IMPLEMENTING AN INCLUSIVE POLICY IN AN EARLY CHILDHOOD EDUCATION SETTING:
A CASE STUDY

by

Haruko Nishimura, Bachelor of Arts, Ryerson University, Toronto, Ontario, 2003

A Major Research Paper

presented to Ryerson University

in partial fulfillment of the

requirements for the degree of

Master of Arts

in the program of

Early Childhood Studies

Toronto, Ontario, Canada, 2010

© Haruko Nishimura 2010

I hereby declare that I am the sole author of this major research paper.

I authorize Ryerson University to lend this MRP to other institutions or individuals for the purpose of scholarly research.

I further authorize Ryerson University to reproduce this major research paper by photocopying or by other means, in total or in part, at the request of other institutions or individuals for the purpose of scholarly research.

IMPLEMENTING AN INCLUSIVE POLICY IN AN EARLY CHILDHOOD EDUCATION SETTING: A CASE STUDY

Master of Arts

Early Childhood Studies

Ryerson University

ABSTRACT

The purpose of this study was to investigate the perspectives and ongoing experiences of a transdisciplinary team responsible for the implementation of an existing policy on the inclusion of children with special needs within a community-based childcare centre. Four factors were identified as impacting the team's ability to effectively implement and sustain the use of the policy over time; 1) understanding about inclusive practices, 2) collaborative team meetings, 3) mutual respect for expertise and 4) resources and supports. The findings assist in developing an understanding of the sustainability of inclusion policies within the context of a specific childcare centre housed in a university campus of a large Canadian metropolis.

Key words: Inclusion, Inclusive Childcare Program, Transdisciplinary Collaboration, Inclusion Policy

Acknowledgements

I would like to express my gratitude to my Supervisor, Dr. Rachel Langford, for her

guidance, support, patience, and kindness. I would also like to thank Dr. Judith

Bernhard, Director of the Early Childhood Studies program, for her perfectly timed

words of encouragement, and for her support in seeing this MRP through to completion.

Lastly, I would like to thank the transdisciplinary team at the Ryerson University's Early

Learning Centre for their candid and insightful feedback.

Dedication

This MRP is dedicated to Miyoko, my mother, who taught me, by example, to always persevere with grace and a positive attitude. I will forever treasure her constant and gentle presence, her unending patience, and her dedication during this sometimes challenging and always exciting process.

Table of Contents

List of Appendices

    A.   Ryerson Inclusive Childcare: A Collaborative Model

    B.   Consent form

    C.   Interview Schedule

Appendices

Chapter I: Introduction

In 1992, the Ryerson University lab school in Toronto initiated the process of transitioning into a fully inclusive community-based childcare program. As a first step in this process, a committee of 10 members comprised of faculty, lab school staff, students and Family Resource Program (FRP) consultants[1] collaboratively formulated a set of policies and procedures to facilitate the transition to full inclusion. This inclusion policy document (Ryerson Inclusive Childcare: A Collaborative Model) delineated protocols for admitting, placing, assessing, and programming for children with special needs within the university lab school (see copy of the Ryerson Inclusive Childcare: A Collaborative Model in Appendix A).

A review of the literature identifies the importance of proactive policies that may act as a framework to guide practitioners in promoting inclusive practices within childcare centres (Crowther, 2006; Kaczmarke, Pennington, & Goldstein, 2000). According to the Toronto Children's Services' Policy Development Guidelines for Early Learning and Care Programs document (2007) "developing an independent inclusion policy or embedding inclusion principles in an access and equity policy is an important step on the road to full inclusion (p.5)." In Toronto, child care centres that have a service agreement with the City are required to develop and implement inclusive policies and procedures that have embedded inclusive practices as identified by SpeciaLink: The National Centre for Child Care Inclusion (Toronto Children's Services, 2007).

---

[1] The university lab school receives consultation services from a family resource program (FRP) that is a program of the same university's academic department. This resource centre provides services to a number of childcare centres and early childhood education professionals within the municipality and has provided consultation services to the lab school since the centre's inception in 1982.

The university lab school's inclusion policy was revised in 1998. A comparison of the two documents revealed some minor changes, specifically in the terminology used in the document. In 2007, it became evident that certain aspects of the policy had become outdated due to the changes within the childcare centre. For example, the childcare centre no longer maintains a multi-aged program and there have been City mandated changes to the nature of service delivery of the FRP consultant[2].

It has also become apparent that the university lab school's staff and FRP consultants have experienced challenges in achieving the effective collaborative relationships outlined in the policy in recent years. For these reasons, the new director in the university's academic department and the coordinators of the lab school and the Family Resource Program (FRP) decided that the collaborative review of inclusion policy was necessary to 1) investigate the perspectives of the team members to identify and address the issues that have acted as barriers to their effective implementation of the

---

[2] In April 2005, Toronto Children's Services implemented a new system of service delivery for itinerant early childhood consultants and on-site resource teachers (municipally employed and those from community agencies) within the City's licensed child care centres. In this new system called the Geographic Cluster Model, each itinerant early childhood consultant and on-site resource teacher, now referred to as Special Needs Resource persons, were assigned a geographic group of child care centres (clusters). The goal of this new system was to provide all of the City's licensed child care centres with access to consultation so that they may increase their capacity to provide high quality care for all children. Special Needs Resource Persons provide consultation to centres that consist of: regular visits to programs, early identification and intervention, individual consultation, program consultation, staff and provider training, program adaptations and environmental assessments, service coordination and referral, enhanced staffing/intensive resource support, when needed (http://www.toronto.ca/children/providers.htm, retrieved July 2008).

policy and 2) to revise and update the university lab school's inclusion policy. This author, a Master's student in the Early Childhood Studies program at Ryerson University, at the time, answered the call from the director of the university's academic department to conduct this study as the first of a two-phase project that would move toward revising the policy. The specific purpose of this project was to produce a report for the participants that would describe the ongoing experiences of the transdisciplinary team responsible for the implementation of the inclusion policy and their individual and shared views of their collaborative experiences within the centre. This study was guided by the following research question: What were the perceptions and self-reported experiences of a transdisciplinary team charged with the responsibility of implementing an inclusion policy?

Chapter II: Literature Review

The inclusion of children with special needs within community-based childcare centres has been steadily increasing over the last 30 years in Canada (Allen, Paasche, Langford, & Nolan, 2006). The movement toward greater inclusion has progressed because of parent and professional advocacy (SpeciaLink, 1992), government mandated policy, legal obligations, and a growing body of literature that supports its benefits for the child with special needs as well as the overall quality of child care programs (Irwin, Lero & Brophy, 2004). The United Nations Convention on the Rights of the Child (1991), the Canadian Charter of Human Rights and Freedoms (1982), and the Canadian Human Rights Act (2007) gave further support by codifying the inalienable right of individuals to fully participate in their communities.

Definition of Special Needs:

It is approximated that 10% of all children require some level of additional support to be able to fully participate in the daily routines and activities of their child care programs. These children who are identified as having "special needs" are considered to be at risk of not maximizing their potential due to emotional, familial, physical, behavioural, developmental, cognitive, communicative or emotional factors. As such, children with special needs "will require support and assistance with daily living, whether formally diagnosed or not, and whether a diagnosis is short or long term in nature (Toronto Children's Services, 2007, p. 1)."

Definition of Inclusion:

In a truly inclusive child care setting the childcare staff ensure that all children are included in daily routines and activities by making adaptations to the curriculum, environment, and teaching strategies. The program is structured in such a way that ensures that a child with special needs "can participate in a meaningful way in ongoing social and educational activities" (Allen et al., 2006, p.3). If a child with special needs is receiving specialized therapies (e.g., speech and language therapy, occupational therapy) they are integrated into the daily activities and routines so that the child is a full-time participant of the program. For example, in an inclusive child care program the child's speech and language services are provided in the child's classroom setting and may be provided by the Speech and Language Pathologist (SLP), or directly by the teacher, other support workers, or parent with the support and collaboration of the SLP (Elksnin, 1997).

SpeciaLink – The National Centre for Child Care Inclusion in Canada, specifies six elements that must be present for a program to be truly inclusive. 1) Inclusive programs accept all children regardless of the level or type of special needs. 2) Inclusive programs include children with special needs in approximate proportion to their presence in the community. 3) Inclusive programs include all children in activities by making modifications and adaptations to activities and routines. 4) Inclusive programs provide the same range of program options for all parents regardless of the child's special needs (e.g., full day, part day, flexible hours). 5) Inclusive programs promote family participation in the child care program. 6) Inclusive programs take pro-action to promote inclusion in the whole community (SpeciaLink, 1992).

To ensure a fully inclusive child care environment, such programs often require

the involvement and collaboration of more individuals than in non-inclusive settings

(Lieber, Beckman, Hanson, Janko, Marquart, Horn, & Odom, 1997). Kagan defines

collaboration as "organizational and inter-organizational structures where resources,

power, and authority are shared, and where people are brought together to share common

goals that could not be accomplished by a single individual or organization

independently" (Kagan & Garcia, 1991, p.3). The involvement of families, specialized

therapists (e.g., speech and language pathologists, occupational therapists) and early

childhood consultants becomes fundamental in the provision of inclusive programming

(Brophy, Webb, & Hancock, 1996; Allen et al., 2006; Frankel, 2006, Bruder, 1998). This

is because professionals require each other's disciplinary expertise to understand all

aspects of the child they are working to support (Ogletree, Bull, Drew, & Lunnen (2001).

Within an inclusive childcare model, the families are encouraged to become the

major decision makers and case managers for their children (Brophy, Webb, & Hancock,

1996). According to Brophy, Webb, and Hancock (1996), families are viewed as an

important resource that can be drawn upon for the planning and implementing of the

child's goals and strategies within the program. The expertise of specialized therapists is

also drawn upon to incorporate therapies into the childcare program to facilitate the full

participation of the child with special needs (Allen et al., 2006). Finally, early childhood

consultants are called upon to provide program consultations (e.g., program adaptations,

environmental assessments, staff and provider training) and individual consultations (e.g.,

early identification and intervention, service coordination and referrals, accessing

services and funding to support the child with special needs, their family and the program) as well as to support the childcare staff, child with special needs and their families in the inclusion process (Toronto Children's Services, 2007). Thus the successful inclusion of children with special needs within community-based childcare centres depends on the effective collaboration of the childcare teachers, families, consultants, and specialized therapists (Lieber et al., 1997).

Models of Collaboration:

There are three models of collaboration that are commonly used by professionals and families in allied health and educational service delivery: 1) interdisciplinary, 2) multidisciplinary, and 3) transdisciplinary collaboration (Ogletree, Bull, Drew & Lunnen, 2001). Interdisciplinary, multidisciplinary and transdisciplinary teams all represent persons from multiple professional backgrounds working to assist the child with special needs and their family to achieve a set of developmental goals and outcomes. However, these three teaming models differ in the way the team members collaborate to reach this end (Kaczmarck, Pennington & Goldstein, 2000).

In the interdisciplinary team approach professionals complete individual discipline-specific assessments and goals. In the multidisciplinary team approach professionals still complete individual discipline-specific assessments and goals, but they meet to discuss their reports and make plans for intervention. In both approaches, therapy occurs in isolation to achieve the goals identified by the professionals. Also, families are not encouraged to participate in the decision-making process about the

child's intervention program (Ogletree, Bull, Drew & Lunnen, 2001). Collaboration at this level is considered the lowest level of collaboration where practitioners, educators and families engage in separate instructional activities with little sharing of ideas. For example, an SLP may focus on speech and language skills independent of the child's academic curriculum while the classroom teacher delivers curricular content without attempting to integrate speech and language goals (Elksnin, 1997).

