

University of North Carolina at Chapel Hill
Frank Porter Graham Child Development Center

early

Developments

Summer 1997

Volume 1, No. 2



inclusion in
child care centers

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Periodicals postage paid at
Chapel Hill, NC

Early Developments is published four times a year by the Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill.

Early Developments is funded in part by the University of North Carolina at Chapel Hill and in part by PR/Award Number R307A60004, administered by the Office of Educational Research and Improvement, U.S. Department of Education. Contents of articles do not necessarily represent the positions of the U.S. Department of Education. Endorsement by the federal government should not be assumed.

Who we are

The Frank Porter Graham Child Development Center was established in 1966 as a multidisciplinary center at the University of North Carolina at Chapel Hill dedicated to improving the lives of young children and their families through research, teaching, and service. More than 30 investigators and 220 staff and students work on more than 70 funded projects.

Traditionally, the work of center investigators has focused on children from birth through eight years, and includes child development and family research, health research, policy analysis, curriculum development, personnel development, and technical assistance. The National Center for Early Development and Learning is housed at FPG. Financial support for FPG activities comes from a variety of public and private sources, including the state of North Carolina, the National Institutes of Health, and the U.S. Department of Education.

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From the director's office

Inclusion at the Frank Porter Graham Child Development Center

THIS EDITION OF *Early Developments* focuses on the inclusion of children with disabilities in early childhood settings. For nearly 15 years, the Frank Porter Graham Child Development Center has conducted a variety of projects addressing various aspects of inclusion. Currently the Center has four major efforts:

The FPG Family and Child Care program, under the direction of Debby Cryer, is a fully inclusive child care center. Approximately 25% of the infants and toddlers served by the center have some type of disability.

A multi-site **Early Childhood Research Institute on Inclusion**, under the direction of Sam Odom, examines ways in which preschoolers with disabilities can be successfully included in child care and preschool programs.

A multi-site **Early Childhood Follow-Through Research Institute**, under the direction of Mark Wolery, examines school practices with children with disabilities in kindergarten through third grade.

Partnerships for Inclusion, under the direction of Pat Wesley, provides a statewide network of technical assistance to help communities and child care programs establish policies and practices to promote successful inclusion.

Over the years we have conducted research on the efficacy of inclusion, the effects of inclusion on families, the perspectives that families and practitioners have about inclusion, social interactions between children

with and without disabilities, how regular therapy and other special services can be provided in a regular preschool setting, and the policy issues underlying inclusion. Some of the publications that have resulted from this work appears on page 7 of this issue. We have tried to maintain a balance between advocating for inclusion as a desirable goal for all children with disabilities and studying inclusion to determine objectively how it works and when it doesn't work.

We recognize that inclusion is, in many respects, a value-driven goal. As such, different people hold different views about its appropriateness in various circumstances. Thus, while inclusion may be a desirable goal for all children, the issue is complicated by different opinions and by the fact that many programs have neither the resources nor the expertise to make inclusion work as it should.

These barriers should not prevent us from striving to make inclusion happen. But they point to the importance of continued research, model development, policy studies, and technical assistance efforts designed to help achieve what should be the ultimate goal: the inclusion of children with disabilities in settings that include children with and without disabilities are of high quality for all children, meet the specialized learning needs of children with disabilities, and fulfill parent expectations for the kind of programs and experiences they want for their children.

—Don Bailey

Bailey is Director of the Frank Porter Graham Child Development Center and holds academic appointments in both the School of Education and the School of Medicine at UNC-Chapel Hill.

These barriers
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make inclusion
happen

Policy makes a difference

How one defines inclusion affects the policy decisions that are made about placements.

THE EARLY CHILDHOOD RESEARCH INSTITUTE on Inclusion (ECRII), a joint effort of the FPG Center and UNC's School of Education, has found that communities, schools and early intervention programs have a variety of ways of defining inclusion for pre-school children. A better understanding of definitions may lead to more informed placements of young children with disabilities, according to ECRII director Sam Odom.

"Our research is beginning to reveal organizational factors that may serve as barriers to and facilitators of inclusion," said Odom. Policies make a difference. "For example, in order for community-based programs to operate, some school systems had to develop policies that allowed them to use funds to pay for the tuition of children with disabilities in private child care centers and to allow staff to travel in the community rather than working within a school building."

4 Organizational structures are another factor. When Head Start operates within the public school organization, intra-agency organizational variables (for example, whether the early childhood programs for young children with disabilities are administered through a Special Education division or an Early Childhood division of the organization) appear to affect the implementation of inclusion.

Identifying goals

These factors come into play because different program types are associated with different goals and if these goals can be identified, this may lead to better informed decisions about placements for children. Put another way: Having a common understanding of the meaning(s) of inclusion allows discussion of programs that might be most useful for specific children.

