Practice Guideline

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educators

Inclusion of Children with Disabilities

Registered Early Childhood Educators (RECEs) make the well-being, learning and care of children their foremost responsibility. They value the rights of children and create learning environments where all children can experience a sense of belonging and inclusion.

Ethic A, Code of Ethics and Standards of Practice, 2017

Supporting the Full Participation of Children with Disabilities

The social model of disability is used in this practice guideline when referring to children with disabilities. This model states that children with disabilities are disabled by barriers within society and therefore refers to children whose participation is impacted because of any physical, mental, cognitive, emotional or social barriers within the environment. See page 7: Medical and social models of disability.

The purpose of this practice guideline is to help RECEs understand and uphold their responsibilities with regard to the inclusion of children with disabilities and their families. The inclusion of children with disabilities is important, not just because it is a human right and required by certain legislation, but because everyone benefits from engaging in a welcoming society where all members are supported to participate fully. RECEs advocate for inclusion because it is an ethical and professional responsibility. Inclusive policies and practices support children, families, colleagues, the profession and society as a whole.

The *Code of Ethics and Standards of Practice* emphasizes that RECEs develop caring and responsive relationships with children and families. RECEs collaborate with colleagues and community members to co-create safe environments that promote a sense of belonging, well-being and inclusion. Inclusive environments value and support children's varied interests and capabilities. These are places where children and their families can fully participate in ways that are meaningful for them (Standard III).

This practice guideline:

- Describes inclusion, special needs and disability.

- Provides practical approaches to support children with disabilities and their families.

- Highlights the role of the child, family, community and other professionals.

- Outlines the physical, social and attitudinal barriers and supports to inclusion.

- Offers reflective questions and scenarios to support practice and collaborative dialogue.

About this Publication

Practice guidelines communicate certain expectations of Registered Early Childhood Educators (RECEs) as outlined in the Code of Ethics and Standards of Practice. Guidelines also highlight how those expectations may be applied in practice. They include recommended practices and provide opportunities for self-reflection and professional learning. The Code of Ethics and Standards of Practice, current research and related legislation should be consulted when considering practice guidelines. Practice guidelines support the College's role to promote high standards and continuous professional learning and govern the conduct of RECEs.

Table of Contents

Suggestions for Using the Practice Guideline

A significant amount of information is presented in this guideline, along with suggested additional resources to watch, read, reflect upon and discuss. Take your time to review the material. Focus on areas that are most relevant to your current practice or sections that challenge you. Examine a particular segment during a staff or team meeting, or share in a community of practice. Engage in collaborative discussions with colleagues to strengthen your understanding of inclusive pedagogical practices, and the ways that beliefs, language and communication impact inclusion. Consider and implement these ideas and use them to enhance your relationships, environments, policies and other resources.

"I feel that inclusion is something that is embedded into every aspect of any quality early childhood education program or practice setting."

– Registered Early Childhood Educator

Supporting the Full Participation of Children with Disabilities

What is Inclusion?

Inclusion and inclusive practices require you, an RECE, to carefully consider the different social contexts and lived experiences of the children, families and communities with whom you work. Consider the definition of inclusion and inclusive practice from the Code and Standards.

Inclusion/inclusive: An approach to policies and practice in early years settings where all children and families are accepted and served within a program and where each child and family experiences a sense of belonging and is supported to participate fully in all aspects of the program or service. Inclusive practice includes being attentive to the capabilities, personalities and circumstances of all children and understanding the diversity of development of all children (*Code of Ethics and Standards of Practice, 2017*).

Take a few minutes to watch and reflect upon the video: ***Inclusion: What is it?*** (Ministry of Education, 2013).

Different practice settings support or pose barriers to inclusion, and therefore affect the full participation and engagement of children with disabilities and their families. Inclusion is impacted by:

- legislation and policies
- current research and evidence-informed practices
- curriculum and pedagogical approaches
- language choices
- personal beliefs and bias

Considering the language and meaning of disability

In order to promote inclusion, it is important that you are informed and intentional, and that you reflect on your use of language in your professional practice. The disability community and researchers have been slowly shifting the language used to discuss children's varying capabilities. For example, collective terms such as children with exceptionalities or children with special needs are being replaced with *children with disabilities.* However, when speaking about individual children, it is important to take into consideration the terms that the children and their families identify with and use.

