CREATING ACCESSIBLE EARLY CHILDHOOD SUPPORT:
VOICE OF THE EARLY CHILDHOOD PROFESSIONALS

by

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Abstract

The goal of this research is to explore what early childhood professionals believe is needed to provide quality, accessible support in an early childhood setting for young children with exceptionalities. Early childhood professionals across BC were asked to complete an online survey to contribute their recommendations regarding accessibility of support for children. In addition, they were asked what collaborative support, education and training would assist them in providing this support. The majority of respondents were age 35 years or above with a number of years experience working in the early childhood field as well as working with young children with exceptionalities. The results identified a lack of accessible support for young children with exceptionalities and a need for a streamlined, publicly funded system to increase accessibility. As well, overwhelmingly, respondents agreed there needed to be more collaboration and networking of services, resources and support that offers inclusive accessibility for young children with exceptionalities and enables early childhood professionals to provide inclusive program quality that meets the needs of all children.
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Chapter One

The purpose of the research is to explore the accessibility of support for young children with exceptionalities in an early childhood setting. Accessible early intervention and support can greatly influence the outcome for children with exceptionalities and their families in many ways and is vital for successful learning and development.

Significant changes in the early childhood over the last few decades highlight the importance of accessible support and program quality for children with exceptionalities during their precious early years of life. Exponential growth in new knowledge from research in neurosciences and biological sciences provides evidence that experiences early in life shape long term learning, behaviour and health. (Mustard & Rowcliffe, 2009). The evidence from the research has created change over the years that offers more awareness of research that stresses the importance of children’s early experiences and the impact they have on a child’s overall development in the early years. This has increased understanding the benefits to offering early childhood support for children, especially children needing extra support and their families. The greater awareness and understanding has created an exciting movement of more attention to early intervention and early childhood experiences and support: “Early childhood education and care has become an important political and social issue in many industrialized countries” (Neuman & Bennett, 2001, p.246).

Another huge change that has influenced the need for accessible support in early childhood has been the increase of women entering the workforce and dual income earners; there has never been so much demand for children to be in some type of child care: “Today’s rising generation is the first in which a majority are spending a large part of early childhood in some form of out-of-home child care” (UNICEF, 2008, p. 3). This emphasizes the need for change in
the early childhood field to meet the demands of more children requiring child care that is an accessible, quality program and offers support to all children including children with exceptionalities.

Another more recent change specifically in BC related to early childhood has been the implementation of full school day kindergarten. The Legislative Assembly of British Columbia 2008 Speech from the Throne announced, “A new Early Childhood Learning Agency will be established. It will assess the feasibility and costs of full school day kindergarten for five-year-olds. It will also undertake a feasibility study of providing parents with the choice of day-long kindergarten for four-year-olds by 2010, and for three-year-olds by 2012. That report will be completed and released within the year.” Government decisions like the possible implementation of pre-kindergarten for 3 and 4 year olds impact young children and young children with exceptionalities. Although the plan for 3 and 4 year olds has not happened and there are important areas not accounted for in the plan that would need to be addressed, these possible changes create opportunities and an immediacy to build on the need and demand for quality, accessible support for children in early childhood, particularly for children with exceptionalities. The timing is right for early childhood professionals in the field to be vocal and offer recommendations that will create new knowledge, awareness and understanding of the importance of accessibility, early intervention, inclusion and program quality, as well as collaboration, education and training for early childhood professionals.

Surprisingly, even though vast changes have undoubtedly impacted the early childhood field, very little has changed over the years in how programs, services and supports are provided to meet the needs of young children and their families. Historically, there has been a lack of
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acknowledgement and support in meeting the needs of our young children with Canada ranking last in spending and rate of access to Early Learning and Child Care Programs (OECD, 2006):

[I]t’s important to start with Canada and BC’s shameful record on meeting the needs of our very young children. Although Canada is one of the wealthiest countries in the world, we rank last amongst Organization for Economic Cooperation and Development (OECD) countries in providing funding for and access to quality early learning and child care services. Additionally, a 2008 UNICEF report puts Canada last out of 25 developed countries in achieving family policy benchmarks that support young children. This situation persists despite the mounting evidence that the child’s first few years of life lay the groundwork for lifelong health and development and that quality experiences during those early years matter (Chudnovsky, 2010, p.1).

This is a growing concern as BC and Canada lag behind other countries in offering support in early childhood. The importance of quality accessible early intervention and support for young children with exceptionalities is evident and needs to be acknowledged and recognized. Conroy, et al (2004) state there is a point of consensus across special education and related disciplines there is the need for early intervention to either prevent behavioural problems from becoming chronic and often intractable or lessen the later impact of the exceptionality (Lewis, et al, 2010). This recognizes that early intervention not only offers support for the child and family early, it can prevent long term chronic problems from developing. Clearly, any plan for early childhood programs has to take these insights from people in the special education field into account and consider the immediate and long term benefits of accessible early intervention.

Children with exceptionalities often require extra support and collaboration with other service providers in the community. Early childhood professionals, any adult working with
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children age 0-5 years in the field of early childhood such as licensed and unlicensed family
care, licensed group child care and supported child care worker, are involved to different
degrees, depending on the situation, in ensuring the child’s extra needs are met in a welcoming
inclusive environment. This can be challenging and early childhood professionals often lack the
support, confidence, education and training to meet the needs of the children in an inclusive
environment. Therefore, collaboration, education and training for early childhood professionals
are paramount to insure program quality that meets the needs of children with exceptionalities.

A growing body of research indicates a definitive link between high-quality and inclusive
early childhood programs. As outlined in “Inclusion: The Next Generation in Child Care in
Canada” (2004), high quality programs are important for all children and children with special
needs most certainly benefit much more from programs that not only provide opportunities for
social interactions with others, but also afford them opportunities to develop their skills and
abilities in stable, well-run programs that are attentive to their unique needs (Irwin et al, 2004).

Barriers, however, remain, in the form of limited formal education or professional
development specific to inclusion for early childhood professionals, lack of adequate resources
to hire additional staff with knowledge and skills to include all children, and lack of accessible
environments, indicating the need for additional resources to support more programs to become

This study was developed with consideration to changing knowledge and societal values
in response to: the awareness of early brain development, more women entering the workforce,
the implementation of full day kindergarten, the need for inclusion and program quality that
offers collaboration, training and education for early childhood professionals, and accessible
support for young children with exceptionalities. In addition, this study created a voice for early
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childhood professionals to offer recommendations based on their direct experience and understanding working with children with exceptionalities.

The overarching research questions for this study were: (a) What do early childhood professionals recommend as best practice for encouraging accessible support for young children with exceptionalities in an early childhood program? (b) Do early childhood professionals have the support, confidence and education or training to meet the needs of young children with exceptionalities? If not, what recommendations of best practice do they have to meet this need?”

The literature review follows before the methodology and procedures used in data collection and analysis are explained. Next the results are presented and analyzed. Lastly, conclusions and recommendations for future research close.
Chapter Two

Literature Review

Introduction

There has been a long overdue and exciting shift in the focus of attention within the Early Childhood Education and Care field; in the last decade it has become an important political and social issue. This is a major shift from a time when there was little understanding or motivation both politically and socially to provide quality accessible services for young children. Over the years, recognition of the importance of supporting children’s early development has increased awareness and understanding of offering quality accessible support in the early years for typically developing children, as well as children with exceptionalities. There are many factors that have contributed to this shift, but two significant factors are awareness of neuroscience research on early brain development highlighting the impact and importance of experiences in the early years; and the huge increase of women joining the workforce that has created a demand and need for accessible, quality child care services. Another more subtle change, although very relevant, has been in the language we now use to describe early childhood that reflects a more holistic philosophy of inclusion and integrated services. As well, a very recent change in BC, which may in part be a result of previous changes, is the Ministry of Education’s implementation of full school day kindergarten and the promise of some type of pre-kindergarten for 3 and 4 year olds.

This chapter begins with a brief history and background related to the changes described above, and then continues to build on the information by exploring crucial elements needed for early childhood professionals to provide quality accessible support for young children with
exceptionalities: program quality and inclusion; collaboration, education and training for early childhood professionals; early intervention; and accessibility.