The primary characteristics of transdisciplinary teams include joint service delivery, role release, interdependent training (Lyon & Lyon, 1980), and family-centered care (Ogletree, Bull, Drew & Lunnen, 2001, Bruder, 1998). Joint service delivery occurs when all team members equally contributes their knowledge and skills to jointly assess, develop goals, and implement strategies (Allen et al., 2006; Bruder, 1998). For example, the teacher, early childhood consultant, and SLP might develop an activity together designed to reinforce a child's use of a speech or language skill within the context of the daily routines and activities (Elksnin, 1997). When team members engage in role release, one or two team members deliver services while others act as consultants. For example, in a childcare program a specialized therapist (e.g., SLPs) may coach the childcare teacher who will deliver the team's recommendations and interventions to the child during their daily routines and activities (Elksnin, 1997). To ensure success in this model, team members engage in joint staff development (Bruder, 1998) and train each other in their professional disciplines in order to successfully engage in role release. Finally, this approach to collaboration values and insists on family-centered care. That is, the decisions of the team are developed around the families' needs and priorities of the

8

family. Team members empower families by involving them in the decision-making process concerning their child's intervention program (Ogletree, Bull, Drew & Lunnen, 2001, Bruder, 1998).

Transdisciplinary Collaboration as the Ideal Approach in Inclusive Settings:
The transdisciplinary teaming approach is among those recommended for the design and delivery of services for young children with special needs (Bruder, 1998). In fact, Bruder (1998) maintains that there is a positive correlation between effective transdisciplinary collaboration and the success of inclusive childcare programs. Ogletree, Bull, Drew and Lunnen (2001) identify three significant advantages that exist with transdisciplinary service delivery: 1) The family-centered approach of the model empowers families and increases the family's investment in the inclusion effort: 2) Joint-training creates more informed and effective practitioners and 3) Role release can contribute to more efficient and comprehensive service delivery and can minimize duplication of services. However, researchers also describe the transdisciplinary approach to collaboration as the most complex of the teaming models. The multidisciplinary and interdisciplinary team approaches are convenient and efficient because of the limited collaboration called for in these approaches. The transdisciplinary team approach requires more of a time commitment and coordination among team members because of the collaborative problem solving, integration of team members' expertise and joint staff development called for in this approach (Bruder, 1998; Ogletree, Bull, Drew & Lunnen, 2001).

9

Characteristics of Successful Transdisciplinary Teams:

Ogletree, Bull, Drew and Lunnen (2001) outline six core attributes of successful transdisciplinary teams: 1) Successful teams have a mission statement that defines the team's purpose, goals and philosophy. 2) Successful teams are committed to maintaining honest and open communication. 3) Successful teams maintain familiarity with one another. 4) Successful teams maintain a family-centered approach. 5) Successful teams often have good leaders/coordinators. 6) Finally, successful teams require support in the form of time, money and other resources.

Supports and Barriers to Transdisciplinary Teams in Developing and Implementing Inclusive Programs:

The consultative team approach in inclusive childcare settings is something that is relatively new to the field of early childhood education. As such, there has been a lack of agreement on a particular approach or set of procedures to guide consultation practice (Wesley, Buysee, & Skinner, 2001). Research into the experiences of collaborative teams within inclusive early childhood educational settings reveals significant challenges to their teaming efforts (Buysee et al. 1996; Wesley, Buysee, & Tyndall, 1997; Ogletree, Bull, Drew & Lunnen, 2001). Ogletree, Bull, Drew & Lunnen (2001) suggest that "allied health professionals and educators face barriers to successful team functioning, including differences in preparation, values, and professional language; disciplinary turf issues; and problems with time and communication (p.138)."

Differences in Ideological Orientations

Research indicates that professional training does not adequately prepare educators and consultants to work in a collaborative manner to support the inclusive process. Frankel and McKay (1997), studying in this area, explain that teachers' and consultants' differing values and beliefs about the education of young children act as a significant barrier to their collaborative efforts. According to the authors "regular educators and special educators are often trained in approaches to education that reflect very different theoretical underpinnings for practice (p.66)." For example, in their study, the authors identified that the teachers' philosophy was to encourage children to make their own play choices, however, early childhood consultants utilized a more directive approach when engaging children with limited language, play, and social interaction skills to participate in classroom activities and routines. The different theoretical orientations of the consultants and the teachers also created challenges in establishing the role of the consultant and the nature of their support to the team. For example the authors stated "a few staff members with a child-focused orientation asserted that they were well trained and did not need the expertise of a resource consultant on a programming team (p. 66)." While the consultants who held a family-focused orientation expressed that their expertise would be helpful to access community resources and develop a comprehensive family service plan, which in their view is an essential component of the inclusion process.

Ongoing Professional Development

Irwin, Lero & Brophy (2004) analyzed the data collected from centre directors and teaching staff of 97 child care centres across Canada to identify what they perceived to be important factors for successful inclusion. According to the authors, successful inclusive programs were lead by directors who were committed to gaining skills and staying current in the field through participation in workshops and conferences. These directors were also reported to be more responsive to the support and training needs of their staff. The authors reported that the directors with limited exposure to workshops and conferences typically enrolled fewer or no children with special needs in their centres.

The provision of ongoing training and professional development has been shown to contribute to the success of inclusive programs (Appl, Troha & Rowell, 2001; Bruder, 1998; Ogletree, Bull, Drew & Lunnen, 2001; Tollerfield, 2003). Martin and Miller (1999) suggest, "professional development can result from any activity which enhances the knowledge and skills of practitioners...it comes not only from formal courses but from a whole range of opportunities undertaken alone and with colleagues (p.20)." According to the authors, shared discussion, reflection and practice are all important aspects of professional development.

In her article describing a statewide project in the US that attempted to meet the training and support needs of child care staff implementing inclusive child care programs, Bruder (1998) suggests that a key factor in the success of inclusive programs is the provision of training, technical assistance, and support to the childcare staff. More

specifically, Bruder (1998) asserts that one of the most important skills for early childhood educators implementing inclusive programs is the ability to build collaborative relationships. The author explains "When designing interventions for a particular child, the family and other caregivers (e.g., child care providers) are particularly important. The childcare provider must be comfortable interfacing with a variety of agencies and providers, and must learn to collaboratively provide services to a child with disabilities (Bruder, 1998, p. 185)."

Similarly, in her study of the experiences of itinerant resource consultants to childcare centres in Canada, Frankel (1994) reported that consultants were trained in providing direct intervention to children with special needs but were not trained to develop skills in counseling and service coordination. In their interview with consultants, Wesley, Buysee & Skinner (2001) reported that consultants did not identify collaboration as an important aspect of their role. In a survey of 537 childcare teachers, Bruder (2001) found that those teachers who did have experience working with a child with special needs reported to have had no experience participating in the development of an individual family service plan, or individual education plan for the children with special needs attending their programs.

Supportive Leadership: Sharing power and decision-making
The support of administrators is a critical factor in the success of inclusive programs (Frankel, 2006). Frankel (2006) in her study of itinerant child care resource teachers working to facilitate inclusive programs within Canadian early childhood programs,

reports that the support of the administrator of the early childhood program was critical to the success of the change because "the supervisor not only wields control over the operation of the centre but establishes the norms and values of the centre (p.47)." Among the characteristics of an effective administrator is a willingness to share their leadership role with others (Frankel & McKay, 1997). According to the authors an effective leader "models collaborative teaming approaches to problem-solving as an equal member of the team and supports a culture of collaboration in the organization (p. 67)." In classrooms where staff members had little input into the development of the program, problems arose with the roles and relationships of the team members (Lieber, Beckman, Hanson, Janko, Marquart, Horn, and Odom, 1997).

Barnes (1999) describes the development and implementation of an inclusive program that was developed by the teachers to better meet the specific needs of their students. Their inclusion model was one that was developed as a combined effort of two classroom teachers, a resource room teacher, and a speech pathologist who were concerned about the effects of a "pull-out" program on their students. The author described the success of the program because of the team member's sense of ownership of the program helped them share in the risks, successes, and responsibilities of their program.

Opportunities for Collaborative Actions

A further review of the literature revealed the importance of team members establishing strong collaborative relationships to ensure that everyone contributes equally to the

development and implementation of the inclusive program. Regular opportunities to collaborate appeared to facilitate cooperative relationships and effective teaming skills among transdisciplinary teams. For example, in their article "Reflections of a First-Year Team: The Growth of a Collaborative Partnership", Appl, Troha and Rowell (2001) described their collaborative efforts to develop and implement an inclusive program within a school setting. The team consisted of a classroom teacher, a special education teacher, and a coordinator from the university's special education department. The team members shared common concerns about the "pull-out" program for children with special needs in their school. The team agreed that withdrawing children with special needs was ineffective and disruptive to their learning. This was the impetus for the team's initiation and implementation of their fully inclusive program. According to Apple, Troha & Rowell (2001) their positive attitudes toward the transdisciplinary team approach (e.g., joint training, role release, and family centered practice) appeared to grow through regular team meetings where they had opportunities to develop as a cohesive unit. Weekly team meetings involving all three team members allowed them to learn about each other, how to work best as a team, establish mutual goals and engage in mutual learning and skill development. As they had opportunities to grow as a team, their operating principles emerged over time. According to the authors, the team spent initial meetings discussing their beliefs and issues. They developed a team teaching strategy and utilized weekly meetings to address the team's issues and progress. Opportunities to listen to and encourage one another enabled the team to develop trust, respect and an atmosphere of cooperation. Finally, the team members used meetings to share resources and information to continue building their teaming efforts. The team turned to the

literature on collaboration and utilized meetings to share, discuss and apply teaming strategies.

Similarly, Chapman & Ware (1999) in their examination of the implementation of a transdisciplinary model of service delivery between health and educational personnel in a mainstream school in England found that one of the main factors of the successful collaboration of the team was opportunities for weekly meetings involving all team members. Regular meetings were shown to be essential for the transdisciplinary team to plan, review and set goals, establish strategies for problem solving, determine roles and responsibilities, and establish a shared commitment to the inclusion process. The authors identified time as a major constraint to building the team. However, once the structure of meetings were established, meetings became more efficient.

Lieber, Beckman, Hanson, Janko, Marquart, Horn, and Odom (1997) in their multi-national US study of transdisciplinary teams found that opportunities for collaboration was a particularly salient issue in programs where special education teachers or other specialized professionals provide consultation to the classroom staff. Programs that set aside dedicated planning times to provide opportunities for staff members to meet and work collaboratively reported to have more successful programs. A number of professionals in one program indicated that they wished they had spent time at the beginning of the year, before the children arrived, establishing a positive relationship with one another. In this particular program, the participants described challenges that they faced in determining common goals, identifying the specific roles

and responsibilities of co-teaching teams, challenges with ownership, role release, and communication.

One predominant theme in the literature was the lack of resources to support transdisciplinary team meetings (Apple, Troha & Rowell, 2001; Lieber, Beckman, Hanson, Janko, Marquart, Horn, and Odom, 1997; Chapman & Ware, 1999; Frankel & McKay, 1997). One challenge to achieving successful collaborative teaming according to Appl, Troha & Rowell (2001) was the intensive time commitment that was required to establish and sustain their collaborative relationships. They described having to adjust their schedules and give up their planning time to make time for group meetings.

Conclusion

This review of the literature confirms the importance of collaboration of amongst all the stakeholders, early childhood educators, early childhood consultants, specialized consultants, and families of children with special needs in the provision of inclusive early childhood education programs. And there is a growing literature base describing the benefits of the transdisciplinary team approach in facilitating inclusive early childhood programs. The literature review, however, also makes it clear that practitioners and families are faced with barriers to achieving successful collaboration in the transdisciplinary approach. Some jurisdictions have mandated the development of inclusive policies to facilitate transdisciplinary teams in their collaborative efforts to implement inclusive programs. Frankel and McKay (1997) have provided an important beginning to identifying factors contributing to the successful development and

implementation of centre-specific inclusive policies within a Canadian child care setting. Previous studies focused predominantly on US studies in school settings, leaving a lack of information dealing with Canadian models of inclusiveness. Furthermore, Frankel and McKay (1997) have called on the need for research identifying the sustainability of inclusive policies over time. This current study will endeavour to add to the literature in this area.