Another component of Odom's institute examined the impact of changing roles on relationships among professionals in inclusive program for young children (see sidebar on page 5 for highlights of this study).

Policy implications

These findings have implications for personnel preparation. Odom said, "Previously, personnel preparation has been child-centered with little emphasis on consultation, group process and interpersonal skills. However, as programs that serve young children have become more inclusive, adult roles are changing radically. The ways in which adults work with, communicate to, and collaborate with other adults is assuming primary importance. Efforts to prepare personnel are critical so that participants develop the skills necessary to collaborate effectively in a variety of new roles."

(See POLICY, next page)



A better understanding of definitions may lead to more informed placements of young children with disabilities

Highlights of this study

The Impact of Changing Roles on Relationships between Professionals in Inclusive Programs for Young Children

- When early childhood teachers had little input into the development of the inclusive program, problems with roles and relationships were identified.
- Joint ownership sometimes proved difficult to achieve in a number of programs using an itinerant approach (i.e., early childhood special education teachers travel to consult with teachers in child care centers).
- Communication among program staff members was also a major determinant of how successful their relationships were and how successfully the program functioned.
- Ill-defined and poorly understood roles sometimes affected teachers' satisfaction with their role and served to undermine working relationships.
- The ability to release roles and share responsibilities was helpful in some circumstances.
- Familiarity with other adults in the program, which often had a positive impact on the relationships among the adults, did not occur when there was a lack of stability in the professional staff.
- In a new program, a lack of familiarity with roles and among the various adults in the program can impede the development of staff relationships.
- A sense of shared philosophy or joint ownership of children appears to produce more positive experiences for adults and children.

POLICY

continued from page 4

And as head of a new degree program in Child Development and Family Studies at UNC's School of Education, Odom finds himself in the position of being able to make the changes he and others have urged. "Our program includes emphasis on both early childhood education and early intervention. Our graduates will be prepared to work in kindergarten, child care preschools and early interventions programs," he said. An emphasis is placed on preparing students to be leaders and the local and state levels. 

In partnership with the community

BUILDING A RAMP FOR CHILDREN with disabilities is the least of the problems faced by many community child care programs trying to become inclusive.

Recognizing this, in 1991 several state agencies in North Carolina and the Frank Porter Graham Center created Partnerships for Inclusion (PFI) as a technical assistance vehicle to raise community awareness, help erase fears about inclusion, and provide strategies for child care and other community programs.

It started as a test project in 17 counties; today, it covers all 100 counties and is funded by a number of state agencies, including the division that licenses child care programs. The project has three offices across the state and a dozen staff members including three full-time inclusion specialists.

Over the years, PFI has developed many technical assistance services and models. For example, the community forum is a half-day event where diverse stakeholders in the community come together to learn what inclusion is. "For many communities, it is a springboard for planning future directions," said Pat Wesley, an FPG researcher and PFI director.

Inclusion of different cultures

In recent years, Wesley and her team have

(See *PARTNERSHIP* page 6)



moved into an increasingly familiar direction for many: Developing products and technical assistance for people who speak Spanish. “Inclusion today means not just children with disabilities, but people from different cultures and countries,” said Wesley.

She said North Carolina has made good strides toward inclusion. “But we’ve got a long way to go before we, as a state, can say we’re offering quality child care to every child.”

She sees several challenges: “In North Carolina, child care is expected to be available and affordable, and the truth is that we pay some child care providers less than we pay parking lot attendants. Typically, providers don’t have degrees or adequate training in child development, much less special education. A system that does not recruit and maintain qualified providers is a system ill-prepared to serve children at all.”

Lack of expertise

Fear of change is another challenge. “Some special education teachers and therapists have felt threatened by inclusion because they lack experience and expertise in typical classrooms. And we find similar concerns with administrators.

Today, we’re discovering that, with training and support, early interventionists and early childhood teachers have

success with inclusion and like it. And they’ll come to us and say, ‘You need to explain all this to our bosses. They need to understand how it works.’”

Another challenge is in academia. Wesley said, “We need to raise the scholarly status of technical assistance, so that researchers see TA as a vital link between their work and practitioners. It’s not a one-way street. We need more constituent involvement and collaboration in our planning, research and dissemination.”

PFI is building its own ramp to the future by expanding the definition of inclusion beyond the classroom to include community opportunities for children with disabilities. “Are there children with special needs in karate class offered by the community rec department? What about the 4-H camps? Scouting? Before and after school programs? If we listen to the people in communities, more and more of them see the need to make opportunities like these open to all children. At the state level, we see more flexible funding mechanisms in early intervention and increased subsidies for child care programs. These are important policy changes designed to support inclusion at

the local level. My hope is that it won’t be long before inclusion becomes a way of life in all communities. I guess then I’ll be looking for a new job!”