**Background**

The federal government first became involved in offering accessible support for young children and their families during the Second World War in 1942, by offering universal child care. Federal money was available for child care centres to enable mothers to work in crucial industries during the war. However, the federal government withdrew this money as the war came to a close and the male breadwinner/female caregiver once again became the norm.

By the early 1950s, civic politicians and welfare administrators were only willing to offer early childhood support by subsidizing the cost of childcare for the poor, single parent families. This was a dramatic transition from a wartime acceptance of the principle of public service (Mahon, 2005). The assumption during this time was that most women were willing and able to care for their children at home. This perception changed dramatically starting in the 1960’s and accelerated in the 1970’s and 1980’s. A significant influence of this change of support in the early childhood field came with public pressure of the civil rights and feminist movement of the 1960’s. The movement to equality has had a gradual impact of women’s right to equality in the workplace and accessing needed quality child care. The feminist movement has always emphasized having access to universal child care for all, but this has often been met with road blocks. The general trend towards rising female labour force participation rates and the increased importance of feminism across the globe has created pressure on provinces to develop appropriate child care policies that offer quality accessible support, but not all provinces have proved equally willing and able to do so (Mahon, 2000). Strong debates have occurred as to whether government should be involved in the delivery of child care services and if so, how
extensive their involvement should be. This unwillingness to explore and understand the need and benefits of providing accessible universal child care demonstrates some of the road blocks that are encountered.

Along with the United States and the Scandinavian countries, the shift from male/breadwinner to dual-earner family is most advanced in Canada and ranked alongside with the United States, and not far behind Scandinavian countries, in participation rates of lone parents in the labour force (Mahon, 2005). According to UNICEF (2008), “approximately 80 per cent of the rich world’s three-to-six year olds are now in some form of early childhood education and care” (p. 3). The increase of children requiring child care not only brings opportunity for the early childhood field to meet this demand, but it also brings concerns about offering accessible, quality early childhood programs and services that meet the needs of all children, including children with exceptionalities.

Another more recent significant change that has identified and influenced the need for accessible quality support services and programs in early childhood, is neuroscience research connecting early brain development with children’s early experiences: “[N]euroscientific research is demonstrating that loving, stable, secure, and stimulating relationships with caregivers in the earliest months and years of life are critical for every aspect of a child’s development” (UNICEF, 2008, p.1). Awareness and understanding of early brain development reinforces the importance of early experiences and intervention that insure children’s individual needs are being supported to promote their optimal development. Providing quality accessible support that meets children’s individual needs during the early years is critical for all children and particularly critical for children with exceptionalities.
Also a more subtle yet very relevant change that influences the perception of accessible support in early childhood is a change in the language we use to describe early childhood education and care. What was called daycare in the 1970’s, then child care in the 1980’s and 1990’s, is now called Early Childhood Education and Care (ECEC). This change in wording represents much more than just the name change. It blends early childhood education with care and reflects the consensus that care and education are inseparable; it reflects a philosophical change towards inclusion and integrated services. ECEC, the term used today, describes inclusive and integrated services that play multiple roles for children and families. It is a holistic concept that has become commonplace internationally but has been slower to arrive in North America. A holistic well-designed integrated and inclusive early childhood education and care service meet a wide range of goals including care, learning and social support for children and their parents (Friendly & Prentice, 2008).

A recent change in BC is the implementation of full school day kindergarten for 5 year olds and the consideration of pre-kindergarten for 3 and 4 year olds. While the extension of universal, publicly funded, free service for young children is progressive and welcomed, the lack of integrated early care and education does not address the need of quality accessible support for working families and their young children with exceptionalities. The full school day hours do not fit with the hours of most working families, therefore families need to find other care more suited to their working hours. As already discussed, the number of women in the workforce has increased dramatically over the last few decades and more children than ever before are in some type of child care, yet the need for quality accessible early childhood support available to working families is not being addressed.
Since most early childhood education and care programs are on a user-pay basis with fees that are too high for many parents, accessibility of support from an inclusive quality program is financially challenging for families. A recent research project called 15 by 15 A Comprehensive Policy Framework for Early Human Capital Investment in BC implemented by the Human Early Learning Partnership (HELP) at the University of British Columbia addresses the need to support working families. Some of their recommendations are to extend parental leave, promote ongoing coordination and integration of early years’ services in communities, and expand access to high quality early learning and child care services after parental leave (Kershaw, 2009).

**Inclusion**

More and more young children with and without exceptionalities participate together in activities of an inclusive environment. Early childhood inclusion for children with exceptionalities in early childhood settings with typically developing peers is a relatively recent phenomenon. Although written about since the early 1970s, inclusive environments only emerged as a major service alternative for children and families in the 1990s. There will always be exceptions, but generally, there are positive outcomes for children with exceptionalities and for typically developing children in quality inclusive early childhood settings (Odum, 2000).

Bronfenbrenner’s Ecological Systems Theory (1997) is the foundation for understanding an inclusive environment. His theory considers both the child’s changing biology and the impact of social and cultural contexts on this changing biology. For example the child as a toddler interacts very differently with the world than the same child as a teenager. Conversely, the world treats the child differently, and relationships with family, peers, and teachers change dramatically at each developmental stage. Based on Bronfenbrenner’s work, an inclusive framework recognizes the diverse needs of children, families, professionals, and classroom communities, as
well as the dynamic influences of society and culture—manifested through politics, economics, expectations, and standards for the education of children (Darragh, 2007). Bronfenbrenner’s Ecological Theory offers inclusive interventions focused on improving child outcomes in the natural places where young children develop and learn. He describes the avoidance of “the science of strange behaviour of children in strange situations with strange adults for the briefest possible period of time” (Bronfenbrenner, 1977, p. 513) and highlights the illogical thinking of removing children from their natural setting. Instead, children should be supported in their familiar environment with familiar people. Universal Design for Early Childhood Education (UDECE) works towards those ends.

UDECE synthesizes practices within the field of early childhood education and special education to provide a framework for the inclusion of all children. Adapted from the architectural framework of Universal Design and the special education framework of Universal Design for Learning, UDECE embraces an ecological approach to supporting high quality early childhood education for all children. It is about designing early education settings so all children, as equal and valued members of the program, may access and engage in all learning opportunities, learn from a common curriculum according to their individual strengths and abilities, and demonstrate their learning in multiple ways. Within this philosophy, inclusion and natural environments are not places, but rather they represent a philosophy that guides practitioners as they work to support equity for all children. As well, children are children first and are not defined by their disability: instead their disability is just one facet of who they are and how they interact in the world.

At the same time, Lev Vygotsky, a Russian born psychologist in the 1920s, has contributed a wealth of ideas to early childhood education. At the core of Vygotsky's theory,
called the Cultural-Historical Theory, is the idea that child development is the result of the interactions between children and their social environment. He provides another theoretical basis for inclusion. Vygotsky believes that people learn via social interactions with others who are more “capable” in a given ability or field of knowledge. He also believes that cognitive and language development are socially based, with children first learning new ideas on the social level with more-capable peers and adults, and then internalizing those ideas. Therefore, the most important aspect of an early childhood program for children with special needs is improving social skills and interaction with adults and more-capable peers, (Berk & Winsler 1995). This theory resonates with the neuroscience research of early brain development and emphasizes the significance of children’s early experiences.

Inclusion seemingly creates a “win/win” situation where children’s needs are met on an individual basis and the children also learn from their interaction with each other. When they are exposed to inclusive environments starting at a young age, they learn acceptance of other people and that each person has unique abilities. Odom and colleagues (2004) review of research on preschool inclusion concluded that “positive developmental and behavioral outcomes occur for children with and without disabilities in inclusive settings” (p. 17). For example, inclusive settings have been associated with benefits for children with exceptionalities, such as increased social interactions (Guralnick, 2001), a larger number of playmates, and an increased likelihood for having at least one friend (Buysse, et al., 2002). Other documented benefits of inclusive settings for young children with and without disabilities include increased constructive play exhibited by children with mild delays (Guralnick & Groom, 1988), increased successful interactions experienced by children with communication disorders (Guralnick, et al., 1996), and improvements in typically developing children’s understanding and acceptance of diversity
(Odom, Schwartz, & ECRII Investigators, 2002). As more efforts are made to provide opportunities for young children with exceptionalities to participate in inclusive programs, it is imperative that steps are taken to ensure that children and their families benefit from programs that exemplify high overall quality and also address each child’s unique needs (Lero, 2010).