Chapter III: Methodology

Context:

Description of the university lab school:

This study was conducted at a licensed university laboratory childcare centre situated within the downtown core of a large municipality in Canada. The lab school is a program of one of the university's academic departments. The centre provides full-day childcare and early learning programs for 54 children from ages three months to six years. The centre reserves a minimum of one space per room for children with special needs and additional children have priority up to a maximum of 15%. The staff is comprised of one coordinator and eight full-time teachers. There are four classrooms within the centre: the infant/toddler room; the toddler room; preschool room; and kindergarten room. The staff at the centre represent a group of highly trained and experienced early childhood educators who hold degrees in the field of Early Childhood Education.

The university lab school receives consultation services from a family resource program (FRP) that is a program of the same university academic department. This resource centre provides services to a number of childcare centres and early childhood education professionals within the municipality and has provided consultation services to the lab school since the centre's inception in 1982.

Use of the term 'transdisciplinary' team:

A critical aspect of the inclusion policy is the collaborative efforts of the coordinator and teachers of the lab school, family of the child with special needs, and any community

19

support staff who are providing early intervention services for the child and family (e.g., resource consultants, speech and language pathologists, occupational therapists). In this report the researcher has chosen to identify the group as a transdisciplinary team because the nature of collaboration and service delivery recommended in the policy supports that of the transdisciplinary team approach in four significant ways. First, the policy supports joint service delivery. According to the policy, regular team meetings are to take place to facilitate the collaborative development of goals and strategies for the IPP and FSP. The inclusion policy identifies the team members as including the family, centre coordinator, classroom teachers, community resource centre consultant, and any advisors to the university lab school (e.g., speech and language pathologist, occupational therapist). Second, the regular team meetings allow for team members to engage in shared discussion and reflection about their inclusive program, which are important aspects of professional development (Lieber, Beckman, Hanson, Janko, Marquart, Horn, and Odom, 1997) - another important aspect of the transdisciplinary approach to collaboration. Third, the inclusion policy encourages the process of role release. In the policy, the teacher is designated to implement the strategies identified in the team meetings. According to the policy, the primary teacher may seek the support of the FRP consultant and other specialized consultants to assist them in their inclusive efforts. The Toronto Children Services (2007) defines an early childhood consultant's role as working directly with child care staff to build their capacity to include children with special needs by providing recommendations, program adaptations and resource sharing. Fourth, the policy recommends that the parent or guardian of the child with special needs be the

child's case coordinator. In this way, the policy supports family-centered care by empowering families in the inclusion process (Bruder, 1998).

Background of the study

This current researcher became involved in the research project when she answered a call from the director in the university's academic department along with the coordinators of the lab school and the family resource program who were seeking the assistance of a graduate student in this project as part of a Major Research Paper (in partial fulfillment of an academic program at the university). The director of the university's academic department arranged a meeting with the coordinators of the lab school and family resource program, FRP early childhood consultants, and the lab school teachers to discuss the groups' views on the revision of the policy. It was decided that it was important to revisit the policy as a group. The group then discussed how the process would unfold. It was decided that this project would consist of two phases. In the first phase the participants' experiences and perspectives on the implementation of the policy would be gathered through interviews. A report would then be prepared for the participants that described the perspectives of the transdisciplinary team of the inclusion policy and the team's views of their collaborative experiences within the centre. The report would list recommendations to aid in the team's revision of the policy. The second phase of the project that would see the team work toward making the changes recommended in the report derived from the first phase of the project.

The time constraints for the completion of the researcher's major research paper necessitated the use of focus group interviews to gather feedback from the participants. The group decided that three sets of focus group interviews would be conducted for the teachers. The groups were determined by the year they commenced as teachers at the lab school. One group consisted of those who were employed prior to 2000, and the remaining two groups were comprised of teachers who were employed after 2000. Those who were employed prior to 2000 were involved in the development and implementation of the current policy for the inclusion of children with special needs at the lab school. The latter group joined the team after the policy was established. In this way, the teacher focus group interviews were more appropriately matched for similarities among the group members. The two FRP resource consultants, community-based resource teacher, coordinator of the lab school, and the parent of a child with special needs who was, at the time of the interview, attending the lab school, were interviewed individually.

Research Design

The qualitative approach used in this project allowed for the exploration and understanding of the challenges in implementing an inclusion policy. The unique situational factors within this research project classify it as a case study. Bryman and Teevan define a case study "by its location, such as a community or organization, and its intensive examination of the setting" (p.42, 2005). Case studies aim to produce in-depth data, taking into consideration the unique situational factors of the investigation such as time and location of the study.

This study utilized a grounded theory methodology. According to Glaser (1995), the aim of grounded theory methodology is to discover the theory implicit in the data. The views of the participants were elicited by asking open-ended questions. Codes were developed through the analysis and comparison of the data sets. Theoretical ideas emerged through the process of identifying links between categories and core categories. These theories were noted through memos. Memos were then grouped and sorted. Literature was gathered as it became relevant in the study. This literature was then compared to the emerging theory.

Setting and Sample

In this study, participants representing the transdisciplinary team who support the inclusion of children with special needs within the university lab school were recruited to investigate their perspectives and experiences in using a policy on inclusion for children. The lab school's transdisciplinary team is comprised of eight full-time teachers, the coordinator of the FRP, the coordinator of the lab school, FRP resource consultant, the parent(s) of (a) child(ren) with special needs, and at the time of the study, a community-based resource teacher.

The participants were selected through purposeful and criteria-based sampling. All members of the lab school and FRP and the community-based consultant were selected to participate based on their involvement within the transdisciplinary team at the lab school. Convenience sampling as well as criteria-based sampling was utilized to recruit the parent of a child with special needs. The parent was selected based on the criterion that they had a child with special needs attending the lab school at the time of

23

the interview. The first parent to respond who fit this criterion was recruited for this study. The invitation to the parents indicated that not all respondents would be selected.

Access and Permissions

The potential parent, teacher, and consultant participants were contacted by telephone to elicit their participation in the study. The invitation included the context of the study, the purpose of the study, the purpose of the focus groups, procedures for confidentiality and the timeline of the study. The investigator notified interested participants by telephone that they were selected to participate in an interview. Each participant signed a consent form indicating their understanding of the purpose of the study, confidentiality procedures, and their approval to be audio taped (see Consent agreements in Appendix B).

Data Gathering Strategies

Focus group and one-on-one interviews were used to collect data in this study. Krueger (1988) defines a focus group as a "carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive and non-threatening environment." Focus groups were selected as a qualitative interview method for the eight teachers at the lab school in order to gather maximal amount of data within a short time period (Wesley, Buysee, & Tyndall, 1997) and to produce new data and insights that might not occur through individual interviews alone (Morgan, 1998).

Open-ended questions were utilized in the interviews so as not to restrict the views of participants (Creswell, 2005). The use of open-ended questions enabled participants to

develop their own direction and explore the topic from their perspectives. Each focus group and one-on-one interview was conducted once and for the duration of ninety minutes. The participants were interviewed in a private room at the university. The following open-ended questions were asked:

1. What is your understanding of the current policy for the inclusion of children with special needs at the lab school?

2. In what ways are you following the policy?

3. In what ways do you think the policy should be revised, if at all?

4. How do you feel about the collaboration within the transdisciplinary team at the lab school?

Probing questions, as Creswell (2005) suggests, were utilized in order to elicit more information to clarify and/or elaborate on the participants' answers. With the exception of those participants who were a part of the original committee that developed the policy, most members of the transdisciplinary team were not familiar with the specifics of the policy document. The participants were given a copy of the most updated and completed version of the policy prior to the interviews to better familiarize themselves with the document before the interviews were conducted.

Data Analysis

The focus group and one-on-one interviews were audio taped to ensure reliability. The recordings were transcribed following the interviews. Units of meaning were coded from the transcripts (Lincoln & Guba, 1985). For example, the participants frequently spoke

about the challenge in sharing information about the inclusion process with the various team members. This unit was coded as "sharing information". In the interviews most participants discussed the importance of meeting as a group to share information. Participants expressed how meaning gets lost when team members rely on written materials to share information. One teacher explained,

> How do we pass on that information to the other teachers? Do we write notes in our team book and say "please read the team book"? But then again, they have to read something they haven't heard and then they have to interpret that.

The coded texts were then analyzed for similarities. Related coded texts were then grouped together to form tentative categories and sub-categories. The code of "sharing information" fit into an emerging category that described the importance of team meetings to ensure consistent information across team members. Tentative categories were grouped and consistent themes were identified. Categories that were not repeated were not used. The category "consistent information across team members" was grouped with other benefits of team meetings such as "relationship building" to form the theme of "collaborative team meetings." Four themes emerged from the data that related to the way the inclusion policy has contributed to the team's collaborative efforts and the factors affecting the team's ability to implement the inclusion policy.

Validating Findings

To minimize the threat to the validity of this study, member validation was utilized to confirm the accuracy of participants' accounts (Bryman & Teevan, 2005). All participants received a copy of the preliminary research report to clarify, correct, or

provide feedback about its accuracy. The FRP and specialized consultants provided feedback. Attempts were made to gain feedback from the lab school staff through the manager of the lab school, however, those attempts were unsuccessful. Member checking also occurred during the interviews through the paraphrasing of the participants' words again, as suggested by Creswell (2005) by the investigator. Each of the individuals' input was examined to gain a broader perspective on the policy on inclusion and its effects on transdisciplinary collaboration within the lab school. This ensured that the study maintained accuracy because the information drew on multiple individuals (Creswell, 2005).

Researcher's background

As with all research, this researcher wishes to acknowledge the unavoidable influence of the observer on the observed. The researcher's educational background is in the field of early childhood education. The researcher has a specific interest in working with children with special needs. The researcher's work in the field has focused on advocating for the inclusion of children with special needs in community-based childcare centres. As an early childhood consultant for several years, the researcher has been involved in a number of transdisciplinary teams in community-based childcare programs. Through these experiences, the researcher has developed a personal understanding of the factors that support or hinder transdisciplinary collaboration and the inclusion process. As such, the researcher's background knowledge may have affected the way the data was interpreted. The researcher may have placed greater weight on some issues or comments based on her personal experiences, beliefs, and perspectives. On the other hand, the

27

researcher's experiences may have provided her with a contextual knowledge and

understanding of the topic at hand that may have strengthened the analysis of the data.

Chapter IV: Findings

The aim of this study was to examine the perceptions and self-reported experiences of a transdisciplinary team in implementing an inclusion policy. The focus group and interview data were analyzed through a manual coding system which identified four emergent categories that impacted the team's ability to successfully implement and sustain the use of the inclusion policy: 1) understanding about inclusive practices 2) collaborative team meetings 3) mutual respect for contributions to collaboration 4) resources and supports. Within these categories, there was evidence that the lab school's inclusion policy has contributed to the transdisciplinary team's ability to practice inclusion. However, the data identified a range of challenges that the transdisciplinary team has faced over several years in sustaining the use of the policy.

Theme I: Understanding About Inclusive Practices

The participants reported experiences related to their inclusive practices that they perceived either enhanced or hindered the implementation of the policy. The inclusive practices discussed by the participants were: fairness, program accommodations, confidentiality, zero rejection, 10-15% of spaces for children with special needs, family centeredness and transitioning with same-age peers. Each inclusive practice will first be described as stated in the policy and then as the participants understood the practices.

Fairness

The lab school's inclusion policy states, "based on the continuous assessment of each child's strengths, interests, and learning style, individualized programming for each child

is achieved through adaptations to the environment, modifications to the regular curriculum."

