of these activity areas as the very places where involvement between children with special needs and their typically developing friends can occur, such as the block centre, dramatic play, sensory play etc.

40% of centres made significant increases of 2 or more in the subscale and these changes were often made first. They provided an immediately tangible way to demonstrate how classrooms could be made more comfortable and attractive for children, with better organization of materials, more defined activity centres, and with child-related displays. Creation of a quiet or "cozy area" with soft furnishings; a more attractive and effective room layout; purchase of and/or better access to equipment and materials to support learning; more accessible materials; materials which reflected diversity; and child-related displays were commonly reported. The development of a quiet area was seen as one change that was particularly appropriate to enhance inclusion capacity.

Prior to the project, only 20% of the centres had a global quality of 5, or good. By the end of the project, 90% of centres were scoring at the good or better.

The Centres' Standing on Three Measures of Inclusion Quality

Three separate measures related to inclusion were obtained at each data point-ECERS-R Item 37, Provision for Children with Disabilities; and SpeciaLink's Inclusion Practices and Inclusion

Principles Scales.

ECERS-R #37
Item 37 of the ECERS-R scale is specific to a centre's and a classroom's provisions for children with disabilities. At Baseline, 3 centres were assessed as having inadequate provisions to support inclusion, while 6 were rated as having very good or excellent provisions to support inclusion.

5/10 or 50% of our 10 centres already showed a pre assessment score of 7 and by the end of the project, 80% of centres scored excellent. The minimum base amount of improvement was 2 and the highest was 4, indicating how the project helped staff focus on inclusion. However, it's harder to know exactly where the increases were on this indicator-hence our interest in the Inclusion Practices to give a fuller picture.

SpeciaLink Inclusion Practices
SpeciaLink's Inclusion Scales allow a much closer examination of readiness for inclusion and purposeful acts of inclusion. The Scales include direct observations and also utilize interviews and document review. The eleven practices of inclusion are scored individually on a 7 point scale similar to ECERS-R. The practices include physical environment, equipment and materials, director's role, supports for staff, staff training, therapies, individual program plans, parents of children with special needs, involvement of typical children, support from a board of directors, and planning for transition to school.

SPECIALINK PRACTICES Average Pre-Post Assessment Scores
Every single centre show substantial increases on the practices of inclusion! Several centres increased by well over two full points, 4 centres achieved good or better on these practices of inclusion. At least three centres employed staff members who are also parents of children with special needs. These parent/educators were very sensitive to the issues around inclusion and anecdotal evidence confirmed their growing comfort in voicing issues faced by children with special needs and their families.

Overall average Inclusion Practices scores range from 2.8 (less than minimal) to 5.9 (good+) pre-project to 3.8 (minimal) to 6.7 post-project (almost excellent).

SpeciaLink Inclusion Principles
SpeciaLink's Inclusion Principles describe the overarching values and beliefs with respect to inclusion as articulated by the centre director, board, and staff and an examination of how these are reflected within policy statements.

Overall, 6/7 centres improved their scores by an average of 2.8. Of these six centres, the minimal base amount of improvement was 2.2 and the highest 3.5. The remaining one centre did make a slight improvement of .40. However, with its pre-project score at 5.60 and the post-project score at 6.00, it was already demonstrating a good level of inclusion capacity, leaving less room for improvement.

86% of centres improved their average "Principles" scores by 2 or more, indicating the directors and their staff were articulating a more inclusion understanding and vision. In contrast, 43 % of centres improved their average "Practices" score by 2 or more perhaps indicating that transformation requires more time as inclusive processes are being adapted and refined.

With the exception of our control centre, 100% of the centres improved their Principles scores; some by as much as 5 points! Note that centre 5 without intervention actually shows a decrease in their achievement on the inclusion principles; this may be due to director answering the interview questions differently due to her own increased familiarity in what is meant by concepts such as zero reject.

Final Thoughts
Community Living Manitoba began to offer consultation and mentoring support directly to child care programs in 2004, based on workshop feedback we received which indicated participants were struggling to share the inclusion vision with their coworkers who had not been part of the one-off training. We have learned a number of lessons during IC³BP, by comparing results to similar projects being carried out in other parts of Canada and the US, and certainly throughout the process of delivering supports to our three cohort groups.

This project lets us influence each child care centre's human resource capacity to undertake inclusion well, by supporting enhanced planning time, networking and collaboration among staff; and by increasing access to training and professional development related to inclusion. We have seen a positive impact on the skills, confidence and involvement of ECEs in providing care and education to children with special needs in their programs. The project has helped us to promote increased involvement of ECEs in observation, documentation, interpretation, assessment and individual program planning for all children, in particular, for children with special needs in the program. Finally, the project has helped to promote increased involvement of ECEs in reflection about inclusion and quality, by teaching them to assess the quality of their programs with common tools; and then to plan to improve all aspects of their practice. We have helped to develop the leadership for inclusion by the centre director and the inclusion connector at the centre, by encouraging the identification of and support to specific child care program staff who will act as champions for effective inclusion in the program. We have helped create environments which actively promote dialogue, problem-solving, and full participation by all program staff, in providing care and education to children with special needs.

The approach requires significant involvement on the part of centre staff. Releasing staff to participate in project activities may require hiring substitutes—an additional cost to programs that have little discretionary revenue and during a time of huge staffing challenges in the early childhood sector as a whole. As a result, Phase 3 of this project built in modest support towards subsidizing staffing costs (up to $2000 per centre); all centres requested and received that full amount. Directors reported their appreciation for this support and that centres would have struggled to stay in the project without that support.

All centres incurred financial costs during participation in this project for program enhancement expenses as well. These included cleaning, painting, plants, furnishings, and all kinds of toys and supplies. As a result, Phase 3 of this project made available an additional $500 per centre towards their costs for environmental enhancements. An each centre received their own copies of the ECERS-R book, its companion training video and the SpeciaLink Inclusion Scales training DVD to use for refreshers or as part of their orientation of new staff, post project.

For more information…
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Community Living Presents - 3

What is ConnectABILITY.ca

Nancy Hendy
Community Living Toronto

Introduction:
Welcome to ConnectABILITY a website and virtual community dedicated to lifelong learning and support for people who have an intellectual disability, their families and support networks. The core of our community is accessible, self-directed access to valuable information and tools, ready on demand.

Take a walk around our neighbourhood and visit each special place. You'll find the one that's built just for you.

Supported Inclusion:
A place built for the early childhood professional with the support they need from the first moment a child with special needs enters a child care setting. Supported Inclusion focuses in on the small space between a child with special needs and the skills of an early childhood professional, with just-in-time information and tools put together in a way that's easy to find and use. Begin with "Create an Info Map", which helps you develop an individual profile for a specific child and links you to the next level in your professional learning.

Learning Together…every step of the way:
A place built for families and their young children with special needs from the first moment a parent understands their child will need extra help along the road to learning. Learning Together…a support in the small space between a parent and a child with special needs. With information, tools and workshops in one place, easy to find and use… and a kids interactive zone where learning is fun.

Communication Centre:
A place to discuss and share your ideas with the rest of the community.

Messages:
Our own mail service. An easy to use audio messaging system for anyone who has trouble with reading, or using a keyboard.

Discussions:
Members of ConnectABILITY communicate about common interests, in their own time and at their own pace. They are grouped by subject and are public to other members of your community.

Meetings:
A place to get together for meetings or just to talk, with full audio capability, instant text messaging and a place to share documents.

Conferences:
"Ask the Pro" a place to ask specific questions and chat on topics of interest. You can ask your questions in private or within a group

Library:
Now all of the valuable library of documents, workshops, games and links can be found in one place, a place that helps you find what you are looking for in a simple, easy to use key-word search format.

International Languages:
Here you will find some of ConnectABILITY's valuable information and tools in your own language. Selected tip sheets, tools and workshops are available in various languages at this time.

Town Hall iconInformation Centre:
A place you can come whenever you need to get in touch with us, or give us feedback.

Policy Perspectives II - 1

Newfoundland Labrador Inclusion Initiatives

Laurel Penney
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The session began with the reading of a "success story" written by the operator of an early childhood centre in Newfoundland Labrador. The regional Inclusion Consultant and a parent also included their remarks. The story was illustrated with pictures of centre equipment and materials, as well as inclusion in action, in the form of a child with special needs participating fully in centre activities.

Different definitions of Inclusion were reviewed, as were the six principles of Inclusion identified by Sharon Hope Irwin of SpeciaLink. These principles form the foundation of inclusive practice in Newfoundland Labrador, and are included in the Child Care Services Policy Manual for Inclusion. They are:

- Zero reject
- Naturally occurring proportions
- Same range of options
- Parent participation
- Advocacy
- Full participation

The Heart Step (from "The Mainstream is the Right Stream" video) was discussed, which suggests that, as an ECE, "You meet a child with special needs, and your heart says 'take him in'." In Newfoundland Labrador, many centres have been offering relatively inclusive environments for years, but without financial or staffing support to do so. As a result, barriers to inclusion developed in some centres. Many of these barriers were reviewed during the session, together with the initiatives that have been put in place to address them. In general, four categories of need were presented:

1. someone to talk to about inclusion
2. an extra pair of hands
3. information and/or education and
4. additional play materials and equipment.

These needs were addressed using the following initiatives:

Regional services are available to support centres/homes in their role of providing care and education to young children. For children with special needs, these supports include primarily the role of the regional Inclusion Consultant. To provide an integrated approach to Child Care Services, Inclusion Consultants work closely with the other members of the Child Care Services team and RHA staff, especially Child Care Services Consultants.

Training in Inclusion and Diverse Needs - A significant requirement for inclusive child care is appropriately trained staff/providers. Specific training on understanding diverse needs and challenging behaviours, implementing inclusive practices, interacting with parents of children with special needs, and working with professionals involved with the child/ren are all important to the maintenance of inclusive child care.

Grants to Support Inclusion of Children with Special Needs - Child care services may require additional supports, including grants to support inclusive child care. These supports take a variety of forms, including inclusion equipment grants and additional supports for staffing.

Inclusion Equipment Grants - designed to assist with the cost of purchasing equipment or supplies to support inclusive child care;

Replacement Staffing for Attendance at ISSP Meetings - provision of substitutes for individual program planning, consultation with referring

professionals, or attendance at ISSP meetings;

Funded Space(s) - funding one or more spaces to reduce group size in a homeroom/family child care home;

Ratio Enhancement - provision of additional qualified personnel to increase the number of staff in a homeroom or the number of providers in a family child care home; and

Child-specific Support - provision of an additional person to support the personal care or attendant needs of a specific child.

Statistics for use of these grants during the 2007-2008 fiscal year were provided.

The Individual Support Services Plan (ISSP), similar to EIP, ISP, IFSP, etc., was reviewed, including the eligibility criteria for an ISSP and a summary statement of when a child would need an ISSP.

Eligible for an ISSP
Children at risk include those who have an identified congenital or acquired handicap or health challenge; infants and preschool children in families with interaction and/or social problems; children at risk of developmental delay in the adaptive, social, motor, cognitive or language areas; and/or circumstances which indicate that one or more … risk factors are present …

When will a child need an ISSP?
An ISSP can be developed for any child (birth - age 21) as soon as he/she requires support on an ongoing basis from one or more of the service providers (Departments of Health and Community Services, Education, Human Resources, Labour and Employment and Justice).

Finally, discussion occurred about where to go from this point. At times it seems as if we're on the crest of a great wave, but the initiatives can only succeed if there is a demand for inclusive practice. Parental knowledge and understanding about inclusion is necessary to create a demand for high quality, inclusive early childhood settings.

So let's make some noise about inclusion!

Policy Perspectives II - 2

Walking the Talk of Supported Child Development (SDC)

This retrospective was shared and presented by Chris Gay - the Provincial Coordinator for the transition to Supported Child Development (SCD) from 1995-1999, Lorraine Aitken, the first Provincial Advisor for SCD from 2003-2008, and Tanya Brown, the current Provincial Advisor for SCD.

SCD is a community-based program that assists families of children with extra support needs to access inclusive child care that meets family needs. SCD is grounded in the belief that inclusion is important in terms of supporting children requiring any level of extra support to actively participate in a full range of child care settings. The program is intended to serve children from birth to 12 with services for youth 13-19 years of age available in some communities.

The guiding principles of SCD are:
- Inclusion
- Family-centre
- Community-based
- Shared responsibility
- Individual planning
- Child Development
- Evidence-based
- Reflective of and responsive to diversity
- Relationship with Aboriginal Community

The main premise of the presentation was that moving to a new model of service delivery is ultimately a change management initiative. Each one of the presenters in their roles over the past 15 years faced roadblocks to change, as the service delivery model evolved. Some of the strategies that were either witnessed or initiated as a way to address the roadblocks were shared. What has remained a primary interest over the past 15 years is the sustainability of programming for families with children from birth to the age of 12, who require some level of support in a child care setting.

The following chart outlines the change management model that was followed:

Roadblocks to Change	Strategy
Clinging to status quo	Increase urgency - people realize change is necessary
Lack or weak guiding coalition	Build the guiding team
Inefficient and insufficient communication	Relate change to the needs of clients how can we improve services?
Failing to create short term wins	Create early wins - build momentum
Fatigue or declaring victory too soon	Change is incremental - be patient - new behaviour starts to win people over and creates the change

Generally what we know about change is that one of the major roadblocks to change are emotions. Initially people may be in denial but overtime realize they can't ignore the change. In order to overcome their fears, anger, helplessness and frustrations they need to see the light and feel the urgency.
For those who work with families this will come as no surprise. Who would not be emotional if a system of care that you have relied upon, whether or not you received adequate support from it, were to suddenly be changed, with seemingly little input from yourself? Regardless of where we have found ourselves along the SCD journey in British Columbia, there have been occurrences that have challenged the status quo and strategies were put into effect to overcome what in the moment may have appeared to be insurmountable challenges. The following chart lays out the presenters' respective journeys from 1995 to 2008 and some of the roadblocks and how they were managed.

Years	Roadblocks	Strategies
1995 - 1999	Change from specialized segregated child care to inclusive child care settings.	Urgency – Government announced this change would occur over 4 years and that there would be no going back.
	Communities took longer to move to SCD when there was no cohesive guiding team.	Guiding Team – There was a provincial team that collaborated on supportive initiatives over the 4 years guiding the transition.
	Lack of communication = confusion	Communication – Every effort was created to make information accessible through quarterly newsletters, community forums, resources to guide transition planning, and a toll-free number.
	People needed to see successes in order to believe it would be worth their while to make a change.	Early Wins – Each communication strategy had an actual deliverable to support it – e.g. the development of a manual to assist child care settings in how to adapt their settings to support inclusion.
	Doubters will try and stall the change.	Incremental Change – The introduction of tools which required people to operate from a principle-based approach subversively had them embrace a new way of working with families, child care providers and children thus creating the desired change.
2003 - 2005	Lack of cohesion among all the SCD programs and the consultants working in those programs.	Urgency – SCD staff lobbied government for support - government funded a Provincial Advisor and a provincial office.
	Lack of infrastructure to support the work and direction of SCD.	Guiding Team – The creation of a provincial steering committee involving parents, providers, practitioners and government personnel. The establishment of a network of regional SCD advisors.
	A shift was occurring from SCD programs only communicating by phone and fax to a new emerging technological era.	Communication – Establishment of a website for SCD and electronic access to related resources, email, regional conference calls, yearly in-services and conferences, brochures, and a toll-free line.