There are still a number of government initiatives, provincial strategies, education programs, curriculum documents, policies and regulations in the early learning and child care sector that use the term *children with special needs*. The *Child Care and Early Years Act, 2014* states that "a child with special needs is a child whose cognitive, physical, social, emotional or communicative needs, or whose needs relating to overall development, are of such a nature that additional supports are required". The term can be problematic as it implies that a child is a burden because they are requesting something different from what is available to their *typically developing* peers.

"Thinking about some children as part of a special group who have particular needs reinforces a system that is discriminatory. There are better ways to talk about the diversity of children's abilities that recognize the wide variance in all children's development, emotions, mental outlooks, physical capabilities, communication, and social worlds – all of which exist for all children whether someone has diagnosed these differences as special or not."

– Kathryn Underwood, School of Early Childhood Studies, Ryerson University

Medical and social models of disability

The term *disability* is most widely understood from a clinical or medical perspective. There is a common misconception that *disability* refers only to children with a particular medical diagnosis. The medical model of disability finds a deficiency within the individual, labels the deficiency (example: Down syndrome, cerebral palsy, autism) and then develops an appropriate intervention to *fix* the deficiency so the individual *fits* more easily into society.

> The World Health Organization (WHO) defines disability as "a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers."

The social model of disability suggests that a person is not disabled by their own individual impairments or pathologies, which are valuable diversities. Instead, people are disabled by the disabling barriers within our society (Oliver, 2013). Disabling barriers can be physical, mental, social, economic or cultural. Understanding disability from this perspective shifts the focus from a child's individual impairment to a focus on the child's overall experiences in a society that generally favours *typical* competencies.

The following chart outlines the two disability models:

Medical Model	Social Model
• Difference is often seen as negative • Disability indicates a deficiency • Problems reside in the individual • Problems in the individual need to be fixed	• Differences are seen as positive • Disabilities are natural differences • Problems / barriers reside in society • Society needs to make adjustments (physical, attitudinal, social)

Impact of beliefs and bias

This resource explores the ways that personal beliefs, attitudes and biases affect inclusion and influence your overall professional practice. As you work with diverse communities and families, it is important to become aware of the beliefs you hold, support and value. This includes your beliefs about your own capacity to create inclusive, welcoming environments and the beliefs you have about the differing characteristics and capabilities of children, specifically as they relate to disability, inclusion and inclusive practices. When RECEs have a better understanding of their biases and beliefs, and why they have them, they are able to create better informed practices, which can positively support the full participation of all children (Thornton & Underwood, 2013).

"I believe that thinking about our own bias, beliefs and values will bring us closer to a more inclusive society. Inclusion practices benefit each and every one of us."

– Registered Early Childhood Educator

Pause and Reflect

With colleagues, pause and reflect on the information presented earlier in this guideline and the video: *Inclusion Benefits* (Ministry of Education, 2013)

Why is inclusion important to you, children, families and society?

Consider what the following terms mean to you and where your ideas come from:

- full participation
- special needs
- typically developing
- disability
- inclusion and inclusive practice

Consider how your interactions and decision making with children are informed by your beliefs and biases about disability.

- Do you feel some children are more capable than others?

- How do you decide who requires more assistance and who is offered space for independence?

- Consider how children are treated by others in the learning environment based on their abilities.

How have your positive experiences with inclusion influenced your practice?

Supporting Children with Disabilities and Their Families

Children with disabilities are not one uniform group. It is important to consider the various contexts and factors that contribute to shaping a child's development and identity within their families and communities. These factors impact how children view themselves and their ability to participate and engage in their environment. For example, not all children with the same diagnosis have the same experiences with disability, nor do they have the same experiences in their home life, community, child care or school. Overlapping factors that might influence a child's lived experiences, like access to resources, are complex and varied. As a professional, you need to make yourself aware of the various and shifting contexts and factors that impact children with disabilities and their families.