The interview data revealed that most teacher and consultant participants expressed differences in their understanding of fairness as it pertains to inclusion. One teacher participant expressed the importance of maintaining fairness as a practice in her classroom by offering all of the children with the same opportunities to utilize materials used by the child with special needs:

> It is difficult…saying he can use that and she can't use that and [the children] pick up on that… the other part is that if you have that support or resources, you have to have it for everybody and not just that one child who is standing out.

On the other hand, a consultant participant explained that sometimes children required differential treatment and adaptive tools in order to become engaged in the program and that this in not unfair.

> Inclusion means that everybody is different but everybody is treated with fairness so one child may need glasses and one child may need a wheel chair and one child may need a fidget toy

Another consultant participant added,

> *It is a matter of respecting all children as individuals with different needs and different ways that those needs must be met. Fairness means that everyone gets what they need and everyone does not need the same thing.*

Most teacher and consultant participants expressed that these differences in understanding about fairness has contributed to challenges in their ability to agree on programming to facilitate the inclusion process. One consultant participant explained,

> I feel…that [the teachers] are…concerned with the child being 'normal' and doing what every other child is doing…so instead of getting the program to suit the child, [the teachers] are changing the child to suit the program

Confidentiality

It states in the university lab school's inclusion policy, that all members of the team will respect the privacy of individual children. The child's IPP is to be kept in the centre's office and the teacher must review it there. However, the IEP is to be available to all staff and students "in a manner to be determined by all teaching staff." The section concludes with the statement, "consideration will be given to protecting individual children's identities as appropriate."

Participants differed in how they understood and interpreted the policy procedure. For example, a teacher participant expressed her reservations about utilizing specialized equipment for the child with special needs within her room out of concern for maintaining confidentiality,

> We have [the child with special needs'] bin of extra materials to help him to work on the goals that he needs to work on and you know... we have it way up on the top shelf...that is not easily accessible. We can forget that those things are there and I think part of the reason we do that is because of the confidentiality.

The differences in interpretation made it challenging for the members of the team to decide on common goals and strategies. A participant who is a consultant observed,

> There seems to be a misunderstanding that if I do visuals with this child, that everyone is going to know that that child has special needs and they are going to be out there for everyone to see, whereas if I don't do visuals then nobody is going to know. So there seems to be confusion about what inclusion means.

The inclusion policy maintains that the university lab school will work toward "the inclusion of all children into the centre." Currently, the lab school accepts all children while maintaining a waiting list for the children for whom the demand for childcare spaces exceeds the capacity of the centre. However, some participants questioned their ability to meet the needs of all children with special needs. It was found that some participants felt that when the centre lacks the support to meet the needs of a child, the child should be placed in an alternative program in the best interest of the child. One teacher participant explained,

> There was an assumption for a long time that somehow we can meet all children's needs…and I really struggled with that because I think that there were times that we had children here who could be better served in some other facility. I think that it did a disservice to some of the children because the necessary supports were not in place.

The coordinator of the lab school expressed her concern with the centre's ability to support the child who has high needs. She explained,

> For the past few years, the children who have needed the care…have not been…what I would consider high-needs, although they have certainly needed intervention and support and their families have needed the process to coordinate issues for them and to get services. It hasn't been that they would need someone with that child completely to ensure that every need was met at every moment. They have been able to be included in the program a lot on their own will.

Consequently, the feedback from the participants revealed that the inclusive practice of 'zero rejection' was not always practiced according to the policy guidelines.

10-15% of spaces for children with special needs

The inclusion policy states, "when space becomes available, the coordinator reviews the current waiting list. A minimum of one space per room is reserved for children with special needs. 10% of space is reserved for children with special needs. Additional children have priority up to a maximum of 15%." One challenge noted by some of the participants in maintaining the 10-15% ratio was the difficulty in clearly delineating those with special needs within the program. Some participants observed that there have been children in their programs that presented with extra support needs but were not formally identified with special needs. Other participants felt that all children in their programs have had extra support needs. One teacher participant explained,

> What does it mean to have special needs? And there is diagnosed versus undiagnosed. I mean we could very well have three to four children who have special needs who need a little bit more input and access to an adult or teacher at certain times of the day, but only one has been diagnosed. But we certainly have concerns about other children.

Family involvement in the team

According to the inclusion policy, the family is to take on the role of case coordinator. This role involves organizing and developing an agenda for the team meetings. One teacher recalls the process when the parent took on the role of case coordinator,

> [The] parent was the advocate. The parent was the case coordinator, the one who got the team together. So the parent was that person and it was the parent's responsibility to pull everyone together...[not all parents] were able to do it and they were given that option, and when they found it difficult or when they didn't want to do it, there was always the community resource centre consultant there for them as support. So they were immediately attached to that consultant...it was the consultant who took the initiative to contact the parent to say "this is the role we would like to give you, how do you feel about taking it? Are you comfortable with it? If you are not comfortable with it, no worries, I will take it on. And then

33

it went, and as time went on it came to be the centre coordinator [who took on role of coordinating the meetings]. I watched that change.

The FRP consultant, specialized consultant, lab school teachers, and coordinator expressed that they value and encourage parent participation and input in the team. However, the participants did not discuss the role of the family in the collaborative process of developing goals and strategies for the child. The parent participant explained, "Sometimes [the SLP] just talk to the teachers and they give some suggestions to them and the teachers talk to them sometimes with me sometimes without me."

Transitions with same age peers

The inclusive policy states: All children will have their placement reviewed during a parent-teacher interview before the child moves on to the next group. A plan to facilitate transitions will be developed with the parent and coordinators. All decisions to place a child with challenging needs in the kindergarten, elementary school or alternate care program will be determined in collaboration with the collaborative team. A collaborative team meeting to determine placement should occur 3-4 months before the actual move to assist in preparing the child for any changes. A transition plan must be formulated at this time.

The transitioning of children between rooms was a process that most participants agreed was a challenging one. One consultant participant spoke of the dilemma of meeting the needs of the child and considering the situational factors of the program,

> I feel that it is a difficult situation. I do, I sympathize with that...I think one of the difficult things is that often the rooms can be so small that if there is one child having a difficult time, it is very loud and it takes over the whole room. So I don't know what the answer to that is. It is something that has to be addressed.

34

But one specific child that I am thinking of should have moved up but didn't move up and really needs to move up [because] I am seeing he is bored.

The parent participant elaborated on the complexity of the issue:

They know that [my son] is growing. Now I think they know that that [classroom] is too small for him because the [younger children] came over and he is bigger than them you know? But I think he need time to move to the next class.

Among the ways the policy should address the issue of transitioning according to some of the participants is preparing for the transition several months in advance through arranging visits for the child in the next room so that the teachers and the child can become familiar with the new teachers and environment. One consultant participant explained,

I think that when a child is able to visit, when I worked in one centre, I was able to take children 3-4 months before moving to the next room and in that way, the child was able to get to know the new teacher...and I think that if the child is able to visit on an ongoing basis, that the new teachers can get to know the child's needs.

According to some team members, communication within the team prior to the transition should occur so that information about the child could be shared and so that new bonds could be formed between the new team members. One teacher participant observed,

I should have had a meeting with the family...I didn't know a lot about what was going on with [the child with special needs]...I would have appreciated a meeting to know where they are in at in his development and what they are doing for his speech and language therapy and we didn't get that...[you also] need to have a meeting with the parent to make the connection.

Theme II: Collaborative Team Meetings

The second theme that emerged from the data related to collaborative team meetings. The pre-2000 teachers who were involved in the initial development and implementation of the inclusion policy reported a gradual decline in team meetings over the years. There was general agreement among team members that the lack of consistent team meetings has contributed to the challenges that they faced in successfully implementing the inclusive practices outlined in the policy. The participants cited the following benefits of consistent transdisciplinary team meetings: 1) relationship building, 2) consistent information across team members, 3) role clarity and 4) common goals.

The inclusion policy document identifies the transdisciplinary team as including the family, centre coordinator, classroom teachers, community resource centre consultant, and any advisors to the university lab school (e.g., speech and language pathologist, occupational therapist). Collaborative team meetings to discuss the child's goals, progress, and information are to occur every three to four months. The meetings have three main goals: 1) to share information about the child's progress and to plan ongoing goals, objectives and/or placement, 2) to develop an Initial Service Plan and discuss the plan for admission of the child with special needs into the centre and, 3) to develop an Initial Service Plan for a child already enrolled in the centre and later identified with a special need.

Relationship Building

There was agreement among the participants that the collaborative team meetings were an important way to build familiarity and develop bonds with each other. A teacher participant described the collaboration that occurred when positive relationship between the team members was established through meetings:

> I think…when you are in a meeting … with parents and other consultants, you establish a bond with those people, a relationship right off so when you walk away from that meeting, you may not be able to meet with them that often but you still have that bond or that exchange of ideas and that really cements what is happening.

Another teacher participant added,

> I think it is more helpful for parents, I mean if [the meetings] are ongoing and consistent, I believe that the family becomes more comfortable. I believe that it becomes more teamwork, like you develop more stronger relationships with everyone and I think it works better for the child and for the family.

At the time of the initial implementation of the inclusion policy, when collaborative team meetings occurred in accordance with their inclusion policy, the teacher and consultant participants appeared to have a more positive and effective working relationship with each other. One pre-2000 teacher participant recalled the consistent contact she had with an FRP consultant and the rapport that developed as a result of their regular contact:

> I had open access to the consultant, so I had their telephone number, I had their email, and an invitation to say "if you run into any glitches give me a call" and so I would often do that. I would call and say, "this is happening, what do I do?" There was a time set aside, I often took an extra 15 minutes from my lunch that I got paid for to meet with the consultant just to check in…and there was a very close relationship between myself and the consultant.

Consistent information across team members

Those participants who were a part of the collaborative committee responsible for creating and implementing the original inclusion policy at the university lab school

explained that when the policy was first implemented, the meetings were consistent and facilitated communication between the team members. One teacher participant recalled,

> We stuck [to the meetings] in the beginning very consistently…we were just, okay, "how do you think this is going? Here is his Individual Education Plan. Does every body understand it? Where do we go from here? What is our next step?" Sometimes it was just a check-in.

The parent participant explained that the collaborative team meetings were necessary to share information, goals, and strategies with the team about her son's many therapies,

> Every time I need or they need to talk to me they arrange some meeting…as a group we meet every two month or three month because we have all of the teachers coming, [the coordinator] coming, [the resource consultant], and sometimes [the resource teacher], and sometimes his [occupational therapist]… coming. We go to lots of therapies for [my son]…we have meeting or sometimes the day after about [my son], what I can do, what they can do for him.

Teachers and consultants felt that it was necessary to have all of the full-time teachers involved in the child's case in the meetings to ensure that the team members had consistent information and had a chance to discuss the inclusion process as a team. At the time of the interviews, the participants described communicating through brief informal exchanges at the centre and through the use of reports and logs. However, there was general agreement about the ineffectiveness of this approach. One teacher participant explained the importance of meeting rather than communicating through reports and logs, as that meaning got lost through written materials,

> How do we pass on that information to the other teachers? Do we write notes in our team book and say "please read the team book"? But then again they have to read something they haven't heard and then they have to interpret that.

The meetings also represented to the participants an opportunity to go one step beyond exchanging information by allowing team members to engage in discussion about issues and concerns the team had. One teacher participant explained:

> It has only been that two out of the three could go [to the meetings] because all three couldn't be relieved. And as much as I understand why…it still is not effective… different people hear different things so you may think of something and say, "hey wait, I hadn't thought of that," but I think it is very important and we are having a dialogue, we are having a discussion.

Identifying roles and responsibilities of team members:

The inclusion policy states that the team will conduct an initial meeting to determine the need for, and level of involvement of the FRP consultant and other specialized supports. However, most of the participants did not identify this initial meeting as part of the current collaborative process at the university lab school.

