CO-CONSTRUCTING A RESPONSIVE CURRICULUM WITH EARLY CHILDHOOD PROVIDERS FOR THE INCLUSION OF CHILDREN WHO REQUIRE EXTRA SUPPORT

by

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ABSTRACT

This study investigates the co-construction of a responsive curriculum with child care providers around the conclusion of children who require extra support. It is representative of a collaborative piece of work with the childcare providers.

The main purpose of the study was to bring about an improvement in the practice of including children who require extra support. The study looked at attitudes the providers brought to bear on the context. Sensitivity to provider attitudes regarding the construction of the curriculum was integral to the study.

An action research methodology was adapted to facilitate the investigation of the study. In this study I analyzed the data using the grounded theory method. My role as researcher in this study was that of a participant-observer.

The conclusions indicated that studies need to be conducted regarding how society views the early childhood education profession; what constitutes knowledge in the field of early childhood education; and what the needs of the providers are in an inclusive context.

TABLE OF CONTENTS

iv

LIST OF TABLES

ACKNOWLEDGEMENTS

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CHAPTER ONE
AUTOBIOGRAPHICAL ACCOUNT

Many of the providers in the course were immigrants, who are faced with the challenge of Supported Child Care as well as the difficulties of immigration (i.e., learning about a new culture). In the words of a provider: "I'm an Argentinean, home is home no matter how long we're been here. I'm a Canadian citizen, but my heart is at home. Your roots are over there." The above echoes my sentiment of being an immigrant. I feel that it takes years to become comfortable with another culture. In my professional life, I find myself using my reflections on my experiences in South Africa, as an important frame of reference.

Knowles and Cole (1994) refer to reflection as the ongoing practice of critically examining and refining practice. When this inquiry is situated in the case of personal histories, in order to make connections between personal lives and professional careers, and to understand personal and early influences on professional practice, the inquiry becomes reflexive. Becoming a teacher, according to Knowles and Cole (1994), is a lifelong process of continuing growth rooted in the personal.

As mentioned above, in thinking of who I am as a teacher my thoughts take me to South Africa and Cape Town, the city where I was raised. My life has taken me on a journey to Toronto, Boston and now Vancouver. In this chapter I hope to take you, the reader, on a journey of my experiences which have, and are still adding to who I am as a teacher.

Globally, the schools I attended in South Africa adopted the transmission model of education. Discipline was an extremely high priority which culminated in amongst

other things, the students wearing school uniforms, rising when a teacher entered the classroom and addressing the teachers by their last names. These are examples of ways in which the hierarchy was maintained.

When thinking of teachers who left a lasting impression on my life, two spring to mind. The first teacher was Miss Lambert—I was eight years old. Miss Lambert possessed the qualities that Anderson (1995) deems are important in enhancing facilitator effectiveness. These qualities include authenticity, attentiveness, body language, caring, honesty, courage (to be yourself), patience, tolerance and trust. According to Anderson (1995), to be successful as a facilitator, the teacher needs to become an artist who endeavours to cultivate purposeful action through processing observations, discoveries and perceptions. The art lies in arranging the activities and questions in a manner that each student has the potential to contribute. In my mind, Miss Lambert was the epitome of a caring, genuine person. She was successful in helping her students experience success, thus fostering self-esteem which is the foundation on which future learning is built. The second teacher who left her mark was Miss Creech—my grade six Geography teacher. According to Anderson (1995), it is important for the facilitator to have the courage to be him/herself. Miss Creech embodied this courage, in the way in which she lived her subject. She entered the classroom wearing clothes made from beautiful African fabric (African print) with strands and strands of ostrich egg shells (made into beads) adorning her neck. According to Combs (1995) in Miller (1990), as a teacher experiences his or her uniqueness as a person, the act of teaching is enhanced. This seemed to be the case with Miss Creech whose individuality enhanced her teaching.

Having completed secondary school, I attended Barkly House Teachers Training College, a college for early childhood educators. I then pursued a course in Special

Education at the University of Cape Town. During this period, I was privileged to be part of a group of students who under the auspices of SHAWCO—Students' Health and Welfare Centres Organisation—were allowed entry into Crossroads Squatter Camp. This was in 1984, during the height of the political unrest in South Africa. This squatter camp was in a section called the Tent Camp. No houses existed, only water-sodden tents. School was held in an enormous tent, devoid of furniture and materials. Initially we came laden with paints and bright paper. Over time we realized that we were doing a disservice to the children. We were not meeting them at grassroots level, we had taken it upon ourselves to bring first world materials to a third world environment.