Contexts and factors are influenced by historical, social, economic and political forces and may include:

Race	Indigeneity	Gender	Education
Ethnicity	Sexuality	Immigration status	Language
Poverty	Family structure	Culture	Geography
Sex	Religion	Socioeconomic status	Age

Different communities will have different beliefs and understandings about disability. For example, in some Indigenous communities and languages there is no direct translation for the word disability. All children are seen as gifts given to the family and the community.

Pause and Reflect

Review the *Indigenous Findings from the Inclusive Early Childhood Service System Research Project*.

Take a moment to reflect on the ways that different communities view disability.

Role of the family and community

When it comes to supporting children, the family plays the primary role. When you establish trusting, responsive relationships that recognize and respect diverse viewpoints and experiences, you learn about each family and what they value. Strong relationships support you in co-creating inclusive environments that reflect the unique values of families in your community. Responsive relationships are also based on mutual trust, openness and respect for confidentiality.

The language you use to describe an individual child and their disability or need stems from the child and their family. Each family is unique, and their beliefs and understandings of disability will vary. Families determine what language and terms they want to use to describe their children (e.g. child with a disability, gift, exceptionality or special need). RECEs should respect these decisions because children are best understood in the context of their families, cultures and communities. Supporting and respecting their beliefs is a fundamental aspect of inclusive work.

As leaders, RECEs also need to understand the theory of disability, which can change the way they think about children and ability in general. RECEs can support inclusion by initiating discussions about disability with children, families and community partners. Explain the inclusive language and practices you use and why you use them. Outline the benefits of inclusion. Share your professional knowledge and refer to various resources or programs to support understanding of the inclusive practices in your setting. Equally, use this opportunity to learn from families who are your primary source of information about disability and inclusion.

RECEs also engage in thoughtful conversations designed to support children and families. For example, at the end of the day, or the beginning of a new one, families may feel overwhelmed if approached with messages about challenges their child may be facing. Remember, you also have responsibility for the learning environment and the ways it might influence children's behaviour. Pause and reflect on the positive points and frame challenges in constructive ways. Think about the language you use. Reconsider language such as *good* and *bad* or *right* and *wrong*. Keep in mind that the way you speak with families will vary depending on their experiences and relationships. It will also vary depending on the nature of the challenge the child is facing or what occurred. Cultural, linguistic and systemic factors, such as administrative processes or access to resources, might also shape these conversations.

Families might respond or react in a variety of different ways when they learn about, or suspect, a difference in their child's development. You might interact with children and families who are experiencing confusion or frustration following an identified need, a disability diagnosis, or the need for additional support. In these interactions, it is important to be respectful and caring in your communication. RECEs need to be aware that many families experience frustration as a result of navigating a complex system when they are seeking support for their children (Underwood, personal correspondence, 2019).

Role of colleagues and other professionals

> RECEs are familiar with the roles of different stakeholders in a variety of programs, services and resources that can support children with disabilities and their families. (Standard IV)

Apart from a child's family, you and your colleagues may be the first professionals to recognize developmental differences. Through strong relationships with children and families, knowledge of child development, ongoing observations and documentation of learning – and a growing awareness of the differences in children – you and your colleagues identify ways to support children by adapting the learning environment. All of this can occur whether there has been a formal diagnosis of a disability or not. Adaptations to the environment can be made without calling specific attention to the child who inspired them.

By establishing collaborative relationships with your colleagues, community partners and other professionals, you gain access to a wider range of strategies, resources and expertise, all of which play a vital role in supporting children with disabilities and their families.

Resource consultants, many of whom are RECEs themselves, can consult with you and with families and make recommendations about how to find and access relevant support agencies. Resource consultants can also support you, the child and their family prior to, and following, the identification of an area of required support or a diagnosis of a specific disability. The kind of support and the steps involved will be different depending on your practice setting, the diagnosis itself, and the access to and availability of the support required.

> Unless you are qualified through additional training or certifications, as an RECE, you are not in a position to define disability, nor diagnose any child as having one. As a professional, you practise within the parameters of your professional knowledge and competence. (Standard IV: C. 12)

When RECEs and other professionals collaborate with families to establish goals to support a child, it is imperative that RECEs are aware of the relevance of the goals and ensure they are implemented. RECEs play a critical role in supporting the child and family as they transition to different service providers, community programs and schools. RECEs form strong relationships and engage in ongoing, collaborative communication with children, families, other professionals and administrators.