	Government lacked clear statistical data on the SCD programs.	Early Wins – An annual provincial survey provided information on who was being served, how many children and families, where they were located and what support looked like.
	The professionalism of SCD consultants was not clearly defined.	Incremental Change – Over 5 years there have been amazing advances, which include the development of a Provincial Policy and Procedures Manual and a University of BC certificate/diploma specifically intended for SCD consultants. In addition, the implementation of Aboriginal SCD programs.
2008 - present	Families of Aboriginal ancestry seeking culturally responsive SCD programs.	Urgency – Development of Aboriginal authorities across five regions as well as an increasing population of Aboriginal children. The Tsawwassen Accord stating, "Our children and our families are the cornerstone of our future and we recognize that our children are our future."
	Previously no organized or recognized movement seeking Aboriginal self-governance.	Guiding Team – Mentoring relationships with mainstream SCD and support from the Provincial Office of SCD. Recruitment and retention of Aboriginal staff including culturally appropriate training for non-Aboriginal staff.
	People needed to know why a focus on the Aboriginal population.	Communication – Community needs assessments and a symposium identified barriers/challenges.
	How do we make a difference?	Early Wins – Creation of Aboriginal SCD resources/website (ASCD Handbook), 55 ASCD initiatives, 13 communities delivering ASCD services, ASCD programs delivering service to non Aboriginal children, and the success of the mentoring relationships.
	It is an evolving process.	Incremental Change – Two regions have coordinated support for ASCD and the creation of Aboriginal SCD Guidelines. The need has been identified for provincial coordination, which brings us back to the beginning of the cycle of change.

What the presenters have all learned is that with anything that is turbulent, messy, and of a chaotic nature, you don't really manage it, you grapple with it. In particular, when government is orchestrating change, the decisions are often out of our control. So we tend to jump in and create the change we want to see. A clear sense of mission or purpose is essential and SCD had guiding principles from the outset, which became a valuable touchstone. Working within a team of like-minded or similarly driven individuals and groups assists greatly in achieving the desired change, as well as convincing others there may be some energy and synergy behind this change.

What has been universal over this decade plus, is that there is no rulebook to adhere to. Change, by definition, calls for a multi-pronged diverse response, not adherence to prefigured routines. Also in order to make gains and slowly win support requires spending a great deal of time building relationships, looking for ongoing feedback, and planning and acting in short intervals while setting flexible priorities. In many instances taking the approach that everything is temporary or in draft has assisted in slow conversion and acceptance. Once the change has stuck, then lock in and finalize.

"Often the greatest challenge facing an organization is recognizing and acting on opportunity rather than solving a problem." – Peter Ginter

Each presenter entered into their provincial position believing making British Columbia a better place for children requiring additional support was an opportunity. With that belief none has ever turned back and SCD has sustained, evolved and matured as a result.

For more information about Supported Child Development go to: http://www.scdp.bc.ca/index.htm

Policy Perspectives II - 2 - Quality First and Halton Region

Together We Make Quality Happen!

Presented by:

Tina Santonato,
Project Coordinator Quality First

Susan Hancock,
Manager Halton Region, Integration Services

Betty Read,
Manager of licensed childcare centres MCRC

Quality First (QF) is a program of The Halton Resource Connection in partnership with Halton Region and the Milton Community Resource Centre.

Four years ago, members of the Halton community came together to form a collaborative process that focused on the question of how to increase quality in the licensed child care centres. The QF model was developed through this collaborative process using support from current literature and research. This research showed inclusion is essential in high quality centres; therefore, inclusion became a fundamental component of the Quality First model.

QF is a community driven initiative providing all licensed preschool programs in Halton region with the opportunity to participate in a developmental model for quality improvement. This developmental model is based on training in the use of evaluation tools i.e. the Early Childhood Environmental Rating Scale – Revised, the Caregiver Interaction Scale and the Inclusive Practices Profile and Principles Scale

Another component of the model is providing support to ECE's in the use of these evaluation tools for program and professional development as well as training and support for the development of new skills and knowledge in the following six quality indicators;

- Environment/Curriculum
- Adult/child Interactions
- Professionalism
- Supervision / Administration
- Inclusive Practices
- Support for College Students

Quality First is implemented in three Phases. Each phase is 6 months in length and then followed by a Maintenance Phase that repeats on a yearly basis. Each Phase involves training, instruction in using the tools, observations, goal setting and self reflection. Each Phase builds on the previous phase and develops a "tool kit" of skills that the participants will use independently in the Maintenance Phase.

Within the Inclusive Practices stream, the SpeciaLink Child Care Inclusion Practices and Principles Scale and the Quality Inclusive Checklist by the Early Childhood Resource Teacher Network of Ontario (www.ecrtno.ca) are used to measure inclusive practices in child care centres. In Phase Two of the QF model participants are introduced to the tools through a training session. A QF Consultant then visits their classroom and implements the SpeciaLink tool. A report is created and shared with the Supervisor and teacher. The Supervisor and teacher collaboratively develop goals to put into action plans. During Phase Three of the model, the supervisor uses the tool independently and the expectation is to achieve a score of 5/7 or higher. When using the Quality Inclusive Checklist the expectation is to score 70% in the "frequently" category

In classrooms that are participating in the QF process teachers have shifted from saying:

"When we have a child with special needs we will get ready"

to

"When we have an inclusive environment we can successfully support children's diverse needs"

The literature identifies 'ownership' as one of the keys to successful inclusion experiences. When there is shared involvement in planning and implementing programs, inclusion becomes a shared goal, a shared responsibility. Having inclusion as one of the streams in the QF process has ignited dialogue where there wasn't dialogue before. Through participation in QF, teachers are engaged in discussions and are asking questions about inclusion. . This was happening already to an extent with teachers who worked in centres where a Resource Consultant (RC) was involved and able to facilitate these discussions. The difference now is that these discussions also occur in programs where there is no RC involvement. Furthermore, by participating in the QF process, teachers alter their perspectives and change the way they think about their role. Teachers see themselves not just as people who look to experts to tell them what is needed for successful inclusion, but that they are also participants in the process. The QF model recognizes that ECE's bring knowledge and areas of expertise to the process of inclusion. ECE's are now using information and knowledge to build on their strengths, to continue personal and professional growth and to build capacity.

The areas of growth are demonstrated through the Inclusive Practices & Principles scale results. The centre scores increased from Phase Two to Phase Three and again in the Maintenance phase. The data tells us that centres made a concerted effort to meet the expectations for Phase Three (average score 5 out of 7)) and then continued to work on their goals and go further (average score 5.7) working towards quality inclusive classrooms.

How has this impacted the children? The QF model has increased opportunities for all children's enhanced learning. Teachers are taking note of their program planning, their interactions with children, and setting up their classrooms to be inclusive. Some of the thinking in the past was that a certain shelf of "special" toys and aids were only used for the children with special needs, now we are seeing all children included in using adaptive materials in the classroom.

The positive effects of QF are naturally spread centre wide. Teachers in all classrooms observe what is happening in the QF room and begin to look at their rooms for needed improvements.

Quality First has enabled the Halton community to begin to develop shared goals, shared definitions, and common understandings. Shared vision is a 'best practice' indicator identified in the literature for successful inclusion.

Michael Guralnick's book, Early Childhood Inclusion: Focus on Change includes a discussion by Wesley, Buysse and Able – Boone about Creating Communities of Practice to Support Inclusion. They define a 'Community of Practice' as "a group of professionals and other stakeholders in pursuit of a shared learning enterprise where all the stakeholders involved contribute equally to the professional community's knowledge base"

In focussing on how, as a community, we could increase the availability of high quality programs we agreed that input from as many perspectives as possible was needed. This ensured a community-of-practice framework for our work where all contributed to the development of the process.

Quality First has influenced a shift in Halton from special needs resource agencies exclusively supporting programs with children with special needs, to a community that supports quality inclusive child care.

Tri Province Comparison

British Columbia	Ontario	Newfoundland/Labrador
Supported Child Development Program (SCDP) supports children to fully participate in inclusive neighbourhood child care programs. Serves children from birth to twelve with a developmental delay or disability in physical, cognitive, communicative, or social/emotional/behavioural development. Services for youth available on an individual basis. Provincial government funds community-based agencies to deliver SCDP services.	**Preschool Integration Services** - Provide services that support quality inclusion of all children through support, education and service coordination with families and child care programs.	**Inclusion Initiatives** - Three supports have been implemented to help establish and maintain inclusive quality child care, including regional consulting, training in inclusion and grants to support inclusion of children with special needs.
Aboriginal Supported Child Development (ASCDP) delivers services within a cultural model, respecting traditional protocol, language and traditions. Aboriginal SCD honours and values a cultural approach that includes serving Aboriginal children in the context of the family as a whole and within the child's community. Families may self-identify as Aboriginal, First Nations, Metis, or Inuit and may live on or off reserve.	N/A	Child care centres and family child care homes in Aboriginal communities have the same rights and responsibilities as all other centres and homes.
Provincial Advisor (PA) advises and supports families, SCDP agencies, communities and government in the delivery of SCDP. Responsible for provincial resources such as the Policy and Procedures Manual, the SCD provincial website, brochures, etc. Identifies provincial needs in areas of training, resources, coordination, communication, public awareness and community development. Supported and guided by a Provincial Steering Committee.	N/A	**Provincial Child Care Services Program Consultant for Inclusion** – Individual responsible and accountable for the development of polices, standards, and programs related to all aspects of inclusion in early learning and child care services in the Province.
Consultant - Professionals trained in early childhood development or related fields, employed by community-based agencies. Assist families to find child care. Provide consultation, training and resources for child care providers and parents. Assess need for extra staffing support. Assist with service coordination, development of Individual Service Plan, transition to school.	**Resource Consultant** – Professionals trained in Early Childhood Education with a Special Needs advanced diploma or equivalent who provide support to families and assist in the inclusion of their children in licensed child care programs, nursery schools and private home child care. Act as a Service Coordinator and assist with the transition to school	**Regional Child Care Services Inclusion Consultant** – Professionals with a background in Early Intervention or Occupational Therapy, who support child care centre operators and family child care providers regarding best inclusive practices and the administration of inclusion initiatives.
Extra Staffing Supports - Staff responsible for providing extra support in a child care setting. Level of support ranges from individual to shared support. Staff may be employed by SCDP agency or child care facility or parent. Expected to work as a team with child care staff. Responsible for writing monthly reports, attending team meetings, liaison with parents and consultants.	**Support Facilitator** A professional trained in Early Childhood Education who provides additional support to licensed child care programs to facilitate full inclusion of children who have been identified as having special needs over and above typical classroom needs	**Child-specific Support** - A person employed by the parent or centre/home to provide personal care/ attendant supports to a child who needs the dedicated attention of one adult, due to circumstances such as a specific medical condition and/or multiple special needs. The child-specific support is not part of the child-staff ratio in a centre and is not a provider in a child care home. S/he is expected to interact appropriately with the other children, but is to have no responsibility for them. **Ratio Enhancement** - An additional staff member in a centre, if this is required to include all children in the daily program. The additional staff is responsible for all of the children in the room in the same way as the other staff. S/he is not in place to focus on the child/ren with special needs. **Funded Space(s)** – Funding a child care space which will remain vacant, which reduces the group size and provides additional time for the ECE/provider to meet the needs of a child/ren with special needs. **Replacement Staffing for Attendance at ISSP Meetings** - All licensed child care centres

British Columbia	Ontario	Newfoundland/Labrador
Special Needs Supplement – an additional child care subsidy of up to $150 per month available to low income parents of children with extra support needs.	N/A	
Support Guide - Tool used by the SCDP Consultant, in partnership with the family and child care provider, to determine the extra supports needed to successfully include a child with developmental delays or disabilities in a child care setting.	N/A	**Guidelines to Determine Level of Staffing Support in Early Childhood Centres/Family Child Care Homes (Appendix G of the Child care Services Inclusion of Children with special Needs Policy Manual, August 12th, 2008)** – A tool used by the Inclusion Consultant to assist with determining the type and amount of staffing support to be made available to a centre or family child care home.
Individual Service Plan (ISP) - Documents and guides the intervention and support services provided for children with extra support needs. Contains information about the services necessary to facilitate a child's development and enhance the family's capacity to facilitate the child's development. Through the ISP process family members and service providers work as a team to plan, implement, and evaluate intervention goals, objectives, and strategies tailored to the child's unique developmental needs. The family's concerns, priorities and resources guide the ISP process.	**Family Plan (FP)** – this document is used to document the goal oriented work of Preschool Integration Services staff with the family and the child care program staff. It includes information on child and family strengths and needs/objectives. Teaching plans and strategies are identified to support the objectives.	**Individual Support Services Plan (ISSP) –** The mechanism used to promote a comprehensive, coordinated approach to meeting the needs of children and youth in this province. The ISSP is a working plan which addresses areas including needs/risks, strengths and protective factors, goals, interventions, safety issues, education and accommodations. The overall purpose of the ISSP process is to ensure continuity of service at all developmental levels. Where a child/youth is receiving one or more services from government funded agencies, an ISSP must be initiated.
Ministry of Child and Family Development (MCFD) Provincially responsible for funding, policy direction, and interministerial coordination. Five MCFD Regions responsible for all aspects of contract management with community agencies.	**Ministry of Children and Youth Services** The Ministry of the Provincial Government responsible for funding programs and services to help children with special needs and their families	**Department of Health and Community Services** – Provides a leadership role in Health and Community Services programs and policy development for the province. Four Regional Health Authorities across the province are responsible for the administration of the Inclusion Initiatives.

Family Wisdom - 1

Listening to Families: Reframing Services

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Background

In Canada today an estimated 5-7 percent of children and youth have disabilities (Canadian Association for Community Living, 2008), 788,000 children live in poverty (Campaign, 2007), and over 55,000 of the 250,000 newcomers to Canada each year are children between the ages of 0-9 years. Families are often disadvantaged in their ability to access appropriate services for themselves and their children either because they have a child with a disability, live in poverty or are newcomers to Canada. The influence of these circumstances on the family and their children's development is further complicated when two or more of these factors overlap for a family. For example, among children with disabilities, 26 per cent live in poverty (Maund, Blackstock, deGroot-Maggetti, Farrell, & Ablett, 2007).

Families provide the contexts for young children's development. Therefore, it is imperative that practitioners providing family-centred services understand the values, priorities and strategies of the family. However, families' expectations regarding their children's developmental needs and their own capacity to meet these needs, and the assumption of service providers have been found to frequently be quite different (Ali & Kilbride, 2004; Hanson et al., 1998; Lai & Ishiyama, 2004).