In conjunction with the teachers at the squatter camp, we tried to provide activities that were respectful of the context of the squatters. Given that the camp had lots of rain water and clay, together with the children, we made use of these resources by mixing clay and water in order to make paint. We found sticks and used these as painting utensils. The majority of the volunteers could not speak the children's home language, however, we managed to communicate with the children using a few words, gestures and dancing. Whilst at the squatter camp a little boy touched my soul like no other child. He was no more than two and a half years old, yet he possessed a presence far beyond his years. At the end of the day, he would don his peak cap, sling his old, torn jacket over his shoulders and walk barefoot to his home—a tent down a muddy road. I often think about this little boy—his life and his future. In the face of insurmountable adversity, he possessed both a presence and a resilience that has never ceased to be an inspiration to me.

I immigrated to Toronto in 1988, where I worked in an integrated pre-school. During this time I completed an undergraduate degree in Early Childhood Education. My journey then took me to Boston and I now live in Vancouver where I work in a school

comprising of eight children between the ages of three and six who for the most part have behavioural/emotional difficulties. The school is a therapeutic pre-school with a staff-child ration of 3:8. The philosophy of the school involves working with the families in a systemic manner. Each child receives weekly play therapy and each family has its own family therapist. The school strives to provide a safe place for both the parents and the children.

Given that some of the children present with developmental delays, I was initially keen to provide them with as many opportunities as possible, to foster their cognitive development. My training in South Africa, with its roots in the medical model predisposed me to wanting to "fix" the child, rather than to see the child as a social/emotional being. With the support of my colleagues, I was able to recognise that children need to feel safe, nurtured and accepted before being able to address other issues.

The experience of working in such an environment emphasizes the importance of considering the "whole child." As a result, the curriculum needs to honor a multitude of components: the family, the child's temperament, the context in which the child lives and the culture of the child. The reciprocal relationship between the body and the mind is accounted for by the twice monthly involvement of a therapist well versed in the concept of Bodynamics. Bodynamics is an example of somatic developmental psychotherapy that has been developed over the past 25 years by Lisbeth Marsher and the Institute Faculty in Denmark. According to Marsher (1995), it is not enough in the process of therapeutic change to express unresolved emotions or have a slight intellectual understanding. In bodynamics, a precise knowledge of developmental process and movements, frame each age and the muscles that they activate are worked with. At our

4

school, we are fortunate to be able to tap into these resources which aid in our understanding of the workings of the body and the mind.

One of the challenges of working with children from diverse cultures is, finding ways of gaining an understanding of the cultural nuances of the various groups. I initially thought that I'd be able to use books as a source of reference. Over time I have found observing people and listening to their stories to be as informative as the literature in these areas.

In working with children, my philosophy has been to endeavour to foster creativity. However, for the most part, children with behavioural/emotional difficulties do not seem to possess a large frame of reference from which to draw upon creative resources. As a curriculum facilitator, I have had to modify my thoughts on creativity and provide the children with a few ideas that seem to be an impetus for creativity. Although my training in South Africa emphasized the importance of non-teacher directed activities, I found myself guiding and scaffolding the children's' work. This scaffolding alludes to the philosophy of the "Reggio Emilia" pre-school programs in Italy. Reggio Emilia is a town of 130,000 inhabitants in Northern Italy. The educational system of Reggio Emilia has evolved over the past 30 years under Loris Malaguzzi, its founder and the collaborative efforts of teachers and parents. It is a municipality funded and managed by the community. In the Reggio Emilia Schools the curriculum is not established in advance.

> Teacher facilitate children's' explorations of themes and work
> on short and long term projects. These project ideas
> originate in the continuum of experience, of children and
> teachers and in their practice of constructing knowledge
> together. Projects may start either from a chance event, an

idea or a pattern posed by one or more children, or experience initiated directly by teachers. (Gardini, 1993. pp. 7-8)

I have had the opportunity of attending a conference on the "Reggio Emilia" programs as well as viewing two exhibitions of their children's' work. Given that the culture and community of Reggio Emilia differs vastly from that of North America, I realise that one cannot emulate their practice. However, I continue to apply pockets of their ideas which are conducive to our curriculum: for example, using children's' ideas as a basis for projects; scaffolding children through their projects; keeping projects out for a few weeks rather than limiting them to a short duration; making a vast array of materials available; and the constant repetition of stories, songs so that children can begin to 'live' them.

For the past two years in Vancouver I have been involved in working with providers in a specific community around Supported Child Care. The philosophy of the Reggio Emilia School System has influenced my work as both a teacher of children and a teacher-educator. This philosophy regards teachers as partners in learning, in the same way I consider myself a partner with providers in co-constructing curriculum around the inclusion of children who require extra support.