In all of your collaborative discussions with families and other professionals about your observations and documentation, you respect confidentiality by ensuring that any information shared about a child and family is appropriate, relevant to the professional context and services being provided and that it serves the best interest of the children and families with whom you work. (Standard V: C.3)

Role of leadership

Inclusion is supported by leaders that believe in it (Underwood, 2013). As Standard IV reminds you, "regardless of position or title, all RECEs are leaders". One way you demonstrate leadership is by keeping up-to-date with current research and emerging theories. This means that as new research and evidence-informed practices arise, you become aware of, critically reflect upon, and challenge any longstanding practices and beliefs that might hinder inclusion.

You also advocate for additional information, resources and support from leaders in your practice setting. This can be done in the following ways:

- Communicate with children and families about the kind of supports they require.
- Identify and communicate with colleagues who have knowledge and experience in the area of inclusion and supporting children with disabilities.
- Prepare and organize what you have learned and talk to leaders in your practice setting about what you need and why you need it.
- Request the resources you need to effectively support inclusion, children with disabilities and their families.

Watch the video *Inclusion Leadership* (Ministry of Education, 2013) and reflect on the ways that you play a leadership role in the lives of children, families and colleagues.

Inclusion in the Learning Environment

> All children benefit from being in inclusive environments where they are able to participate and collaborate in meaningful ways and form authentic, caring relationships.
> (*How Does Learning Happen?*, 2014, p.24-25)

Many environments around us do not take into account the diverse lived experiences of children and their families, or the different ways that children move, learn, develop and express themselves. Inclusive environments are spaces where children and families feel welcome because their characteristics and identities are respected and reflected in all aspects of the environment.

The *Kindergarten Program* (2016) says that welcoming environments are intentionally created and arranged to enhance children's learning. With colleagues, you encourage collaborative communication and inquiry among children in the social environment. Learning materials and experiences are diverse and evolve with the children's growing curiosities and ideas.

> The *Early Childhood Educators Act, 2007* defines the practice of early childhood education as "the planning and delivery of inclusive play-based learning and care programs for children in order to promote the well-being and holistic development of children."

Consider the overall learning environment with colleagues, teaching partners, children and families. Think about ways to co-create physical and social environments for children with a range of characteristics, outlooks, expressions, interests and capabilities instead of focusing on what you feel the group needs or what deficiencies they have (*How Does Learning Happen?*, 2014).

Rather than establishing typical or standard environments and then making special accommodations for children with disabilities, consider the differing abilities and developmental trajectories of all children. Create environments with children, families and colleagues that reflect these differences. Challenge the belief that you need to do something special for children who are different. Instead, incorporate a variety of materials throughout the setting and ensure they are accessible to all.

For example, if Max's fine motor development is supported by using larger pencils, provide larger pencils for all children to access. This inclusive practice embraces the differences in everyone because other children, with or without identified needs for fine motor support or apprehension about printing, may also find it useful to use larger pencils. Also, in making adaptive materials available to all children, Max is not singled out as needing something special because he is different or a child with *special* needs.

Keep in mind there may be times when you need to offer accommodations or supportive interventions for a specific child. These adaptations may be required whether there is a formal diagnosis of a disability or not. You do not refrain from making adaptations to support a child and you do not wait for a specific diagnosis before making any supportive adaptations. This is enacted by law. The Ontario Human Rights Commission states that a diagnosis is not necessary for the duty to accommodate. For more information review the following policy: *Accessible education for students with disabilities*.

Standard III says that you work with colleagues to embed early intervention strategies into the program and environment. These adaptations may be visible or audible (e.g. ramps, dim lighting or lower volumes), but these adaptations should not position any one child as being different from the group. Specific adaptations should be made for, and accessible to, everyone. For example, refrain from identifying adaptations by saying, "We have a special ramp because William needs a wheelchair." Instead, use the ramp as an opportunity for learning and introduce it by explaining that it may be useful for anyone. Having a ramp supports people in wheelchairs, but it also supports people using strollers, crutches, individuals with varying motor skills, younger siblings and seniors.