**Program Quality**

The benefits that result from well-developed system of high quality early childhood education and care are increasingly recognized for the contributions they make to children’s learning and development, and as effective means to promote social inclusion, parenting, neighbourhood cohesion, and parents’ employment and/or participation as adult learners (Canadian Council on Learning, 2008; Friendly & Lero, 2005; OECD, 2006). However, participating in a classroom together is not enough to ensure the benefits of inclusion. Just having an inclusive environment without additional individualized instruction or interventions may not be sufficient for promoting the benefits associated with a quality inclusive program. It is very important that the early childhood professionals structure the classroom environment and implement a curriculum that supports all children. This structuring begins with designing the physical space to encourage child integration, promoting engagement through play, providing small group activities that facilitate interaction and exploration, and being a positive adult model for the children. As well, broader program characteristics that reflect the inclusive quality of the program, including program philosophy, administrative support, resources (i.e., training), collaboration among professionals, opportunities for family choice, and interactions that teachers have with the child with exceptionalities, need attention.
The National Association for the Education of Young Children (NAEYC) and the Division of Early Childhood (DEC) jointly approved the following position statement on early childhood inclusion:

Early childhood inclusion embodies the values, policies and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full member of families, communities and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential (DEC/NAEYC, 2009, p. 2).

As indicated in this statement, inclusion is not merely including a child without considering the many factors that are part of each child’s life. As well, high quality programs and services are essential when offering inclusive support for children with exceptionalities and their families.

This document further articulates that the three features of high quality programs and services for young children with exceptionalities are access, participation, and support. Access to a wide range of learning opportunities, activities, settings and environments is a defining feature of high quality early childhood inclusion that results when modifications facilitate access for individual children and when programs utilize Universal Design for Learning (UDL) practices to ensure that every child has access to learning environments, materials and activities. Participation is enhanced when adults intentionally promote belonging, participation and the engagement of children with exceptionalities with their typically developing peers by using a variety of approaches including embedded routines and more explicit interventions to promote
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learning and social-emotional development. Supports refer to the system-level supports that are necessary to ensure that individual and program efforts are successful, including access to ongoing professional development, collaboration among key stakeholders (families, practitioners, specialists), program policies, and coordination with specialized services and therapists. Funding policies and quality frameworks/standards and guidelines are additional critical supports to ensure that early childhood professionals and programs can successfully address the needs of young children with exceptionalities and their families (Lero, 2010).

On the topic of system-level supports, Irwin et al., (2000) observed that inclusion quality is conceptualized as dynamic and multidimensional and affected by more general policies and funding arrangements related to early childhood professionals can affect program quality and staff turnover. Positive experiences and effective program supports can contribute to a cycle that leads to programs where early childhood professionals develop greater commitment, acquire additional skills and confidence, and demonstrate their capacity to include a wider range of children with more severe or challenging conditions. Alternatively, the loss or lack of a committed director, skilled early childhood staff, and/or program resources can impede progress and result in negative experiences for staff and children; resulting in a discouraging cycle and curtailment from a commitment to include children with special needs in the program. The sustainability of inclusion quality is thus an important factor both for individual programs and for communities.

Collaboration, Education and Training

A variety of scholars, Bricker (2000), Bruder (1993), Buysse, Skinner and Grant (2001), Guralnick (1993; 2001), Odom (2002), Wolery (2007) and especially in Canada, Irwin, Lero and Brophy (2000, 2004) have contributed to a growing consensus on the elements that are critical
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for inclusion quality in early childhood programs. These understandings incorporate the perspectives of program directors, early childhood educators, resource consultants, early childhood special education professionals, and parents, and conclude that collaboration, education and training that are critical for inclusive quality program (Lero, 2010).

Collaboration is the need for early childhood professionals to have frequent assistance from specialists and experts. This assistance involves the specialist observing the class, providing suggestions, showing the teacher how to use interventions, giving feedback, sharing resources and building supports within the centre such as an accessible environment with specialized equipment and materials and a variety of opportunities for family involvement. There also needs to be regular time to talk with specialists and plan activities and interventions to form an effective team. In the United States itinerant services are provided on a regular basis by early childhood special educators (ECSE) who travel to early childhood programs. This is an itinerant collaborative/consultative model. For this model the primary role of the ECSE is to consult with the early childhood professional who is supporting the children with exceptionalities. This model offers collaboration and support for the early childhood professional in creating and implementing an inclusive plan for the child with exceptionalities. In addition, the early childhood professional increases her own confidence and comfort level in supporting the child (Bourne Hooper, 2011). In British Columbia, a similar model is supported child care work where a worker goes to the child care setting and offers support. Typically, the support worker offers support solely to the child, rather than support for the child and the child care worker. Supported child care work presents as an opportunity to build upon and include ideas of the itinerant-collaborative/consultative model.
Education and training are also essential ingredients for quality inclusive care. Early childhood professionals need to have opportunities for ongoing professional development including access to a range of resources and supports. Early childhood professional must have training about teaching individualized goals in ongoing activities and about children with exceptionalities. In addition, education and training should include individualized intervention strategies for children with exceptionalities, tools for frequent monitoring of the child's progress and strategies for adjustments as needed. Knowledge about inclusion quality and its components should be included in both pre-service professional education and in specialized programs for centre directors and for early childhood professionals employed in community-based resource programs that provide ongoing professional development and on-site supports (Lero, 2010).

Unfortunately, collaboration, education and training for early childhood professionals are very inconsistent both around the world, and within Canada (Beach, 2010; Findlay, 2010). As well, opportunities for staff to participate in continuous training and professional development are uneven across and within countries (Neuman & Bennett, 2001).

In response to concerns about the fragmented nature of many early childhood professional development efforts (Winton & McCollum, 2008) and the absence of an agreed-on definition of professional development in the early childhood field, the National Professional Development Center on Inclusion (NPDCI) developed a definition and framework for professional development across all sectors of the early childhood field (Buysse et al., 2009; NPDCI, 2008). The definition of professional development proposed by NPDCI is as follows:

Professional development is facilitated teaching and learning experiences that are transactional and designed to support the acquisition of professional knowledge, skills, and dispositions as well as the application of this knowledge in practice. The key
components of professional development include: (a) the characteristics and contexts of the learners (i.e., the who of professional development, including the characteristics and contexts of the learners and the children and families they serve); (b) content (i.e., the what of professional development; what professionals should know and be able to do; generally defined by professional competencies, standards, and credentials); and (c) the organization and facilitation of learning experiences (i.e., the how of professional development; the approaches, models, or methods used to support self-directed, experientially oriented learning that is highly relevant to practice) (NPDCI, 2008).

Although a comprehensive system of professional development must take into account a variety of factors, such as access to learning opportunities and incentives to participate, the who, the what, and the how can be viewed as the core of a professional development system aimed at promoting highly effective teaching and intervening. The NPDCI framework can be used to plan and organize professional development in early childhood on a broad range of topics, including quality inclusive programs and practices.

**Early Intervention**

Earlier identification and the subsequent use of evidence-based intervention should lead to improved health, developmental, behavioural, and learning outcomes for young children, particularly those characterized as “at risk”. The potential impact of early identification and intervention is far reaching and the benefits cannot be underestimated.

A specific type of assessment tool called response to intervention (RTI) approach emphasizes prevention, rather than strictly remediation, and universal screening to identify children who might need specialized assistance to participate meaningfully in early learning experiences. Typically the intervention model has three tiers shown in a pyramid with tier 1
being the area at the base where the largest portion of children are supported within their familiar surroundings among their peers. As well, the RTI approach is an early intervention that protects against the “error-prone assumptions of a within-child cause” of poor learning or inadequate performance, by focusing on environmental quality, curricular quality, and teaching strategies used in the classroom as the first step in multi tiered intervention (VanDerHeyden & Snyder, 2006, pg. 525). The RTI approach highlights the importance of holistically exploring all possibilities of the most effective support and intervention rather than only narrowly looking within the child (VanDerHeyden & Snyder, 2006).