My reality of being an early childhood educator, as well as an adult educator and a graduate student has given me insight into the world of the providers in this study. Life has become a balancing act which can be overwhelming at times. My professors at the University who have left a lasting impression, come from the same mold as both Miss Lambert and Miss Creech.

They are people who valued the time spent with their students and brought meaning to that experience. Meaning, according to Jersild (1995) in Cole (1997), "constitutes in many respects the substance of the self—where there is meaning, there is involvement, when something has meaning one is committed to it, where there is meaning, there is conviction" (p. 78).

CHAPTER TWO
INTRODUCTION

General Problem Statement

The B.C. Ministry of Social Services began to review services for children with special needs in child care settings in 1990. At that time it was apparent that services for approximately 3,000 children around B.C. varied greatly. A survey of services provided, resulted in <u>Special Needs Day Care: A Discussion Paper</u>, which consisted of ideas for improving and revising special needs day care. Following the release of the paper in June 1992, Ministry staff organized community consultations around the province. The results of these consultations were re-assessed by the Special Needs Day Care Reference Committee and submitted in its final version in December 1994, as <u>Supported Child Care: The Report of the Special Needs Day Care Review in B.C.</u>

This review process was in response to the perceived restrictive structure of the Special Needs Day Care Program [SNDCP]. Under this program, parents had little choice about which child care centre their child would attend or what kind of care their child would receive. Designated SNDCP's settings were staffed by providers who were trained to work with this population. Services offered varied widely from community to community, with a child having to have a diagnosed disability before being considered eligible for Special Needs Day Care.

With this shift from Special Needs Day Care to Supported Child Care, all children have the right to attend the schools of their choice. In order for this to occur, providing all child care providers across B.C. with support and improved training was

endorsed. Supported Child Care is a vision which is in the process of evolving. As a result the child care field is moving in a new direction in the provision of all forms of child care, group care, family day care, preschools and school age care.

The philosophy outlined in Supported Child Care adopts the following five principles:

1) Inclusion   — All children are welcomed, valued and supported.

2) Family-Centered Practice   — Families have the right and responsibility to make choices for their children; families know their children best.

3) Community-Based Service   — All children, irrespective of these diverse abilities have the right to participate in natural settings within their communities. A natural setting refers to a context where a child would spend time, had he or she not had a disability.

4) Individual Planning   — The needs and strengths of each child are realised through an individualized planning process.

5) Shared Responsibility   — The responsibility for the development and co-ordination of child care is the domain of the parents, care providers, communities and various ministries and governments.

In order to assist care providers to adopt the Supported Child Care philosophy, support needs to be available to enable them to offer the most inclusive setting possible, including professional development opportunities for all child care workers.

In 1996, a community college received a grant enabling the development of a pilot project around staff training in Supported Child Care. I was appointed by the college to organize both the development of an appropriate curriculum and the implementation thereof. At my interview for the position I was asked what my envisaged curriculum would look like. My immediate response was that I would need to have a general sense of the providers' contexts and attitudes to inclusion before considering the curriculum component. In my opinion, disregarding the needs and attitudes of the providers towards inclusion would be akin to building a skyscraper without foundations.

To date, research on inclusion cites provider attitudes as the key to successful inclusion. Based on this, I felt that there was a need for a study on provider professional development around the Supported Child Care concept, with a focus on providers' attitudes among the Supported Child Care workforce. The course which I offered, differed from those offered at other institutions; an emphasis was placed on observations at the various settings as well as a great deal of time allocated for brainstorming, discussions and debriefings among the providers.

Therefore my task in this paper is to document and analyze providers' preparedness with respect to inclusion as they engaged in a course specifically designed to address the Supported Child Care concept.