The participants identified the importance of team meetings to develop clarity of roles and responsibilities of the team members to ensure fruitful coordination of their efforts. Most participants felt the meetings should be a forum to discuss the specific support needs of the teachers and families as well as to discuss the consultants' and other professionals' roles in facilitating inclusion within the centre.

> I think if you had that team meeting in the very beginning and everyone was very clear on the roles of what everyone was doing, than you could start on that page…but if you don't have that than everybody is working in their own little world and everybody bumps against each other every once in a while but there is no actual working together.

One consultant explained the importance of collaborating with the consultee to negotiate the nature of their working relationship,

I always say to [the teachers] "what do you want my role to be?" And that could change at any point. I mean it could be, "we just want you to observe now" to, "well, OK don't know how to do this, can you come in and do circles using pictures so I can see you do that?" So it will change. I will have them verbalize what they want my role to be and then we negotiate and we'll see what is doable for both of us. So my role is not always distinct.

The specialized consultant described having an initial meeting with the team to describe her role. However, she also felt that it was sometimes challenging for her within her role description to meet the expectations of the members of the team. The FRP consultant, when describing her role, identified a number of important responsibilities such as early identification and accessing supports for the family and centre. However, the consultant did not articulate the importance of discussing the nature of her relationship with the teachers or her role within the classroom setting,

I work with supervisors, staff, families and we work, [my agency] has a very collaborative model so it is almost, it is me going in...the childcare [identifies] the child to me...I write up the observation and then we will schedule a meeting with the parent...if the child needs any further assessments, then I [arrange for that]...sometimes the child needs some additional support in the classroom and so I get a [specialized service provider]...then we work together.

One teacher described the challenges she faced when the roles of the team members were not clear:

There was some reluctance from the FRP consultant to assist with other children to allow regular staff to carry out the IEP...which was so frustrating for [my co-teacher].

A teacher participant explained that when there was confusion about the roles of the team members this lead to challenges in collaboratively developing and implementing goals and strategies:

We have never been clear about what everybody's role is...when specialists come in, we really need clear expectations from them because...they come in and give advice but they don't come in the room and show you what to do...and I think that that is the problem is that nobody has a clear idea of what everybody's role is.

Developing common goals and strategies

The lab school's inclusion policy states that the team should meet four to six weeks after enrollment to offer feedback about assessments and to share information. At that time, overall goals for the child and family will be collaboratively developed based on the assessed needs, expectations, and priorities of the child and family. Overall, the participants agreed that the ongoing team meetings were important in facilitating the collaborative development of the goals and strategies. The coordinator of the university lab school identified the benefits of collaboratively developing goals and strategies through team meetings,

When we have families engaged in those processes, I would say we had some really great things come out of the meetings and everything from picture-symbols to the way we would adapt the way a child would hold something to methods to working in a circle group. I think that there were times when those meetings worked very, very well.

One teacher participant felt that the support from specialized service providers would be more helpful and practical if the team could develop the goals and strategies collaboratively,

In our room we have individual binders and we write down what the children do and on the front page we write down the child's goals and expectations but that is for us, it's not an IEP that's been created collaboratively. This is based on suggestions we receive from the speech and language therapist and we are trying to figure out what we can do.

The specialized consultant also communicated the importance of consistent meetings to ensure that strategies were effectively meeting the needs of the child:

It would be nice to have a very short meeting just to talk with the teachers in the room and maybe even the supervisor if possible after each day. Even if it is just for 15 minutes, just to say, this is what was working, this is what wasn't working, let's try this.

There was agreement among the participants that the collaborative development of the IEP and IPP were not occurring as advised in the guidelines. One teacher explained that the recommendations and strategies were left in the form of a report by the consultants following their visits,

[The transdisciplinary team does not meet] at the beginning of the observation process [or] when the consultant starts visiting. It is usually when they have done all of their observations and they are ready to give some recommendations is when we have the meeting.

Another teacher participant added:

Well from my perspective, I would have liked to have a very clear understanding of what the IPP was. Unfortunately that did not happen in my case. I have been working on my goals but I don't know how my goals and what I have done have fit into the larger picture of what is going on.

Some consultant participants explained that they sometimes had to provide strategies while the teachers were working with the children because of the lack of opportunities to discuss strategies collaboratively with the teachers. However, when decisions were made without the input of all of the team members some of the participants felt that their views were not valued. One teacher participant explained:

When the [consultants] are giving us suggestions…it is almost like we are receiving the top-down approach instead of a collaborative [approach] where they are an extended member of our team.

42

Theme III: Mutual Respect for Contributions to Collaboration

The third theme that emerged from the interview data related to mutual respect for contributions to collaboration. There was general agreement among the participants that the contributions of all of the members of the team was necessary to successfully implement and sustain the use of the policy. In general, the participants reported that there was a lack of consistency in collaboration and thus lack of adherence to the policy. There were two main areas of this finding as follows:

Primary teacher role

Most teacher participants expressed the need for all of the teachers to be involved in the team meetings and daily skill development of the child with special needs. There was general agreement among the consultants and the teacher participants that the designation of the primary teacher sometimes resulted in one teacher assuming a greater degree of responsibility when planning and implementing goals for the child with special needs within the program. The inclusion policy refers to a primary teacher who has responsibility for the development and evaluation of the child's individualized program plan. Other duties of the primary teacher include the ongoing development, implementation, and evaluation of the child with special needs' IPP. The primary teacher is also to develop the IEP that outlines adaptations and modifications based on the weekly curriculum and the child's objectives. The primary teacher may access support from the other members of the team when they feel it is necessary.

One teacher participant communicated the challenge the primary teacher faces when they independently assume the responsibility of carrying out the child's IEP:

It can be very difficult when you have one person designated because that can be really intense...it should be rotated because I have been in situations where I was the only one [working with the child with special needs] and it can really cause burn-out. So I think that everybody needs to be well informed of what is being done with that child so that they can also take on the role with the child and so that the support is consistent.

A consultant participant agreed that the teachers and the child with special needs would benefit from rotating roles within the daily programming but at the same time appreciated the level of coordination involved in such team efforts,

There needs to be more on stressing that the teachers take turns working with the child within the program throughout the day...finding a way for, if there are three teachers in the classroom, finding a way for them to take turns working with a child. I think they can but it takes a lot of planning.

One teacher felt that all teachers could have benefited from being involved in developing the IPP and IEP because it would have allowed all of the child's teachers to internalize the goals and strategies without referring to the documents.

It is not enough if you are not involved in the process of developing [the IEP and IPP] because then you don't know it by heart basically, if you don't put your time into it right? So for me it would be ideal to develop it as a group because then everyone would almost know it by heart and would know off the top of their head what to do at any given moment with that child.

Another teacher participant described feeling uninformed about the child with special needs and felt disconnected from the child's parent when another teacher was designated as the primary teacher,

[As the primary teacher] you are the one that initiates contact with the parent...so [the primary teacher is involved in] that initial interview and it kinds of build that relationship...we had a problem in our room... the [primary teacher] knew everything and when she was away, we were in a panic...so it needs to be a team effort again and not just that one person knowing about that child...that undermines the team approach, the collaborative approach.

Another teacher participant expressed her concern that the role of primary teacher caused a sense of inequality in the room:

> I think for us, we are trying to get away from "lead" so not to work in a hierarchy. And I think that most of the rooms are working in the same idea. We are all basically qualified you know?

The teachers emphasized the importance of equality and mutual respect among the members of the team in any revision of the lab school's inclusion policy. In addition, there was agreement among the participants that all of the members of the team should be involved in revising the inclusion policy. The teacher participants who were involved in the initial development and piloting of the inclusion policy recalled that the model encouraged a sense of mutual respect among the team members. One teacher recalled:

> I think there was more of a sense of equality in terms of expertise right across the board. So the faculty saw us as experts in what we do and we saw them as experts in what they do and the [FRP consultants] saw us as equals. So there was more of a respectful, collaborative relationship. We all bought into it because we were part of the process...it is how you get people invested in things...we all had pieces of the puzzle.

Collaborative revision of the inclusion policy

The team stressed the importance of their direct involvement in the process of revising the inclusion policy including discussing the philosophy statement and vision for the inclusion of children with special needs within the university lab school. They reported the desire to collaborate in making revisions but noted lack of opportunities to engage in the collaborative process.

One teacher discussed the joint revision of the policy as an important means to build the team's collaborative relationship,

I think that this is something where we would all like to be involved but we would like it to be just not just be something that you do in one day, but it is something that is an ongoing thing. So part of the collaborative piece is in the working document. So there is still faculty involved, there are actually results that come from it…it is something that can actually be implemented.

Another teacher participant expressed her thoughts,

I would really like an opportunity for all of us to come to the table and talk about this…I would like an opportunity to come to the table and say, "what do we all believe in and how are we going to accomplish that together?" you know? Because if we are going to be successful at this, we are going to have to go through that process together. It isn't going to be someone coming in and saying, okay, this is what you must do. That doesn't work.

Some of the teacher participants who were involved in the initial development of the policy believed that they were more committed to and familiar with the policy protocol because they were involved in the research and development of the document. They also felt that their collaboration with the faculty in the academic department helped to establish effective working relationships and a feeling of mutual respect that lasted beyond the completion of the policy. This also allowed some of the teacher participants to view faculty as a valuable resource for information on inclusion.

I am just thinking back to the really early stages and at the same time that this was developed, [two faculty members] were both involved in the project and the people that sat on the team, some of us went out east to present this and after the presentation, I was very connected to the [faculty members involved in the project]…so not only did I have this fabulous consultant from the [FRP] with a lot of expertise, I also had a faculty person that I could call up and say, "I need some resources, can you give me some guidelines? How can I handle this and what should I be doing?" and "How can I support the learning in this area?" And the [faculty member] actually had the resources to direct me to.

46

Theme IV: Resources and supports

The fourth theme that emerged from the interview data was the importance of having the appropriate resources and supports to sustain the use of the inclusion policy. The participants identified the following resources as important factors in effectively implementing the inclusion policy: 1) support for team meetings, 2) allocated time for planning, 3) support of specialized consultants and 4) support from the coordinator of the university lab school. The following section will describe how resources and supports have contributed to the participants' implementation and sustained use of the inclusion policy.

Support for team meetings

The inclusion policy states that team meetings should occur for every child with special needs consistently, in some cases up to six or more times a year depending on the needs of the child. However, most participants communicated that there has been a gradual decline in the consistency of meetings. One teacher explained:

> When there was any decision to be made about changing that IEP that is when the team got together. There was also a set timeline so that every three or four months, there was a review of the child's progress. We stuck to that in the very beginning very consistently…but I watched over the years that all went by the wayside.

Another teacher participant explained the financial support that was available to the university lab school in the past that enabled the meetings to occur when necessary,

> We would have team meetings with whoever else was involved. The consultant, [occupational therapist], coordinator…I mean we were lucky because when we were interns, we would replace the staff to go into those meetings. But we don't have that part anymore. We used to have fourth year grads that got one year contracts so we had the extra help for that to happen.

Most members of the team stated that they experienced difficulty setting up such meetings. Some of the reasons included financial and logistical issues such as relieving staff to attend such meetings and coordinating the various members of the team. The coordinator of the university lab school explained,

> It is really hard to coordinate parents, staff, and the workers in the community...and particularly in the preschool room where we have three teachers in the room. We can't take three teachers off the floor to meet on their shifts.

Other members felt that the team's attitudes toward inclusion was a key determinant of the allocation of resources. According to one teacher participant:

> I know that we were told it was financial but I don't, in my head, see it being that costly for what it was. It never seemed to be an issue in the beginning...I think it is that if you believe in the process, you know, then you can always find the money, the time and the resources.