Families' life stories, reconstructed through narrative inquiry, provide critical insights into how families describe themselves and how they can best be supported. The primary purpose of the Listening to Families:Reframing Services (Ali, Corson, & Frankel, 2008) project is to increase the capacity of providers of public services to engage with and respond to the needs of families using the narrative approach to provide family-centred, collaborative services. The central ideas of this project are:

1. Three common 'disadvantages' i.e. poverty, newcomer status, and having a child with developmental disabilities increase the vulnerability of families and children.

2. Families have complex combinations of aspirations, strengths, challenges, resources and strategies.

3. The stories of families, in all their fullness and complexities, could help to promote a more holistic approach to family services.

4. Key services for children and families, e.g. family support, child care, early intervention, resource consultation, education, social welfare and health could be mobilized to consider this approach.

Why use a family narrative approach?

The use of the narrative approach by family support, child care, early intervention, resource consultation, education, social welfare and health professionals moves beyond the quick checklist histories that are often used in practice.

- "Less exploitive" approach to accessing and acknowledging the stories and experiences of those who are conventionally disadvantaged in society (Hendry, 2007).
- "Cultural reciprocity" is encouraged when the practitioners put aside their own values and assumptions and listen to the values, aspirations and strategies used by families (Kalyanpur, Harry, & Skrtic, 2000).
- "Holistic" view of family allows practitioner to

engage and view families in all their complexity rather than focus on one distinct aspect of the family.
- "Authentic" narrative of family's life rather than an interpretation by the practitioner.
- "Gives voice" to the family which is self-affirming.
- "Creates synergy" as family and practitioner reflect and socially construct new meanings and shared perspectives.
- "Transformative" to family and practitioner as they reframe and create new service possibilities.

Interviewing and Writing The Family Narrative
At the core of the family interview is the practitioner's ability to listen to the family's story without judging, analyzing or advising. There are 3-4 interviews with the family which are audiotape recorded with the family's permission. A semi-structured interview methodology is used. The interview protocol is used only as a guide and probes are employed to assist the family in extending their responses. The interviewer uses verbal and non-verbal communication skills which express empathy, compassion and respect for the family.

- Getting Started
- Obtain permission from the family to be interviewed
- Conduct 3-4 audiotape recorded interviews with family
- Transcribe all interviews
- Read all transcriptions and notes of interviews
- Checking-in with the Family to Write the Narrative
- Emphasize voice and life experiences of the family
- Use direct quotes from the family
- Context of family and history of family (cultural experience, economic risk, (special needs)
- Major events
- Support networks over the years
- Dreams and aspirations
- Checking-out the Accuracy of the Narrative with the Family
- Allow family to read the narrative
- Family can clarify or change the narrative
- Remember this is the family's story—not your interpretation

Reframing Services

The family narrative is reflective of the lived experience of a family. The joint process of assembling a family narrative allows practitioners to set aside their own values and assumptions and to gain greater insight into the social, cultural and intellectual perspectives of a family.

Professionals with this understanding of the family's socio-cultural context, values, and dreams for their children are now able to collaborate with the family and reframe their services to fit the family's beliefs. Ontario leaders in family support programs have noted that although they have listened to families in their practice for many years, the process of developing the narrative has assisted them in engaging and developing deeper relationships with the family and in understanding the complexity and unique life each family brings to their program. Professionals can then set aside their assumptions about categories of families and move out of the "expert" role to form parent-professional partnerships which are equitable and collaborative. In addition, narratives of real families can inform policy makers about ways to promote social inclusion for all families.

Families participating in developing a family narrative with a professional have expressed that they felt acknowledged, relieved and validated that someone has listened to their story. One parent stated, "I should be paying you for listening to my story". Another parent wanted to proceed with a planned interview even though she was going into labour with the birth of a new baby. The experience of telling their story and developing a narrative empowers families to collaborate with professionals from a position of strength. Many note optimism that services will now be more meaningful for their

child and family. The family narrative is owned by the family and it can be taken to other practitioners visited by the family to set the context for their interactions.

Students in pre-service and in-service programs can use family narratives to assist them in experiencing and considering the complex and diverse lives of families they may encounter in their practice. Narratives used for training must use pseudonyms and have revealing characteristics about the family profile and the community in which they live changed to maintain anonymity. These changes, however, should not alter the family dynamic or story.

Questions are attached to each narrative to promote discussion, problem-solving and decision- making skills. Students are enabled to construct new understandings about families and to reframe how services can be provided to families which take into consideration their diverse perspectives.

Families disadvantaged in accessing services because they are newcomers to Canada, live in poverty or have a child with a disability benefit from the use of a narrative approach to service delivery. The narrative approach engages and empowers families and assists professionals in responding with services that are meaningful and supportive of the family's socio-cultural background, attitudes, strategies and dreams.

For more information about the Listening to Families: Reframing Services project or book and DVD please contact:
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Funded by:
Government of Canada's
Social Development Partnerships Program

The opinion and interpretations in this publication are those of the authors and do not necessarily reflect those of the Government of Canada.

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Family Wisdom - 2

Measuring Family-Centred Service in Early Intervention: Is the MPOC-20 Reliable and Valid?

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Introduction:
Family-centred service is an important philosophy and practice in Early Intervention. Not only is it part of our core values in providing services to families of infants and young children, but it is also entrenched in Early Intervention history, principles, and best practices. Despite the prevalence of the concept of family-centred service in early intervention, the measurement of family-centredness from the family perspective has not been well-researched in Infant and Child Development Programs in Canada. Because family-centred service involves understanding the ways in which service provision affects the families and children with whom we work, asking parents to provide input and to evaluate how we are doing is crucial. Ultimately, how we provide service is as important as what services we provide (Hanft & Pilkington 2000), and measuring it is important for evidence-based practice.

This summary briefly outlines a research study that tested the Measure of Processes of Care (MPOC-20) with families receiving service from Infant and Child Development Programs in Ontario. The MPOC-20 (King, King, & Rosenbaum, 2004) is a parent-completed Canadian measure of family-centred service that asks parents to rate the extent to which service providers who work with the family have demonstrated family-centred behaviours. Full results of the study are available as a published Master's thesis and in a manuscript submitted for publication.

This summary includes:
The concept of family-centred service as a model of service delivery;
What we currently know about family-centred service;
An overview of the results of the MPOC-20 study; and
The potential for using the MPOC-20 with families for program evaluation and for research.

Defining Family-Centred Service
Initially developed as 'patient-centred care' by psychologist Carl Rogers in the 1970s, family-centred service emerged as an alternative to the medical model of practice that viewed "professionals" as the experts and primary decision makers on what was best for the families of young children with special needs. We have learned a great deal since then about how to meet families' needs. Family-centred service emphasizes three assumptions that let us approach our work with families as resources and providers, rather than experts and professionals: (1) parents know their children best and want what's best for their children; (2) families are different and unique; and (3) children can better reach their potential if we consider that the environment they are in has a significant impact on how they do (Rosenbaum et al., 1998). A family's well-being, stress, and coping can all affect a child. In turn, the way we provide service to a family can help or hinder this.

What do we know about Family-Centred Service:
It has become clear through research that family-centred service is the way that parents want to receive services for their children. We have learned that family-centred service is related to satisfaction as well as to stress and parent well-being (King, King, Rosenbaum and Goffin, 1999; Law, Hanna, et. al., 2003), and that child outcomes are linked with parent well-being as well (Naschen & Minnes, 2005). Although much of the research on family-centred service in Canada has been in children's rehabilitation settings (e.g. King et al., 2004), many researchers (e.g. Dunst) have emphasized the importance of family-centred service in early intervention.

Rationale:
Because most of the empirical literature on family-centred service is in rehabilitation settings there are limits to our ability to measure family-centred service reliably and validly in Infant and Child Development Programs and to proceed towards measuring the impact of family-centred services and programs on the outcomes of the families and children we serve.
In response to this gap in knowledge, I tested the MPOC-20 in Infant and Child Development Programs in Ontario. The MPOC-20 has been used to evaluate early intervention in the United States and has been used for program evaluation in at least two Infant and Child Development Program in Ontario. However, its psychometric properties in the Infant and Child Development setting have not been established.

Methods:
All of the English-speaking Infant and Child Development Programs in Ontario that provide service to children with or at risk of development delay were invited to participate (unless there was a program within the same area that was already participating). These programs provide services to families of children from birth to six years of age who have or are at risk of a delay in their development. More information about Ontario Infant Development Programs is available at www.cdrcd.oaid.ca.
The original MPOC-20 was modified to reflect the Infant and Child Development Setting and sent to families along with a satisfaction questionnaire (the Client Satisfaction Questionnaire [Larsen et al., 1979]) and a parenting stress questionnaire (the Parenting Stress Index [Abidin, 1995]).

Results:
Fourteen Infant and Child Development Programs in Ontario participated in this study. Almost 200 families consented to participate, and ultimately 160 questionnaires were included in the analysis. Reliability coefficients were calculated using generalizability theory and demonstrated that the MPOC-20 had good internal consistency and test-retest reliability for measuring individuals' experiences of the service that they receive from programs. The MPOC-20 was not as reliable at measuring different programs (e.g. comparing programs with greater or lesser degrees of family-centredness). Because the MPOC-20 was designed to measure individual perceptions, these results suggest the MPOC-20 is meeting its purpose.

Validity was also tested by comparing scores on the MPOC-20 to parent satisfaction and parenting stress levels. Parent satisfaction scores were adequately correlated to MPOC-20 scores to suggest good construct validity. Parenting stress scores were reasonably and significantly correlated for two of the scales on the MPOC-20 (Providing General Information and Providing Specific Information).

There were also trends in how frequently parents selected "not applicable" for particular questions. Some questions were marked "not applicable" relatively frequently relative to most questions. It may be that these "not applicable" questions are not as relevant to some families (or some programs) as others. These trends may also reflect challenges with the wording or general relevance of the questions to Infant and Child Development Programs. Further exploration of the wording and relevance of these items is warranted. However, these trends do not negate the reliability and validity results that were found.

Conclusion:
The MPOC-20 is recommended as a useful questionnaire for programs to identify particular areas of improvement in service delivery from the parent perspective. Further modifications to the MPOC-20 may improve its utility. Future research is warranted to improve the representativeness of the sample, to continue to establish the reliability and validity of the MPOC-20, and to further understand how family-centred service is related to the outcomes that families are trying to achieve for themselves and for their children.

Ultimately, it is critical to understand the family's perspective on the services that we provide in order to improve service provision and in order to understand what is most effective for supporting parents. To do this, we must measure family-centred service from the parent's viewpoint and then use what we learn to provide quality supports and services for families with children with special needs.

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Resources for Family-Centred Service:
http://www.cdrcp.com/oaicd/ -the website for the Ontario Association of Infant and Child Development. The Best Practices manual on this website provides some background on family-centred service and why it is valued in early intervention.

Measuring Family-Centred Service:
CanChild Centre for Childhood Disability Research The Measure of Processes of Care. MPOC manual and additional resources on family-centred service are available online at www.canchild.ca , McMaster University, Hamilton, Ontario.

Family Wisdom - 3

Literacy Development of Early Years Low-Income and Second Language Learners

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This paper summarizes the key elements of a literature review on the literacy development of preschool children from families (1) of low-income, (2) of a dominant language other than English, and (3) where both characteristics, low-income and English as a second language are present. This review is not comprehensive, but draws on research dating back from 2000 to 2008; and specifically addresses individuals who are engaged in various ways in working with families of preschool children. The purpose of the original presentation was to familiarize those in attendance at the SpeciaLinks Conference in Winnipeg, Manitoba on August 22, 2008 with a general knowledge of the current state of affairs.

Research in early years literacy learning has in the past focused on how the school could enhance learning for children behind in their literacy development (Entwisle & Alexander, 1996). In the 1970's, this led to the development of early intervention programs for children. Grade one was viewed as the pivotal and earliest time to actively make a difference in closing the achievement gap of children entering school already behind. Programs such as Reading Recovery targeted students who were reading below others in their class and provided intensive one-on-one instruction.

MacGillivray and Rueda (2001) state that children living in poverty and/or those learning English are "grossly over-represented" when studying the numbers of unsuccessful literacy learners. When considering the "global village" that has become the world of the 21st century, those working with young children face a challenging task. In Manitoba, this is no less true, where a new immigration policy, Growing Through Immigration (Manitoba Labour and Immigration, 2005) has increased the number of new immigrants or newcomers, since 1999 to over 60,000. A provincial target has been set that will see 20,000 new arrivals annually over the next decade. Statistics to date indicate that almost 40% of all newcomers are under the age of 20; which means that they will be in classrooms from kindergarten to grade 12 as well as post-secondary education centres (Citizenship and Immigration Canada, 2007).

Two large scale international studies, PISA (Program for International Student Assessment, 2000) and PIRLS (Progress in International Reading Literacy Study, 2001) consistently reveal that the scores from children of lower socioeconomic background and sociolinguistic minority families are lower for reading and writing than same aged peers from mainstream family backgrounds (Leseman & Van Tuijl, 2006). Factors such as low economic levels and non-mainstream cultural background often result in children being less prepared for the formal academic schooling encountered in our education system (Leseman, 2002). This and other factors yet to be explored have resulted in a literacy achievement gap for these children when compared to children from mainstream homes. This is becoming a growing concern as the number of students from low-income and non-English speaking families increases (Au & Raphael, 2000).

Following are the key findings presented to participants attending this session of the SpeciaLinks Conference.

History of preschool programming

In the past, preschool programming focused on the social and emotional development of children, rather than on cognitive readiness. Preschool programs, such as Head Start in the States, a program for 3 and 4 year olds from low-income families were typical of

such a curricular approach. Of note, is that when these programs were assessed, gains in social-emotional growth were evidenced but on a short-term basis (U.S. Department of Health and Human Services, 2001). Yet, in studies where preschool instruction moved beyond strictly social-emotional goals to include cognitive development, the gains acquired in cognition carried over into kindergarten (Whitehurst & Lonigan, 1998; Zevenbergen, A. A., Whitehurst, G. J., Payne, P. C., Crone, D. A., Hiscott, M. D., Nania, O. C., et al., 1997). This finding was particularly evident when instruction addressed the study of content in conjunction with developing early literacy skills.

Early childhood and reading development
Researchers have found that to ensure success at the kindergarten level, certain skills need to be developed at the preschool age (Dickinson & Smith, 1994; Frede, 1995). This has led to the acknowledgement that the preschool years play a critical role in preparing children to be successful in their schooling (Bowman, Donovan, & Burns, 2001; Snow, C. E. Burns, M. S., & Griffin, P.,1998).

