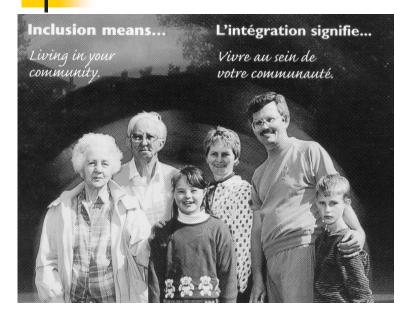
Partnerships for Inclusion: Mobilizing the Early Childhood Community through Community Partnerships



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Community Living -Manitoba

Dedicated to the full inclusion in the community of persons of all ages who live with an intellectual disability



11 years ago

- At the annual general meeting held in 1997, members passed a resolution that reads:
- Early childhood supports such as day care and other services must be available to all children. Programs, such as early childhood intervention, must include the entire family, whenever possible, as the primary teachers of their children.
- As children grow, supports and services must be provided in an inclusive environment. We must respect individuality and offer all children the opportunity to learn from each other's difference.
- Community Living Manitoba's focus for this project has been the enhancement of inclusive environments for young children with mental disabilities and stronger partnerships between the association and the child care community.

4 key goals are met via community based inclusive childcare settings:

- Children's well-being, development and prospects for lifelong learning are fostered.
- Parents are supported in their education, training, employment and childrearing roles.
- Childcare fosters social solidarity and social cohesion.
- Childcare provides equity to diverse groups, including families raising a child with a disability.

We have the following goals:

- increase support for early childhood inclusion among early childhood staff
- enhance capacity of service providers to offer high quality, inclusive early care and learning/childcare
- improve outcomes for young children with special needs who attend community based early childhood programs in Manitoba.

The Inclusive Child Care Capacity Building Project

- Phase 1: initiative sponsored by Community Living Manitoba with funding by Families Forward, the Parent-Child Centred Coalition in the River Heights-Fort Garry area: 3 centres
- Phase 2: funded by The Winnipeg Foundation and the Jewish Foundation of Manitoba: 7 more centres

The Inclusive Child Care Capacity Building Project

- Phase 3: Thomas Sill Foundation, Manitoba Marathon Foundation, Community Inclusion Fund and an anonymous donor: support to 7 centres in rural Manitoba and 3 more in the City, in 2006-08.
- Grand total of 20 centres over the past four years!

Each centre receives the following technical assistance:

- 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;
- 5 monthly consultations with an ECE inclusion mentor, helps staff and parents in the planning for implementation of change, and reflection on changes in practice.
- Complimentary training with the 30 hour curriculum called Preparing for Inclusion

Professional Development Workshops

- Have You Got Attitude?
- Anti-Bias Curriculum and Book Review
- Planning For Friendships Session One & Two
- Planning Based on the Individual Plan (IP)
- The Inclusive Learning Environment
- Challenging the Challenging Behaviours Preschool
- Challenging the Challenging Behaviours School Age

Professional Development Workshops

- Family Centered Care
- From Awareness to Advocacy
- Mentorship and Leadership for Directors
- Mentorship for Inclusion Connectors
- Inclusion Visionaries
- Mission Statements, Job Descriptions, Policies and Problem-Solving
- Preschool Transitions- Preparing for Change Together

High quality care



- What is high quality, inclusive care for children?
- How do we provide high quality care?
- What are some of the significant challenges?

Measure up!

- In order to measure the quality of early childhood programs, observers use the Early Childhood Environment Rating Scale-Revised (ECERS-R) at baseline and at the end of the project
- Staff are taught to do ECERS-R themselves

The Quality Continuum 1=Inadequate→ Doesn't even meet custodial care $3=Minimal \rightarrow$ Basic health and safety, & to a small degree, basic development needs Basic dimensions of $5 = Good \rightarrow$ developmental care High quality, personalized $7 = Excellent \rightarrow$ care

Note: 5 and 7 require positive interaction, planning and personalized care as well as good materials

SpeciaLink's Inclusion Practices Profile & Principles Scale

Help assess inclusion quality in child care centres.

Used together, they provide a picture of sustainable and evolving inclusion quality.



6 Inclusion Principles

- **1. zero reject** no child is excluded on the basis of level or type of disability
- 2. natural proportions programs include children with disabilities in approximate proportion to their presence in the population
- **3. full participation** activities and routines are modified and adapted to include all children

6 Inclusion Principles

- **4. same range of program options** parents of children with disabilities have the same options (e.g., full day, part day, flexible hours) that other parents have
 - 5. maximum feasible parent participation — parents are actively encouraged to participate in the child care program
 - 6. pro-action for community inclusion
 staff and parents promote inclusion in the whole community.