Allocated time for Planning

The inclusion policy states that the child with special needs' IPP is to be developed by the team. The IEP is to be created and revised by the child's primary teacher. Due to a number of reasons identified above, the primary teacher has been developing both the IPP and IEP independently with limited allocated planning time. One teacher participant explained her dilemma,

> It is always the challenge of time, when do you plan for that? You only have two hours of planning a week for the entire classroom to do all the planning so at times it would mean that you would neglect the planning for everyone else if you want to focus on that child. And if you have more than one child, which often happens, that is very challenging.

Another teacher participant felt that developing the Individual Program Plan and Individual Education Plan on top of the standard reports that they are required to complete for all of the children was sometimes overwhelming,

> We as teachers struggle with that because we are already doing assessments for all of the children but an IEP takes a lot more intensive support to work on and we are more than willing to work on it but the time and money weren't always given.

Consequently, it was found that the IPP and IEP were at times not developed.

Support from the consultants

The inclusion policy states that the team will access support from the FRP consultant and specialized consultants (e.g., occupational therapists, physical therapists, and speech and language pathologists) as the team deems it necessary. All of the participants expressed the importance of the involvement of the FRP consultant and specialized consultants in the team. Most of the teachers agreed that it is important for the FRP and specialized consultants to visit the centres and demonstrate strategies for skill development. Overall the teachers communicated their interest in having the FPR and specialized consultant attend team meetings to ensure that goals and strategies are effective and properly implemented. However, most teacher participants expressed frustration with the lack of collaboration involved in the consultations. One teacher reflected,

> We've had people come in and meet with me and took a look at the class and we were in the gym at the time, like the speech pathologist has come in, but we've never sat down with everybody and had a meeting with everybody.

Another teacher added,

> I have been working on my goals but I don't know how my goals and what I have done fit into the larger picture of what is going on. And I get to see the [specialized consultants] very rarely, so it is just sort of touch base here and there. It is not continuous. It is good to touch base every once in a while but you really

need a half an hour at the end of the week to sit down and say this is what we have done all week.

Overall, the teachers agreed that initiating and maintaining communication with the specialized consultants was difficult and often required attaining information in the form of a report or verbally through families. One teacher explained,

> Well with my experience with [a child with special needs at the lab school] he has had all sorts of appointments but we never see the people in the centre. We may get recommendations...for him but all of a sudden [they] pull out...sometimes services can be inconsistent.

Support from the coordinator of the university lab school

There was general agreement among the teacher participants that the support of the coordinator of the university lab school had a significant influence on the implementation of the inclusion policy. One teacher explained the changes in the implementation of the policy over the years,

> I think from the period of 2001-2005, it almost became non-existent. We certainly weren't practicing the [inclusion policy] as I had known it...I think in the last year or so, there has been a push again, and I know for myself, I have been trying very hard because I know, I was there since the initial [inclusion policy] was created and I believe in it and the importance of it, but you need to follow those steps.

Most participants were unfamiliar with the inclusion policy. One teacher participant explained,

> I can say for years I have been hearing about the [inclusion policy] but was never given anything to read about it...I think that it should be our manager's responsibility when you start working here to give you that and to introduce you, just like any other policy and procedure that you have to read and sign off.

Another teacher added,

> I kept hearing from staff who were here for so many years who have gone through the creating of the [inclusion policy], I kept hearing them constantly referring to "what about the [inclusion policy]? Why aren't we following the [inclusion policy] any longer? What is going on?"

Chapter V: Discussion

This study utilized a series of focus groups and individual interviews to gather information about a university lab school's transdisciplinary team's experiences and perspectives as they implement an existing policy on the inclusion of children with special needs. The analysis of the data revealed that there was evidence that the lab school's inclusion policy has contributed to the team's collaborative efforts to support the inclusive program at the lab school in the past; however, the participants reported that they are not currently practicing the policy as it was intended. Throughout this investigation four particular factors have been identified as impacting the team's ability to effectively implement the policy; 1) understanding about inclusive practices, 2) collaborative team meetings, 3) mutual respect for contributions to collaboration and 4) resources and supports. The following discussion is an analysis of the factors that have acted as supports and challenges to the sustained use of the inclusion policy over time. The discussion of findings will be organized according to the four themes that emerged from the data mentioned above. The findings assist in developing an understanding of the sustainability of inclusion policies within the context of a specific childcare centre housed in a university campus of a large Canadian metropolis.

Effective transdisciplinary relationships appeared to be the central factor in the success of the inclusive program at the university lab school. The team expressed the importance of the collaborative efforts of the university faculty, coordinator of the lab school, early interventionists, early childhood consultants, teachers and the family of the child with special needs as a key factor in the success of the inclusion process. The

participants in this study emphasized the importance of the inclusion and contribution of all team members in sharing information about the inclusive program, problem solving around challenges that occur in the program and collaboratively developing goals and strategies which would lead to the program success. Similarly, Ogletree, Bull, Drew, and Lunnen (2001), reported the importance of the disciplinary expertise of various professionals and individuals in the provision of inclusive programming. Not all members of the focus groups, or the child care centre's team were actively engaged in the inclusive approach to service delivery; however the findings of this study suggest that those participants who experienced successful transdisciplinary team relationships had more confidence in their abilities, experienced less anxiety about meeting the needs of all children, and were more motivated to continue with inclusive strategies.

The participants who were involved in the initial development and implementation of the inclusion policy recalled following the document's guidelines closely in the early years of its implementation. The same participants reported engaging in successful joint service delivery, role release, joint professional development, and family centered care through the use of the policy. According to the participants, these transdisciplinary activities contributed to the initial successes of the inclusive program at the lab school.

The findings revealed that the collaborative development and implementation of the inclusion policy contributed to the initial success of the inclusive program at the lab school. Analysis of the participant responses indicated that the process - which included

consistent meetings, collaborative professional development, collaborative problem solving, and equal contributions among team members – was an important way for them to get to know one another better, to meet and share, to foster their collaborative relationships, and establish a collective vision. Appl, Troha and Rowell (2001) reported that successful transdisciplinary teams function under a set of operating principles – or mutually established guidelines and/or principles for how the transdisciplinary group members will function as a team. Operating principles emerge over time as team members have opportunities to develop cohesion as a team (Apple, Troha & Rowell, 2002). One teacher participant emphasized the value of the team members' joint development of the policy in fostering positive collaborative relationships:

> I think there was more of a sense of equality in terms of expertise right across the board. So the faculty saw us as experts in what we do and we saw them as experts in what they do and the [FRP consultants] saw us as equals. So there was more of a respectful, collaborative relationship. We all bought into it because we were part of the process…it is how you get people invested in things…we all had pieces of the puzzle

The findings of this study suggested that regular transdisciplinary team meetings are an important way to maintain mutual respect for contributions to collaborations among transdisciplinary team members. When all team members are included and share influence in decision-making about the inclusive program, there is an understanding that everyone's expertise and part in the team is valued. Most teacher participants stressed that the reciprocation of ideas, expert knowledge, and information was essential in developing goals and strategies that were personalized to the needs and skill levels of the teachers, relevant to the needs of the program, and manageable within the daily routines of the classroom. Barnes (1999) states that inclusive programs that are developed

through the involvement of teachers in decision-making and input can help to inspire more commitment and ownership because their involvement allows them to share in the risks, successes, and responsibilities of the program.

Conversely, when not all transdisciplinary team members were active participants in the decisions that were made about the inclusive program, challenges arose in the team's ability to effectively implement the inclusive practices outlined in the policy. For example, most participants agreed that the Primary Teacher role undermined their collaborative efforts. There was general agreement among the consultants and the teacher participants that the designation of the primary teacher sometimes resulted in one teacher assuming a greater degree of responsibility when planning and implementing goals for the child with special needs within the program.

Most non-Primary Teacher participants reported that their exclusion from collaborative team meetings made them feel less informed about the inclusive goals and strategies, less confident in their abilities to implement the inclusive strategies, and generally less qualified to work with the child with special needs. Similarly, Lieber et al (1997) reported that in classrooms where staff members had little input into the development of the program, problems arose with the roles and relationships of the team members. One teacher explained:

> [As the primary teacher] you are the one that initiates contact with the parent...so [the primary teacher is involved in] that initial interview and it kinds of build that relationship...we had a problem in our room... the [primary teacher] knew everything and when she was away, we were in a panic...so it needs to be a team effort again and not just that one person knowing about that child...that undermines the team approach, the collaborative approach.

Another significant finding of this study was the challenge the team faced in sustaining the use of the inclusion policy when there was a change to transdisciplinary team members (i.e., lab school coordinator, consultants to the centre, lab school teachers, and families) over time. The changes to team members, with limited opportunities to re-establish operating principles, appeared to contribute to the gradual breakdown in the team's transdisciplinary relationships since the initial development and implementation of the inclusion policy. One teacher described the disjointed collaborative efforts among the team members; "Everybody is working in their own little world and everybody bumps against each other every once in a while but there is no actual working together." The findings of this study revealed that training in the use of the policy alone was not effective in ensuring the sustained use of the inclusion policy over time. The team required support to participate in regular transdisciplinary team meetings to maintain the team's operating principles and cohesion. These findings supported those of Lieber and her colleagues (2001) who reported that when a transdisciplinary team does not have established operating principles they experience challenges in achieving mutually agreed upon goals, roles and responsibilities, and experience challenges with ownership and communication (Lieber et al., 1997). Consequently, some participants questioned the appropriateness of the program for children with special needs. One teacher describes her concerns:

> There was an assumption for a long time that somehow we can meet all children's needs...and I really struggled with that because I think that there were times that we had children here who could be better served in some other facility. I think that it did a disservice to some of the children because the necessary supports were not in place.

The participants in this study emphasized the value of consistent team meetings to meet and share, to foster their collaborative relationships, to get to know one another better, and establish a collective vision; but most felt that these opportunities were missing. This finding reflected a predominant theme in the literature that indicated a lack of resources to support transdisciplinary team meetings (Apple, Troha & Rowell, 2001; Lieber, Beckman, Hanson, Janko, Marquart, Horn, and Odom, 1997; Chapman & Ware, 1999; Frankel & McKay, 1997). According to Appl, Troha and Rowell (2001) one challenge to achieving successful collaborative teaming was the intensive time commitment that was required to establish and sustain their collaborative relationships.

The lack of opportunities for consistent collaborative meetings has caused the team to experience challenges to maintaining a common understanding of inclusive practices. Differences in understanding about inclusive practices appeared to negatively affect all aspects of the team's collaborative efforts. For example, one important aspect of inclusion is the concept of equity. That is, all individuals have differing strengths and needs and require differential educational approaches to develop their skills to their full potential. There were some team members, however, who differentiated between equity and equality. These participants expressed that it is unfair for some children to be given more attention or different educational tools than others. These differences have contributed to challenges in the team's ability to agree on common goals and strategies for the inclusive program and in identifying roles and responsibilities of individual team members and their relative contributions to the program.

There was general agreement among the participants that the coordinator had a significant influence to support or diminish the use of the inclusion policy at the lab school. Frankel (2006) affirms that the support of the coordinator is critical to the success of inclusive programs because "the supervisor not only wields control over the operation of the centre but establishes the norms and values of the centre (p.47)." The teacher participants who were involved in the development and initial implementation of the inclusion policy attributed the initial success of the inclusion program, in part, to the support of the coordinator. The participants reported that frequent and consistent meetings were afforded through the support of the coordinator of the lab school who creatively found resources to relieve staff from their duties to attend meetings (i.e., paid lunch breaks for staff so that they could attend meetings, enlisting the help of fourth year interns to substitute for staff while they attended meetings). One teacher explained "it isn't the money, if the coordinator supports inclusion, they can always find the resources." Participants perceived that changes in coordinators over the years have affected the implementation of the inclusion policy (i.e., frequency of transdisciplinary team meetings and IPP/FSP planning times, accessing community supports and funding to support the inclusive program). According to the teacher participants, when the coordinator believed in the importance of inclusion and the transdisciplinary team approach, they were more likely to promote and sustain the use of the policy.