Physical spaces

Standard III says that RECEs take appropriate steps to ensure the learning environment complies with safety, health and accessibility legislation. The *Accessibility for Ontarians with Disabilities Act, 2005* (AODA) is an example of legislation that supports the full participation of those with disabilities. Systemic physical barriers in many programs and services (e.g. stairs, narrow doorways, washrooms) still exist. You can, however, work with colleagues and families to make adaptations that enhance accessibility and address discrimination and ableism.

For example, the environment may have materials and elements such as:

- scissors for both left and right hands

- temporary or permanent ramps

- adaptations to soap dispensers, tables, easels and chairs to encourage participation, self-help and self-regulation skills

- crayons, markers or pencils that support different hand sizes and fine motor skills

- different sizes and weights of learning materials such as building blocks and books

- various sensory materials in all areas of the environment

- appropriate sound, music, lighting and temperatures

Adapting physical places and materials supports physical accessibility but it also has the potential to support the cognitive, social and emotional inclusion of all children in the setting. As the community of children and families changes, so will the learning environment. In partnership with colleagues, children and families, you continually monitor, assess and adapt the program to meet the ever changing interests and capabilities of all children.

Pause and Reflect

Do you feel that you have the knowledge and skills to create inclusive environments?

- If there are gaps in your knowledge and skills, what more do you need to learn and where can you access this information?

- If you have the knowledge and skills, how can you support others?

Social spaces

Even within settings that might have physical limitations, there are ways you can enhance social, emotional and cognitive inclusion. One way to do this is through the use of inclusive language and communication strategies. Using inclusive language means that you do not single out a particular child, family or group of people as being different from the *norm* or the dominant group. Socially inclusive environments value all learning pathways. All children in the environment are seen as valuable members of a collective social group, all of whom have diverse traits and characteristics.

Donna Koller and colleagues highlight specific strategies that promote co-operation and friendship among all children which, in turn, enhances their social experiences, overall well-being and sense of belonging. Strengthening positive relationships among children is especially important for those with disabilities since research has documented the degree of loneliness and exclusion that children with disabilities often experience in their social lives (Koller, et al., 2018).

Standard III says that RECEs are familiar with a variety of strategies that promote and support children's well-being. One of the ways you can do this is by modelling inclusive relationships that value the contributions that each child, family and colleague makes to the environment.

Pause and Reflect

- How does inclusion look and how does it feel?

- What barriers impede social inclusion? How can they be eliminated or minimized?

- What steps can you take to reduce social barriers that may limit full participation?

Observation and documentation

RECEs are knowledgeable about methods in observation, pedagogical documentation, planning, implementation and assessment in order to support children's individual and group learning experiences. (Standard II: B.3)

It is through the ongoing observation and documentation of individual children and the overall environment, in addition to collaborative reflective practices, that you learn about and develop strong relationships with children, families and your colleagues.

Observation and documentation methods support you in monitoring, evaluating and improving the quality of the learning environment (Standard III: C.9). Using your knowledge of current child development theories, you confidentially discuss relevant observations and documentation of children's learning with your colleagues. You also continue to observe children to determine how best to adjust the environment, or your pedagogical approaches and strategies, to meet the interests of each child and the group as a whole.

Keep in mind that children with disabilities are often documented in many ways across different programs. This can lead to the *over documentation* of some children. This documentation often lists the children's needs and what they cannot do rather than listing high quality pedagogical approaches that are designed to support them (Underwood, personal correspondence, 2019). Placing an emphasis on what children cannot do may hinder your ability to see the potential and possibilities in all children.

Pause and Reflect

How do you observe and document children's learning?

- What is recorded? Is it necessary? How is this determined?

What information is shared with families, colleagues, other professionals?

How do you know the information you discuss is appropriate and relevant and serves the best interest of both the child and family?