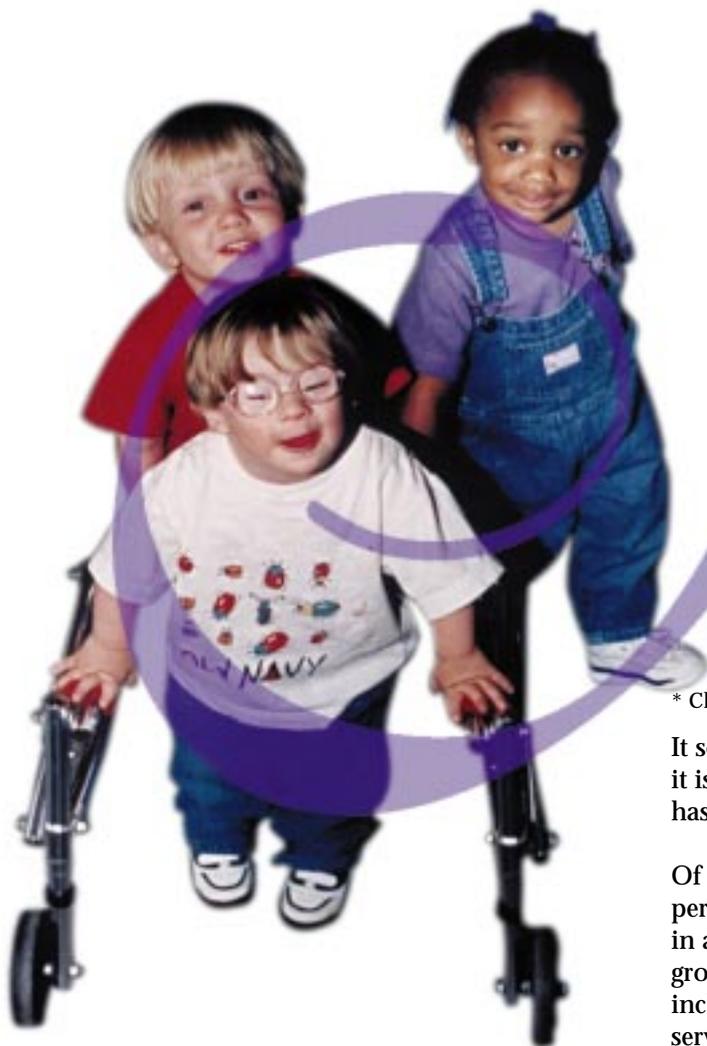
(For more information about PFI, contact Pat Wesley at 919-962-7356 or pat_wesley@unc.edu or PFI, 521 S. Greensboro St. Suite 100, Carrboro, NC 27510.) 

PFI highlights

- Designed a preservice curriculum about inclusion for students taking early childhood courses in the community college system.
- In collaboration with state agencies, reviewed standards for child care and early intervention programs with an eye toward removing obstacles to inclusion.
- Developed training materials and award-winning videos for child care providers and other professionals serving children and families.
- Publishes a quarterly magazine for early childhood/early intervention professionals and families.
- Trains general early childhood and early intervention professionals to provide consultation services to improve the quality of child care.
- Conducts staff development activities with about 2,000 people each year who work across NC in child care, public schools, early intervention, Head Start, research and referral programs, public health, Smart Start, and other community agencies.
- Maintains an extensive statewide lending library of materials about inclusion.
- Offers training and on-site consultation on classroom strategies.
- Conducts study tours of effective inclusive programs.

