

POLICY MONITOR #6

Children with Special Educational Needs in Early Childhood: Concept Paper prepared for the Atkinson Centre Early Years Task Force

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The Atkinson Centre Early Years Task Force brings together experts to develop a comprehensive approach to the implementation of the early years framework, including extended day programs and child and family centres in Ontario. Membership includes key partners in the early learning community whose primary role is to share knowledge, expertise and advice on the implementation of early learning programs for children and their families.

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The Vision

With Our Best Future in Mind¹ clearly defined many services for children with special educational needs including early identification and intervention, and charges Child and Family Centres with these responsibilities. The report states that Child and Family Center staff will be qualified to identify developmental delays and to initiate a response to delays. Additionally, staff will be able to provide direct service or to refer children to other more intensive intervention programs. Staff are expected to act as advocates and liaisons between the children and families and other community agencies. The report further envisions individualized plans and services that follow children from Child and Family Centres into full day kindergarten programs, and on into the elementary grades, where special education supports will be informed by services in place in the early years. The early start in assessment and service delivery has the potential to significantly improve the educational experiences of children with special educational needs.

While the report presents a starting vision for supports for children with special educational needs, it is only a beginning. The current early intervention system in Ontario has some embedded challenges that will need to be addressed. However, full day kindergarten and Child and Family Centres, provide some systemic avenues for addressing the needs of all children in the province, under a universal platform.

All children need supports to achieve their optimal development. All young children need parenting, peer interaction, and educational opportunities in order to develop social skills, language, physical and cognitive competence. For many children with disabilities, this also includes early intervention strategies that might come from medical and clinical intervention, therapeutic interventions and/or family supports that increase resilience where there are risk factors for children and their families². Because of the importance of these programs, the United Nations has identified early intervention as a *right* in the Convention on the Rights of Persons with Disabilities. In addition, the Ontario Human Rights Code identifies the duty to accommodate in all service delivery, including in education.

Current Challenges

Existing early years programs such as child care, preschool, and kindergarten are sometimes poorly integrated with early intervention services and supports. The result is that families struggle with barriers to accessing child care and early learning if their children have special educational needs. In order to get intensive early intervention supports, many families keep their children out of kindergarten programs. Additionally, the shortage of childcare spaces and inconsistent quality in child care across Ontario has resulted in limited options for families. These options are even more limited for children with disabilities, because getting a child care space is often contingent on the attitudes of educators and child care supervisors and the capacity of centres to keep ratios low, to program for a diverse range of needs and to work with other professionals who may be providing supports to these children³. Despite the fact that many child care centres have adopted inclusion policies, and that schools have been moving toward inclusive practice since the 1980's, this does not guarantee that these policies are being implemented.

¹ Pascal, C. (2009). *With Our Best Future in Mind: Implementing Early Learning in Ontario*, Report to the Premier by the Special Advisor on Early Learning, Toronto, ON: Government of Ontario.

² Guralnick, M. (2011). Why early intervention works: A systems perspective. Infants & Young Children, 24(1), 6-28.

³ Killoran, I., Tymon, D. & Frempong, G. (2007) Disabilities and inclusive practices within Toronto preschools. *International Journal of Inclusive Education*, *11*(1), 81-95.

The current early intervention system in Ontario is highly fragmented; depending on where a child lives in the province affects the choices available to them and their families⁴. In a study of parent perspectives of early years programs, parents in rural communities described traveling great distances to get supports from children's hospitals or specialized schools. There are also varied experiences with waitlists and access to supports depending on where a family lives⁵. The majority of early intervention services are provided in programs where early childhood educators are the primary service delivery agents, working with other specialist professionals. At least seven categories of professionals are delivering early intervention in the province, including professionals in mental health, health care (including public health), education, speech and language, social services (including social work and child and youth), and other therapies (such as occupational, physical, and behavioural therapists). Each of these broad categories has many sub-categories of professionals with up to 50 different professional identifications in the field. Each of these professions brings its own philosophy and understanding of optimal development. The prevalence of programs supporting children in particular diagnostic categories, such as autism spectrum disorders, or behavioural categories, do not match the prevalence of these diagnostic categories in the population. This may be explained by funding strategies put in place by the province, such as the Autism Strategy, and the forthcoming Mental Health strategy. In addition, these services are not all publicly funded, with families in urban centres having a wider range of services, but with more access to private funding or fee for service programs. The organizations that provide these services include health departments, children's service agencies and other community based organizations⁶. For families to negotiate what is best for their child in this environment can be extremely challenging.

In recent years, there has been a concerted effort to integrate early years supports and create strategies to ensure the broad range of early intervention and support services for children with special educational needs are working together. While many individuals in the school system have participated in these networks and initiatives, schools function as silos. There is a perception that this is partly due to territorialism and labour concerns from teachers. However, it is also due to the fact that schools are, by design, focused on individual outcomes of children, not on supporting families. With children transitioning from the early years to school age, this partnership is critical. Currently, when children reach school age the supports that they have been receiving in community settings may be lost due to a lack of integration or they compete with the time spent in school and services being delivered in schools. Ideally, schools will provide comparable services, but many families have found it beneficial to keep their children out of kindergarten in order to continue intensive support programs in other settings.

The Solutions

Early intervention services can start at birth and go beyond the age of 4 and 5. Effective early intervention programs engage communities, families and the children that they serve. Early intervention services, once they are positioned to be integrated with full day kindergarten programs, will provide a mechanism to support community and family involvement into the school years, a goal that has to some extent remained out of reach for schools. The effectiveness of family engagement in the early years is a result of the broad scope of early years programs, which aim to support families and their children as their central purpose.