To date, I have organized four Supported Child Care professional development courses. The current study is representative of course No. 4.
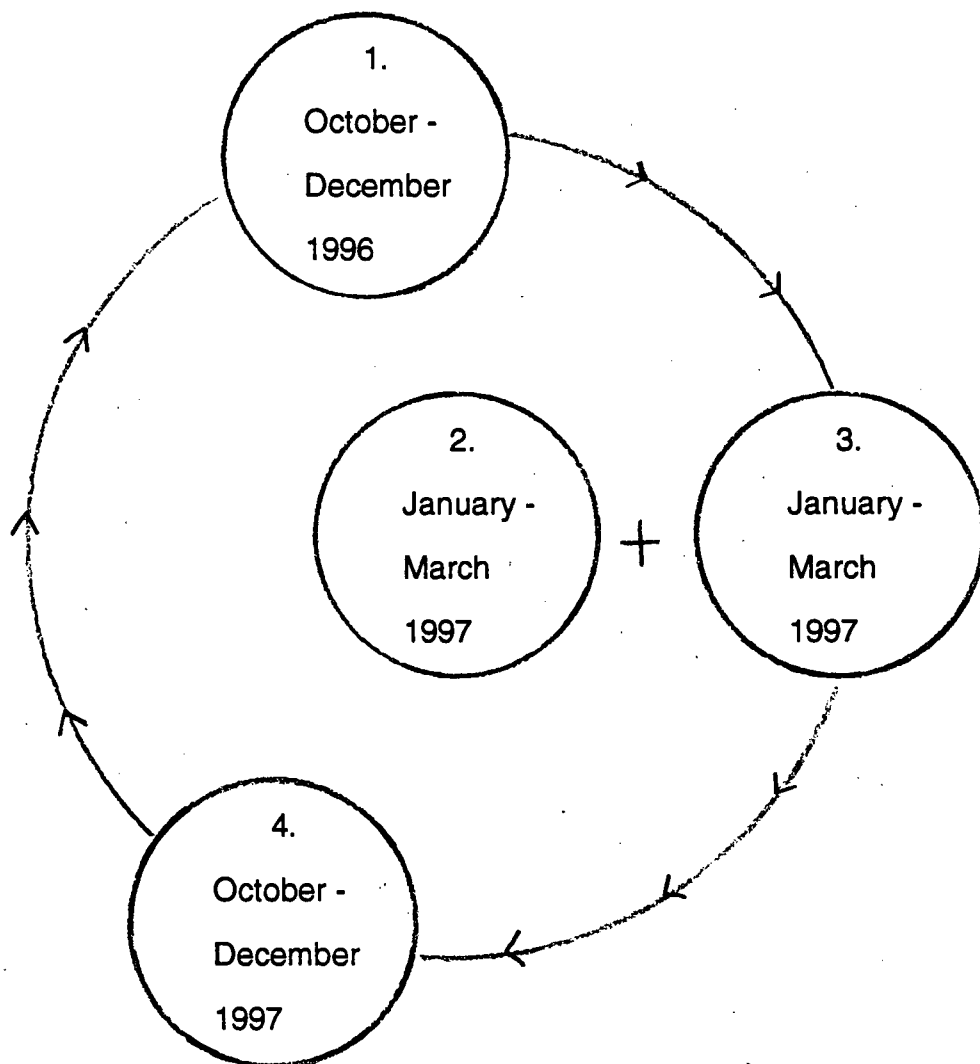
Foreshadowed Problems

I feel that Supported Child Care teachers who are now responsible for children with a large range of needs may be anxious due to lack of expertise in working with such children.

Supported Child Care providers need to be at a certain comfort level before being receptive to the altered context of inclusion.

Supported Child Care providers are at different points in their knowledge, perceived abilities and willingness to take on children who require extra support.

Research Questions

In this study, I investigated teacher preparedness in including children who require extra support. Specifically, I used four questions to frame the study:

- What do Supported Child Care providers feel they require in order to include children who require extra support?
- What factors do Supported Child Care providers feel foster an environment that is conducive to a level of comfort for them in their work with children who require extra support?
- What do Supported Child Care providers feel should constitute the curriculum of the professional development sessions for a Supported Child Care context?
- How do professional development sessions evolve in relation to provider input and feedback?

Significance of the Study

Together with the providers, I constructed and evaluated a responsive curriculum regarding the inclusion of children who require extra support. I feel that the study is significant because of the close collaboration between myself and the providers. The study looked at attitudes that the providers brought to bear on the context. Sensitivity to provider attitude on construction of the curriculum was integral to the study.

Ultimately, the results of the study can provide potential directions for those responsible for the provision of professional development programs for teachers working in a Supported Child Care environment.

CHAPTER THREE
LITERATURE REVIEW

Introduction

The following literature review provides a general overview of the key areas pertinent to this study. In the chapters that follow I link and extend elements from the general overview to the appropriate sections. Therefore, the literature review begun in this chapter becomes an integral part of the document in the succeeding chapters.

Inclusion

Inclusion of children who require extra support in family daycares, group daycares, and pre-school is a goal for many Early Childhood Education (E.C.E.) programs and many children. Children in an inclusive setting are welcomed, supported and valued. Playing, learning and growing happen in a way in which children feel they belong. When referring to the inclusion literature, it is evident that much of it originates primarily from the United States. This limits the generalizability of this research across Canada, due to different contexts of these two countries. In the United States Bill P.L. 99-457 was passed in 1986, legislation which mandated public education for three to five year old children with disabilities to begin by 1991. In Vancouver, the vision of Supported Child Care was released in 1992 and as yet has not been mandated.