Selected inclusion publications

- 📖 **Promoting Positive Attitudes of Kindergarten-Age Children toward Individuals with Disabilities**
P.C. Favazza, & S.L. Odom. (1997). *Exceptional Children*, 63, 405–422.
- 📖 **Supporting Early Childhood Inclusion: Lessons Learned through a Statewide Technical Assistance Project**
P. Wesley, & V. Buysse. (1996). *Topics in Early Childhood Special Education*, 16(4), 476–499.
- 📖 **Rethinking Pull-out Services in Early Intervention: A Professional Resource**
R.A. McWilliam. (Ed.) (1996). Baltimore, MD: Paul H. Brookes.
- 📖 **Assessing the Comfort Zone of Child Care Teachers in Serving Young Children with Disabilities**
V. Buysse, P. Wesley, L. Keyes, & D.B. Bailey. (1996). *Journal of Early Intervention*, 20(3), 209–210.
- 📖 **The Relationship Between Child Characteristics and Placement in Specialized Versus Inclusive Preschool Programs**
V. Buysse, D.B. Bailey, T.M. Smith, & R.J. Simeonsson. (1994). *Topics in Early Childhood Special Education*, 14(4) 419–435.
- 📖 **Providing On-Site Consultation to Promote Quality in Integrated Child Care Programs**
P. Wesley. (1994). *Journal of Early Intervention*, 18(4), 391–402.
- 📖 **Communications among Preschoolers with and without Disabilities in Same-Age and Mixed-Age Classes**
J.E. Roberts, M.R. Burchinal, & D.B. Bailey. (1994.) *American Journal of Mental Retardation*, 99, 231–249.
- 📖 **Behavioral and Developmental Outcomes in Young Children with Disabilities in Integrated and Segregated Settings: A Review of Comparative Studies**
V. Buysse, & D.B. Bailey. (1993). *Journal of Special Education*, 26(4), 434–461.
- 📖 **Friendships of Preschoolers With Disabilities in Community-Based Settings**
V. Buysse. (1993). *Journal of Early Intervention*, 17(4), 380–395.
- 📖 **Providing Family Support in Integrated Settings: Research and Recommendations**
P.J. Winton. (1993). In C. Peck, S. Odom, & D. Bricher (Eds.), *Integrating Young Children with Disabilities into Community Programs: From Research to Implementation*. Baltimore, MD: Paul Brookes Publishing Co.
- 📖 **Dimensions of Mastery in Same-Age and Mixed-Age Integrated classrooms**
P.M. Blasco, R.A. McWilliam, W.B. Ware, & M.R. Burchinal. (1993). *Early Childhood Research Quarterly*, 8, 193–206.
- 📖 **Mainstreaming Young Children: A Training Series for Child Care Providers**
P. Wesley. (1992). Chapel Hill: University of North Carolina.
- 📖 **Promoting a Normalizing Approach to Families: Integrating Principles with Practices**
P.J. Winton. (1990). *Topics in Early Childhood Special Education*, 10(1), 90–103.
- 📖 **Normalizing Early Intervention**
D.B. Bailey, & R.A. McWilliam. (1990). *Topics in Early Childhood Special Education*, 10(2), 33–47.
- 📖 **Friendship and Acquaintance Among Families in a Mainstreamed Day Care Center**
D.B. Bailey, & P.J. Winton. (1989). *Education and Training of the Mentally Retarded*, June, 107–113.
- 📖 **Stability and Change in Parents' Expectations about Mainstreaming**
D.B. Bailey, & P.J. Winton. (1987). *Topics in Early Childhood Special Education*, 7(1), 73–88.
- 📖 **Consequences of Mainstreaming for Families of Young Handicapped Children**
P.J. Winton. (1986). In C.J. Meisel. (Ed.), *Mainstreamed Handicapped Children: Outcomes, Controversies and New Directions*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- 📖 **Selecting a Preschool: A Guide for Parents of Handicapped Children**
P.J. Winton, A. Turnbull, & J. Blacher. (1984). Baltimore, MD: University Park Press.
- 📖 **A Comparison of Specialized and Mainstreamed Preschools from the Perspectives of Parents of Handicapped Children**
A. Turnbull, & P.J. Winton. (1983). *Journal of Pediatric Psychology*, 8(1), 57–71.
- 📖 **Mainstreaming in the Kindergarten Classroom: Perspectives of Parents of Handicapped and Nonhandicapped Children**
A. Turnbull, P.J. Winton, J. Blacher, & N. Salkind. (1983). *Journal of the Division of Early Childhood Education*, 6, 14–20.



As the group of three-year-olds sings the verses of “Teddy Bear,” they turn around, touch the ground, show a shoe, and jump in the air in a play room at the Frank Porter Graham Child Care Center at the University of North Carolina at Chapel Hill.

During the next series of games, the children maneuver plastic scooters up a low ramp. They bump and struggle and push themselves across the ramp. Occasionally one slips off or runs into the cushioned sides. But they are having a great time.

Roger* is slightly bigger and a bit more coordinated than the others. He is also more rambunctious. Ellen is often hesitant, but once she figures out the game, she is enthusiastic. Leland has a little trouble steering at the same time as going up the ramp. But after several runs, he gets the hang of it. If you look closely, you might notice that he occasionally gives the hand sign for “more” when he wants to repeat something.

Physical therapist Margie Muenzer and occupational therapist Lillie Bonjani pay no particular attention to any one child. They guide, encourage, praise, and help each child whenever needed.

* Children’s real names were not used in this article

It seems to be a play period with directed activities. And it is also the delivery of therapy services for Leland who has Down syndrome.

Of the 65 children in the FPG child care center, 25 percent have disabilities. Therapy services are delivered in an inclusive setting. The children are normally grouped by age, and smaller groups, which always include one child with disabilities, receive therapy services together. The center has a physical therapist, an occupational therapist, and a speech and language therapist who work in the classroom and with parents.

On this particular day, some games help develop the children's gross motor skills, and others address their fine motor skills. For example, at one point the therapists give the children plastic tokens to pay a "toll" in order to pass through a tunnel made of cushions.