An early intervention program that is federally funded and offered in the United States is the Head Start and Early Head Start (EHS) program. In Canada there are Aboriginal Head Start programs for Aboriginal families, but there are not any other Head Start programs available. In the United States, the program is available to low-income families and some families must be eligible for early intervention services. A qualitative study of 32 low-income families in an Early Head Start program with infant and toddlers with developmental delays or disabilities examined whether participation in one Early Head Start (EHS) program increased the likelihood that the families would pursue early intervention services. As well, phases through which the EHS families progressed in accessing such services were identified and a description of how EHS helped the families obtain access. Results of the study found the EHS families obtained early intervention services at higher rates than the control families. Case studies illustrated how EHS staff developed individualized strategies to help families obtain intervention services.

The EHS study is an example of accessible services promoting family access to support and using the early intervention services. Typically, low income families underutilize intervention services, possibly because they must devote themselves to meeting basic needs and
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do not have the time needed to access services available to them; suggesting another reason to offer services that are easily accessible and user-friendly. The EHS program or a similar type of program could be a valuable service to offer families of young children in Canada (Wall et al., 2005).

Another important contribution to offering early intervention and providing inclusive quality program with support for children with exceptionalities is curriculum development that emphasizes developmentally appropriate practice, activity based approaches to intervention and a collaborative team approach. Developmentally appropriate practice guidelines recommend that children with exceptionalities be included physically, intellectually, and socially in early childhood classrooms. NAEYC defines Developmentally Appropriate Practice across three levels:

1. Knowledge of age-related child characteristics that can predict possible activities, materials, interactions, or experiences that will be safe, healthy, interesting, achievable, and challenging to children
2. Knowledge of the strengths, interests, and needs of each individual child within a group to plan for needed accommodations
3. Knowledge of children`s social and cultural contexts to ensure that learning experiences are meaningful, relevant, and respectful to the children and their families (NAEYC, 2009, pp. 9 & 10)

Therefore, curriculum development that emphasizes developmentally appropriate practices allows for the inclusion of children with exceptionalities within natural environments.

Accessibility
All children have the right to access and receive support from publicly funded early childhood programs and services. As stated in international agreements such as the UN Convention on The Rights of the Child (CRC) and related General Comment #7 (GC7) on “Implementing child rights in early childhood,” it is the right of all children to access universal, high quality, publicly funded early childhood programs and services. “The Committee calls on States parties to ensure that all young children (and those with primary responsibility for their well-being) are guaranteed access to appropriate and effective services, including programmes of health, care and education specifically designed to promote their well-being” (CRC, GC7, 2005).

These rights stated in GC7 emerged from a discussion on broader implications of the Convention on the Rights of the Child for young children. In 2004, a day devoted to general discussion on the theme “Implementing child rights in early childhood” resulted in a set of recommendations as well as the decision to prepare a general comment on this important topic. Many areas of GC7 are particularly relevant to the field of special education and to early childhood professionals working with children with exceptionalities.

A publicly funded quality early childhood system has the potential to offer more accessibility to children needing extra support. Early Childhood Educators of BC (ECECBC) and the Coalition of Child Care Advocates of BC (CCCABC) have developed two documents outlining a comprehensive publicly funded plan for child care. The documents are, “Briefing Note, Our Emerging Plan for an Integrated System of Early Care and Learning in BC” and a follow up document “Community Plan for a Public System of Integrated Early Care and Learning,” hereafter, both documents are referred to as “The Plan”. The Plan combines “the best of child care and the best of public education” (Times Colonist, 2011). Highlights of The Plan include:
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- New legislation... a BC Early Care and Learning Act
- A new home for child care in the Ministry of Education
- A new role for Boards of Education
- The development of Early Years Centre Networks
- Enhancing Kindergarten and Grade One
- Strengthening School Age Care and Family Child Care
- Developing the Early Childhood Educators’ workforce

(A Community Plan for a Public System of Integrated Early Care and Learning in BC, 2011)

The Plan consists of principles that serve as a guide and highlights the many relevant aspects of creating accessible early childhood support, as well as the importance of support and expertise for the early childhood professional. The Plan incorporates applicable sections of CRC and GC7 within each principle, and is relevant for all children. These principles are:

1. The right of all children to access universal, high quality publicly funded early care and learning programs is enshrined in legislation. (GC7 5, 12, 22, 28, 31, 32, CRC Article 18)
2. Programs are planned, delivered and governed on a democratic, community driven, not-for-profit basis through an integrated system of early care and learning. (GC7 22, 28, 30, 31, 32, 38.)
3. The system of early care and learning advances equity and social inclusion for all. (GC78, 11, 12, 36d.)
4. Programs provide play-based, inclusive experiences that meet all children’s developmental needs and respect their right to quality of life. (GC7 3, 6, 10, 14, 23, 28, 36.)
5. Programs are designed to meet the needs of the majority of families where parents are in the paid labour force, studying and/or participating in community life. (GC7 15, 20, 21, 29b and CRC 18.3.)

6. Programs are delivered by socially valued and fairly compensated staff with specific education and expertise in early childhood education. (GC7 8, 23.)

7. Programs are adequately funded, stable and openly accountable to the communities they serve. (GC7 10, 15, 20, 38.)

Finally, GC7 affirms our collective responsibility to recognize young children as conscious, thinking, individual who has the capacity to shape their world in a variety of ways and to respect and advocate to their rights.

Summary

Changes over the last few decades have created a shift in the early childhood education field and influenced the importance and quality of accessible early childhood support. An ecological perspective of the early childhood education field demonstrates the complexity and many pertinent factors involved in offering inclusion and program quality for young children with exceptionalities; collaboration, education and training for early childhood professionals are crucial for providing the support.
Chapter Three

Research Methodology

Introduction

The purpose of this study is to explore the accessibility of support for young children with exceptionalities in an early childhood setting. This chapter begins with a description of the mixed methods used to collect data for the research and why they were chosen for the study. Following is an outline of how the data were collected which includes the participants and their recruitment and the method of data collection. Then a description of the data analysis and interpretation is presented. Lastly, a summary offers an overview of the process.

Theoretical Framework/Methodical Understandings

This study uses mixed methods. Tashakkori and Creswell (2007) offer this definition of mixed methods, “Mixed methods may be defined as “research in which the investigator collects and analyses data, integrates the findings and draws inferences using both qualitative and quantitative approaches or methods in a single study” (p. 4). The use of mixed methods offers more information about the data collected which creates more understanding of the results of the research.

Mixed methods research is a new paradigm and is becoming recognized as the third major research approach along with qualitative and quantitative research. The ontological stance, what is reality or exists about the research, and epistemological stance, what knowledge is there about the research, of qualitative and quantitative traditions differ and for some, there is an assumption the two approaches cannot be combined. It is believed that qualitative and quantitative approaches are not compatible and combining the two “dilutes” the validity of the research, and therefore, could be viewed as a limitation of this the research (Tashakkori and Creswell, 2007).
On the other hand, advocates of mixed methods believe combining the qualitative and quantitative approaches increases the clarity and validity of the research. Mixed methods research is used when the researcher combines quantitative (what) and qualitative (how or why) approaches in their research. Leech and Onwuegbuzie (2009) suggest that conducting mixed methods research involves “collecting, analyzing, and interpreting quantitative and qualitative data in a single study or in a series of studies that investigate the same underlying phenomenon” (p. 265). The additional qualitative data validates and offers further understanding of the quantitative data collected.

Onwuegbuzie and Leech (2005a) created the term “pragmatic researcher.” They state, “A pragmatic researcher is one who is flexible in his or her research techniques, collaborates with other researchers with multiple epistemological stances, and views research as a holistic endeavour that requires prolonged engagement, persistent observation, and triangulation” (p. 383). This describes a type of researcher who is open to other’s point of view using different philosophy and method of research to gather data. As well, comparing the similarities of the results of the different approaches further adds clarity and validity to the research. Simply stated, the mixed method approach of combining qualitative and quantitative data collection increases the understanding and validity of the research with each approach complimenting the other and further validating the findings of each.