Inclusion Practices Profile

- 1. Physical Environment and SN
- 2. Equipment and Materials
- 3. Director's Role as an Inclusion Leader
- 4. Staff support within the centre
- 5. Provisions for staff training
- 6. Therapies, collaboration

- 7. IPPs
- 8. Parents of Children with Special Needs
- 9. Involvement of Typical Children
- 10. Board of Directors or similar units
- **11.** Preparation for the transition to school

What's your attitude?

- A survey of attitudes and values towards inclusion held by early childhood personnel
- A survey of parents of children with disabilities in attendance at the centres

Self Reflection



Why am I doing this?

How did it go?

What does it mean?

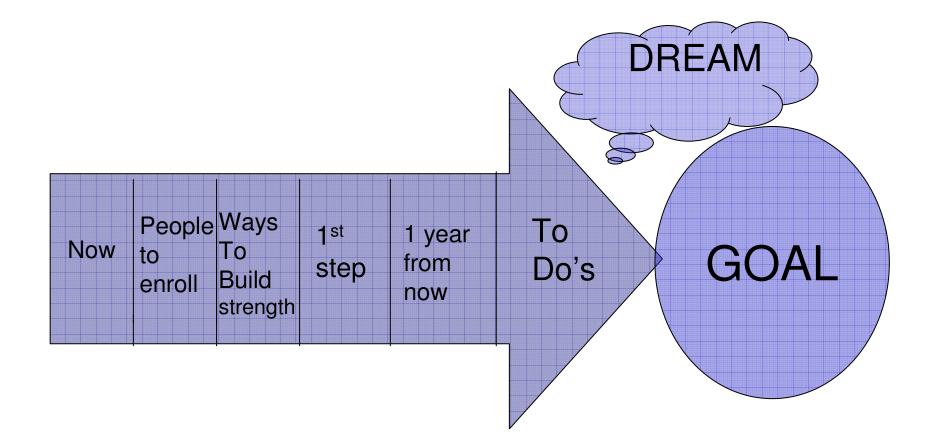
What did I do well?

How could I have done it differently, better, more effectively, or more efficiently?

Where do I need to improve? How can I do this?

How can I better meet the children's needs?

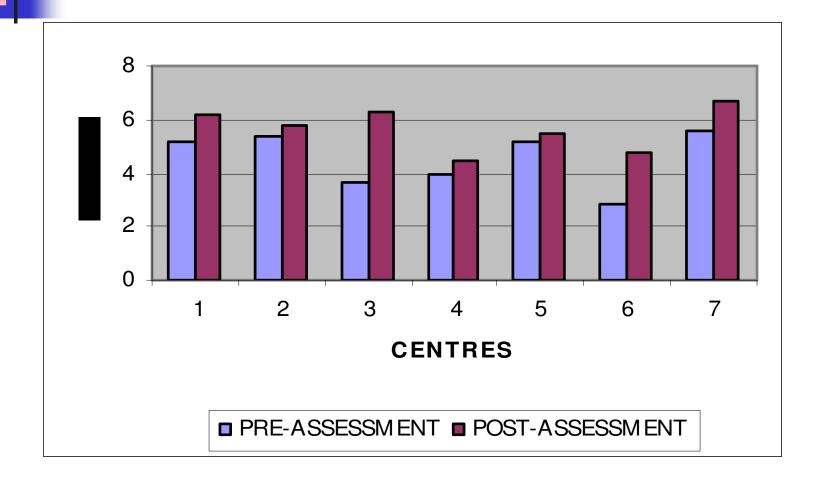
Action Plan...the path we will follow



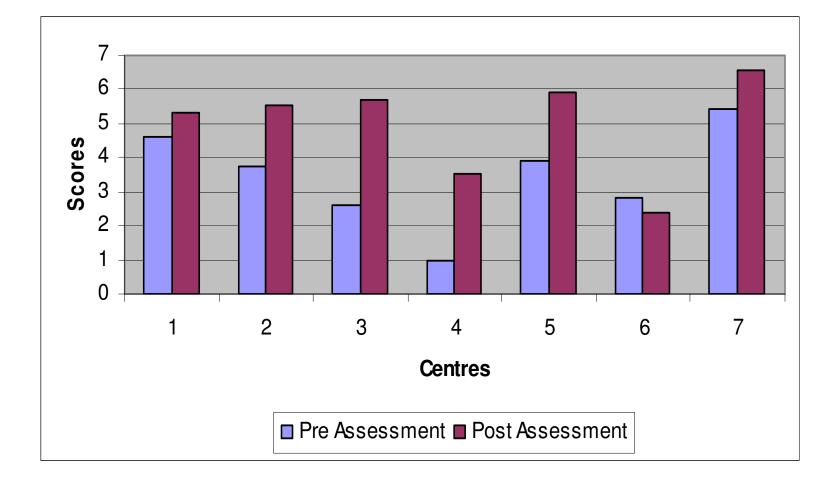
Monthly Consultations

- The mentorship model meets the needs of individual centres.
- May include centre visits, mini-workshops, team-building activities, role modeling, centre observations, physically redefining learning areas, team meetings and problem solving.