"Actually, it's quite fascinating to watch because when therapy is going on, you don't know it because all the kids are doing it. No child ever stands out as being an unusual child. It's hard to tell toward whom the therapy is directed," said Debby Cryer, director of the FPG Child Care Center.

The FPG Child Care Center began including children with disabilities 13 years ago, and Don Bailey, now FPG director, remembers that first summer. He had just been named director of early childhood research. "I immediately set about to identify children with disabilities to come into the center and to convince the staff that this was an achievable goal. Both turned out to be interesting challenges. From the parents' perspectives, they had been served by self-contained programs but they were also aware of, and interested in, inclusion. They had concerns about whether their child's needs would be met. They knew FPG had a good reputation, but also they knew that we had not served children with disabilities before. We recruited 8 children, from toddlers to age 5, to enter the center that fall. They had a

that they already had most of the skills needed. I said they should view children with disabilities as children first. And they needed to recognize that the parents had been through many challenges in getting services for their kids. I showed them video tapes about families and their concerns. I tried to convey an attitude that they were capable of doing it and that help would be there when they needed it," said Bailey.

The center hired a part-time speech language pathologist and contracted some physical therapy work. Pam Winton, a UNC doctoral graduate in special education, was hired to help coordinate research efforts. One of the first things she did was a survey of parents of typically developing children and of children with disabilities at the beginning and end of the school year.

Bailey said, "We found that both groups of parents held a lot of expectations. But also some were worried about teachers spending too much time with children with disabilities while others worried that their child might not get the specialized help he or she would need."

Another study looked at family relationships. Would the families of typically developing children and families of children with disabilities get to know each other, and would they become friends?

Inclusion

range of disabilities including several with genetic disorders, several with cerebral palsy, one with spina bifida and one with Down syndrome."

While the child care staff thought inclusion was a fine idea, some had doubts about whether they had the expertise needed to care for children with special learning needs. Bailey hired a special education teacher to work with the staff and parents and to help develop individual plans for the children. Then he held training sessions for the staff. "The training was focused more on working with families than on individuals. I told them

"In general, we started out with families having positive attitudes and at the end of the nine months we ended up with even more positive attitudes. We also saw that parents of children with disabilities had a moderate level of concern about specialized help for their children. This reflects the ongoing dilemma of all families, especially those with children with disabilities of wanting their child to be in as typical a setting as possible, but also to receive all the specialized services they need. This is a constant tension."

(See *INCLUSION* page 11)

Kids say the darndest things

In 1984, during the first six weeks of the new inclusion program at FPG's Child Care Center, teachers were asked to write down every comment made by typically developing children about children with disabilities.

The teachers reported no negative comments in all that period of time. FPG Director Don Bailey said, "The children were curious about who these children were and why they were the way they were. We recorded comments such as, 'Why is she four and still wearing diapers?' or 'Why can't he talk or walk?' There were also some interesting comments. I remember when one of the children was going for a doctor's appointment, and one of the other children said, 'Will she be able to walk after she gets back from the doctor's?'"

The teachers found that children who had more obvious disabilities received more comments than those who didn't. So a child with braces or a four-year-old who wasn't toilet trained was the subject of a number of comments, whereas a child with

genetic disorders and mild delays was commented on less frequently.

Bailey said, "We had been worried that children with disabilities would be rejected by the other children. That didn't occur. That's more likely to happen with older children. With younger children, all the comments were curiosity comments. They clearly noticed differences, but these differences were presented a context in which teachers could talk about it."

As an extension of these findings, a current study by FPG researchers Virginia Buysse and Barbara Goldman is examining how typically developing children view their peers with disabilities using dolls depicting various types of disabilities.



One of the questions Bailey and the staff struggled with that first year was how to prepare the children for inclusion. “One model would be to show movies, have discussions, or use puppets. But we decided not to do that. We decided to bring children with disabilities aboard like every other child; we didn’t want to highlight their disabilities. When children raised the inevitable questions, we wanted the teachers to be prepared to handle them. But we let the children bring it up.”

As for how to provide services, traditional specialists were needed, but the way the services were provided is still the subject of debate in the field. Bailey said, “The traditional model is pull out therapy, and it often works quite well. But sometimes, the skills don’t transfer back into the regular classroom. The children may do great in the therapy sessions, but if the teachers don’t know the goals and the therapy activities, then the services are not as effective. So, we’ve really try to work on integrating specialized services into the regular routines. This has been interesting because some therapists and some specialists feel that this approach compromises their effectiveness. We don’t think that’s the case. Robin McWilliam, one of our researchers, has written a book on integrating early childhood services and that provides a good model for us.”

Early research at FPG showed inclusion could work. In a 1993 report synthesizing existing research, Bailey and Virginia Buysse, an FPG researcher, found support for the benefits of preschool integration with respect to social and other behavioral outcomes.