⁴ Based on an environmental scan of early intervention services conducted in 2009.

Underwood, K. (in press). Mapping the early intervention system in Ontario, Canada. *International Journal of Special Education*.

⁵ Underwood, K., Killoran, I., & Webster, N. (2010). *Have a Voice Project Report: Best Start Strategy -- Parent Outcomes.* Research report submitted to the Ministry of Children and Youth Services, Toronto, ON: Authors.

⁶ Underwood (in press).

The potential gains for all children in a regulated universal approach to both child care and early educational experiences are enormous, but are especially important for children who may not have had access to community-based programs in the past. Access to child care has critical economic implications for all families, but in families who may have disability associated expenses and time commitments, it is vital. Integrating child care, family supports, early intervention and school services will reduce transitions for all children⁷. This is a tremendous gain for children who have disabilities that make transitions particularly challenging. Key issues to be addressed at transition include information sharing and graduated transitions. Information sharing between early years services and schools, while maintaining confidentiality, needs to be addressed. Common assessments or coordination of assessment, and planning across the two systems is needed. In addition, if necessary, graduated transitions (giving more time for transition for some children) that meet the needs of the child but caution is warranted to ensure that this approach does not provide an excuse to keep children out of kindergarten programs.

A universal system, with educators who are trained to work with children with special educational needs, will also be a remarkable move forward. There needs to be investment in both increasing the knowledge base for understanding the experience of children, as well as knowledge transfer to ensure both teachers and ECEs have training in inclusive practice both at the pre-service and in-service stages.

Current funding strategies, such as the autism strategy and the mental health strategy, can put supports in place in universally accessible programs, such as schools, they may serve a broader range of children than those narrowly defined by the policy. For example, mental health supports should provide funding for staff. Staff should support all children in the full day kindergarten programs, including those with permanent mental health concerns, but also those who are at-risk for mental health issues.

In order to support children with special needs and their families, schools need to bring a range of professionals to the table in order to negotiate what an integrated system will look like. It is likely that not much will change unless there is a clear mandate to include all of the professionals who are working in early intervention in discussions of both Child and Family Centres and full day kindergarten. With municipalities and school boards sharing responsibilities there will be challenges in opening up communication and breaking down territorialism – however, there is great potential to affect not only the individual experiences of children and their families but also the school system as a whole. There is evidence that inclusive, family-based early intervention, which has long-term goals (rather than immediate individual outcomes) can be extremely effective in reducing the number of children in special education programs later in school, and can support children who have lifelong disabilities⁸. Early childhood educators are trained to work with children with disabilities, but this should not mean that they become education assistants in Kindergarten classrooms. They should be working with all children in an inclusive approach because all children benefit from their early childhood specific knowledge. Elementary teachers may not necessarily have specific training to work with children with special educational needs, but it should be noted that many of the skills necessary to work with children with special educational needs are simply good teaching practices⁹.

⁷ Janus, M., Lefort, J., Cameron, R., & Kopechanski, L. (2007). Starting kindergarten: Transition issues for children with special needs. *Canadian Journal of Education*, *30*(3), 628-648.

⁸ Guralnick, M. (2011). Why early intervention works: A systems perspective. *Infants & Young Children, 24*(1), 6-28. Guralnick, M., (ed.) (1997). *The Effectiveness of Early Intervention*. Baltimore, MD: Brookes Publishing.

⁹ Allen, K.E., Paasche, C., Langford, R., & Nolan, K. (2006) *Inclusion in Early Childhood Programs: Children with Exceptionalities (4th ed).* Toronto: Nelson.

This is the time to design school based programs that meet the needs of all children and to attract these children to kindergarten programs in order to ease the transition into school and improve the school experience for children accessing early intervention. In order to ensure that children with special educational needs are fully included in the new full day kindergarten programs for 4 and 5 year olds, a number of things need to be in place. First it needs to be acknowledged that primary responsibility for all children rests with the early childhood educators and elementary teachers who are in the classrooms. While staff of the Child and Family Centres will play a critical role in early intervention, this role should also support those people who have primary responsibility for all children in the programs: the elementary teachers and ECEs. This is a fundamentally inclusive approach. Otherwise, early intervention services will serve to segregate children. In order for this model to work, ECEs and elementary teachers need to have enough support to meet the needs of all of the children in their programs. The current ratios in child care centres, defined in the Day Nursery's Act, are sometimes not adequate to meet the needs of diverse groups of children. This will inevitably be the case in classrooms of 4 and 5 year olds with a 1 to 13 ratio.

Early intervention supports that are co-located with kindergarten programs are more inclusive and support full participation in a child's community. Due to space constraints, many of the professionals working in early intervention will not have offices in schools. The physical separation of early intervention and schools will need to be addressed and a mechanism to ensure that children are not being taken out of their communities to get the supports that they have a right to receive must be addressed. The supports that are used by children with special educational needs are often beneficial to other children as well. This should also be considered in developing the relationships amongst staff in early intervention and staff in schools. In fact, many parents report learning about early intervention supports while being part of other programs¹⁰.

We need to seize the opportunity we have to design and implement a universally accessible system with the needs of children with disabilities considered at the outset. It is rare that an opportunity like this arises. For the most part as a society we end up retrofitting our policies and practices to meet the needs of people with disabilities. That approach is both more expensive and less desirable because it means changing attitudes and behaviours that are set in experience and these are often the most challenging changes to make. The importance of creating new norms from the outset cannot be stressed enough.

For more information on this topic, as well as about the Atkinson Centre, please visit: www.oise.utoronto.ca/atkinson

¹⁰ Underwood, K., et al. (2010).