The choice to use mixed methods for this study allows the opportunity to quantitatively collect valuable data from a large audience through asking specific questions in an online survey. Participants were then asked to elaborate or explain their answer within the same question to obtain qualitative data from their personal insights to further clarify, understand and interpret the results. This approach is a sequential explanatory mixed design that starts with quantitative data
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from specific questions asked then followed by qualitative data collected from questions that require the participant to give an opinion or reasoning for their answer to the previous question.

Data Collection

Participants. The participants for the survey were early childhood professionals who offer care and support for young children age 0-5 years and include the following:

- Early Childhood Educators
- Child Care Providers
- Child Care Support Workers
- Child Care Consultants

Recruitment for survey. Recruitment of participants for the online survey was an invitation to various child care organizations to distribute the invitation and survey among their organizations asking for participants to complete the survey. The following organizations agreed to distribute the survey: Early Childhood Educators of BC (ECECBC), Child Care Resource & Referral (CCRR), and Child Development Centre (CDC).

Early Childhood Educators of BC (ECECBC) has a membership of early childhood educators across BC. The ECECBC offered the online invitation and survey on their website so that it could be accessed through a link. Child Care Resource & Referral (CCRR) in BC offers registered membership to child care providers. The CCRR coordinators representing their respective areas in BC distributed the information regarding the survey to child care consultants at each location. Then each CCRR emailed the online invitation and survey directly to the child care providers registered in their program. Child Development Centre (CDC) in Nanaimo offered the invitation and survey to their child care support workers. Nanaimo branch of ECECBC membership are early childhood educators in the Nanaimo area. Information about the
survey was shared at their monthly meeting and the invitation and survey was emailed to members.

The invitation with the survey invited participants to complete the survey and included information regarding the researcher, the purpose of the study, assurances of anonymity, participant’s consent, secure storage of data collected and its destruction, method and time frame of collecting data, anticipated completion and availability of results. All ethical protocols required by Vancouver Island University Research Ethics Board were followed when conducting the research.

The survey questions were guided by the overarching research questions: “What recommendations of best practice do early childhood professionals have that will encourage accessible support for young children with exceptionalities in an early childhood program? Do early childhood professionals have the collaboration, education and training to provide the support needed for young children with exceptionalities? If not, what recommendations of best practice do early childhood professionals have to meet this need?” The literature reviewed was also considered when determining the questions in the survey. Questions in the survey reflect what the literature tells us about gaps in offering inclusive accessible support for children with exceptionalities as well as the gaps in support for early childhood professionals providing the support for children.

The survey was developed using Canadian online survey software called FluidSurveys. The website can be accessed at http://fluidsurveys.com/. This service was used to create the survey using the questions developed from the overarching research questions as well as a review of the literature. The responses were tracked and calculated using FluidSurveys statistics and reports.
Data Analysis

The survey data were analyzed to identify the demographics of participants as well as the relationship of issues of interest in implementing inclusive accessible support for children with exceptionalities. These issues included: inclusion, accessibility, early intervention, quality programming, and collaboration of support, education and training for early childhood professionals. The FluidSurveys online survey software questionnaire tool collected and analyzed the data to create descriptive statistics on the results of the quantitative data. The qualitative data were tracked by recording each participant’s additional responses to the questions. Themes were identified by noting repetition or similar patterns of the responses.

Summary

This research was related to accessibility and support for young children in an early childhood setting as well as support for the child care professional providing the accessibility and support. Data were collected by using mixed methods and involving an online survey that was completed by early childhood professionals. The results of the survey were analyzed to identify the demographics of the participants and connections of their responses to the research questions related to inclusive accessible support for children with exceptionalities as well as support for early childhood professionals providing the support.
Chapter Four

Results

The purpose of this research is to explore the accessibility of support for young children with exceptionalities in an early childhood setting. Of equal importance, is to also explore the collaboration, education and training of the early childhood professionals to provide support needed for the children. Therefore, the overarching questions from which the complementary survey questions were created are: “What recommendations of best practice do early childhood professionals have to offer accessible support for young children with exceptionalities? Do early childhood professionals have the collaboration, education and training to offer support needed for young children with exceptionalities? If not, what recommendations of best practice do early childhood professionals have to meet this need?”

Mixed methods were used in the survey to collect both quantitative and qualitative data. Chapter 4 provides an overview of the results of the survey. The results of the survey are reported as a combination of quantitative and qualitative data where posed questions yield specific statistics and opportunities for further elaboration. The respondents to the survey are described by presenting demographic information of their geographic location, age range, type of work, education and experience. A summary of the demographic data is offered before the results of the survey that address the overarching research questions and recommendations of best practice are presented in the areas of: accessibility of support for young children; support, training and skills of early childhood professionals and collaboration and networking of relevant services, resources and support.
The Respondents

The online invitation and survey was distributed to early childhood professionals in British Columbia by sending the survey via email to Child Care Resource & Referral programs, Early Childhood Educators of BC (ECECBC) website, Nanaimo Local Branch ECECBC and Nanaimo Child Development Centre. Of the 169 responses received, 106 were fully completed surveys.

Demographics. Table 1 indicates the respondents were from variety of areas throughout British Columbia.

Table 1 – Geographic Distribution of Respondents

<table>
<thead>
<tr>
<th>Response</th>
<th>Chart</th>
<th>Percentages</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fraser Valley</td>
<td></td>
<td>5%</td>
<td>7</td>
</tr>
<tr>
<td>Interior</td>
<td></td>
<td>11%</td>
<td>14</td>
</tr>
<tr>
<td>Lower Mainland</td>
<td></td>
<td>32%</td>
<td>39</td>
</tr>
<tr>
<td>Northern BC</td>
<td></td>
<td>15%</td>
<td>18</td>
</tr>
<tr>
<td>Vancouver Island</td>
<td></td>
<td>33%</td>
<td>40</td>
</tr>
</tbody>
</table>

The highest respondent rate per city was Vancouver (14), Prince George (14) and Nanaimo (12). The number of registered child care professionals receiving the online survey through their local Child Care Resource & Referral (CCRR) varied from city to city, with the smaller cities having lower numbers and larger cities having higher numbers. The CCRR with high registration of early childhood professionals did not necessarily have the highest response rate.

As can be seen in Table 2, respondents throughout the age range were represented, with the majority of respondents being 35 years and older.
**Table 2 - Age Range**

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>19-24</td>
<td>2%</td>
<td>3</td>
</tr>
<tr>
<td>25-34</td>
<td>15%</td>
<td>18</td>
</tr>
<tr>
<td>35-44</td>
<td>30%</td>
<td>37</td>
</tr>
<tr>
<td>45-54</td>
<td>32%</td>
<td>39</td>
</tr>
<tr>
<td>55 or Above</td>
<td>19%</td>
<td>23</td>
</tr>
<tr>
<td>Prefer Not to Answer</td>
<td>2%</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 3 indicates the type of work that respondents engage in. Although the majority of the respondents work in a licensed group child care, a fairly large proportion selected the “other” category of work, in which most specified a type of licensed child care, such as, preschool, multi-age and after school care. Other types of work indicated were Aboriginal Supported Child Development, CCRR, StrongStart facilitator, Infant Development, and Community Family Services.

**Table 3 - Type of Work**

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>informal child care</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>license not required child care - LNR (caring for no more than 2 children not related by blood or marriage)</td>
<td>6%</td>
<td>7</td>
</tr>
<tr>
<td>licensed family child care</td>
<td>19%</td>
<td>23</td>
</tr>
<tr>
<td>licensed group child care</td>
<td>41%</td>
<td>50</td>
</tr>
<tr>
<td>supported child care</td>
<td>6%</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>29%</td>
<td>36</td>
</tr>
<tr>
<td>Total Responses</td>
<td></td>
<td>123</td>
</tr>
</tbody>
</table>
Experience

The following information presents data regarding early childhood professionals’ experience in working in the early childhood field and experience working with young children needing extra support.