The role of the teacher in literacy development
There is growing acknowledgement that the classroom teacher is a key player in overcoming a literacy achievement gap (Landry, Swank, Smith, Assel & Gunnewig, 2006). Both teacher education programs, as well as professional development of inservice teachers lead to improvements in the education of poor and culturally diverse students (Burns, & Griffin, 1998). Studies indicate that when teachers have 4 or more years of teacher preparation the literacy gains in early literacy outcomes are greater than for students whose teachers have two or fewer years of education (Landry, Swank, Smith, Assel & Gunnewig, 2006). Other studies have shown that there is sometimes a tendency for new teachers to focus on children's presence or absence of school-related knowledge and skills; and where low levels are perceived this can subsequently reinforce low expectations about a

child's potential (McNaughton, 2002). To circumvent this kind of thinking, preservice teachers need to be assisted in developing a greater awareness of: (1) how children develop an understanding of school-related tasks in conjunction with prior life experiences, and (2) how this might differ for children of high and low income, and mainstream and non-mainstream families on school entry (McNaughton, 2002).Investigations into the vocabulary and comprehension of low-income and second language children indicate that scores tend to remain low in the beginning years of schooling. However, when low-income and culturally diverse students continue to receive programming that is focused on improving their literacy skills throughout the elementary grades, their achievement levels by the middle years are comparable to mainstream middle class students. In this regard, preschool and early years teachers need to know that their early contributions at making a difference in student achievement while not readily observable, do pay dividends at a later point in the child's learning.

The role of low-income parents in literacy development
Children from low-income families whose parents are involved in their schooling have higher literacy levels than children whose families are not involved; and this holds for parents having low levels of education but nevertheless pursuing an active part in their child's literacy development (Dearing, Kreider, Simpkins, & Weiss, 2006). Additionally, research studies reveal that children from low-income families who have been able to attend preschool or whose parents have received supportive parenting programs have demonstrated improved and in some cases average levels of development upon kindergarten entry (Howes, 1997; Landry, Smith, Swank, Assel, & Vellet, 2001). Studies on parent-child home interactions reveal that daily informal verbal interactions substantially influence children's cognitive and language development and are predictive of later school achievement (Blake, 1993; Bornstein, Haynes, & Painter, 1998; Hart & Risley, 1995; Hoff-Ginsberg, 1991; Wells, 1985).

Building relationships with families
Providers of preschool services need to build relationships between home and school to optimize learning potential (Dearing, Simpkins, Kreider & Weiss, 2006). With this goal in mind, some school administrations have successfully sought the support of community groups, and health and welfare agencies to provide both funds and support in creating opportunities to bring parents and schools together.

Supporting children through storybook reading
There is research consensus that reading to young children during the preschool years supports the development of reading, writing and math skills into the primary grades (Leseman & Van Tuijl, 2006, Whitehurst & Longigan, 1998). Storybook reading contributes to literacy development in three ways: (1) provides daily exposure to books, (2) offers an informal instructional time focusing on letters and letter sounds, and (3) creates an emotionally warm time that is paired with learning (de Jong & Leseman, 2001).

Recommendations from the research literature:
By re-envisioning students from non-mainstream backgrounds from the perspective of "learners from diverse backgrounds" teachers are more likely to reconsider their current instructional practices and focus on accelerating the literacy development of the children. Other considerations include: (1) adopting a cognitively challenging curricula, (2) respecting a child's home language and culture, (3) becoming more knowledgeable about the home lives of students, (4) learning about the economic realities of families and their community issues, and (5) maintaining high expectations for all students (MacGillivray & Rueda, 2001; Nieto, 1999).

Recommendations by the Second Language Literacy and Learning Committee of the International Reading Association indicate that addressing the needs of second language learners is multi-faceted and requires

attention to the following: (1) Providing teachers with professional development to learn ways to differentiate their instruction, while also taking into account the socio-linguistic-cultural and developmental factors that are a part of their students, and (2) Acknowledging that solutions to the difficulties experienced by disadvantaged children may require long-term attention and a concerted effort beyond the school walls to include community leaders, parents, politicians, and academics (International Reading Association, 2007).

Summary and considerations

A more robust method of scaling up teacher professional development is needed to better meet the needs of low-income and English language learners. By acquiring insight into the literacy practices of nonmainstream families, teachers will become aware of the implications for students and provide a smoother transition into classroom learning. Such an awareness may allow teachers to create classroom activities that build onto the literacy activities children experience at home. In addition, a teacher's interest in a child's language, culture, and home literacy practices and community will also indicate that the child's life and experiences are valued. This honouring of the whole child may begin to build a bridge between the home and school.

Considering the literacy practices of other cultures may also inform our western ways of teaching and learning and provide us with new ideas for more diverse instruction.

Recent research on teacher development points to mentorship programs where teachers as colleagues offer non-judgemental support, work in the classroom setting with individual teachers, and plan professional development based on the needs of teachers. Addressing both cognitive and social-emotional development simultaneously in early years programming significantly influences kindergarten achievement. A cognitively focused curriculum, addressing content within a rich literacy context, in fact, promotes social skills such as turn-taking and cooperation with peers.

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Inclusion Strategies - 1

Bridge of Signs - Can Sign language Empower Non-Deaf Children to Triumph over their Communication Disabilities?

Dr. Anne Toth

This research project examined the use of sign language as a communication tool for non-Deaf children between the ages of 0-6 years who had been diagnosed with such disorders as Autism, Down Syndrome, Fetal Alcohol Spectrum Disorder (FASD), and learning disabilities. With the assistance of professionals in the field, and control groups of children who are Deaf, Bridge of Signs served to develop a model program that taught children, as well as those who work with them, sign language—both ASL and LSQ. In addition, DVD kits were developed that encouraged and assisted caregivers, professionals, organizations and parents in utilizing the lessons learned in this project. Benefitting from improved technology and the feedback received from the project itself, the Bridge of Signs model and manual is now available for sale on DVD in English/ASL and French/LSQ.

In the absence of research that speaks specifically to the use of sign language as a communication bridge for children with such disorders, what was learned from this project was ground-breaking. Using a pre-test/post-test design, children who are hearing and diagnosed with Autism, Down Syndrome, FASD, and learning disabilities were formed into groups as to their hearing and age status. In contrast with these experimental groups, control groups of children of similar age who met the audiological standards of being clinically Deaf and eligible for admission into pre-school and elementary programs for the Deaf were used for comparison.

Based on needs identified in pre-proposal and pre-implementation literature reviews, an implementation plan was developed using the resources of the school, parents, and community. Aimed at increasing the ability of the child to communicate effectively, Bridge of Signs taught ASL (if the child was from an English-speaking home) and LSQ, (if the child was from a French-speaking home). Awareness of how disability had interfered with communication was brought into focus as the model engaged children and those who teach and parent them in building a bridge of signs to meaningful communication--including that produced by speech.

Funded by the Social Development Partnerships Program and managed by the Canadian Association of the Deaf, support was received by parents, school teachers, resource staff, as well as professionals in the field of disability, language and education. Questionnaires and video taken at the onset of implementation gave evidence to the difficulties present in each child in terms of the production of verbal or signed language. Video and performance journals taken throughout the 6 months of direct and 6 months of self-directed implementation witnessed the development of language—be that the production of one sign or the learning of all six modules of vocabulary in sign and in verbal language. As noted by teaching staff, speech language therapists, and parents, hearing children who had used the Bridge of Signs model in ASL or LSQ continued and, in some cases, began their language development through sign language and increased verbalization. Deaf children who had used the Bridge of Signs model in ASL or LSQ, though more likely to have been exposed to sign language and having had experience in using the language, still showed improvement in vocabulary acquisition and production.

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Inclusion Strategies - 2

Understanding Autism Spectrum Disorders in Pre-School Children

David, a 7-year old, is on the autism spectrum, but is highly functioning. He is a strong visual learner, but has difficulty with transitions and is sensitive to strong lights. When the noise level of the classroom gets too high, he clasps his hands over his ears and becomes agitated. When the lighting is too bright, he squints to avoid the glare. His repetitive stereotypic behavior (flapping his hands at the wrist) usually signals stimulus overload. In class, he has difficulty screening out distractions; for example, soft sounds and or anything visual in the environment (especially if it is moving) will immediately pull his attention away and he will be totally lost in it. Additionally, he becomes anxious when he doesn't know what is coming next. His language development is within the normal range, but written language, especially accompanied by pictures, is easier to understand than verbal instructions. As a child, David fixated on Disney videos – endlessly playing the same 10-second scenes again and again.

This workshop was divided into four parts. In Part I, Eleoussa Polyzoi provided an introduction to Autism Spectrum Disorders (ASD), identified the genetic roots of this condition, described some of its early signs (including sensory integration deficits), addressed the concept of "mind-blindness" as a way of explaining the behavior of children with ASD, and concluded with a discussion of the importance of accurately "reading" children's behavior. Part II examined the effectiveness of two key intervention programs. Carol Marion examined the Applied Behavioral Analysis Approach used in the St. Amant's ABA Pre-school program. In Part III, Rhonda Cenerini, a parent of a child with ASD shared her personal experiences in her search for effective and sustained treatment for her son. Finally, in Part IV, Brigitte Insull addressed the Stanley Greenspan's Floortime Approach followed at the Seven Oaks Day Care Centre.

Part I: Understanding Autism Spectrum Disorders

Eleoussa Polyzoi, Ph.D., Professor of Education, Coordinator of Developmental Studies, University of Winnipeg

Autism Spectrum Disorders (ASD) is the result of a neurological disorder that affects the normal functioning of the brain (DSM-IV, 2004). ASD occurs once in every 150 births and is five time more common than Down syndrome. Numbers are increasing dramatically, with a higher incidence of ASD among boys than girls; although in the latter, the condition tends to be more severe. There are a number of myths associated with Autism Spectrum Disorders, including its link with vaccines (Park, 2008).

Genetic Roots

According to Madeleine Nash (2002), from 3 to 20 genes may be involved in ASD. These genes are responsible for neurotransmitters involved in learning and memory, obsessive compulsive behavior, anxiety and depression – all associated conditions of ASD. More recently the Autism Genome Project -- involving a consortium of 137 scientists from 50 centres worldwide –- analyzed DNA from approximately 1600 families with children with ASD. Their research led them to chromosome 11 where a family of genes is believed to be important in the brain's early development (Ubelacker, 2007).

There are no biological markers or laboratory tests to help diagnose ASD. Diagnosticians use their experience, judgment, and DSM-IV criteria. ASD can be diagnosed as early as 9 months of age. The following are some early signs (Nash, 2002):

- No pointing by one year of age
- No babbling by one year of age
- No single words by one year, no 2-word phrases by two years (normal milestones in language

development)
- Little interest in making friends
- No pretend play (e.g, will not pick up a stone and pretend it's a turtle, or a banana and pretend it is a telephone)
- Short attention span
- No response when called by name
- Little or no eye contact
- Repetitive body movements, e.g., hand flapping or rocking
- Tantrums
- Fixations on a single object, such as spinning fan
- Strong resistance to change
- Inability to imitate (critical for early learning)
- Sensory integration deficits
- Oversensitivity or undersensitivity to certain stimuli
- More on Sensory Integration Deficits

A glitch occurs in the brain making it difficult to analyze, organize, and connect sensory messages received through the sense of hearing, sight, touch, & taste, in a meaningful way (Kranowitz, 2002). Figure 1 below describes the undersenstivity/oversensitivity to various stimuli that a child with ASD might experience.

Figure 1. Sensory Systems: Location, Function & Associated Over-Sensitive and Under-Sensitive Behaviors (Source: A Handbook for Developing and Implementing Programming for Students with Autism Spectrum Disorder, Manitoba Education, Citizenship, and Youth, 2005)

System	Location	Function	Over-sensitive Behavior	Under-sensitive Behavior
Tactile (touch)	Skin – Density of cell distribution varies throughout the body.	Provides information about the environment and object qualities (touch, pressure, texture, hard, soft, sharp, dull, heat, cold, pain).	Pulls away from a light touch When child is distressed, touch or affection aggravates rather then calms Complains about labels in clothing Is sensitive to certain types of materials, e.g., silk or wool Has difficulty lining up because of fear of being touched Does not appear to notice a skinned knee	Does not appear to notice a skinned knee Seeks deep touch , e.g., bear hugs, back rugs, & rough play Likes weighted vests
Vestibular (balance)	Inner ear – stimulated by head movements and input from other senses, especially visual.	Provides information about where our body is in space, and whether or not we or our surroundings are moving. Tells about speed and direction of movement.	Avoids movement activities Has difficulty with activities involving running, swing-ing, somersaults, bike-riding, climbing Afraid of heights, even small ones such as a curb When movement is expected, muscles may tense up and joints may lock	Needs constant movement; rocks or fidgets Seeks out stimulating motor activities such as merry-go rounds, moving toys, swinging, being whirled by adult; likes feeling of being dizzy
Proprioception (body awareness)	Muscles and Joints – activated by muscle contractions and movement.	Provides information about where a certain body is and how it is moving	Becomes physically disoriented easily	Has difficulty orienting body for activities such as putting arms in sleeves, toes in socks Difficulty with tasks when he can't see what he is doing, e.g., combing hair or brushing teeth without a mirror
Visual (sight)	Retina of the eye –stimulated by light	Provides information about objects and persons. Helps us define boundaries as we move though time and space.	Disturbed by bright or flickering light Covers eyes to avoid light	Seems unaware of the presence of other people
Auditory (hearing)	Inner ear – stimulated by air/sound waves.	Provides information about sounds in the environment (loud, soft, high, low, near, far).	Easily distracted by background sounds Covers ears to block sound May complain about vacuum cleaners and blenders that don't bother others	Oblivious to surrounding sounds
Gustatory (taste)	Chemical receptors in the tongue – closely entwined with the olfactory (smell) system.	Provides information about different types of taste (sweet, sour, bitter, salty, spicy).	Gags when eats Objects to certain food textures (e.g., peach fuzz)	High threshold for bad tastes, so doesn't avoid danger substances like cleaning fluids
Offactory (smell)	Chemical receptors in the nasal structure – closely associated with the gustatory system	Provides information about different types of smell (musty, acrid, putrid, flowery, pungent).	Reacts to odors that other people don't notice, e.g., coffee, perfume, air freshener, bananas Will avoid places or places with strong odors, e.g., science room, lunchroom, swimming pools	Sniffs objects and people

Mind-Blindness
Experts define "Theory of the Mind" as an ability to read other people's internal states. Children with ASD have difficulty developing this ability; they think that what is in their mind is what is in the other person's mind. It does not occur to them that the other person may hide concealed and deceitful motives. This inability is referred to as being "mind-blind". As one parent noted, "It took the longest time for my son to lie, but when he finally did, I inwardly cheered!" (Nash, 2002)

Specific Teaching Strategies Based on a More Accurate "Reading" of the Behavior of the Child with ASD.