When working with children, it is important to consider that all children learn, all children contribute and all children belong (Rose & Smith, 1993). Gardini (1993)

regards children as having rights not needs. She proposed that children have the right to be valuable contributors to the community. Sawatsky and Jacobsen (1992) advocate for educators to embrace the belief that every child is unique, every child is valued and every child can learn.

In the inclusion literature, the importance of pre-school providers attitudes comes to the fore. The literature on inclusion and on teacher change as well as the experiences of many practitioners, indicate that the preparation of early childhood teachers for inclusion should include an explanation of the importance of teacher's attitudes and feelings (Volk & Stahlman, 1994).

Lack of teacher preparedness seems to be cited as one of the main attitudinal barriers to inclusion (Odom & McEvoy, 1990; Rose & Smith, 1993; Stafford & Green, 1996; Volk & Stahlman, 1994; Wolery et al., 1994). According to Stafford and Green (1996), teachers' negative attitudes may be founded in a lack of knowledge about disabilities or an uncertainty in working with children who require extra support. Rose and Smith (1993) and Volk and Stahlman (1994) report that most teachers worry about their competence and their ability to meet the needs of a child who requires extra support.

For successful inclusion to occur, educators need to have the beliefs, attitudes and skills to provide an enabling environment in which they are supported by appropriate resources. For this to occur teacher educators need to provide professional development that devotes time to frank, personal explanation of feelings as well as attitudes toward inclusion (Volk & Stahlman, 1994). Eiserman, Shisler and Healey (1995), suggest that professional development should be responsive to the actual needs and concerns of the teachers. Potential providers of inclusion need to be met on their own attitudinal territory, starting where they

are in their perceived abilities, knowledge and receptiveness surrounding inclusion. Nordquist (1983) in Odom and McEvoy (1990) has noted that without adequate preparation, teachers are likely to say publicly the right things about inclusion, while privately believing that it will not work. Desharnais (1980) in Darvill (1989) argues that teachers need the opportunity to confront their biases and prejudices so that the challenges of inclusion can be dealt with.

Volk and Stahlman (1994) and Rose and Smith (1993) suggest that professional development around inclusion should include observations of inclusive settings. Rose and Smith recommend that teachers talk openly with staff at the settings about the difficulties they encounter and the way in which these are handled.

I feel that there is no universal method of teacher preparation for inclusion. So many variables come into play, for example: training, exposure to children who require extra support, and attitudes around inclusion. Each context is so different. It is important to consider differing needs of different contexts before considering the complex issue of teacher preparation. Therefore a case by case approach is necessary. In this study, I became acquainted with the context, which included acquiring knowledge of various community resources as well as endeavoring to get a sense of the needs of the providers.

The above literature suggests the complexities involved in the inclusion of children who require extra support. Although barriers to inclusion and strategies to deal with them are cited in many articles, the lack of research around professional development curricula involving inclusion is evident. Wolery et al. (1994) suggests that considerable research is necessary to identify efficient models of preparing early childhood educators for inclusion. One of the limitations of the research around inclusion is the apparent lack of studies

involving family child care providers. As a rule they work on their own in a setting of approximately seven children. Some of the providers in this study who work in family child care environments have spoken about feeling isolated in the milieu of early childhood education. I feel that the voices of the family child care providers need to be heard.

Family-Centred Practice

In my opinion, the notion of the family-centred approach is multi-faceted. To date, there has been little written about this approach. According to Marfo (1996), family-centred intervention is a label that has emerged to capture the essence of the move away from the traditional parent involvement model which emphasized the professionals in the child's life as the primary advocates. A shift has occurred and the family is now regarded as the primary advocate, making the final decision involving the child's placement in a particular setting and the child's program needs. According to Marfo, for a true paradigm shift to occur, professionals in a family-centred approach need to educate, facilitate, empower and co-operate with families in the provision of services. A question raised by Marfo, is how we avoid overwhelming families with responsibility while trying to honour their right to live their lives and to satisfy their children's program needs.

The notion of family centredness brings the importance of the cultural component to the fore. Greey (1994), states that the inherent component of many programs is to empower the family to become a successful advocate for the child who requires extra support. However, Greey adds, this newly proposed professional involvement of parents is likely to meet resistance from various parties within cultures who are accustomed to viewing professionals as experts who do something for rather than with them.