Table 4 – Work Experience in the Early Childhood Field

<table>
<thead>
<tr>
<th>Response</th>
<th>Chart</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5 years</td>
<td></td>
<td>11%</td>
<td>13</td>
</tr>
<tr>
<td>6-10 years</td>
<td></td>
<td>21%</td>
<td>26</td>
</tr>
<tr>
<td>11-15 years</td>
<td></td>
<td>17%</td>
<td>21</td>
</tr>
<tr>
<td>16-20 years</td>
<td></td>
<td>15%</td>
<td>18</td>
</tr>
<tr>
<td>20+ years</td>
<td></td>
<td>37%</td>
<td>45</td>
</tr>
</tbody>
</table>

The overall responses of Table 2 - Age Range and Table 4 - Work Experience in the Early Childhood field indicate the response rate from younger and less experienced respondents was much lower. Specifically, the majority of responses were from respondents above 35 years with 20+ years work experience.

Experience working with young children needing extra support. Respondents rated their experience working with children needing extra support on a scale of one to ten: one representing no experience and ten representing very experienced. Of the 110 overall responses, 14 (13%) rated seven, 28 (25%) rated eight, 9 (8%) rated nine and 25 (23%) rated ten, indicating a majority of respondents rating their experience working with children needing extra support as high. There was variance of individual respondents’ ratings. For example, 41 participants age 35 years and older with 20+ years experience working in the early childhood field indicated a rating of one (0%) and ten (34%) and 11 respondents age 19-24 with one to five years working in
early childhood field rating one (27%) and 10 (18%). These data specify the majority of respondents had experience working with children needing extra support (rating seven to ten), were age 35 years or above and had 20+ years experience working in the early childhood field.

Table 5 offers insight into the types of education early childhood professionals have.

**Table 5 – Education of Early Childhood Professionals**

<table>
<thead>
<tr>
<th>Response</th>
<th>Chart</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some High School</td>
<td></td>
<td>1%</td>
<td>1</td>
</tr>
<tr>
<td>High School Graduate or Equivalent</td>
<td></td>
<td>7%</td>
<td>8</td>
</tr>
<tr>
<td>Early Childhood Certificate</td>
<td></td>
<td>29%</td>
<td>32</td>
</tr>
<tr>
<td>Early Childhood Diploma</td>
<td></td>
<td>30%</td>
<td>33</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td></td>
<td>16%</td>
<td>17</td>
</tr>
<tr>
<td>Graduate of Professional Degree</td>
<td></td>
<td>5%</td>
<td>5</td>
</tr>
<tr>
<td>Other, please specify:</td>
<td></td>
<td>12%</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total Responses</strong></td>
<td></td>
<td></td>
<td>109</td>
</tr>
</tbody>
</table>

Of the 13 respondents with a bachelor degree, nine worked in licensed group child care, one in a licensed family child care, and three worked in supported child care. The category for “other” was slightly confusing; in every case it was left blank, so it was unclear what type of education the respondent had. Again, there was range when comparing the responses of respondents aged 19-24 with one to five years work experience; most were high school graduates (36%) with some having early childhood certificate (27%). Those above age 35 with 20+ years work experience mostly had an early childhood certificate (24%) or diploma (44%) or a bachelor degree (15%).
**Demographic summary.** The respondents in the survey are from various cities across BC, with the highest number of responses from Vancouver, Prince George and Nanaimo. Most are in the age range of 35-54, with very few responses from the age 19-24 group. The majority of respondents worked in licensed group child care and about half as many worked in licensed family child care. The younger age group 19-24 had much less work experience in the early childhood field and working with children needing extra support than the 35 years and above age group. As well, the older age group had more formal early childhood education. These data imply the majority working in the early childhood field are 35 years old or older, have experience working in the early childhood field and working with children needing extra support as well as formal education in early childhood education.

**Accessibility for Young Children Needing Extra Support**

Early childhood professionals were asked what is needed or lacking when offering accessible support for children needing extra support. Their responses focussed on addressing provision of services and funding.

**Support & services for young children.** Although support services such as Child Development Centre, Supported Child Care and PacificCARE Child Care Resource & Referral were considered helpful supports that are relatively easily accessible, the general view held by early childhood professionals (70%) is that support and services for young children needing extra support is not easily accessible. In their responses to this question, early childhood professionals offered recommendations on what services and support would be helpful to improve accessibility. Many recommendations were to provide a combination of support and services for young children within the child’s familiar child care setting. Often included with these recommendations was the need for collaboration of resources and services offered to the early
childhood professional to enable them to provide the support and services. One respondent called for “more consultant/support time in [the] facility to offer suggestions and plan support with staff working with the child.” Likewise, another believed that workers “often are given goals for [a] child but not tools to provide the support.” Another respondent wanted the “support worker/para-professional [to] take time to explain, show, and set goals with the child care staff.” The words of one respondent sum up the overall need for combining support and services: “Supported child care [is] intended as support to increase skills in the child care sector rather than being dependant to provide the support.”

Another recommendation directly impacting services for young children was a minimum requirement of early childhood diploma for early childhood professionals. One respondent said, “I believe systemic support to the childcare field including higher standards supported by licensing, increased education in the area of development and exceptional needs (a degree program for example) and commensurate compensation for the work would increase accessibility for all children.” The requirement for education reflects the literature that suggests related education increases the ability to offer inclusion and program quality. At the same time, some respondents recognized that access to support for rural communities can be challenging and offered recommendations to make access easier. A respondent from a rural community said, “In my experience there are many waitlists for services and limited professionals to support these children. Families in our community have to drive 25 km to get support for some of these services; all early intervention programs should be accessible in rural communities. Hiring more professionals to provide the support so that all children that need it get it.”

Lastly, recommendations for more funding were prevalent; one response to this was, “There are many support services in place but still children on waitlists which indicates a need
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for increased funding.” One respondent saw a need for “funding to retrofit programs to accommodate children’s special needs, such as wheelchair accessibility, adapted play equipment.” Another wanted “more funding to hire more early childhood staff to shorten waitlists.” More generally expressed by a majority of respondents was “funding to increase accessibility by offering a publicly funded child care system.”

Publicly funded child care system. The majority of participants (65%) think a publicly funded child care program would increase accessibility and support for children needing extra support. The respondents who disagreed with offering a publicly funded child care program also stated they agreed with a publicly funded system, but their concern was that the funding may not be sufficient and there would continue to be issues of waitlists and lack of support and inclusion for children with exceptionalities. Respondents offered many reasons as to why a publicly funded child care system would increase accessibility and support. Most responses stated that barriers of affordability for families would be decreased and allow for more opportunity to attend a child care program, thereby increasing the likelihood of accessing support. For instance, one respondent noted, “Parents [are] more likely to seek out support if it is affordable” and another stated, “All would have access to quality child care program.” Other comments were that publicly funded child care would offer a system that is more “streamline all under one auspice” and “raise the professional bar of the child care field.” Interestingly, the views of these respondents are similar to those outlined by the Integrated Early Care and Learning framework as part of their proposed project that includes upgrading of education and a more streamline system under the umbrella of the Ministry of Education. One last respondent comment on the topic of provision of public funding was that “every child should have the right to quality child care.” This resonates with the UN Convention of the Rights of the Child and the accompanying
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General Comment #7 that specifically states the right of every child to early childhood education. In the views of many early childhood professionals, this right to early childhood education may be insured by a publicly funded child care system.

Support, Training and Skills of Early Childhood Professionals

When asked if early childhood professionals have support, training and skills needed to offer support for children with exceptionalities, 61% of respondents stated they did. Respondents were also asked to identify what support, training and skills would be helpful. Table 6 shows the kinds of supports participants valued.