What are some guidelines for interpreting, or more accurately reading, the behavior of children with ASD? For example, if a child rejects affection, what is the behavior "saying"? If he doesn't follow instructions or if he has difficulty lining up, what is he trying to communicate? What if he or she doesn't respond when his or her name is called or has a tantrum, how can you accurately interpret these behaviors? Figure 2 identities selected behaviors, possible reasons for these behaviors, and classroom strategies for addressing them in positive ways.

1. Rejects Affection Or Seeks It Inappropriately

Possible Reason:
- Hyper-sensitive to touch, especially when he can't see it coming; overwhelmed by sensory and emotional aspects of affection

Strategies:
- Discuss with parents and consult with occupational therapist regarding desensitization to touch and affection.
- Teach him/her to accept and give "high-fives" or secret hand signs or some kind of verbal way to show connection.

2. Doesn't Follow Instructions

Possible Reasons:
- Does not understand spoken words
- Speech rate is too fast for student to process
- Cannot screen distracters

Strategies:
- Always use visuals/gestures/demonstrations
- Slow down (e.g., speak, wait 10 seconds, repeat words, wait 10 seconds.
- Add visuals if necessary.
- Give directions or introduce new material in low-distraction area.
- Teach student strategies to focus and screen (e.g., using hands as blinders to block out visual stimulation; use earphones to buffer noises; reduce distracters as much as possible)

3. Echolalia

Possible Reasons:
- Repetition gives him/her more time to process and understand
- Is trying to take a conversational turn or indicate he/she has heard message
- Knows some response is expected but can't find words, or doesn't know the answer to a question and doesn't know how to say "I don't know." or "I don't understand what you mean."

Strategies:
- Pause after a few words; wait 10 seconds to give student a chance to respond before repeating.
- Allow longer processing time
- Give verbal or visual cues for expected words, such as cue cards or line drawings of listener and speaker roles.
- Teach him scripts to use when he doesn't understand.
- Use closed rather that "wh"- questions and gradually introduce responses to "wh"- questions such as, "For lunch today, Michael, had…?"
- Use visual cues to teach concepts.
- Provide much practice in naturalistic situations.

4. Doesn't respond when called

Possible Reasons:
• Is not able to isolate the sound from background noise

Strategies:
Teach student to connect his/her name to him/herself and to look at the speaker; begin in one-to-one settings; use physical prompts as necessary; reinforce student when successful.

5. Doesn't Understand Body Language

Possible Reasons:
• Has not been taught to connect meaning to facial expressions/gestures/body language/tone of voice
• Can't learn incidentally through exposure & experience

Strategies:
• Use direct instruction to teach student to interpret and to use facial expressions/gestures/body/language/vocal inflections— initially in one-to-one group settings; use visuals, videos, role-playing, comic-strip conversations.
• Provide frequent practice.

6. Tantrums When There Are Changes In The Environment (e.g., rearranging classroom seating or changing bulletin boards)

Possible Reasons:
• Sees classroom as a unified whole; a small rearrangement seems like a completely new environment

Strategies:
• Explain reasons for changes and involve student in making them.
• Remind student to expect changes (e.g., Halloween decorations) before he/she enters the room.
• Keep some consistency (e.g., have student's work space or desk in the same place and facing the same view).

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Part II: Applied Behavior Analysis (ABA) – Expanding Potential

Carole Marion, M.A. C.Psych Candidate, ABA Consultant, St. Amant, Winnipeg, MB

The St. Amant ABA Program
St. Amant is funded by the Province of Manitoba to provide behavioral intervention based on Applied Behavior Analysis for children diagnosed with autism. ABA is an applied science based on decades of research and is considered the most effective intervention for teaching children with autism. Its effectiveness has been demonstrated in numerous scholarly published studies. It is recognized by the Surgeon General of the United States as the treatment of choice for children with autism.

Our goal is to partner with families and schools to provide effective programming for children with autism. We concentrate on skill acquisition in all areas of development and in the management of challenging behaviors. Programming is individualized for each child to provide intervention appropriate to their skill level and treatment goals.

More specifically, we promote intensive early intervention, individually designed to support each

child's needs – it's not one size fits all. Principles and Procedures used in our ABA program include: positive reinforcement, prompting, fading, chaining and discreet-trials-teaching.

Almost anything can be taught through ABA, for example: compliance (following instructions, waiting, responding to their name); interacting within the community (going to the store, tolerating hair cuts, going on a bus); academics/language (expressive/ receptive language, reading letters, words, sequences, counting, writing); play and leisure (sports, toys, songs); as well as life-skills (dressing , eating, chores, toileting).

Models of Service Provided

The ABA preschool program in Manitoba is publicly funded and started in September 2002 with 23 children. Its current capacity is 58 children. The pre-school program offers three years of intensive early intervention, including 36 hours of one-one-one teaching sessions conducted in the child's home. Five of those hours are parent-led.

School-age support is a developing service within the ABA program. School-age services began in 2005 with 13 children; currently St. Amant manages programming for 53 children in 17 schools. Services include teaching strategies and behavioral recommendations. The program is delivered in partnership with families and schools. It involves 35 hours per week with a 10-hour home program where parents are expected to lead another 5 hours of supervised ABA programming. The program is provided at the child's school for the remaining 20 hours.

Each child's team is managed by an ABA Consultant with a caseload of eight clients. The team is also composed of one or two tutors who implement teaching sessions five days a week and a senior tutor, who assists the ABA Consultant in training and supervising the team of tutors and parents, ensuring procedural reliability and support to team members.

We, at the St. Amant ABA Program, are a group of highly dedicated, skilled, experienced and energetic professionals. Team work and partnership are valued and exercised among all team members: staff, families, and school personnel. Our primary focus is on expanding each child's unique potential.

Resources:

Texts:

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Websites:

www.MABA.ca
www.abainternational.org
www.bacb.com
www.stamant,mb.ca (a video of our preschool program, now available)
www.mfeat.ca

Part III: My Story On Autism - Learning To Understand My Son And Why I Support ABA

Rhonda Cenerini,
Manitoba Parents for Effective Autism Treatment

Carole Marion is talking about Applied Behavior Analysis and how it works so successfully with autistic children, but I would like to share a parent's view of how it specifically has helped our family become more functional and complete, and our son, Alec able to adapt to the world around him.

First, as a professional, I always looked at what effect the behaviors of a special needs child had on the children around them, the environment, and even myself… trying to prepare for 'dealing' with them. But now as a parent of an ASD child, I have learned through ABA to understand the effect my son's behaviors have on him, to recognize why he does them and what purpose they have, so that we can reduce or even eliminate them by replacing them with more appropriate and purposeful behaviors. ABA does this through collecting data on what happens before and after the behavior and using positive reinforcements, such as tickling, playing or other preferred activities, and ignoring negative behavior. We have seen this work over and over again with my son's behaviors/ fears and intolerances.

Our ABA consultants have also created desensitizing programs to help him tolerate certain routines/ activities and environments. Alec, like many ASD kids has sensory deficit disorder which means he is over and under sensitive to smell, touch, taste and sensations. This meant he did not tolerate many things like toothbrushing, haircutting, toileting, wearing appropriate clothes like shoes and mitts etc. Through breaking down each task into tiny steps, he has learned to tolerate all of these things, which eliminated the tantrums and reassured us that he will have good health and hygiene habits.

They also created an elaborate transition schedule for Alec to prepare for school. This included, attending a nursery program, visiting the kindergarten class at various times in the daily schedule, attending the gym, library and music classrooms and the most difficult one, preparing him to go on the school bus (which was an extreme fear of his initially) but not anymore! This obviously made us feel more relaxed and optimistic about his transition to kindergarten this year!

When my son was diagnosed at about 18 months of age, he was totally non-verbal, had a lot of sensory problems, was completely non-social, very active and spent his days running around aimlessly, avoiding people unless he wanted something. When we looked at the options for therapy, it was clear that the only treatment with scientifically proven results was Applied Behavior Analysis. Even though there was a lot of rumors and accusations floating around about ABA, we knew we had to give it a try.

It turned out to be the best decision we have ever made! Alec is a completely different child today, very verbal – asking for what he wants and communicating his feelings/needs, well-developed in all academic areas- like counting, fine-motor skills, memory skills etc., able to preform daily routines more independently and incredibly social! This is one area that many said would not happen with ABA, they said he could not reflect his emotions, feelings and develop social skills, but it has been the complete opposite! Alec has been able to express his feelings in words and actions, he is able to not only able to tolerate people around him, but actually seeks out his peers and shows interest in what they are doing. The joy it brings to see Alec play with others, particularly his brother Collin, and actually enjoy people and the world around him is absolutely priceless. This would never have been possible if it were not for ABA.

I choose to volunteer to help provide education and support for other families who are in need of information, help or just a friendly face as they

prepare for their new journey in the world of ASD.

I am proud to represent MFEAT here today. It is because of the families who created MFEAT and worked tirelessly to lobby the Government, that we have ABA preschool and school age programs here today. So although my life is incredibly busy, I want to be i able to promote ABA and provide accurate information that will dispel some of the falsehoods and rumors that have been circulating with professionals, schools and other organizations. Manitoba has the best, fully funded ABA program in Canada and yet we have little or no waiting list to get in, despite the increasing numbers of diagnosis'. This definitely signifies a problem.

Discovering our beautiful, bright eyed little boy had autism was devastating. Every parent may deal with their diagnosis differently, but the pain is familiar. Although we still felt incredibly blessed to have Alec, we knew our life had changed drastically. We had to put aside all our plans and ideas for the life we were building and began to adjust to a very different and complex one.

Being told there is no cure, that the disability if life long, the divorce rate is approximately 80% in families with an autistic child… is more that one can process. Recently I was sent a poem written by a mother of a disabled child expressing what she felt it was like. I was so moved by the accuracy of my feelings with hers that I included it in my handouts to pass along to you. I hope you will share it too.

Welcome to Holland
By Emily Perl Kingsley

When you are going to have a baby, it's like planning a fabulous vacation trip- to Italy! You buy a bunch of guide books and make your wonderful plans…
The Coliseum. The Michealangelo David. The gondolas in Venice.
You may learn some handy phrases in Italian.

It's all very exciting.

After months of eager aniticipation, the day finally arrives. You pack your bags and off you go. Several hours later, the plane lands. The stewardess comes in and says, "Welcome to Holland".

"Holland?!?" you say. "What do you mean Holland? I signed up for Italy! "I'm supposed to be in Italy. All my life I 've dreamed of Italy."
But there has been a change in the flight plan. They've landed in Holland and there you must stay.

The important thing is that they haven't taken you to a horrible, disgusting, filthy place, full of pestilence, famine and disease.

It is just a different place…

So you must go out and buy new guide books. And you must learn a whole new language. And you will meet a whole new group of people who you would never have met.

It's just a different place. It's slower-paced than Italy, less flashy than Italy. But after you've been there for a while and you catch your breath, you look around… and you begin to notice that Holland has windmills… and Holland has tulips… and Holland even has Rembrandts.

But everyone you know is busy coming and going from Italy… and they're all bragging about what a wonderful time they had there. And for the rest of your life, you will say, " Yes that's where I was supposed to go. That's what I had planned."

And the pain of that will never, ever, ever go away… because the loss of that dream is a very, very, significant loss.

But… if you spend your life mourning the fact that you didn't get to Italy, you may never be free to enjoy the very special, the very lovely things…

Part IV: Principles For Meaningful Inclusion For Children On The Autism Spectrum

Brigitte Insull
Executive Director, Seven Oaks Child Day Care,
Winnipeg MB

1.) Moves from simple to complex as the child develops. Through familiarity and trust with the adult, leading to children and other adults always building on child's comfort and strengthsmodification of small and large group activitiessocial skills are taught in the context of social situations not through rulesthe child's interests are the adult's "port of entry" and acquired skills are generalized gradually to a variety of situations and people through social situations

2.) Ensures comfort and meaning in the child's day. Through observation and an understanding of the child's abilities and the level at which the child is functioning emphasis on emotional meaningful relationships, thinking, and problem-solving skills within a child centred/play environment use of observed interests and a need for concrete, visual cues (picture cards, etc.) appropriate language, keeping in mind child's level of receptive abilities, utilizing cue words such as "First", "Then", "Now"gradually move to more complex levels of understanding and circles of communication recommendations from therapist are included in the activities and daily routines of all children

3.) Respects the needs of both children and families in program planning. Through daily use of a communication book regular opportunities for families to share their needs, expectations and concerns support and encourage a parent's role as their child's most knowledgeable advocate and play partner

4.) Seeks out and utilizes all available resources. increases staff and family awareness of associations, literature, therapies, funding sources and avenues for advocacy staff attend workshops, therapy sessions with child and parent staff share information at regular staff meetings to ensure total inclusion and participation use of video-tapes to enhance observation skills and as a teaching tool for staff awareness of different models of intervention such as DIR, ABA, and RDI (Dr. Gutstein-Relationship Development Intervention)understands that there is no "one best" intervention for all children

5.) Demonstrates teamwork as the key to success. team players meet regularly to update, exchange ideas and program needs and make decisionsensure that therapists provide written recommendations for on-going reference at home and at day care

Introduction
Our program is designed to include, assist and support children with special needs within their community. Our fundamental understanding is that a quality program with knowledgeable and nurturing staff, who provide children with a warm and challenging environment, will benefit all children. Children with special needs may qualify for support from the Manitoba Child Care Program which would fund the addition of a staff member to ensure that the child's needs are met and any intervention strategies are implemented. A staff member is assigned to facilitate inclusion with the child and family. Approximately 10 to 15 % of children in our program may require additional support. Children with additional support needs will benefit from an inclusive child care setting when the necessary supports are made available to ensure full participation and options. For some children the support staff may be in the group to lower the ratio allowing for smaller group opportunities, which benefit all the children, including the child with special needs. For some children a greater degree of intervention is required and inclusion would involve more sustained time between the adult and the child at the start. Families receive daily written information about their child's activities through the use of a Communication Book and daily contact. When the child enters, or is in the school system,

the communication book becomes a 3-way process. Over the years we have purchased programs such as Boardmaker, sensory equipment such as a platform swing, physio balls, and utilized everyday items such as bubble wrap, river rock, flax seed , etc.

Children with Autism

Our program works closely with:

- the Autism Outreach Team with Children's Special Services
- the Child Development Counsellor from Family Services
- all consultants assigned to the child and family such as Speech Therapist, Occupational Therapist, Physio Therapist, Social Worker, and staff from St. Amant

For children with Autism, developmental models of intervention under the guidance of the Child Development Counsellor and the Autism Outreach Team have been implemented. Augmentative Systems such as Sign Language, PECS (Picture Exchange Communication System), along with Picture Boards, Physio Balls, Sensory Swing and Social Stories are also used within the context of the overall program for all children.

Program Overview for Children with Autism

A staff member is initially designated to meet with consultants, to gather information about the child from the family and to engage in a relationship building process with the child and family.