Since then, researchers have been studying how best to make it work. FPG research expanded into many aspects of intervention and led to articles, books and assessment scales. These studies also led to new models and implications for early intervention personnel preparation and for family-professional relationships. Winton published reports on effective communication between parents and professionals in early intervention and reports on providing family support in integrated settings. Bailey and R.A. McWilliam published articles on normalizing early intervention programs and on the effects of classroom social

structure and disability on engagement. McWilliam has examined the status and barriers to early intervention and made recommendations for changes in therapy services in early intervention.



Today, McWilliam continues his studies by examining how different teaching styles affect engagement in typically developing children and children with disabilities. For example, early results indicate that children with disabilities have a higher level of engage-

ment if the teacher uses some level of directiveness, although it varies by age. “However, responsiveness in a teacher is important at all ages,” he said. McWilliam is now delving into more precise definitions of “directive” and “responsive” teaching.

Sam Odom, who directs his own Early Childhood Research Institute on Inclusion at FPG, is doing naturalistic observations at the child care center to further his studies on the ecology of a classroom and peer/social interaction and these effects on intervention and children with disabilities and their families. (See related article on page 4.) Buysse and researcher Barbara Goldman are conducting a similar study involving community-based programs.

Inclusion brings many benefits as Family and Child Care Center Director Cryer observed on the day the group of three-year-olds were pushing their tricycles around the play room. “Children, even typical children, develop at different rates, so these kinds of exercises help not only the child with disabilities; they also help all the children. It is a true integrated approach, and in reality, everybody benefits from it.”

The right tools for the job

While research on issues of quality of early child care and experiences has focused primarily on typically developing children, investigators with the National Center for Early Development and Learning (NCEDL) are working on a way to assess quality practices for infants and toddlers with disabilities and their families.

NCEDL investigator Lynette Ayth Darkes and her team are designing a tool to evaluate the quality of services provided to infants and toddlers with special needs and their families. Their work is part of the “Quality Practices for Infants and Toddlers with Disabilities and Their Families” project, which is one of three separate studies that comprise the Early Child Care Quality strand of NCEDL.

Currently, no instrument is broadly used and accepted across a variety of geographic areas and programs to comprehensively evaluate early intervention services. A number of states, however, have developed evaluation strategies and others are in the process of designing such procedures.

Organizing framework
The organizing framework of the tool is subscales that encompass seven dimensions of early intervention services:

- Assessment
- Comprehensive Planning/IFSP Development
- Service Provision
- Transition Practices
- Personnel Competency
- Supervision/mentoring
- Program evaluation

“Our goal is to develop an instrument that is sufficiently comprehensive and flexible that it can fit the unique needs

and program characteristics of different states. Challenges related to this are to identify practices which constitute high quality early intervention services, and then develop a practical system for evaluating those practices,” said Darkes. “The primary challenge is how to develop something useful in a system so complex.”

National Center for Early Development & Learning



At the moment, the format of the scale is modeled on the *Early Childhood Environmental Rating Scale (ECERS)* because the goal is to develop an instrument that can be used by local and state program administrators and service providers to see what they are doing and how they might improve the quality of services. In addition to program improvement and planning purposes, the instrument is also being developed for use as a research tool.

“You can’t comprehensively assess quality of services without assessing families’ perceptions”

In considering what components to include in an instrument, Darkes and other team members examined what professionals and parents say about quality, studied other instruments, and drew on existing literature such as recommended practices by the Council for Exceptional Children’s Division of Early Childhood.

Quality of relationships

The research team believes a critical element in the assessment of high quality services is the quality of the parent/professional relationship and the relationship between the child and service provider. “It is often not too difficult to evaluate the procedural aspects of a program or service, but evaluating the quality of relationships is a more challenging task,” said Darkes.

To help organize their approach to such challenges, the research team organized a survey and held focus group meetings with program administrators, service providers

and families in North Carolina in the fall of 1996 and spring of 1997. Here's an example of one of the survey questions, and the answers received, ranked in order of frequency:

What are the most important features of high quality early intervention services?

Parents identified:

- Timeliness, availability, and accessibility of services
- Personal qualities of services provider (such as warmth, genuineness)
- Good parent/professional communication
- Extensive knowledge and experience of service provider about child's disability

Practitioners identified:

- Availability of parent support services
- Effective service coordination
- Appreciation for the cultural context and sensitivity to the values, beliefs, and priorities of families
- Availability and accessibility of services.

Information from the survey and focus groups suggested that the quality of relationships was an important indicator in early intervention services.

While the instrument is being developed to be used by service providers, administrators, and other program personnel, the research team expects to develop a parallel tool for parents. "It is likely that a parent's perception of service quality is distinctly different from that of the service provider. You can't comprehensively assess quality of services without assessing families' perceptions," said Darkes.