**Table 6 – Helpful support, training and skills**

<table>
<thead>
<tr>
<th>Response</th>
<th>Chart</th>
<th>Percentage</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>training related to special education</td>
<td></td>
<td>27%</td>
<td>12</td>
</tr>
<tr>
<td>education i.e. Early Childhood Education certificate or diploma</td>
<td></td>
<td>7%</td>
<td>3</td>
</tr>
<tr>
<td>education specific to special education</td>
<td></td>
<td>27%</td>
<td>12</td>
</tr>
<tr>
<td>collaboration with service providers in the community who specialize in special education</td>
<td></td>
<td>39%</td>
<td>17</td>
</tr>
<tr>
<td>Total Responses</td>
<td></td>
<td></td>
<td>44</td>
</tr>
</tbody>
</table>

The additional comments to this question generally indicated all of the supports shown in the table would be helpful. Some respondents also commented on practical experience as being helpful. In addition, respondents believed that support, training and skills they found helpful consisted of a variety of special education training/workshops including specific training for the child’s needs and/or they had experience working with children needing extra support. More
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specifically, some workshops offered by Child Care Resource & Referral and Child Development Centre were identified: fetal alcohol, sensory workshops, challenging behaviours, autism, and speech delays. Examples of training given were Community Support Worker Certificate, and Special Education Assistant Certificate. Some respondents indicated that professionals in the community, such as speech and language pathologists and occupational therapists were helpful in providing support.

Comparison of results between respondents aged 19-24 with one to five years work experience in the early childhood field and respondents aged 35 and above with 20+ years work experience revealed that when looked at separately, the two categories have very different results. For the 19-24 age group with one to five years work experience, when asked if they have the support, training and skills to offer support for children with exceptionalities, the yes (56%) and no (44%) responses were almost equal, while the 35 and above age with 20+ years work experience the yes response to the same question was high (78%) and the no response was low (22%), indicating almost half of the participants in the younger age group are lacking in this area.

Collaboration and Networking of Relevant Services, Resources and Support

When respondents were asked in the survey if collaboration and networking of relevant services, resources and support would be helpful to provide extra support needed for a child, they responded with an overwhelming “yes” (92%). In addition, they made recommendations regarding collaboration and networking of relevant services, resources and support.

Respondents frequently commented about the lack of collaboration and networking of services, resources and support offered both for them and for the child needing extra support. Often a team approach was recommended so there was collaboration of all involved with the child’s care to meet the needs of the child. A recommendation of a respondent was, “A better
A connected team approach would work well.” Often the services, resources and support are available or offered, but there is no collaboration to work together as a team. A respondent shared her experience: “I am currently working with a child that has many delays. Even though there is a large team of professionals supporting this family I feel it is fragmented. Everyone is working on a different area of development and it appears they do not have anyone to facilitate a team approach.” Another response referring to accessing services, resources and support was: “It is not uncommon to have difficulty when dealing with multiple agencies.” A respondent shared her experience many years ago of having support and regular visits to her daycare from a public health nurse: “When I first opened by daycare in 1972, there was a public health nurse assigned to each daycare. She made monthly visits and was an excellent resource to all the other services available through the health system.”

Many responses also stressed the importance of being involved in the services, resources and support for the child and that they are offered within the child’s familiar child care setting. One respondent described this as “consistency of support for a child offered within their familiar child care setting by the intervention team.” Other comments from respondents relating to this were, “Caregivers need to be listened to, they need to be visited and children observed in their ‘home away from home’ environment. Caregivers need to be given tools to help these kids.” and “A pre set up schedule/program for a child who will be in my center so that I could be consistent and follow through with a familiar routine for the child as well as an available support contact whom I could call to ask questions or have come for visits when needed.” Another respondent summed up the recommendations by stating, “Centre visits; one on one modeling from consultant; carry out care plan together with the staff, consultant and parent.”
There was also a recommendation of being included in meetings and decisions about the child’s care: “Currently in our community there is a connection where the childcare consultant and special services such as speech, physio/occupational, etc. meet to discuss child specific needs, but the most important support is left out . . . and that is the facility and support workers that is working directly with child and family. If there was a means of including the centre/support person in these meetings, then child specific programming needs can be better met.” Families were also recognized as being part of a collaborative team and to be included in decision made regarding their child and involved as much as possible within the child care program. A respondent’s recommendation for this was, “A streamlined process for families to access all the services they need for their child and funding to provide time for all of these professionals to meet.”

Another recommendation was offering inclusion of typical developing children with children needing extra support in the child care setting. This was recognized as support that encourages acceptance of differences and offers modeling of skills as suggested in Vygotsky’s social-cultural theory (Berk & Winsler 1995). A respondent shared this story, “I have found that the other children are often wonderful teachers as they will take it upon themselves to coach a child. I had a little girl of three in my daycare who didn’t talk and the children encouraged her and cheered her on when she said a word. It was exciting for all the children and before we knew it she was speaking several new words daily.” This is an example of the support and learning children can offer through modeling for a child with extra needs.

In addition, the need for more funding to provide more services, resources and support to shorten waitlists was, again, recognized as an issue. Insufficient funding was often pointed out as a barrier in the responses. A response relating to this was, “The biggest hurdle is always
funding. We receive incredible support from our organization but their hands are tied by whether or not they receive the funding.” Accordingly, a recommendation of another respondent was for a commitment of the government to the Integrated Early Care & Learning Plan. This would offer a way to provide publicly funded child care with collaboration and networking for easier access of services, resources and support under one system and subsequently create less fragmentation and more accessibility. Notwithstanding, early childcare professionals recognized that they knew best what was going on in their field and what was needed: “a roundtable group having representatives from all agencies to meet and discuss ways of making the process easier for staff and families.”
Chapter Five

Conclusion & Discussion

Conclusion

The demographics of the 106 responses to the survey indicated the respondents were from a range of large and small cities across BC and most of the respondents were in an age range between 35-54 years and the majority had worked in the early childhood field for 20+ years. The majority of the respondents worked in licensed group child care and an equal number had either an early childhood certificate or diploma. Most rated their experience working with young children with exceptionalities as either eight or ten in a scale of one to ten with 1 being not experienced and 10 being very experienced. The 63 remaining respondents partially completed the survey. There is no way of knowing why the survey was started and not completed; some reasons may have been due to lack of time to complete, they were unable to answer questions, or the questions didn’t apply directly to them. The responses came in randomly at different times while the survey was offered, although at times several responses were received together around the same time and from the same city. This may imply that some worked at the same facility and encouraged each other to complete the survey which may also relate to the higher participation in some areas and not in other areas. As well, after the researcher’s attendance and speaking to members about the survey at the Early Childhood Educators of BC local branch meeting in Nanaimo, the responses to the survey for Nanaimo increased from four to twelve responses. To accommodate for more responses and time to complete the survey, the end date for submitting the survey was extended by one month. This is a possible indication that more personal contact and some reasonable accommodations when collecting data can increase the overall participant response rate.
The strong response from the survey indicating that support is not easily accessible to young children and their families signal a need to look at where the current system is lacking in offering accessible support. Many responses from respondents pointed out the lack of adequate funding to provide the qualified staff and collaboration of services needed to provide inclusion and program quality as an issue. Also, another issue was the process to access support was very complicated and slow procedure. The majority agreed a publicly funded early childhood program would increase accessibility; other respondents who indicated no to publicly funded early childhood program, agreed with publicly funded system but were concerned that the funding may not be sufficient to address the issue of accessibility and support.

It was interesting to compare the differences in results according to individual’s work experience. Comparing the results made by the two categories, one to five years with 20+ years work experience in early childhood, offered very different results from the overall summary report that included all respondents. By looking at the individual differences there appears to be a relationship of a higher level of support, education and training with respondents who are age 35 or above with 20+ years work experience. This may be an indication that not only is support, education and training important for all early childhood professionals, it is even more critical for early childhood professionals entering the field to ensure they have the support, education and training needed to work with young children with exceptionalities.

While considering the low response rate from the younger age group, the possible implications are there will be a lack of younger, educated and experienced workers in the early childhood field as the aging early childhood professional workforce retires. Also, as indicated in the literature by many scholars such as Bricker (2000), Bruder (1993), Buysse, Skinner and Grant (2001), Guralnick (1993; 2001), Odom (2002), Wolery (2007) and especially in Canada,
Irwin, Lero and Brophy (2000, 2004), the lack of early childhood education could result in further implications of low inclusion and program quality to offer accessible support for children with exceptionalities. Accessibility for young children needing extra support along with collaboration of services, resources and support for early childhood professionals was also indicated in the research as crucial aspects in providing inclusion and program quality.