17

The context of this study comprises a large immigrant population, an important factor that needs to be considered. According to Greey (1994), when an immigrant experiences diminished self-esteem and an inability to cope, he/she may find it easier to hide from society than deal with it. This concurs with the already mentioned thoughts of Marfo (1996), who stressed the importance of creating a balance between honouring the parents' rights to be in control, without overwhelming them. Although the works of Greey (1994) and Marfo (1996) speak to the plight of immigrant parents, there appears to be a similar lack of research around the struggles confronting immigrant providers. In the present study a number of the immigrant providers experienced difficulties around: financial issues, gaining educational equivalency, spousal unemployment and viewing themselves as baby-sitters rather than specialists in the field.

According to Lynch and Hanson (1992), as our society has become more heterogeneous, cross-cultural effectiveness has emerged as an important skill for all interventionists. The cultural component plays an important role in providers attitudes towards inclusion. A sound understanding of the cultural nuances of various groups enhances harmonious interactions. In Chud and Fahlman (1985), the degree and intensity of eye contact during conversation exemplifies a cultural nuance. They cite the example of North Americans expecting direct eye contact in face to face conversations. This does not seem the case amongst some Asian and First Nations people who consider eye contact as aggressive and disrespectful. Greey (1994), cites differing beliefs and attitudes surrounding disability and health between Western and non-Western cultures as an example of differences in cultural nuances. Although Greey (1996) and Chud and Fahlman (1985), provide examples of various cultural nuances, there is a need for further

research that will support providers and teacher-educators to familiarize themselves with the intricacies of different cultures.

The above literature suggests the complexities involved in the cultural components and how they are reflected in support practices, specifically in regard to the family-centred principle. Understanding and recognizing what family centredness signifies, could serve as the cornerstone of the Supported Child Care model.

Reflective and Reflexive Practice

The importance of teachers and teacher educators who engage in critical analysis of practice, with attention to the many roles and contexts which comprise it, is cited in Knowles and Cole (1994). They view professional development as being facilitated by opportunities for ongoing critical reflection on and inquiry into the vast spectrum of experiences that impact upon professional lives. Reflection, according to Knowles and Cole, refers to "to the ongoing practice of critically examining and refining practice" (p. 3). However, Knowles and Cole also regard self-study work as a form of reflective practice. They coined the phrase "reflexive inquiry" which refers to an inquiry rooted in the personal. Reflexive inquiry makes connections between personal lives and professional careers and provides an understanding of personal and early influences on professional practice (Knowles and Cole, 1994).

Noori (1996), reiterates history and personal experiences as having a bearing on one's philosophy of education. She states that a personal philosophy of education cannot be understood in isolation from the years spent in the "status quo" of universities and schools. Although many of the providers in this study

seemed comfortable expressing themselves verbally, they were hesitant to commit their ideas in writing. The following quote of Rogers (1977) in Thomas (1995) seems representative of the providers in the present study:

> There is often a deep sense of inadequacy in my students, even though many of them are successful men and women. They associate written work with tests, marks and examinations and therefore with potential failure. (p. 74)

Murray (1995) in Thomas (1995), seems to concur with Rogers (1997). He states that pupils' expectations of themselves are based on parents, teachers and peers responses. These expectations seem to evolve into self-fulfilling prophecies that frame their school life. In his experience of teaching adults, Murray observes that they will say they are "thick" or "no good" at something because of their experience of failure at school. Schon (1983, 1987) in Freeman and Richards (1996), has argued that the most effective method of generating autonomous professional development is through the ability to reflect on one's own professional practice. Thus, it is important to support and nurture professional practice such as reflection, among all providers.

Noori (1996), Thomas (1995), Knowles and Cole (1994) and Freeman and Richards (1996) emphasize the importance of reflecting on how personal histories impact on professional lives. However, there seem to be many impediments to reflective practice facing teachers. Cole (1997) argues that the conditions under which teachers work, have generated feelings and psychological states that block reflective practice. Cole suggests, that researchers adopt an active role in working with and for providers to establish contexts more conducive to learning. Jersild (1995) in Cole (1997) states that

teachers are reflective practitioners who strive to evolve as persons and professionals. However, this is not easily actualized in day to day professional lives. The following quote from Cole (1997) indicates that researchers need to redefine the focus and agenda of their work,

> A shift of the research lens from teachers to contexts would focus attention, for example on questions such as, 'What conditions are necessary for teachers to engage in reflection on their practice?' and 'How can reflective contexts be created?' (pp. 22 & 23)

Eisner (1993) concurs with Cole, he states that the major aim of researchers involves the improvement of educational practice, so that the lives of those who teach and learn are enhanced.