Leading Change

High quality policies and practices

You are a reflective and intentional professional who engages in continuous professional learning and collaborates with others to plan, deliver and promote high quality inclusive early years programs and services for children and their families. Inclusion is supported when programs have leaders and policies in place that champion inclusion and inclusive practices. High quality environments and experiences allow all children to participate. According to Underwood (2013), these programs have three distinct components:

Access: Programs are accessible to *all* children and their families.

Design and implementation: Programs are designed and carried out with consideration for the unique needs of each child and their family.

Monitor and evaluate: Programs are monitored and evaluated on an ongoing basis to ensure full participation.

Pause and Reflect

Read the article: ***Everyone is Welcome: Inclusive Early Childhood Education and Care*** ***(Underwood, 2013)***.
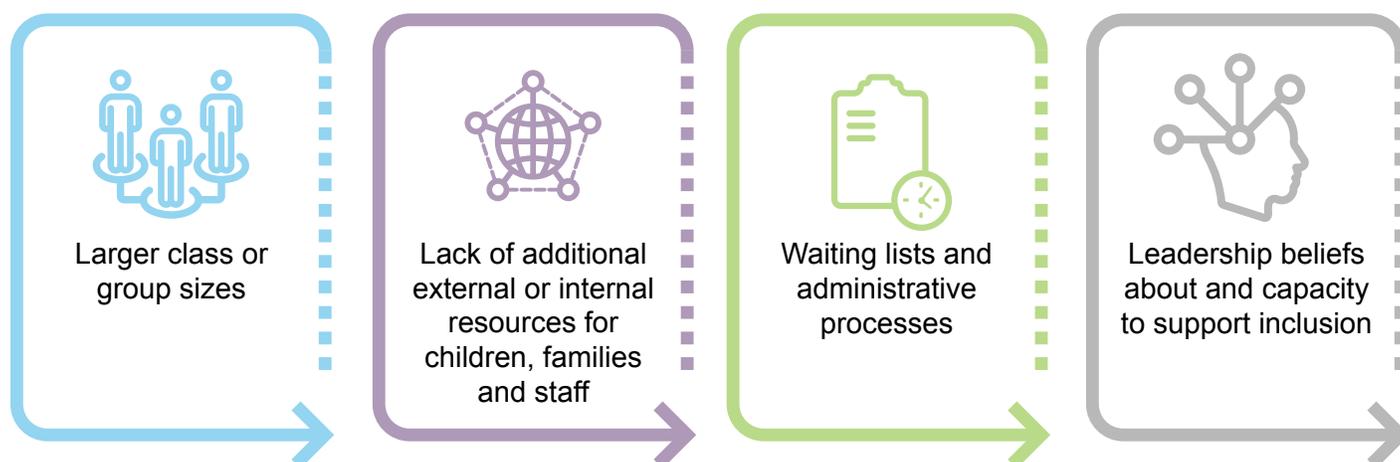
• How can your program and policies become more inclusive?

• How are your workplace policies understood by you and your colleagues?

• Where can you go with questions about inclusion policies?

Facing personal and system challenges

Research indicates that educators are not always comfortable working with children with disabilities. Often, people working with children feel they lack the knowledge, skills and experience to effectively support the diverse learning pathways of all children.

Due to limited knowledge about how to support children with disabilities, there remains at times a perception that interacting with children with disabilities will be more challenging. As a result, children with disabilities are often singled out in learning environments as problematic or different from others. Another reality is that children with disabilities are frequently excluded from early learning experiences due to a lack of support or resources. This diminishes their fundamental right to fully participate in their communities.

Systemic barriers can also play a role in shaping an RECE's viewpoints and experiences. Some of these challenges may be:

Larger class or group sizes	Lack of additional external or internal resources for children, families and staff	Waiting lists and administrative processes	Leadership beliefs about and capacity to support inclusion

Pause and Reflect

Have you had to exclude a child because you didn't have resources to support them?

- If so, what do you need to support children's full participation?

Personal challenges that RECEs may face could include their own beliefs about their capacity to support inclusion or their beliefs about inclusion and disability in general. Another challenge is stress, which can increase when RECEs are uncertain of how to support children with disabilities and behaviours that are viewed as concerning. Beliefs and stress, along with other things such as stereotypes and attitudes, have the potential to translate into unacceptable and prohibited practices in response to children and their behaviour.