Based on a solid understanding of the child's Individual Differences such as sensory needs, auditory processing and language, interest in the world, ability to regulate themselves and respond to the environment, and motor planning and sequencing, the staff will follow the child's lead in interactions. The child's interests are the "port of entry" for the adult to engage in "Floor Time", which is one aspect of Dr. Greenspan's: Developmental, Individual-Difference, Relationship-Based approach (DIR) (www.coping.org)

Floor Time Strategies:

- Follow the child's lead and join in
- It does not matter what they do as long as they initiate
- Persist in your pursuit
- Help the child do what they want
- Position yourself in front of the child
- Invest in what the child initiates or imitates
- Join perseverative plan
- Do not treat "no" as avoidance or rejection
- Expand, expand, expand – keep going, play dumb, do wrong moves
- Do not interrupt or change the play as long as it is interactive
- Do not turn the time into a learning, or teaching session
- Floor Time can be done anywhere, anytime!!

The staff will show an interest through animated facial, body and language expression. ie. Staff takes another car and moves alongside of child's car with a "vrmm, vrmm sound….or "Look I can be a pirate too?. (staff places patch on their own eye) Dr. Greenspan uses the term "cooking" when the child is engaged and interacting. Our job is to "Get things cooking"

The activity in itself is not important at this point…it is the quality of the exchange, and opening and closing "circles of communication". The child says "oooh" and the adult says "oooh" and the child says "oooh"..

The staff will expand on the child's interests and play by asking questions such as:

- "Can I play"
- "Where is it"
- "What about me"
- "I want to try"
- "I'm coming to get it"
- "Let me see that"

Emphasis is on interacting not educating.

Peers and other adults become participants in a meaningful and comfortable manner. Social skills are taught in the social setting rather than with memorized rules, which do not necessarily evoke emotion.
A picture board or routine minder is used to help make the flow of the day more visual (much like the daybooks that we use as adults). For some children who can get stuck on one activity this will help to give meaning to the transition and make it more comfortable.

The staff will allow the child time to respond rather than jumping in verbally or physically. Remember: Wait, Wait, Wait! We want the child to learn the rhythm of the back and forth reciprocity of human engagement and understand the child's Individual differences.

Opening and closing circles of communication are a major goal of Floor Time (as you open the circle of communication with the child, the child closes the circle when she builds on your comments or gestures).

Staff ask themselves:
- Do I use a calm voice?
- Are my actions non-intrusive?
- Am I aware of the child's rhythms and gestures?
- Do I observe the child's style of relating?
- Do I build bridges between ideas?
- Do I resist the temptation to take over?

Engage the child in problem-solving through playful games:
- Putting 2 socks on the same foot
- Hiding shoes
- Have the chair farther away from table than is usual
- Tighten lid to jar

Remember to be dramatic….pretend to cry when a character is hurt, talk directly to the doll during play, whisper, cheer, ask questions, build abstract themes (in the video Naomii pretends to strap Connor into the sled and tells him to steer.) Be creative…..if the child lies down on the floor, sing a lullaby, get a blanket……if the child is looking for the monster, ask if it is scary, run and look with him, run away together. Engage other children and adults in the play. We emphasize "meaningful and comfortable", and broaden the child's social circle accordingly. Seek out all available resources from the family, for the family, for the child and for the centre. Ensure that all staff at the centre are aware and involved. Tune in and be sensitive …"What is the child's behaviour telling us about their processing of sensory information".? You may need to present information as a slower pace or a faster pace. You may need to dim the lights or move to an area with less environmental "noise" such as color, pictures, sounds, people. Use a blanket or a tent, or a hallway.

At a conference many years ago, a young adult man talked about how "painful" the color yellow was for him and remembered that when he was small he had no way of letting people know. So the next time you have a child acting out or shutting down…think about what it might be like for a "color" to be painful.

The Coaching Approach to Advocacy

Lynn Skotnitsky, M.A.
Erickson Coaching International

Today's 3 hour session
- 'Dip our toes' into the coaching sea
- What is coaching and how is it applicable to advocacy?
- Apply coaching skills with a partner
- Ericksonian principles
- Observe a 30 minute coaching demo
- Learn more about The Art & Science of Coaching (Modules 1-4)

What is a Leader?
- Anyone who wants to help others
- Knows how to draw on the intelligence that exists everywhere: organization, classroom, community.
- Acts as a steward of other people's creativity, gifts, wisdom.

Margaret Wheatley

My Vision of Leadership
- Someone who draws out the leadership in others
- Works to create 'leaderful' relationships
- Collaborative, flexible, interchangeableWe all have a piece of the puzzle. Everyone is contributing and at different times, we take turns leading each other
- Learning to pay attention to each other, notice what's working and what is leading us forward to where the next greatest possibilities lie.

My Intentions Today:
- We are a leaderful group that draws on each other's wisdom
- You take away something practical that you can use in your life – immediately!
- Get a sense of Ericksonian coaching so you can decide if it's something you want to pursue further.
- I'm back in Winnipeg October 30th-Nov 2nd for Module 1 of The Art & Science of Coaching.

What is coaching?
- Collaborative relationship between client and coach
- Connects: values, beliefs and vision
- Assists people to tap into their natural motivations and resourcefulness
- Achieved primarily through deep listening and asking POWERFUL questions

How Is Coaching Applicable To Advocacy?
Powerful toolkit for effecting change. Tools to:
- communicate effectively with people
- build rapport and build bridges
- help us see multiple perspectives
- help us manage our emotional state
- help us plan and strategize
- dissolve stuck-ness, unleash creativity
- help us learn from every interaction

Exercise with a partner
(5 min each, then switch)

- Tell me about a time when you had fun
- Coach: listen attentively
- Ask questions to draw your partner out

Sample questions:
- Where were you?
- Who were you with?
- What about that made it fun?
- Why was that important to you?

Jot down keywords of what you heard
'Backtrack' to the client.

Debrief Exercise & Discussion
Points:
- Rapport – putting people at ease
- People 're-live' their experiences; invite a resourceful 'state'
- Deep listening; holding 'the space' for the client to express themselves
- Backtracking vs. paraphrasing. What's the difference and why it matters

Milton Erickson's World View
Coaching is about giving people the opportunity to generate their own insights and solutions honoring the conversation as an "Advice Free Zone".

Erickson Fundamentals – Principles of Coaching
- Okayness principle- people are OKAY – nothing is wrong
- People already have all the resources within to be a success
- Behind every behaviour is a positive intention.
- People always make the best choice available to them.

Change is not only possible, but inevitable.

'FLIP' Exercise (Instructions)
(10 min each, then switch)
- Client: come up with a simple problem.
- Coach: what is it that you want instead?
- Coach: listen attentively
- Ask questions to draw your partner out
- What of that (problem) is an indication to you of what you DO want?
- So just suppose that you were to have (what you want), what would that do for you? Why is that important?
- Jot down keywords of what you hear
- 'Backtrack' to the client.
- (If you get this far …) What are some ways you might get that?

Negative Language
- People sabotage themselves with negative language, thinking and feeling.
- Focus on the positive! Frame it in the positive!

Powerful Questioning
Telling, suggesting, offering tends to:
- control the conversation
- may shut off the flow of ideas
- may trigger combativeness

Questioning tends to:
- open people up
- stimulate learning, creativity and understanding.

Powerful Questions…
- Clarify, illuminate and draw out
- Demonstrate a sincere desire to learn
- Evoke discovery, insight, commitment or action
- Move the client towards what they desire
- Do not ask the client to justify or look backwards
- Are powerful and concise
- Encourage the client to go deeper
- Are supportive in tone (and softened)

(to minimize triggering defensive reactions.)

Make Questions More Open
The Four Planning Questions
- What do you want?
- How might you get it?
- How might you commit to that?
- How will you know when you've got it?

(and thousands of variations….)

Core Competencies
- Build rapport
  (Trust and intimacy with client)
- Establish Coach Position
  (Coach presence)
- Set a Coaching Contract
  (Coaching focus
  Outcome for the session)
- Active listening
- Powerful Questioning
- Direct Communication
- Creating Awareness
- Designing Actions
- Planning and Goal Setting.

Module 1 Outcomes
- Foundation of advanced coaching
- Deepen insights and competence
  (personal and professional)
- Enhance co-creative relationships
  (with yourself and others)
- Enlightened contribution
  (More effectively facilitate others' growth.)

21st Century Paradigm
Whether we choose to become a coach (ie. provide contracted sessions with a client to work towards a specific aim)
AND/OR
Whether we use coaching tools to be more effective with the people we interact with
AND/OR
Whether we use coaching techniques to improve our relationship with ourselves…

Coaching is the 'thinking system' that is transforming the world. It is the paradigm of the 21st century.

What Might Be Some Possible Next Steps?
- Hire a Solution-Focused Coach! No one making it to the Olympics is without a coach.
- Enroll in Module 1 of The Art & Science of Coaching. A solid foundation.
- Become certified as a Solution-Focused Coach through Erickson College
  (4 modules, 16 days experiential training)
- Attain International Coach Federation certification through Erickson College
  (5 modules)

Erickson College's Vision
Coaching communication changes the world ….. one conversation at a time.

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Making Friends

Carolyn Webber and Shannon Harrison,
Partnerships for Inclusion

This workshop is based on the "Assessment of Peer Relations" by Michael J. Guralnick, Ph.D, Child Development and Mental Retardation Center, University of Washington, Seattle, WA

"We know now that social relationships are at the heart of a child's development – cognitive, physical, emotional, and language development."
"Programming for Friendship"

Children make friends through play. Early childhood environments provide children with opportunities to develop social skills at an early age. For some children making friends is a natural process but for others it presents many challenges. Understanding the stages of play and the impact of a child's development on social skills will better help us program for the children in our care.

The Stages of Play:
Solitary play
- Ignores, or not aware of others while playing
- Typical of young and inexperienced players
- Could also be a matter of temperament

Parallel play
- Plays along side others with same activities/materials, but not interacting with each other
- No real acknowledgement of the play of others

Associative play
- Children playing with same materials/activities, talking with one another but doing their own thing
- First kind of group play
- Not committing to a joint focus in their play

Co-operative play
- Working together
- Real efforts to negotiate play themes and roles with peers
- Conversation among the players establishes the roles and events of the play

Other Types of Play
Onlooker Play
- Watching others
- Showing some interest in playing with others
- Have not figured out how to join or may be reluctant
- Learning to play by watching

Unoccupied play
- Not playing with materials in constructive, meaningful manner
- Not interacting with other children

Basic considerations to peer social interactions
Developmental Issues
We must always consider a child's level of development when we assess behaviour. How well does the child use language? Can he or she recognize or display emotions? In working with children with disabilities, developmental issues may include cognitive delays or motor development delays.

Emotional regulation
Play is an emotional activity and emotions provide the energy found in social exchanges. Play can be a positive and creative outlet for emotions, but emotions can also interfere with play by preventing social play, diminishing the quality of play or abruptly ending an interaction.

Temperament and Personality:
When we consider the many challenging behaviours in our classrooms, we have to ask whether or not the behaviours are attributed to temperament or personality style. Temperaments cannot be changed. They are inherent, therefore we must accommodate for various personality traits.

In order to participate in successful social interactions, children must understand the concepts of:

Shared Understanding
- Child understands the basic rules and situations in play

Ownership
- The child understands that he or she can own an item
- Can lend or share it
- And have the right to ask for it back
- And vice-versa

What do children need to be socially competent?
- The ability to enter into a group

Children who are successful usually take time to watch the play group, figure out what is going on, and then make a request about the play, or ask directly to join in.
- Conflict resolution skills

When a child becomes involved in a conflict he/she begins a complex process of negotiation. As adults we tend to want to 'fix it'; however this limits the child's opportunity to learn these valuable skills for him/herself.
- The ability to maintain play

Children often persevere with play in spite of enormous difficulties. Children get great satisfaction and affection from their friendships, and play becomes more interesting and varied.
- To maintain play, however, children need two general types of abilities;
    - To understand and follow rules of play and play role - Enter an activity already in progress without interrupting the flow
    - To manage pressure and changing patterns of play

Helping Children Resolve Conflicts:
- Acknowledge feelings
- "You look really upset"
- Hold any objects in dispute in your hand
- Gather information
- "What is the problem?"
- Restate the problem
- "So the problem is…"
- Ask for ideas for solutions and choose one together
- Be prepared to give follow up support
- "You solved the problem!"
- Stay close and monitor the situation

How often have you heard these phrases in your program?

"Use your words" – Have we provided the words for the child to use? Have we modeled appropriate responses for a child to use to negotiate conflicts?

"If you can't play in here nicely then you will have to leave." or "Do that again and it will be taken away." – When we stop a difficult situation we take away the opportunity for children to work through the situation and solve problems themselves. In the real world, children will have to learn how to handle social challenges. It is more useful if we work with the children to help them find their own solutions.

"You need to share the play dough." – Is this always a reasonable expectation? Many toddlers are too young to understand ownership so sharing may be developmentally inappropriate. Do we respect the way a child is using a toy? Some children may need all the play dough (or dinosaurs, or blocks) in order to play out the scenario they have imagined. Do we have a right to take that away from them? Perhaps we need more play dough (or dinosaurs or blocks) for children to engage in significant play with them. We may have to suggest another activity for the child who wants to share the toy or we may find that if we step back and wait, the children will devise a reasonable solution to the problem.

"We're all friends at daycare." – Are we? Is this really true or just part of our rhetoric? All children may not be friends, just like all adults are not friends; however our role is to remind children that even if someone is not a friend, we must treat them with respect and kindness.

"Now go and say you're sorry." – Making children apologize does not mean that they are sorry or that the behaviour will not happen again. It is more useful to engage the child in something that will help the hurt child feel better. Maybe he can help rebuild the house

of blocks that he knocked down or perhaps she can get some ice to soothe the child she pinched. There are other dangers in making a child apologize. The message we may be giving is that if you hurt someone all you have to do is apologize and everything is alright again. The best way to teach a child to apologize is to use that kind of language yourself and model it for the child in your own actions.

What's Our Role?
As early childhood educators, we need to look at how we may contribute to children's behaviours. There are specific areas of the program that we should consider:

Time
Our programs often do not provide enough free play throughout the day or not enough time for free play. Children require large blocks of time to immerse themselves in complex and meaningful play scenarios. Structured activities, such as group time are often too long and too big. Many of our programs have too many teacher directed activities and far too many transitions. We should not create an environment where the children are made to "Hurry up and wait."

Props
Too often there are not enough interesting props for children's experiences. Children may not have enough resources to engage in meaningful play. There could also be too many props causing overcrowded shelves, overstimulated children, or too many choices. In some programs we see toys and materials that are developmentally inappropriate. They may be either too challenging resulting in frustration or not challenging enough causing boredom. Some children may not know what to do with materials because they have not had modeling on how to use the props.