To date, there seems to be a lack of research on how to develop contexts that are conducive to reflective practice. Cole (1997) indicates that teachers have not been helped to be reflective practitioners:

> Listening to teachers talk about their work we hear frustration, anger, stress, despair and weariness—states of mind prepared more for survival than deep thinking and learning. Increasing demands, increasing political intervention and concomitant decrease in personal control, have eroded away at the meaning of teaching for many teachers. (p. 21)

An attempt is made in this study to provide the space and time for providers to individually and collaboratively reflect on their practices as supported child care workers.

Action Research

In the present study the research methodology used was that of "action research."

According to Lomax (1990) in McNiff, Lomax and Whitehead (1996), action research harnesses forms of collaboration and participation that are aspects of our professional rhetoric but are rarely effective in practice.

Kennis and McTaggart (1982) in Mcniff, Lomax and Whitehead (1996) indicate that, "The linkage of the terms action and research highlights the essential feature of the method: trying out new ideas in practice as means of improvement and as a means of increasing knowledge" (p. 9).

Burnaford, Fischer and Hobson (1996) advocate that viewing the construction of curriculum as a collaborative research process affords both teachers and students the opportunity to engage in critical thinking.

I feel that action research was an appropriate choice of research methodology for this study in that the providers and I worked collaboratively, co-constructing a responsive curriculum around the inclusion of children requiring extra support. The main purpose of the study was to bring about an improvement of the practice of including children who require extra support. At all times during the study, the providers were encouraged to reflect on their needs as providers.

CHAPTER FOUR

METHODOLOGY

Design of the Study

To explore the research problem, I conducted an ethnographic study, the focus being on nine professional development sessions for providers on the inclusion of children who require extra support. There were five key steps to the study:

- I liaised with members of the specific child care community to explain the purpose of the study and to find out what their degree of involvement was around including children who require extra support. (This occurred during regular bi-weekly meetings held by the child care support groups.) Given, that the members of the child care community were part of the context, I was interested in getting their feedback around the proposed study.

- Once the nine providers had been selected, they were consulted in order to ascertain the most favourable dates and times for the sessions.

- During the first session, providers were asked to fill out a questionnaire (First Questionnaire, Appendix A) addressing such issues as their previous (if any) professional development in early childhood education, experience in working with children who require extra support, what they hoped to achieve from the sessions and to include any areas of special interest. At the end of the ninth session the providers were asked to fill out a questionnaire (Second Questionnaire, Appendix B).

- Sessions two to nine involved developing a curriculum approach in collaboration with the providers. The context and sequence of the course was a developmental process. The course comprised of nine three hour sessions which included three observations.

- I made use of data triangulation by using a variety of data sources. The data included: discussions between the researcher and a critical friend; exit slips filled out by the providers at the end of each session; the researcher's field notes; an interview, and questionnaires (see Appendices A & B). The interview with the providers was conducted in a focus group.

Analysis of Data

In this study, I analysed the data using the grounded theory method, in particular the constant comparative method. According to Strauss and Corbor (1994) in Derzin and Lincoln (1994), theory evolves during actual research through the interplay between analysis and data collection. Throughout the analysis, provider attitude was a sensitising frame for examining the data. The grounded theory method was conducive to my thesis as it allowed for the development of substantive theory from the data, rather than a priori theories being imposed on data.

Researcher's Role

My role as researcher in the study was that of participant-observer. According to McMillan and Schumacher (1993), the participant-observer is a person who has a role in the site in which he or she intends to study. As an off-campus contract faculty

member, I go from community to community developing responsive curricula with providers. My role remains constant while the sites vary.

According to Janesick (1998) the role of the qualitative researcher is a role that embraces subjectivity, in the sense that the researcher is fully aware of the researcher's own self, in tune with his or her senses and is fully conscious of what is taking place in the research project. Throughout this study, I was aware of my subjectivity around certain issues for example: providers feeling that they need to have children who require extra support in their care, without adequate support. Clark (1988) questions whether the teachers of teachers have the courage to think aloud as they themselves wrestle with troubling dilemmas. In co-constructing a responsive curriculum with providers around the inclusion of children who require extra support, we constantly wrestled with challenging issues.

Throughout the present study, I identified with the notion of researcher as learner. According to Eisner (1993) the aim of research has to do with the improvement of educational practice so that the lives of those who teach and learn are themselves enhanced. I feel that the providers and myself were both teachers and learners during the nine week course. McNiff (1993) concurs with the notion of teacher as learner: "I have stated my belief throughout that education is not only something that teachers wish to bring about in their learners, but also something that they have to bring about in themselves" (p. 102).