> To nurture responsive relationships and develop strategies that support positive interactions with all children, see the College's *Practice Guideline: Supporting Positive Interactions with Children*.

It is imperative for RECEs to attend to self-care, to consider their belief systems, and to address the stress associated with children's behaviours and the demands within their unique practice settings. Reach out to colleagues in your community of practice for mutual support. Research shows that when you feel supported you are more likely to be committed to inclusion. When you are supported and committed, you are likely to see and be inspired by the benefits of inclusion and inclusive practices. Positive experiences with inclusion and inclusive practices have a positive impact on RECEs' attitudes about inclusion and children with disabilities.

Legislation and Additional Resources

RECEs are expected to know and follow current legislative and regulatory requirements, which are subject to change.

The following links reference legislation and conventions related to disability and inclusion:

- *Child Care and Early Years Act, Regulation 137/15*
- *Education Act, Regulation 306 Special Education Programs and Services Section*
- *Ontario Human Rights Commission: Policy on accessible education for students with disabilities*
- *United Nations Convention on the Rights of the Child*
- *United Nations Convention on the Rights of Persons with Disabilities*

> All children are vulnerable by virtue of the inherent imbalance of power in the relationship between an RECE and a child. However, children with disabilities may be at greater risk of harm. RECEs must be aware of the legislation that communicates unacceptable practices when they are interacting with children.
>
> Read the **Related Legislation** section on pages 17 and 18 in the College's *Practice Guideline: Supporting Positive Interactions with Children* to review examples of interactions that violate the standards of the profession or may be considered to be acts of professional misconduct by the College.

Remember, all RECEs have a duty to report to a Children's Aid Society any suspicions of harm and any risk of harm to a child under the *Child, Youth and Family Services Act, 2017*. This requirement includes reporting child abuse committed by colleagues or other professionals. The College's *Professional Advisory: Duty to Report* also highlights some of the responsibilities of RECEs under this legislation.

Appendix: Scenarios and Reflection Questions

The following scenarios present practical experiences that take place in early learning and care environments. They are scenarios that you may encounter in your practice setting and are designed to promote critical reflection and collaborative dialogue. With colleagues, consider how the RECEs in these scenarios respond to children, to families, to each other, to other professionals, and to the environment. Reflect on what you would do if you were in similar situations.

Working with Others: Benefits of Inclusion

Sally is a new RECE transitioning into her first professional role in a before-and-after school program. She is eager to put her education into practice.

Sally is getting to know the children, their different personalities and interests, and is making changes to the learning environment to support the ways children use and interact with others in the space. One day, two of her colleagues began talking about Chris, a child diagnosed with autism. Her colleagues said that they felt unable to support the other children while managing Chris's challenging behaviour. One colleague asked Sally, "How do I manage his frustration when he can't do something? No wonder other children don't want to play with him!"

Sally spent time observing and documenting Chris's actions and then approached her colleagues to share her ideas to help him develop friendships. Sally wanted to engage all of the children in co-operative games that Chris seemed to enjoy. She felt that everyone would benefit and participate fully. Sally also felt that there was no need to call attention to the fact that the games chosen were designed to specifically support Chris. She believed that doing so would exclude him further.

After sharing this with her colleagues, they said, "Oh Sally, you are so new to this. Your ideas will be impossible to do regularly. Besides, we are not supported, paid or trained enough to do extra planning to help Chris and his special needs." Sally replied, "I am going to find ways to support Chris."

Sally was energized and approached other professionals in the school, as well as Chris's family, in order to learn more about Chris and find ways to support him. Sally also approached Chris's school teacher, who was intrigued by Sally's ideas, and decided to implement group experiences that Chris enjoyed and excelled in during the school day as well. Sally and the teacher found that when Chris liked what he was doing, he was more engaged and seemed more comfortable communicating with other children. One day, in the before-and-after school program, a group of children worked together with Chris for the entire afternoon to solve problems as part of the games Sally had introduced. Sally's colleagues were shocked.