Curriculum
Programs that are too teacher-structured are not developmentally appropriate. Too many programs do not follow children's interests and there is no connection to the different areas of the classroom. Curriculum should include planning activities to encourage children to interact with each other

Environment
An environment that is too chaotic and unorganized does not support positive behaviour. Poor room arrangement or not enough stimulation may cause children to become frustrated and act out. In planning the environment, there should be a consideration for aesthetics and using natural materials and softness to create a calm atmosphere. Finally, we rarely consider the outdoors when we think about the environment. What learning opportunities do we provide during outside play?

Interactions
As educators, we have to take advantage of the many opportunities – teachable moments – to interact in a meaningful way with the children in our care. Teachers doing 'busy work' often prohibits opportunities for conversations with the children.

All a Parent Wishes for is…

"I want my child to have a friend, even if it's just one friend. To have one friend in the world is worth more than one thousand acquaintances"
- Parent
The Assessment of Peer Relations

Suggested Reading
1. Guralnick, M.J. Assessment of Peer Relations, Child Development and Mental Retardation Center, University of Washington, Seattle WA

2. Smith, C. & Gay, C. (1997) Making Fiends: A Guide to using the Assessment of Peer Relations and planning interventions; SpeciaLink's Institute on Children's Challenging Behaviours in Child Care, Sydney, NS

The Big Picture

Making a Difference in the Lives of Working Families with Children with Disabilities

Jamie Kass
National Child Care Coordinator
Canadian Union of Postal Workers

Donna Michal
Advisor
Special Needs Project

Overview

Working families who have children with disabilities face significant challenges both in their work and home lives. When the Canadian Union of Postal Workers surveyed postal workers in 1989 about their child care needs, a significant number of parents had children with disabilities and they faced the greatest challenges. Further research led to the development of the Special Needs Project in 1996 and the Moving On Project in 2005. These Projects provide support, resources and funding to members who have sons and daughters with disabilities. There are significant impacts and outcomes from these projects for members, the union and the employer.

Background

CUPW's Child Care Fund

Beginning in 1980, CUPW women began to make child care a priority issue in the union. The union put child care on the bargaining table, resulting in a joint child care study. The study found that members had a variety of child care difficulties, and the most significant challenges were faced by those members who had children with disabilities.

Through bargaining with Canada Post, the union won the establishment of a Child Care Fund in 1991. Currently Canada Post provides the financial contribution to the fund and CUPW negotiates, manages and coordinates the Fund.

The union sponsored groundbreaking research

that looked at the workforce barriers for parents of children with disabilities. The study recommended that the union set up a pilot program for members that eventually became the Special Needs Project.

In addition to the special needs projects, the Child Care Fund supports community based projects across the country that provide high quality flexible child care services to postal worker families. A history of the CUPW Child Care Fund is available at the CUPW website: http://www.cupw.ca/index.cfm/ci_id/9722/la_id/1.htm

Our research and what we learned

In 1996 CUPW commissioned a research study of working parents with children with disabilities, In Our. The study is the first Canadian research on how employed parents of children with special needs juggle work and family responsibilities. The study was undertaken by Drs. Sharon Hope Irwin (SpeciaLink) and Donna S. Lero (University of Guelph).

The researchers surveyed 151 postal worker and non-postal worker families across Canada whose children have special needs. They found that a significant percentage of parents were either unemployed, underemployed or worked part-time because of the demands of their child's disability or health condition.

- 39% reported their employment status had been affected
- 26% reported that their choice of occupation had been constrained
- 46% said their work schedules had been affected
- 68% had turned down overtime
- 27% had to forego opportunities for promotion
- 48% of parents took sick leave or vacation for child-related reasons
- 64% of two-parent families with one parent unemployed reported their child's special needs were a major factor in the unemployment.

After seeing the high levels of stress and exhaustion reported by postal workers and their families, the union decided to act on this research, and designed a project to help "level the playing field" with parents of typically developing children. The Special Needs Project began as a summer project to assist those members with children with disabilities, by bringing their child care related costs and opportunities closer to those of other members who are parents.

In Our Way: Child Care Barriers to Full Workforce Participation Experienced by Parents of Children with Special Needs - and Potential Remedies, by Sharon Hope Irwin and Donna S. Lero is available through the SpeciaLink website at http://www.specialinkcanada.org/books/inourway.html

Key Components of the Special Needs Project

The Special Needs Project is a one-of-a-kind program that provides information, resources and financial support to help reduce the emotional, physical and financial stresses on families with children (up to age 19) who have special needs.

The project provides eligible Canadian Union of Postal Workers (CUPW) and Union of Postal and Communication Employees-Public Service Alliance of Canada (UPCE-PSAC) members with:

- Information and resources, including web resources and links, and a newsletter, Member-to-Member Connection. The newsletter includeslistings of support and disability groups, articles, advocacy tips, parent letters and requests or offers of specific help.
- A Special Needs Advisor familiar with resources and services for children with special needs in each province. Advisors contact parents up to three times a year by telephone. They provide support, and information and links to available resources.
- 1-800 toll free phone support.
- Financial support to help with:
    - Child care or respite fees.
    - Recreation programs or camps related to a child's special needs.
    - Specialized support workers and training for child care workers to enable children to attend programs.
    - Transportation costs directly related to the child's diagnosis.
    - Uninsured medical expenses, equipment and supplies.

Development of the Moving On Project

As children in the Special Needs Project turned 19 years of age, members were asking more questions:

"When my son finished high school I hoped he would be able to attend a day program. No Vacancies. I do not know what to do. I work a night shift. Now that he is at home, when do I sleep or take him out and make time for my younger daughter?"

CUPW member, Mississauga, parent of a son who is 21 years old, mentally and physically challenged

Members told the Special Needs Project that "turning 19" significantly impacted their family and work lives. There were not enough available services in communities throughout the country. Where services did exist, there were long waiting lists. Issues around independence and the need for future planning were in the forefront of the lives of these members.

CUPW heard the desperate need and took the inclusion of adult children who were dependent on their parents for care to the bargaining table. In 2005 the Union won recognition through their Child Care Fund. We developed the new project by surveying members with older sons and daughters with disabilities, holding a national "Think Tank" of experts, reviewing the current literature and holding focus groups with members across the country. The Moving On Project was the result of this work.

The Moving On Project provides information, resources and financial support to CUPW and UPCE-PSAC members who have adult sons and daughters with disabilities.

The project supports members and their families when their sons and daughters with disabilities "move on" at age 19 to using adult health and social services. As adults, these sons and daughters no longer have access to the supports that were available to them before, yet their needs remain.

Parents who are part of the project receive many similar supports that parents using the Special Needs project (see above). In addition, the union recruited new Advisors familiar with resources and services for adults who have disabilities. Support calls with

Advisors take place twice a year by telephone. Funding for parents whose adult sons or daughters are dependent on them for care can be used for such things as respite, life skills training, transportation and uninsured health expenses. Also there is an annual teleconference on a topic of interest to families. The project also developed a bilingual website to offer further support for both projects at www.specialneedsproject.ca

Impact and Outcomes

Throughout this work, there have been many "lessons learned:"

It is possible to make a difference in people's lives: by listening to member issues and concerns, projects can be developed that are responsive to family needs. This work has increased sharing and respect within and among parents and the union.

Build on sense of equity: by respecting differences in peoples lives and acknowledging variations of circumstances and coping skills, projects can be developed that are flexible, transparent and do not intrude in people's lives.

Build a sense of "national family": a program that is from 'coast to coast to coast' begins to build a culture that can change and support, provide a sense of identity and community and acknowledge and deal with jurisdictional differences.

Move from research to action: research is used for employment related issues, changes in government policy and collective bargaining. Research results become the "canary in the mine" for program and advocacy work.

Significant impacts and outcomes have been identified by and for members, the union and the employer. Advisors annually conduct a project evaluation and feedback interview, where members identify the following impacts of the projects on their lives:

• Increased well-being

- Impact on child's life
- Better advocacy skills
- Increased morale and effectiveness at work
- Increased recognition of the union

The project has also identified these impacts on the union:

- Deeper understanding of work life challenges
- Awareness of disability issues and their impact on families
- Increased Union's awareness of disability and child care issues and the need for workplace and employment supports
- Need for co-worker education
- Increased commitment to advocate for better government policies and funding for all parents with children with disabilities

Outcomes from the project for the employer include:

- Impact on workers: morale, attendance, support
- Awareness of education of supervisors

Future Directions

The projects will continue to respond to members' needs and issues. Currently, the project is working with Advisors to help them support parents during times of transitions. As well, the project is looking at opportunities for parent to communicate through website forums and teleconference sessions, as well as further connections with other website resources.

The Projects will continue to find direction and inspiration from the members who participate and so willingly share their joys and struggles.

Resources

1. A complete history of this work, as well project information, newsletters, publications and resources, is available on the Special Needs and Moving On Projects website at www.specialneedsproject.ca

Inclusion in Sweden

Vreten Multi-cultural Idea and Language School: A model of Early Intervention in Sundsvall's Municipality

Jane Howes

Thirty one years ago I lived, worked and trained as an early childhood educator in Sweden. I was impressed by the comprehensive early learning and child care programs available to families with young children. This past academic year (September 2007 to July -2008) my employer Grande Prairies Regional College, in Grande Prairie, Alberta granted me a sabbatical so that I could participate in various early childhood programs under the auspices of the Municipality of Sundsvall, Sweden located in a valley between two mountains overlooking the Baltic Sea. In the Municipality of Sundsvall families have access to comprehensive social services which provide different types of support to individuals, children and families through social assistance, senior homes and care centers, home care, relative support such as respite care and support to the physically challenged with a seamless transition between preschool, elementary and secondary programs.

Sundsvall's municipality provides primary prevention, secondary prevention and tertiary prevention.The county and municipal organizational levels are responsible for early intervention with different goals and groups to serve. The municipality level has the basic responsibility for well being and securing acceptable living conditions for everyone. It is also responsible for intervention in preschool programs and healthy environments for all children and families. The county council is required to provide health and medically related services at the primary prevention level. At the level of secondary prevention, the county council has the responsibility for giving advice and support to children with disabilities and their families. Tertiary prevention is provided by both the municipalities and the county councils. The municipalities are responsible for making all public places available for people with disabilities as well as for providing education-related in-service training and supervision to preschool staff working with children with disabilities. The Child Habilitation Centre is responsible for providing in-service training and supervision on topics other than education to preschool staff working with children with disabilities (e.g. physiotherapy, occupational therapy). Source: http://www.european-agency.org/eci.html.

Early intervention professionals promote the children's overall development and support families in facilitating their young children's social and physical competence while empowering families within a holistic, ecological approach. Sweden's comprehensive child care service is an essential infra-structure which supports the early intervention network during the preschool years. Nearly 90 % of all children attend day care facilities. All pre-school establishments are assessed by the government and meet certain standards. Swedish day cares are financed partly by central government grants, partly by tax revenue and partly by parental fees. Sweden's maximum fee policy states parents should only have to spend between 1% and 3% of the family's income on childcare, depending on how many children they have which ensures universal access to child care.

Vreten, a Multicultural Idea School is an example of an early intervention program for immigrant children that has been identified as a needs program and as such falls under the guidelines outlined by the Ministry of Education which proposed the development of "Idea Schools", throughout the country . These schools were mandated to share their ideas with the larger community through offering study tours to the public, developing of websites for each participating school, publicizing their program's focus in local educational magazines and ongoing professional development to ensure teams of well trained, competent staff.

In consultation with the Municipality of Sundsvall, Vreten Multicultural Idea School developed a language program for young children. Vreten is located in Nacksta, a high density housing development with a multi ethnic population base. Any family in the greater municipality of Sundsvall is welcome to attend.Over 80% of Vreten children have another language than Swedish as their first language. About 9-12 languages are spoken by the children. Vreten philosophical focus values the emotional attachments between the teachers and children and low staff child ratios allows for close bonding and the development of caring relationships. Vreten believes that learning should touch the heart and its goal is to provide all children with the best possible language back pack to take with them as they go out into the world.

Vreten Preschool facilitates Immigrant children's integration into the broader community and is a program that focuses on providing the skills necessary for children to become fluent in Swedish and more aware of Swedish traditions and social expectations which facilitates their assimilation into the larger community and increases their ability to be more successful academically when they enter the elementary school.Vreten has seven separate child groups with 4 international child groups attended by immigrant children with no Swedish language base. Pre-school teachers have a Bachelor of Education degree and the program is funded by Sundsvall's Municipal Board of Education. In these programs both the children and parents are prepared for the Swedish preschool and school system.The children acquire knowledge of the Swedish language and culture and the parents become more aware of their responsibilities within the Swedish educational system. Some of these children have parents who are applying for asylum and may themselves be illiterate in their own language. Parents attend Swedish classes provided by the municipality of Sundsvall while their children attend Vreten preschool.

The staff considers it imperative to ensure that children are listened to and included in what is going on in the program. Staff actively engage in the children's play, and facilitate the children's development of effective communication skills and decision making abilities. The schedule provides for relaxed uninterrupted play within an environment where materials are easily accessible, attractively labeled and organized in "play areas that consider activity level, type of activity and need for supervision. This well planned environment which is referred to as the "the third teacher "by Vreten's staff facilitates the child's autonomy by answering the following questions; What happens here? Where can I play? What can one play here? Where does this go?

This organized environment makes it easier for the children to make decisions about where they would

like to play and where things should be returned when it is time to tidy up. Book shelves have many detailed picture books and flannel boards with common daily objects and characters from favourite stories and songs. Reading is a favourite pass time. Children are encouraged to choose their own book, get comfy on a nearby sofa and browse their books or read with a teacher in small groups of two or three. Hands on opportunities for language development are integrated into daily activities by describing what is happening or will be happening, labeling everything around the child, using a rich varied vocabulary, action games, rhymes, finger plays, songs, chants and story and language bags filled with concrete objects that illustrate a story or song or are used in daily activities or seen throughout the community. This provides the child with opportunities to touch and play with common objects that the staff verbally label as the child plays with them. Frequent visits to the library reinforce the children's interest in the written word as they are encouraged to choose a book to take back to their program.

Speaking Swedish is important, however practicing ones language of origin is essential for balanced language development. Weekly one hour tutoring sessions with a language of origin teacher supports the child's sense of self and strengthens his language foundation in his language of origin. Sundsvall's Municipality provides language of origin teachers with training in early childhood pedagogical principles which enhances their ability to provide age appropriate instruction through the use of games, songs, finger plays, chants and stories. Language bags are available from municipal libraries. These bags contain Swedish story books in both Swedish and the language of origin. Language of origin teachers read to the child first in their own language and then in Swedish to facilitate a clearer comprehension of language concepts while simultaneously introducing popular Swedish early childhood literature to both the child and teacher. Parents who speak languages other than Swedish are encouraged to speak these languages in their home.

The program's curriculum emerges from the children's

interests and natural curiosity. The daily structure has few transitions and large blocks of free play time so that the children have many opportunities for language practice during social interactions. Children become used to the printed word as common objects are labeled throughout the program and tasks and routines the children are regularly involved in are strategically posted throughout the program. Children assist in routine tasks and develop a sense of competence and ownership of their program. Teachers promote pleasant group conversation skills with turn taking and listening to others so that the children will more readily be able to cope in social situations where they are expected to participate in conversations.