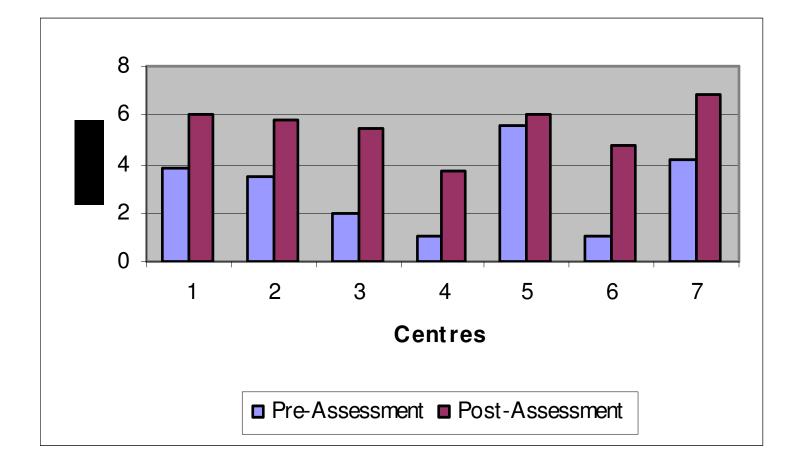
ECERS-R Centres' Average Scores Pre and Post Assessment



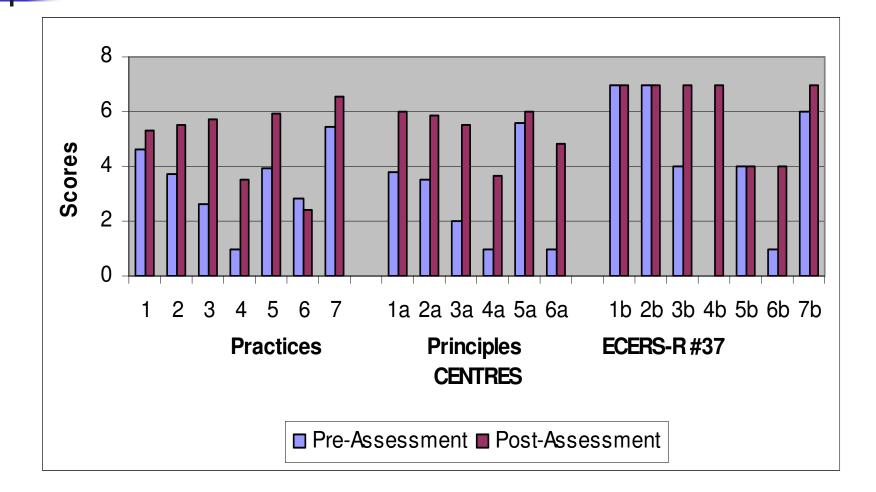
SpeciaLink Practices Profile Centres' Average Pre and Post Assessment Scores



SpeciaLink Principles Centres' Average Pre and Post Assessment Scores



SpeciaLink Practices Profile, Principles and ECERS-R #37



What happened? Transformations in Practice!

Total Change in:	Phase I	Phase II	Phase III
ECERS-R	2.45	2.00	1.4
SpeciaLink Practices	2.27	2.00 + average 2.8	1.1+
SpeciaLink Principles	3.83	2.00+	2.8

Good, better, best!

Prior to the project, only 20% of the centres in Phase III 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 data does then support the benefits of this approach to improving global quality in child care centres.

High points Interaction

29. Supervision of gross motor activities
30. General supervision of children
(other than gross motor)
31. Discipline
32. Staff-child interactions

33. Interactions among children

High points Parents and Staff

38. Provisions for parents

- 39. Provisions for personal needs of staff
- 40. Provisions for professional needs of staff
- 41. Staff interaction and cooperation
- 42. Supervision and evaluation of staff
- 43. Opportunities for professional growth

High points Activities

- 19. Fine motor
- 20. Art
- 21. Music/movement
- 22. Blocks
- 23. Sand/water
- 24. Dramatic play
- 25. Nature/science
- 26. Math/number
- 27. Use of TV, video, and/or computers
- 28. Promoting acceptance of diversity

Collaborations for Transformations

Advocates for early childhood inclusion stress that it is an issue for communities as much as for systems (education, health, childcare) Successful inclusion requires collaboration and community membership to achieve safe and positive environments that are suitable not just for children with disabilities but for **all** children.

Partnerships for Inclusion

Community partnerships help transform practices, enhance quality, and create more inclusive communities for children with disabilities and their typically developing friends.

For more information...

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