There was general agreement among the participants that regular opportunities to collaboratively re-visit the policy was necessary to maintain familiarity, commitment, and ownership toward the policy. When the participants were asked what changes should be

made to the policy, some participants mentioned changes that were relatively minor (e.g., changes in terminology). However, almost all team members expressed that the policy's philosophy statement required revision. The collaborative re-visitation of the policy appeared to represent an opportunity for team members to address the challenges to collaboration they have been facing and to ensure that the policy reflected their beliefs and needs as a team. The team members reported the importance of the inclusion of all team members in the revision of the inclusion policy as the first step in re-building the team's collaborative relationships.

One teacher expressed:

> I would really like an opportunity for all of us to come to the table and talk about this...I would like an opportunity to come to the table and say, "what do we all believe in and how are we going to accomplish that together?" you know? Because if we are going to be successful at this, we are going to have to go through that process together. It isn't going to be someone coming in and saying, okay, this is what you must do. That doesn't work.

This study endeavoured to contribute to the general discussion taking place around a general understanding of the complexities and challenges involved in the implementation of an inclusion policy in a childcare in a Canadian context. The findings of this study added to the previous work done in this area, which suggested that an inclusion policy supported the success of an inclusive programme. One unique aspect of this study was that the participants were able to share personal stories about their own, individual experiences during the long time interval it took to implement an inclusive policy in their childcare centre. Their stories detailed and clarified the challenges and barriers, and the need to discuss and share their experiences on a daily basis; and further advanced the necessity of strong leadership and support from the childcare centre

coordinators to ensure that the team has the resources and the guidance to successfully practice the policy. The successful implementation and sustained use of an inclusive policy involves all participants (administrators, teachers, specialists, and parents), a lot of work and an understanding that the process is fragile, delicate, and dynamic. Many centres are just starting to develop and implement an inclusion policy in their centres. It is hoped that the findings of this study will assist the Ryerson University's lab school, and other inclusive childcare centres in their efforts to successfully implement and sustain the use of their inclusive policies over time.

Chapter VII: Conclusion

Limitation of Study

A limitation of this study was that it was a case study conducted on one childcare centre. Therefore the results may not be generalized. However, this particular case study provided rich data that allowed the investigator to gain insights on how any discussion of inclusion must include transdisciplinary collaboration, role of the consultant, and policy together. A further limitation of this study was the use of focus group interviews to gather information from participants. The focus group interviews were conducted on groups of teachers who work together in the same childcare centre. Therefore, the teachers may have been swayed to answer questions in a certain way depending on the norms of the centre and the focus group. For example, those members who were more outspoken than others seemed to set the tone and direction of the interview. Finally, because only one parent of a child with special needs volunteered to be interviewed, the views of the families of children with special needs was disproportionate to the views of the other team members within this paper.

Future Research

Future research could utilize observations and field notes of the interactions of the transdisciplinary team members and their interactions with the children in the childcare centre. In the future, this study could be replicated on other transdisciplinary teams in other community-based childcare centres. Further studies could investigate barriers and facilitating factors for childcare centres to develop and implement inclusive policies.

Next Steps

The key aim of this research project was to investigate the perceptions and experiences of a particular transdisciplinary team within a university laboratory childcare centre in implementing an existing policy on the inclusion of children with special needs. This project focused on developing a report for the participants that described the perspectives of transdisciplinary team's implementation of the inclusion policy within the centre. The next stage of this project will see the team work toward revising the policy with consideration to the findings of this report.

Appendix A

RYERSON INTEGRATED CHILDCARE PROGRAM

BACKGROUND INFORMATION

The Ryerson Integrated Childcare Consultation (RICC) project evolved from an expressed interest of faculty, staff, and students of the School of Early Childhood Education to integrate children with special needs into community-based childcare settings. This interest developed from research being conducted by various faculty members into the process of integration and from the practical experiences of the staff at the Ryerson Early Learning Centre, Infant Toddler Centre, and Gerrard Resource Centre in providing individualized learning experiences for all children.

The RICC Committee was formed in June 1991, following a day of professional activities attended by the staff of all three of the childcare centres (ELC,ITC,GRC) and many members of the Early Childhood Education faculty. The RICC Committee consisted of 10 members from the ECE faculty. staff and students.

By April 1992, the RICC Committee had drafted a policy manual, which was then presented to the faculty and staff members for approval. Since this time, children with identified special needs have been admitted to the childcare programs following the guidelines from the policy manual

PHILOSOPHY OF INTEGRATION

The Ryerson laboratory children's centres are committed to meeting the developmental/educational needs of all children within the centres and to support families in their role as primary caregivers and educators of young children. In a child-focused environment the child's cognitive, physical, social-emotional, and communicative skills are maximized. Children develop self-confidence and an enhanced sense of self-worth, as well as an appreciation for individual uniqueness.

Programming is based on the principles of active learning and a cognitive-developmental curriculum which fosters independence and self-initiated learning as children are encouraged to interact with an increasingly more challenging environment. Based on the continuous assessment of each child's strengths, interests, and learning style, individualized programming for each child is achieved through adaptations to the environment, modifications to the regular curriculum, and/or coordination of support services to the child and family as deemed appropriate by the planning team. The planning team may consist of the classroom teachers, centre coordinator, students, parents, and resource consultant as required.

GOAL

The inclusion of all children into the Ryerson Early Learning Centre program.

Ryerson Early Learning Centre

Philosophy Statement

The Ryerson Early Learning Centre offers an exemplary model of family-centred child care services in order to provide experiential learning for students in the Early Childhood Education degree program. It provides workplace child care to the Ryerson community as well as other communities, and provides a setting for child care related research. The Early Learning Centre is a multi-age, extended family community of children and adults living and learning together as they experience and nurture one another.

Multi-age grouping refers to the practice of including children of different ages within an educational environment, without dividing them or the curriculum into chronological or graded designations. The multi-age setting provides an opportunity for continuity of care and the development of relationships over an extended period of time. Ryerson's multi-age program includes children from three months to six years of age.

Some of the principles of multi-age grouping are:

- inclusion of every person in the life of the community, regardless of age, ability or other external characteristics
- acceptance and appreciation of children as unique individuals
- programming according to the needs and interests of each person
- responsive and contingent interaction from adult (adjusting the amount of support or challenge a child receives according to the child's ability)
- more opportunities for a greater variety of role relationships
- encouragement of leadership behaviour
- an enhanced problem-solving environment
- an enhanced sense of responsibility and empathy toward others
- more opportunities for social learning through modelling and peer training
- sibling-like relationships among children-especially valuable for children without brothers or sisters in their families

The Early Learning Centre and the School of Early Childhood Education are committed to the principles of anti-bias education as it relates to issues of age, class, sexual orientation, ability, gender, learning characteristics, race, religion and other forms of diversity. At all times, at least one space in each room will be reserved for children with special needs, with a commitment to fulfilling up to 10% of the total capacity.

The children's families are the most important influence in their lives. They are the experts when it comes to their children. We try to create a climate where it feels natural for all members of our community to give and receive advice and support, to build relationships, to share responsibility for each other's children, and to participate in the program as interests and schedules allow.

Ryerson Inclusive Childcare:
A Collaborative Model

Outline of Initial Steps

1. **Pre-Enrollment**
   - initial referral phone call to Early Learning Centre (ELC)
   - visit to centre by family with centre coordinator
   - family fills out application form and is put on waiting list
   - centre coordinator sets up initial Collaborative Team meeting which includes coordinator, family, room teachers, Gerrard Resource Centre (GRC) consultant and any other supports deemed necessary by the above team

   The purpose of the meeting is to:
   - explore whether the family wishes to proceed with admission
   - explore and identify any special resources and adaptations necessary
   - identify the service coordinator
   - develop the pre-admission service plan

2. **Enrollment and/or Child Already Enrolled**

   - Initial Service Plan

     -at the time of admission, an Initial Service Plan, including an initial IPP is developed by Room Teachers and the GRC consultant

     -for a child already enrolled and later identified with a special need, a Collaborative Team is established to develop an Initial Service Plan. Room teachers and the GRC consultant develop an initial IPP.
   - Screening and Assessment
   - Collaborative Team Meeting
     - team meets in 4-6 weeks to offer feedback about assessments and share information
     - Family Service Plan is developed
     - IPP is evaluated and further developed
     - IEP is created
   - Review and Evaluation
     - on-going assessment and observation
     - IPP's goals and objectives reviewed every 3-4 months
     - collaborative team meets every 3-4 months or as needed to share information

RYERSON SCHOOL OF EARLY CHILDHOOD EDUCATION

RYERSON EARLY LEARNING CENTRE

A.   INTAKE PROCEDURES

I. Pre-Enrollment

1. Initial Referral

Initial referral may come from parents, MCSS, subsidy office, resource consultants, agencies, public health nurses etc. During the initial telephone contact identifying information such as child's name and age, hours of care needed and information about the Ryerson centres can be shared.

2. Visit

In consultation with the coordinator, parents may be encouraged to visit the centre with the child in order to further discuss the program philosophy, curriculum, family expectations for service, and family child care needs (e.g. parent schedule, geographic location etc.). This will assist them in determining whether the Ryerson demonstration centre is an appropriate setting to meet the child's needs, and will allow staff to informally observe the child in the playroom. The possibilities for admission are explored given current waiting lists, although priority is given to children with special needs. An information package is given to parents at this visit.

3. Application

If the parent chooses to fill out an application, the family is put on the waiting list when the completed form is returned.

4. Admission

<u>Criteria for acceptance</u>

When space becomes available, the coordinator reviews the current waiting list. A minimum of one space per room is reserved for children with special needs. 10% of space is reserved for children with special needs. Additional children have priority up to a maximum of 15%.

- Consent Forms
- Parental Training Form (as needed)
Parent or a designate of the parent takes responsibility for training
all staff in specialized procedures related to the medial needs or
care of the child. Specialized instructions must be written and
posted.
- RICC Research Consent Form

B.   PROGRAM PLANNING

All children will receive programming appropriate to the individual child's developmental
strengths and needs.

1.   Screening

All children's development will be screened by centre staff consistent with current
policies of the centre.

2.   Assessment

For all children, assessments for the purpose of program planning will be conducted using
current lab school assessments. Feedback and review of progress will be offered every 3-
4 months at regular parent-teacher conferences.

For children with challenging needs, assessments for program planning will be
individually selected. For those children identified as at-risk by developmental screening
techniques, a Collaborative Team will be developed and an Initial Service Plan
developed. Further assessments will be conducted for the purposes of program planning
after consultation with the parents and permission forms have been signed. Assessments
will be administered by teachers, parents, and/or resource consultant and will be selected
based on the individual needs of the child and family.

3.   Program Planning

The Collaborative Team will meet within 4-6 weeks after enrollment to offer feedback
about assessments and to share information. Overall goals for the child and family will
be collaboratively developed based on the assessed needs, expectations, and priorities of
the child and family. The child's primary teacher has responsibility for the ongoing
development, implementation, and evaluation of the child's individualized program plan
(IPP). The primary teacher develops individualized educational plans (IEP) based on the
weekly curriculum and the child's objectives. These strategies are then implemented
within the regular classroom activities.   ,

Members of the team or additional external resources may be accessed in support of the family or the child's program as requested by the teacher or parent. The GRC consultant is available for educational or family support or in any aspect of the process that may assist in meeting the individualized needs of the child and/or the family as defined by the collaborative team. The GRC consultant is committed to serving the identified 10-15% at the Early Learning Centre. The consultant's role will be contracted and may vary with each child.

Any educational or therapeutic interventions offered to children by teachers or specialized resources (e.g. OT, PT) will occur in the classroom. Small groups of peers will be involved in these sessions where appropriate.

4.   Review/Evaluations

Through ongoing assessment and observations the primary teacher logs the child's progress. Based on the child's progress the goals and objectives of the IPP will be reviewed every 3 months.