Researchers hope to have a draft of the instrument ready for review and critique by services providers, administrators, parents, and a team of technical experts and advisors by the fall of 1997. After extensive review and revision based on the feedback, the tool will be field tested in a representative sample of early intervention programs across the nation.

Variations in quality

"Ultimately, we would like to use the instrument in research to first determine variations in quality of programs provided by early intervention programs, and then to study the relationship between variations in quality of services and outcomes for young children and families. While it may seem that all the indicators in the instrument are important to positive outcomes, some may in fact be more or less important than others. We

need to identify those critical indicators and how they relate to the long-term success for children with disabilities and their families," said Darkes.

In addition to the instrument itself, additional products from the study may include fact sheets, quality guidelines, resource materials, and implications for policy and practice.

The principal investigator on the study is Don Bailey, who is also director of NCEDL and FPG. In addition to Darkes, Debby Cryer is an investigator. Mark Wolery is a research partner and Laurie Selz is a graduate research assistant. 

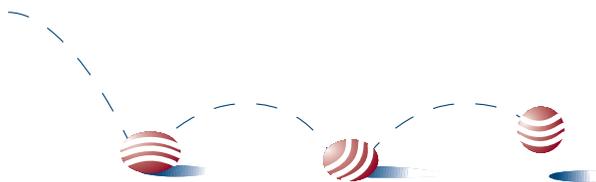
The Mission of NCEDL

The National Center for Early Development and Learning (NCEDL) is administratively housed at the Frank Porter Graham Child Development Center at UNC-CH. NCEDL has divided its five-year mission into six strands:

- early child care quality
- kindergarten transitions
- ecological interventions
- policy
- statistical modeling of extant and project data
- translation of research to practice

NCEDL researchers include senior faculty members at UNC-CH, the University of Virginia, the University of Arkansas at Little Rock and the University of California at Los Angeles. The director is Don Bailey, who is also director of the Frank Porter Graham Child Development Center.

NCEDL is funded by the US Department of Education's Office of Education Research and Improvement through the National Institute for Early Childhood Development and Education.



Advising the researchers

Investigators with the National Center for Early Development & Learning (NCEDL) who are creating a tool to assess quality practices for infants and toddlers with disabilities are investing time in collaborating with and listening to parents, practitioners, administrators, technical experts, experts in the field, providers and others.

This investment is a fundamental practice of NCEDL and involves constituents in the planning, implementation, evaluation and dissemination of all six of its research strands.

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For example, members of the “Quality Practices for Infants and Toddlers with Disabilities and Their Families” project have held meetings with their advisory board, their team of technical experts, focus groups and others during the study’s first 10 months. Researchers also met with coordinators of infant disability programs in Washington, DC.

The study’s advisory board has 12 members, including parents, practitioners, administrators, and other researchers. The board has meet three times and Investigator Lynette Darkes is pleased with the group’s ideas and feedback. “At first, it seemed to be a bit of a challenge because our study is rather technical—focusing on the development of an evaluation instrument. But it’s important that we find a way for all advisory board members to have active and meaningful roles. It’s certainly beneficial to the study and it’s important to hear different perspectives. Parents, for example, give a wonderful perspective because they’ll say, ‘I’ve gone through this personally and I can tell you if that was an important indication of quality in my experience.’”

Darkes and her team have also met with a group of technical experts. Asked how this group responded to

the idea of a new assessment tool, Darkes laughed and said, “They confirmed the complexity of the endeavor.”

The technical experts were of two basic opinions: One was that you can’t really determine the quality outside the context of the family and the child. What really matters is the experience of the children and families in the system. The other opinion was that sometimes parents are not the most accurate source of determining quality. “For example,” said Darkes, “if parents get along well with the service provider sometimes they’ll say that it’s a good quality program. However, an independent observer may rate it as a moderate or low-quality program.” Investigators ended up taking the best of both camps of advice and using both perspectives.

The advisory board has seen an initial draft of several subscales of the instrument. “The feedback was positive overall as well as providing substantive critique which will guide our continued work,” Darkes said.

Researchers are planning to meet with additional focus groups and in the future perhaps expand its advisory board, to work with investigators over the five-year life of the study. 

Constituent advisory boards are used by all strands at the National Center for Early Development & Learning for a variety of purposes. For example, one board recently reviewed board meetings themselves and made a number of suggestions. Their ideas included:

- Consider having some meetings in the community, rather than all at the research center.
- Consider inviting constituent “pairs;” that is, two people who know each other and can support each other’s participation through sharing rides, information, etc.
- Keep meetings short, focused (stick to agenda), and well-facilitated.
- Make sure all voices are heard.
- Be sensitive to “keeping the playing field level” to build a sense of trust and collaboration.
- Avoid jargon—use proactive strategies to minimize it.
- After meetings, provide follow-up on how suggestions and recommendations have been incorporated or made a difference.