Reflection Questions

Reflect on Sally's communication and collaboration with:

- her colleagues
- the school teacher
- Chris
- the children and families

What worked well? Was anyone missing in the communication process?

- The school teacher and Sally worked collaboratively in this scenario, but how might this situation have differed if this kind of collaboration was not possible?

- What might have influenced Sally's colleagues' beliefs about the challenges of implementing activities to support children with disabilities?

- How did Sally demonstrate leadership? How did her colleagues demonstrate leadership?

- Consider the importance of practical and theoretical knowledge. How do the RECEs in this scenario demonstrate an understanding of the value of both?

How could Sally use the *Code of Ethics and Standards of Practice* to support her practice?

What would the overall benefits of this scenario be for:

- Chris and his family?
- other children?
- other families?
- Sally, her colleagues and the practice setting as a whole?

Feeling Unsettled

Catalina, an RECE, has worked in child care for over 20 years and is thinking about retiring. Catalina's co-worker, Teena, overheard her telling kitchen staff that she was retiring due to the number of children with disabilities enrolled in the preschool program. Catalina said, "It's impossible to support Emily's complex needs, the other children and maintain my own health. I don't have the energy to work with so many 'behaviourals'." Teena wondered if others could hear this conversation.

Emily often experienced difficulty getting her boots on and called for help when the group was getting ready to go outside. Teena noticed that Catalina appeared frustrated when she went to help Emily. Catalina bent down to Emily's level and said angrily, "Emily, if you don't get your boots on right now none of us are going outside. Do you want to prevent your friends from going out?" Teena saw that Catalina was holding Emily's ankle and while Teena felt a need to intervene she didn't know how. As the day went on, Teena felt unsettled. She knew she had to speak to her supervisor but she wasn't sure what to say. Teena worried that Catalina might bully her if she found out she had spoken to the supervisor. Teena decided to go home and reflect.

The next day, Teena felt ready to discuss the situation with her supervisor. Before Teena could share her concerns, her supervisor approached her and asked if she had noticed any unusual interactions between Catalina and Emily the previous day. The supervisor said, "Emily's mother showed me a bruise on her ankle and wanted to know what happened. I didn't have any information so told her I would come and speak to you and Catalina. Did anything happen?"

Reflection Questions

In what ways did Teena and Catalina fail to uphold their professional and ethical standards?

Reflect on the scenario and consider how would you approach this situation.

Consider Catalina's communication with Emily and her colleagues. How does it impact Emily and the overall social environment?

How could Teena have intervened to support Emily? Her co-worker?

How are Catalina's beliefs and attitudes impacting her behaviours and interactions?

In what ways did Teena and Catalina fail to demonstrate leadership?

What is the supervisor's role in regard to policy?

How might the RECEs in this scenario use the *Code of Ethics and Standards of Practice* to support them?

- Review the Professional Misconduct Regulation outlined on page 26 in the *Code of Ethics and Standards of Practice*.

Do you feel that Catalina's behaviour may be considered professional misconduct? How did you determine this?

Jamie Has Special Needs

Jamie is a school-aged child who has always been referred to as the child with special needs. In child care and school, she is often introduced to visiting educators or other adults by saying, "This is Jamie, our special needs child," or, "This is Jamie, she has special needs." Jamie is continually reminded that she is different from her peers. With a variety of placement students and their supervisors, parent and student volunteers, as well as other RECEs coming and going from the learning environment, Jamie never knows when someone else will find out that she is "the different one."

Reflection Questions

How might Jamie be feeling when:

- She is referred to as the special needs child or the different one?
- Visitors come into the centre?
- She is outwardly labelled and other children are not?

How could RECEs use the *Code of Ethics and Standards of Practice* to support them in their interactions and build relationships with Jamie and her family?

How might the language used to describe Jamie impact the social environment? How might it impact Jamie's comfort level when she interacts with her peers and develops friendships?

Reflect on the language you use to communicate with others.

- How might word choices such as special needs, behavioural child, challenging child or exceptional child set children apart from their peers? What might be the social and emotional consequences?

Consider how the language you choose when referring to children with disabilities impacts the beliefs of:

- the children themselves
- other children
- families
- colleagues and students

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