Some surprising results of the study were that many respondents rated their experience working with young children with exceptionalities as high and it was also surprising that most indicated they have support, education and training to offer support for children with exceptionalities, with the majority of the responses being education and training had been acquired from attending additional workshops. This result challenges what the literature indicates that many early childhood professionals lack collaboration, confidence, education and training to provide inclusion and program quality that offers accessible support for young children with exceptionalities. There may be a relationship to between the respondents’ high rating of experience and level of education and training with the majority of the respondents being in the age range of 35-54 years and working 20+ years in the early childhood field. On the other hand, it was surprising so many indicated they had support, contradicting their overwhelming response to the question about needing more collaboration and networking of services, resources and support. Future investigations should include identifying if, or how, early childhood professional differentiate “support” and “collaboration.”

Last and most significant was the overwhelming consensus that collaboration and networking of resources and community services are needed to address many of the issues of accessibility and support. Early childhood professionals recommend and believe that they would benefit from collaboration and networking of services, resources and support to enable them to
provide inclusion and the program quality needed to offer accessible support for children with exceptionalities within the familiarity of the child care setting. With the goals of collaboration and networking in mind, early childhood professionals indicate: that there is a need to work as a team that includes all involved with the child’s care, that all services and care for the child are under one auspice to streamline the process of accessing support, and that early childhood professionals are supported with the tools to provide the support and care within the child’s familiar child care setting. These opinions and recommendations from the early childhood professionals echo what the research tells us (Lero, 2010) regarding the importance of inclusion and program quality to provide accessible support for children with exceptionalities.

Discussion

Over the last few decades, the increased demand for quality child care due to the feminist movement and more women entering the workforce as well as the awareness of early brain development and the impact of quality early experiences for young children’s early development have shifted the perception of the early childhood field from one with very little political and societal attention to one with the dramatic increase of attention that we see today. The significance of this shift and resultant changes need to be considered when discussing the implications of accessible program quality that offers inclusive support for children with exceptionalities.

Increased political and societal attention is an indication that the timing is right for early childhood professionals to offer recommendations to influence decisions on issues of accessibility for young children with exceptionalities and on collaboration, education and training for the early childhood professionals who provide the support.
This study created new knowledge regarding accessibility of support for young children as well as collaboration, education and training for the early childhood professional providing the support. The survey offered early childhood professionals the opportunity they deserve as experts in the early childhood field to voice their experience and offer recommendations on the issues as they encounter them. To be heard and make change happen, a crucial component seems to be having support at the government level which often happens when there is significant pressure from the public. Ultimately, an underlying goal of this study is for the voice of the early childhood professional to be heard and subsequently influence government policy-making to more effectively and fully support young children with exceptionalities.

Overall, this study reveals a need for sufficient funding to provide a collaborative streamlined system under one auspice that encourages and supports early childhood professionals to provide program quality that offers inclusive and accessible support for young children with exceptionalities. Response to Intervention (RTI) assessment tool and Early Head Start are similar early intervention discussed in the literature review of this study. Perhaps implementation of successful early intervention such as Response to Intervention (RTI) and Early Head Start as part of an integrated plan in BC along with recommendations from early childhood professionals on best practice in supporting young children with exceptionalities would set a precedence and framework for other provinces and territories in Canada to follow. It may take public pressure similar to the civil rights and feminist movement of the 1960s in order to be heard.

*A small group of thoughtful people could change the world. Indeed, it's the only thing that ever has.*

*Margaret Mead*
References


CREATING ACCESSIBLE SUPPORT


Appendix A

Creating Accessible Early Childhood Support
The Voice of Early Childhood Professionals’

Master of Education in Special Education Program
Vancouver Island University

Charlene Roulston, Student                                                   Dr. Mary Lindsay, Supervisor

croulston@stumail.viu.ca                                                   Mary.Lindsay@viu.ca

I am a graduate student completing a thesis for the Master of Education in Special Education program at Vancouver Island University (VIU). For my thesis I am conducting a research study exploring accessibility and support in the early childhood and special education field for children needing extra support, as well as support and education/training for early childhood professionals who provide the extra support.

I am inviting all early childhood professionals who work in the early childhood field and who may or may not have experience working with children needing extra support, to offer your input in regards to this topic. The questions in the survey are related to what your own experiences and recommendations are in the area of inclusion and support for children needing extra support as well as what support and education/training is needed for you to offer the extra support. Data will be collected using FluidSurveys, an anonymous online survey. The survey will take approximately 20 minutes to complete.

The results of the survey will be available publicly through the participating organizations’ email and/or websites. In an effort to influence decisions by policy-makers, the results will also be provided to the provincial government to increase awareness and understanding of offering accessible support to young children needing extra support as well as support and education/training for you to offer extra support.

There is no known harm by participating in this research. The potential benefit to you is an opportunity to create a unified voice of the early childhood professional field to provide awareness and understanding to the public and government of what is working and what needs to change in the area of supporting children needing extra support.
Participants in the survey will be kept anonymous and data collected on an electronic device will be safely stored with me and my supervisor being the only people who have access. The data will be stored for two years after being collected and at that time will be deleted. The results of the survey will be available publicly with no participants’ identity being revealed.

Participation is voluntary and you may withdraw without any negative consequences as a result of withdrawing. You may omit any questions you choose to not answer or are uncomfortable answering. Once the survey is submitted there is no way to withdraw your responses. The FluidSurveys online survey will be available to complete until January 1, 2012.

If you have any concerns about your treatment as a research participant in this study, please contact the VIU research Ethics Officer, by telephone at 250-753-3245 (ext. 2665) or by email at reb@viu.ca

If you have any questions or concerns regarding your participation in this survey please contact me at the email below:

Charlene Roulston
Master of Education in Special Education Program
Vancouver Island University
Croulston@stumail.viu.ca

I have read the information provided and understand I can ask questions by email or withdraw from the study at any time. By completing and submitting this survey, I am indicating my consent to participate in this research study.

Survey is available at the link below:
http://app.fluidsurveys.com/s/our-unified-voice/
Appendix B

Creating Accessible Early Childhood Support
The Voice of Early Childhood Professionals

Questionnaire

1. What city do you live in?

2. What is your age range?
   - 19 – 24
   - 25 – 34
   - 35 – 44
   - 45 – 54
   - 55 or above
   - Prefer to not answer

3. How many years have you worked in the early childhood field?
   - 1 – 5 years
   - 6 – 10 years
   - 11 – 15 years
   - 16 – 20 years
   - 20+ years

4. What type of work do you do in the early childhood field?
   - Informal child care
   - License not required (LNR) child care – caring for no more than 2 children not related by blood or marriage
   - Licensed family child care
   - Licensed group child care
   - Supported child care
   - Other, please specify:

5. What training/education do you have?
   - Some high school
   - High school graduate or equivalent
   - Early childhood certificate
   - Early childhood diploma
   - Bachelor’s degree
CREATING ACCESSIBLE SUPPORT

- Graduate of professional degree
- Other, please specify:

6. Circle one number to rate your experience working with children needing extra support on a scale of 1 – 10:

   1 – representing no experience   --   10 – representing very experienced

   1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10

7. In your opinion, is support and services for children needing extra support easily accessible in the early childhood field?

   - Yes
   - No

   If yes, specify the support and/or services and what makes them easily accessible:

   If no, what would help to change this and what services and support would be helpful?

8. Do you think a publicly funded child care program that subsidizes fees for child care and offers a minimal cost to all families needing child care would increase accessibility and support to children needing extra support?

   - Yes
   - No

   If yes, why?

   If no, why?
9. In your opinion, do you have the support, training and skills needed to offer support to children needing extra support?
   
   o Yes
   o No

   If yes, what support, training and skills do have that are helpful?

   If no, what support, training and skills would be helpful? Indicate below all that apply and/or add your own:

   o Training related to special education
   o Education i.e. Early Childhood Education certificate or diploma
   o Education specific to special education
   o Collaboration with service providers in the community who specialize in special education
   o Other, please specify:

10. Would collaboration and networking of relevant services, resources and support be helpful to you to provide extra support needed for a child?

   o Yes
   o No

   If yes, what type of collaboration/networking and what services, resources and support would be helpful?

   If no, why?