The Collaborative Team meets every 3-4 months, or as needed, to share information about current assessments and to plan ongoing goals, objectives, and/or placement.

Parent-teacher conferences are held 2-3 times per year or as needed to share information about a child's progress and to plan ongoing goals, objectives and/or placement.

C.   Transition to Kindergarten and/or school/program:

All children will have their placement reviewed during a parent-teacher interview before the child moves on to the next group. A plan to facilitate transition will be developed with the parent and coordinators. All decisions to place a child with challenging needs in the kindergarten, elementary school or alternate care program will be determined in collaboration with the Collaborative Team. A Collaborative Team meeting to determine placement should occur 3-4 months before the actual move to assist in preparing the child for any changes. A transition plan must be formulated at this time.

The principle of normalization will act as an underlying assumption in all transition decisions. Parents may be assisted in considering placement options, attending school IPRC meetings, and advocating for appropriate placement of the child.

2.   Release of Information.

Parents will be informed of this during the final parent-teacher interview. Release of Information forms must be signed by the parent before any written or verbal information is shared with an external receiving centre/school. Receiving centres/schools only receive the summary report.

3.   Storage of Files

Records of the child are to be stored for a minimum of 15 years in locked files after the child leaves the centre.

4.   Letter of Closure

The family will receive a letter of closure when the child is no longer in attendance at the Early Learning Centre.

F.   **EVALUATION**

The review of all intake, program planning and closure policies will be carried out as needed.

Ryerson University
Consent Agreement

Implementing an Inclusive Policy in Early Childhood Education Setting: A Case Study

You are being asked to participate in a research study. Before you give your consent to be a volunteer, it is important that you read the following information and ask as many questions as necessary to be sure you understand what you will be asked to do.

Investigators:
Haruko Nishimura BA
Ryerson University: Early Childhood Studies
haruko.nishimura@ryerson.ca
Supervisor: Dr. Rachel Langford
Ryerson University: School of Early Childhood Education
rlangfor@ryerson.ca
(416)979-5000 x7635

Purpose of the Study:

This study will form my major research project that is a component of the graduate program in Early Childhood Studies at Ryerson University. The purpose of this study is to inform participants in the process of revising the Ryerson University Early Learning Centre's current policy on inclusion. The specific purpose of this project was to produce a report for the participants that would describe the ongoing experiences of the transdisciplinary team responsible for the implementation of the inclusion policy and the their individual and shared views of their collaborative experiences within the centre.

Description of the Study:

You will be asked to participate in a one-on-one interview that will be conducted at a private room at Ryerson University that will take approximately 90 minutes. The questions will address your perspectives on the Ryerson University Early Learning Centre's policy on inclusion.

What is Experimental in this Study:
None of the procedures used in this study are experimental in nature. The only experimental aspect of this study is the gathering of information for the purpose of analysis.

Risks or Discomforts:

Because the questions being asked pertain to the perspectives of your current place of employment, you may feel uncomfortable answering some or all of the questions. If you begin to feel uncomfortable, you may discontinue participation either temporarily or permanently

Benefits of the Study:

This study will endeavour to add to the understanding of the factors involved in the process of developing policies on inclusion of children with special needs within childcare centres. This interview process may provide an opportunity to voice your feelings and thoughts about the inclusion policy with the researcher, who is engaged and interested in both the issues and the process.

Confidentiality:

As a participant, your name, the name of the organization and the city in which the organization operates will be kept confidential. The study will be submitted in the form of a report to the professor of the course and presented in class.

The interview will be tape-recorded and a transcript will be made of the tape recording. Once the tape recording is made, the subject will not be able to review or edit the tape(s) prior to publication. All names will be kept confidential and will not appear on the label of the tape or the transcript. The tape recording will be kept private in a secured location and will only be accessible by the investigator and destroyed after one year.

Incentives to Participate:

As a participant, you will not be paid to participate in this study.

Costs and/or Compensation for Participation:

There are no costs and/or Compensation associated with participation.

Voluntary Nature of Participation:

Participation in this study is voluntary. Your choice of whether or not to participate will not influence your future relations with Ryerson University. If you decide to participate, you are free to withdraw your consent and to stop your participation at any time without penalty or loss of benefits to which you are allowed.

At any particular point in the study, you may refuse to answer any particular question or stop participation altogether.

Questions about the Study:

If you have any questions about the research now, please ask. If you have questions later about the research, you may contact.

Haruko Nishimura
haruko.nishimura@ryerson.ca

If you have questions regarding your rights as a human subject and participant in this study, you may contact the Ryerson University Research Ethics Board for information.

Research Ethics Board
c/o Office of the Associate Vice President, Academic
Ryerson University
350 Victoria Street
Toronto, ON M5B 2K3
416-979-5042

Agreement:

Your signature below indicates that you have read the information in this agreement and have had a chance to ask any questions you have about the study. Your signature also indicates that you agree to be in the study and have been told that you can change your mind and withdraw your consent to participate at any time. You have been given a copy of this agreement.

You have been told that by signing this consent agreement you are not giving up any of your legal rights.

_____

Name of Participant (please print)

_____   _____

Signature of Participant   Date

_____   _____

Signature of Investigator   Date

Agreement to be Audio taped:

Your signature below indicates that you agree to be audio taped and that a transcript be made of the audio taped interview. Your signature below also indicates that once the tape recording is made, the subject will not be able to review or edit the tape(s) prior to publication. All names will be kept confidential and will not appear on the label of the

tape or the transcript. The tape recording will be kept private in a secured location and will only be accessible by the investigator and destroyed after one year.

Name of Participant (please print)   Date

Signature of Participant   Date

Signature of Investigator   Date

Appendix C

Interview Schedule

Interview #: _____

Date:_____

Location of Interview: _____

Name of Interviewer: _____

Start time: _____

End time: _____

<u>Interview Schedule</u>

Thank you for participating in this study. The purpose of this project is to produce a

report for the transdisciplinary team at the Ryerson University childcare centre that would

describe their ongoing experiences for the implementation of the inclusion policy and

their individual and shared views of their collaborative experiences within the centre.

This interview will last approximately 90 minutes. The questions will address your

perspectives on the Ryerson University Early Learning Centre's inclusion policy. As we

go through the interview, please feel free not to answer any questions that you do not

want to. If you feel uncomfortable, you may discontinue participation either temporarily

or permanently. The interview will be recorded and a transcript will be made of the tape

recording. All names will be kept confidential. Do you have any questions before we

begin?

Interview Questions:

5. What is your understanding of the current policy for the inclusion of children with special needs at the lab school?

6. In what ways are you following the policy?

7. In what ways do you think the policy should be revised, if at all?

8. How do you feel about the collaboration within the transdisciplinary team at the lab school?

References

Appl, D.J., Troha, C., & Rowell, J. (2001). Reflections of a First-Year Team: The Growth

of a Collaborative Partnership. *Teaching Exceptional Children*, 33(3), 4-8.

Allen, K.E., Langford, R., Nolan, K., & Paasche, C. (2006). Inclusion in ECE programs:

Children with exceptionalities (4th ed). Toronto: Nelson.

Barnes, M.K. (1999). Focus on Mainstreaming Strategies for Collaboration: A

Collaborative Teaching Partnership for an Inclusion Classroom. *Reading &*

Writing Quarterly, 15(3), 233 – 238.

Brophy, K., Webb, P., & Hancock, S. (1996). The process of integration in childcare:

Reflections of parents and teachers. *Canadian Journal of Research in Early*

Childhood Education, 5(1), 107-114.

Bruder, M.B. (1998). A transdisciplinary model to increase the capacity of childcare

providers to include young children with disabilities. *Journal of Early Childhood*

Education, 5(1), 107-114.

Bryman, A., Teevan. J.J. (2005). *Social research methods (Canadian Edition).* Oxford,

UK: Oxford University Press.

Chapman, L., Ware, J. (2003). Challenging Traditional Roles and Perceptions: using a

    Transdisciplinary Approach in an Inclusive Mainstream School. *Support for*

    Learning, 14(3), 104-109.

Child and Family Canada. (n.d.). Fact sheet #18. Retrieved April 19, 2008, from

    http://www.cfc-efc.ca/docs/vocfc/00018_en.htm

Cresswell, J.W. (2005). *Educational Research.* Planning, conducting and evaluating

    quantitative and qualitative research. Upper Saddle River, N. J.: Pearson Merrill

    Prentice Hall.

Crowther, I. (2006). Inclusion in Early Childhood Settings: Children with special needs

    in Canada. Toronto: Pearson Prentice Hall.

Department of Justice Canada (1982). *Canadian Charter or Rights and Freedoms*

    Retrieved on April 21, 2007 from

    http://laws.justice.gc.ca/en/Charter/index.html#egalite

Elksnin, L.K. (1997). Collaborative Speech and Language Services for Children with

    Learning Disabilities. *Journal of Learning Disabilities.* 30(4), 414-426.

Frankel, E. B. (1994) Resource Teachers in Integrated Children's Centres: Implications

    for Staff Development. *International Journal of Early Childhood.* 26(1), 13-20.

Frankel, E.B. & McKay. (1997). Embarking on Intregration of Preschool Programs: Creating Positive Change. *Early Child Development and Care*, 138, 57-70.

Frankel, E.B. (2006). The knowledge, skills, and personal qualities of early childhood resource consultants as agents of change. *Exceptionality Education Canada*, 16(2), 35-58.

Glaser, B.G. (1995) A look at grounded theory: 1984-1994. In Glaser, Barney G., ed., *Grounded theory* 1984-1994, Volume 1. Mill Valley, Ca.: Sociology Press.

Irwin, S.H., Lero, D.S., Brophy, K. (2004). *Highlights from inclusion: The next generation in childcare in Canada*. Wreck Cove, NS: Breton Books.

Kaczmarek, L., Pennington, R., & Goldstein, H. (2000). Transdisciplinary consultation: A center-based team functioning model. *Education and Treatment of Children*, 23, 156-172.

Kagan, S. L., & Garcia, E. (Eds.). (1991). Educating linguistically and culturally diverse preschoolers. *Early Childhood Research Quarterly*, 6(3).

Krueger, R.A. (1998). *Focus groups: A practical guide for applied research*. Newbury Park, CA: Sage.

Lieber, J., Beckman, P., Hanson, M., Janko, S. Marquart, J., Horn, E., & Odom, S. (1997). The impact of changing roles on relationships between professionals in inclusive programs for young children. *Early Education and Development*, 8(1), 67-82.

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Newbury Park, CA: Sage Publications.

Lyon, S., & Lyon G. (1980). Teaming and staff development: A role release approach to providing educational services for severely handicapped students. *Journal of the Association for the Severely handicapped, 5, 250-263.*

Morgan, D. L. (1998). *Focus groups as qualitative research.* Newbury Park, CA: Sage.

Multiculturalism and Citizenship Canada (1991). *Convention on the Rights of the Child.* Ottawa: Minister of Supply and Services Canada.

Ogletree, B.T., Bull, J., Drew, R., Lunnen, K.Y. (2001). Team-Based Service Delivery for Students with Disabilities. *Intervention in School and Clinic.* 36(3), 138-145.

SpeciaLink (1992). Symposium '92: The mainstream is the right stream: Strategies and techniques for change. Sydney, NS.

Toronto Children's Services (2007*). Inclusion: policy development guidelines for early*

learning and care programs. Retrieved on August 1, 2007 from

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

Wesley, P.W., Buysse, V., & Skinner, D. (2001). Early Interventionists' perspective on

professional comfort as consultants. *Journal of Early Intervention*, 24(2), 112-

128.

Wesley, P.W., Buysse, V., Tyndall, S. (1997) Family and professional perspective on

early intervention: An exploration using focus groups. *Topics in Early Childhood*

Special Education, 17(4), 435-456.