The environment promotes active exploration during a scheduled day that includes long periods of free play. Interactive toys engage the children in exploration and create opportunities for the children to describe what they are doing and what they have discovered while using the play materials. The materials are organized so that the children have ready access and the staff have materials for group gatherings close to hands. A pleasant home like atmosphere is created. Play rooms are flexible and contain materials that the children can rearrange based on their interests.

When the children are admitted to the program and are adjusting to a new environment and staff parents are encouraged to stay with their child until the child gradually over an extended period of time is comfortable without them. This gradual process is allowed to take as long as is required for both the child and parent to be comfortable. To make the children's activities and learning visible the staff frequently document with digital pictures. Binders are made with pictures of family members and the children's drawings and projects. The binders follow the children throughout their attendance in the program. These binders show how the children have developed and are available for the children to peruse whenever they want. This documentation is the basis for further pedagogical work with the children and assists the staff in determining how to adapt the program to meet the children's needs. This individualization extends to the children's meals; there is always an alternative food choice for children who are vegetarian or who have food restrictions due to cultural values.

Vreten's multicultural environment emphasizes a mindful, active pedagogy which encourages the participation of parents in cultural activities and facilitates the integration of families into Swedish society. Parents and children are introduced to Swedish cultural traditions through daily interactions and community events. Staffs deliberately create a language environment where the children have the possibility to develop a solid language base by providing opportunities for creative expression through play, interchange of ideas, reading, writing and philosophizing. These children develop competent communication skills and can speak, listen write and read in all their languages!

Reference materials for further inquiry:

1. Läroplan för Förskolan-Lpfö98, (Swedish Curriculum for the Preschool), http//www.skolverket.se/sb/d/468

2. Swedish Education Act, http//www.skolverket.se

3. Ideskola for Mangfald, web page for the Vreten Program, http://ideskola.skolutveckling.se

Supporting Inclusive Environments

Gail Szautner
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Inclusion is: Including all children in all parts of the program all of the time. All staff being involved in program planning and implementation.

The above statements are our practice at Childrens Choice Child Development Centre in Prince Albert, SK. This conference is about lessons learned and after more than 20 years of "fine tuning" our inclusion skills, we have determined that to be truly inclusive these two statements hold true.

Including all children in all parts of the program all of the time requires a number of supports be put in place. Supports for staff are critical to ensure success; with probably the biggest support being lowered ratios. You cannot deliver a supportive program to children identified as having special needs(or typically developing children, in my opinion) in a setting where minimum ratios are the norm. Lowered ratios mean more individual interactions between all staff and children.....basically a win, win situation. I refer to lower ratios, not one-on-one and I will speak to that later. Less stress on staff provides a positive, happy learning environment which, of course, impacts quality.

We know that children learn in all environments. It is the quality of the environment that determines the quality of the learning. The educators' roles are to facilitate learning for all children through interaction and play. This is why all of our staff are involved in planning and implementing programs.

We began with a special needs co-ordinator and special education tutors. It didn't take long to feel that something just wasn't right. I didn't feel that the children identified as having special needs were included in the program as much as they could be. I knew we could do more. About the same time, Samantha enrolled in our program. Samantha had Cerebral Palsy and required total care. She was not able to sit unaided, feed herself and had cortical visual impairment. I hired an additional staff person, Leanne, to work in her group so we could meet her needs. Well it didn't take long and I was noticing Leona holding Samantha, Linda feeding her and Leanne reading her a story at various times of the day. All of the staff in the three year old group were realizing that they could play a significant part in supporting Samantha's development. Samantha taught us much about inclusion. Unfortunately she passed away in 1994 but a plaque still hangs on my office wall with her picture and the caption "A Child is a Child, is a Child". She empowered us and gave us confidence in ourselves as we continued to grow our

inclusive program.

Rather than having one staff in each group develop programs for individual children; I allow my staff to decide who will take the lead role in developing individual education programs (IEP's) for identified children. There is usually more than one child in each group identified with special needs. This allows the staff to share the workload and build on natural forming relationships. The staff who takes the lead consults with referring professionals, parents and any others involved with the child, writes the IEP and then makes sure everyone working in the group has a copy and understands the program. It then becomes the responsibility of all staff working in the group to carry out the program. This enhances consistency which strengthens the program and it truly supports teamwork.

So let's talk about one-on-one. I do not believe that having one staff person be responsible for one child supports child development in the best way. One-on-one can create dependency, absolve other staff from taking responsibility for some of the children, create hierarchy amongst staff and hinder program implementation when the identified staff is not at work. We have found that the way we have developed works far better. It empowers staff and promotes teamwork. When you experience success, you are motivated to go to the next step. All of our staff are trained in Early Childhood Education so have the necessary skills to develop programs for all children. It simply makes sense to utilize those skills.

The other thing with one-on-one is that it doesn't have to be adults providing it. One afternoon at snack time, I walked into the dining room to see Dominic feeding Paris ice cream. Dominic was two and Paris was close to three. Paris had Cerebral Palsy and the staff feeding her had to go to the kitchen for a minute so Dominic just took over the job without being asked. You can see by the slides that one-on-one is

provided throughout our program by many individuals to children identified with having special needs and to typically developing children. Lowered ratios offer this program enhancement.

Other staff supports include planning time during the day. Once again, I let my staff set this up within their groups. They know their down time. They know when ratios are lowest and they know what they need to do.

Administrative support is necessary as well. We make time and hire additional staff to allow for staff to meet with referring professionals, attend therapy sessions and take part in professional development opportunities. These professional development opportunities can be local, provincial or national events. I view professional development as an investment, not an expense and have not regretted a penny spent in supporting staff training opportunities. The more my staff learn, the more our program grows and the more the children benefit.

Let's talk a bit about supports for the children. Flexible programming is huge here. Stephen was diagnosed with Autism and he was having some difficulties at circle time. Through observing Stephen during play times, it dawned on us that he never ever sat on the floor.....probably a connection to circle time problems. We had a child size arm chair at the centre so provided that for him to sit in during circle time. What a difference!! He still didn't remain in the circle for as long as all of the other children, but his anxiety was lessened so he was able to stay for awhile without being disruptive. Some of the other children asked for a chair in the beginning so they were provided with one. It seemed to be a novelty that lessened as time went on, but does it really matter on what or how the children are sitting at circle time? Take a look at your goal and stay on track with that.

Our expectations must be developmentally appropriate. This is where our early childhood training supports program development. Knowing what stages of development children are at and

planning for the next steps are supported by our knowledge. If we want programs to be successful, we do not ask children to do what they are not yet capable of. Developmentally appropriate programming is really about the KISS philosophy – Keep it Simple. Complicating things does just that; it complicates things.

One of our greatest lessons learned is that providing inclusive environments for children identified with special needs, in fact, supports the development of all children enrolled in our programs. All of the children benefit from lowered child/staff ratios, more one-on-one, developmentally appropriate and flexible programming. It simply is the only way to go. I remember a staff, many years ago, asking me "Gail, why do we take these children anyway?" My response was "Why wouldn't we? If their parents choose licenced child care, they have the same right as anyone else to utilize our centre."

At Childrens Choice we have a zero rejection policy. If a child falls within the age ranges we are licenced for and we have a space available, he or she is welcome. There are no conditions.

Enrolment at our centre is not dependent on funding availability. Most children who are identified with special needs qualify for various amounts of additional funding ranging from $300.00/mth to $2,000.00/mth. Some children do not qualify for any funding for a variety of reasons. Different grants have different criteria. We enrol them regardless.

A quote that I heard a number of years ago has held fast for me throughout the years: "If you think you can't you're right." Thinking that you can't means you have defeated yourself. I would sooner look at what I can do and learn to eat the inclusion elephant one mouthful at a time. Making goals achievable, moving on and being successful motivate. We will continue to grow our inclusion program and learn from the children who attend. They truly have been our best teachers.

Early Intervention Services In Nova Scotia

Access, Use and Impact of Early Intervention Services in Nova Scotia: A Parent Perspective

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Parents of preschool age children with special needs in Nova Scotia were surveyed to find out what support services parents use, how parents access these services and what difference these services make in the lives of the parents and their children. In a preliminary analysis of the information provided by parents, four questions were answered. The first question was: Why do parents ask for help? The answer to this question is that, with the exception of physical and/or genetic conditions, parents became concerned when their child's interaction and communication skills did not match developmental expectations. The second question was: Who do parents go to for help? In Nova Scotia there are a number of services to which parents can self-refer. Early Intervention programs and Speech-Language therapists were the most commonly contacted services. Family doctors and paediatricians were the next most common source of help. The third question was: What kind of help do parents want? Parents relied on a wide range of services for their children. Early Intervention, Speech-Language and child-care services were often sought and received by those parents who wanted the services. Services where the demand did not meet the supply include: Developmental and Behavioural clinics, Medical Specialists, Family Counseling and Respite Care. The final question was: Which professionals and services do parents identify as most helpful and why? Early Intervention and Speech-Language services were identified as the most helpful. Parents reported that the professionals providing service in these areas were informative, respectful, and supportive and their child improved under the care of these professionals. The major implications identified in this preliminary look at the responses are that parents' perceptions of their children are accurate and should be valued; that it is during the years when children are in child care that many concerns are first identified; that parents want practical and realistic information, resources and ways to help their child; that parents value professionals who treat the parents with respect and are supportive; and that parents often want someone to listen to their concerns without immediately trying to offer solutions. For the professionals providing services to these families it is critical that effective working relationships be established with other professionals so that a family's needs can be appreciated and dealt with in a comprehensive manner.

Change With Wisdom

A Journey of One Resource Teacher Program

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Children's Integration Support Services (CISS), a program of Andrew Fleck Child Care Services, supports the inclusion of children with identified special needs in licensed child care programs up to the age of 12 years. The City of Ottawa defines our mandate and provides the funding. Our wisdom has accumulated as our model of service has evolved over the seventeen years we have journeyed thus far. We create opportunities for SUCCESS through Strategic Planning, Understanding the Changing Landscape, Communication, addressing Challenges, observing the Environment, Sharing and developing Strategies.

Since the beginning CISS has been strategic in our planning by involving parents, directors, supervisors and Early Childhood Educators in a community review, which began the development of our model of service. We also used a process called PATH (Planning Alternative Tomorrows with Hope) to create our vision and guide our on going development always keeping what is Positive and Possible in the forefront. By involving community partners, when appropriate, to be a part of our working committees, we remain aware of our service in a system of services and gain greater insight through the perspectives of others. The members of our team are given opportunities to further develop their individual and professional skills by taking leadership roles within the working committees.

As CISS operates within a system of services, it has been extremely important to understand the changing landscape. Through Provincial Initiatives many services have been created such as the Preschool Autism Intervention Program, the development of the Early Years Centres, the Blind Low Vision Program, to name just a few. More funding has been provided for Developmental Services but not for Child Care, which is the funding stream for Resource Teacher Programs, even though it is often the same population of children. We have learned that in order to provide the best support to families we need to be Visible and Vigilant at as many planning tables as possible, to raise issues and influence policy. We have also learned to recognize and appreciate the realities of child care knowing that the needs of families, children and Early Childhood Educators are always in flux and that the quality of inclusion can best occur on the foundation of solid ECE practices. Through formal reviews of our service (e.g. parent and child care program questionnaires, focus groups) CISS reviews our own "landscape" to make changes as appropriate and within our vision.

It is important to find as many venues as possible to communicate. The skill of active listening is the most important aspect as assumptions can be dangerous when needs are always changing. Understanding is best achieved when the time has been taken to tease out what is really being said. Knowing the history including the attitudes and beliefs in your community, and building on individual and collective strengths will help to find common ground when looking for solutions, as well as when communicating ideas in a way that will be received by others. While decisions need to be clearly articulated, they can be communicated in a manner that keeps the door open for further discussion. CISS has developed a Supervisor's Kit binder that contains all our policies, procedures and forms to support effective communication and connections to our service. We

have also created internal structures to support the communication of our team through Staff Meetings, Team Support Meetings, Network Circles and individual supervision.

Individual funding mandates continue to create challenges, limiting how flexible services can be and creating gaps in services. Provincial Initiatives raise expectations but often do not keep up with the increased demand for services at appropriate funding levels to meet the demand. Sometimes our service is seen as the answer for all the issues in a child care centre and we need to always separate out what is an inclusion issue from a child care issue. Our most recent challenge is to advocate for funded nursing support in child care for children with medical support needs. As child care is not a mandated service waiting lists are created, which creates anxiety for parents (e.g. our wait list for Enhanced Staff Support funding).

When observing children within their environments, CISS staff identified that the behaviours seen were often a reaction to the environment, hence the creation of our Environmental Assessment Tool and Behaviour Management Manual. Each child care program has received a copy and can request training regarding the use of the manual or to have an environmental assessment completed. The Process of Behavioural

Change in the Behaviour Management Manual begins with the definition of the problem/situation, gathering of information/data, development and implementation of a plan of action and evaluation through two major pathways; The Environmental Pathway and The Behavioural Pathway. If the latter strategy is to be used, our behaviour management consultants would access clinical support if a behavioural plan is to be implemented. CISS has learnt that when providing this training, it is best to offer it to the whole team as opposed to one or two staff from various programs attending a workshop. In addition, our POP (Positive Outcomes Program) has been developed to address the concerns of child care programs regarding the behavioural needs of children who are not eligible for services under the CISS mandate. This program, which began as a pilot, is now part of the consultation and support provided by the Behaviour Management Consultants. Its objectives are to reduce behavioural challenges, provide early intervention and promote skill development through the use of the same tools as mentioned above. As this service is not within the CISS supports, interventions/recommendations are done without any additional staffing.

While it is time consuming, there are real benefits in maintaining links to the community through various working groups or community committees. CISS uses every opportunity to share and raise the profile of inclusion by each staff member sitting on community committees, or being involved as a working member of a government initiative in service development and restructuring. Being in the right place at the right time can be critical in influencing what is being proposed. At times we have had to formalize our partnership with another service, especially if therapists or consultants wish to consult in the child care centre or provider's home. The protocols that we have developed help to clarify roles so there is no duplication of service and we can remain sensitive to the needs of the child care program.

Celebrating can be a very effective strategy. It helps to validate and acknowledge everyone's successes and challenges, and creates a momentum of shared enthusiasm and renewed energy. We use our newsletter ACCESS Integration to celebrate our stories. We continue to advocate by working with the Provincial Resource Teacher Program networking group to create a profile with the Provincial Government regarding Resource Teacher Programs, and we respond to surveys within our community that have an inclusion focus. By providing leadership we expect to keep moving forward and to engage others to support the process.

Success is not about individual achievement. When you're driving it all alone, not listening to others and just working for the numbers, there is an emptiness. Success is a shared experience connected with lots of people. It is a bottom line – with a heartbeat.

SpeciaLink

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