Recent publications

by researchers at the Frank Porter Graham Child Development Center

📖 Families As Systems.

M.J. Cox, & B. Paley. (1997). *Annual Review of Psychology*, 48: 248–267.

📖 Increased Virulence of Coxsackievirus B3 Due to Vitamin E or Selenium Deficiency.

M.A. Beck. (1997). *Journal of Nutrition*, 127: 966S–970S.

📖 Interacting Nutritional and Infectious Etiologies of Keshan Disease: Insights from Coxsackievirus B-Induced Myocarditis in Mice Deficient in Selenium or Vitamin E.

O.A. Lavander, & M.A. Beck. (1997). *Biological Trace Element Research*, 56: 5–22.

📖 The Impact of Changing Roles on Relationships between Professionals in Inclusive Programs for Young Children.

J. Lieber, P.J. Beckman, M.J. Hanson, S. Janko, J.M. Marquart, E. Horn, & S.L. Odom. (1997). *Early Education and Development*, 8(1), 67–82.

📖 DATTA: Speech Therapy in Patients with a Prior History of Recurrent Acute or Chronic Otitis Media with Effusion.

J.E. Roberts. (1997). *Abstracts of Clinical Care Guidelines*, 8(9), 2–6.

📖 Otitis Media, Language and Learning in Young Children: Medical, Developmental, and Educational Considerations. (1997).

J.E. Roberts, I.F. Wallace, & F.W. Henderson. (Eds.). Baltimore, MD: Brookes Publishing Co.,

📖 Reforming Personnel Preparation in Early Intervention: Issues, Models, and Practical Strategies.

P.J. Winton, J. McCollum, & C. Catlett. (1997). Baltimore, MD: Brookes Publishing Co.

📖 Family-Professional Partnerships in Managing Otitis Media.

P.J. Winton, J.E. Roberts, & S.A. Zeisel. (1997). In *Otitis Media, Language and Learning in Young Children: Medical, Developmental, and Educational Considerations*. J.E. Roberts, I.F. Wallace, & F.W. Henderson. (Eds.). Baltimore, MD: Brookes Publishing Co.

📖 Encounters with General Early Education: Lessons Being Learned.

M. Wolery. (1997). *Journal of Behavioral Education*, 7, 91–98.

📖 Training Elementary Teachers to Embed Instruction During Classroom Activities.

M. Wolery, L. Anthony, E.D. Snyder, M.G. Werts, & J. Katzenmeyer. (1997). *Education and Treatment of Children*, 20, 40–58.

📖 Instructional Methods with Students Who Have Significant Disabilities.

M. Wolery & J.W. Schuster. (1997). *Journal of Special Education*, 31, 61–79.

📖 Comparisons of Observed Process Quality in Early Child Care and Education in Five Countries.

W. Tietze, D. Cryer, J. Bairrao, J. Palacios, & G. Wetzell. (1996). *Early Childhood Research Quarterly*, 11, 447–475.

Research spotlight

Recent findings at FPG

Assessing the Comfort Zone of Child Care Teachers in Serving Young Children with Disabilities.

Virginia Buysse, Patricia Wesley, Lynette Keyes, & Don Bailey.
Journal of Early Intervention, 20(3), 189–203.

ALTHOUGH WE HAVE LEARNED much about inclusion during the past 30 years, few studies have examined the perspectives of child care teachers who serve children with disabilities in their classrooms. This study examined the attitudes of 52 general early childhood teachers serving young children with disabilities in inclusive early childhood settings.

The study's authors noted that early interventionists who are consultants in general early childhood programs could use comfort zone ratings to identify collaborative classroom goals with teachers, such as using

appropriate positioning techniques or modifying the classroom environment to accommodate wheelchairs and walkers. Teachers' comments and concerns about inclusion and their decreased comfort in serving young children with severe disabilities should not be viewed as discouraging findings. Earlier studies have reported that despite teachers' initial hesitancy about serving children with severe disabilities in general education classrooms, many later described transformations that occurred as a result of direct experiences and their willingness to be involved with these children in a meaningful way.

Highlights

- * In contrast to previous research with parents, child care teachers expressed fewer overall concerns about the effects of inclusion for children with and without disabilities and their families.
- * Teachers identified concerns about the lack of specialized training among early childhood personnel and fewer opportunities for children with disabilities to receive special services and individualized instruction in inclusive settings.
- * Comfort levels were lowest when the child was reported to have severe to profound disabilities in the areas of leg functioning, muscle tone, and appropriate behavior.
- * In general, teachers who expressed more concerns about potential drawbacks of inclusion were less comfortable serving individual children with special needs.

Early Developments
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