Janesick (1994) (1998) states that one of the strengths of the qualitative researcher is the ability to use all the senses during the research act. She believes that after living in the field with the participants over time, the researcher also uses intuition, informed hunches to plan the mode of inquiry and to undertake the inquiry. During

the present study, I often decided to approach a situation in a certain way, because it felt comfortable to do so. Janesick (1994) in Janesick (1998) feels that all researchers use a sixth sense, an intuitive sense, to follow through on hunches that emerge from observing in a particular social context.

Janesick (1998), suggests that it is wise to pilot test observations, interviews and any type of participant observation that is being considered for the research plan. She advocates that by doing a pilot study, one is able to get a taste for the setting, become acquainted with personnel and test one's ability as interviewer and observer. I was fortunate to have organised three courses around the inclusion of children who require extra support: two during the period (Oct. - Dec. 1996 and Jan. - Mar. 1997) and one during the period (Jan. - Mar. 1997) before embarking on the present study. In a matter of speaking I was able to iron out many creases in the present study by having had the experience of being involved in the organisation of the previous courses.

According to Janesick (1998) meaning is constructed in the ongoing, social relationship between the researchers and the participants in the study.

> The researcher is connected to the participants in the
> most profound way; and that is how trust is established,
> which in turn allows for greater access to sources and
> which ensures an involvement on the part of the
> participants that enables them to tell their respective
> stories. (Janesick, 1998, p. 62)

In the present study, the various relationships that have been established for example that of researcher-provider and provider-provider have been a powerful experience for all concerned. A camaraderie seemed to permeate all the sessions.

Janesick (1998) advocates that an important role of the researcher is to ensure that participants voices are heard and that they are not abandoned after the research project. I feel that as a researcher, I am one of the links between the providers and the community and feel privileged to maintain this relationship by sharing my work with the providers upon completion of the study. .

Site and Sample Selection

The study was undertaken in a suburb of an urban district in southwestern British Columbia, which has experienced rapid growth as a community with an influx of young families. It is viewed as a transient community of young families because of its affordable cost of living. Given the present demographics in this area, many child care facilities are in operation. I chose the site for several reasons. This suburb in B.C. is the district in which I am presently working as off-campus contract faculty for a local community college. Over the past months, I have worked in close collaboration with the Child Care Resource and Referral Program. For this reason gaining entry into the community of child care providers was relatively straight forward.

The Child Care Resource and Referral Program was selected as the site where most of the professional development sessions took place. It represents a central body in the community, frequented by the providers for training, resources and support.

Once the professional development sessions had began, provider input was integral in the choice of schools whose inclusive classes were observed.

To receive permission to undertake this study, I submitted a letter asking for Permission from the college as well as from the local Child Care Resource and Referral Program. Once permission had been granted, together with the Delta Child Care Resource and Referral Program, eight providers were selected. The first criterion I used for the selection of providers, was that they needed to be representative of group daycares, family daycares or preschools. The second criterion was that providers needed to be working with children between the ages of 0 to 6 years.

Each participant completed a consent letter and was given a copy of the letter for her own records. The confidentiality of the data was assured by only myself and my thesis committee members having access to it. All the data was kept in a locked cabinet in my home. Pseudonyms have been used in the thesis document.

Participants

The participants in the present study consisted of a heterogeneous group of eight females between the ages of twenty-four and fifty. All eight participants were involved in licensed family child care.[1] The participants were selected by the Child Care Resource and Referral Program, as they have access to and have built a rapport with the child care providers. The participants in the study were not evaluated or given grades.

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[1] Licensed through Community Care facilities licensing. Licensed for seven children from newborn to twelve years of age.

Two of the participants had the Family Child Care Certificate. All of the participants had attended workshops around various aspects of early childhood education (see Table 1).

Table 1 List of Participants' Professional Development Experiences				
Participant	E.C.E. Certificate	Introduction to Family Child Care Certificate	Family Child Care Certificate	Workshops
A			✔	
B			✔	
C		✔		
D		✔		
E	✔		✔	
F	✔	✔		
G				✔
H				✔

Four of the participants were active members of a Childcare Society, attending amongst other things one meeting per month.

Two of the participants were immigrants who had been in Vancouver for seven years.

Two of the participants had children who required extra support in their care (a child with cerebral palsy and a child who is blind), and could speak to this first hand inclusive experience.

A staff member of the Child Care Resource and Referral Program partook in all the sessions, serving as a co-facilitator. Over the years, this staff member had built up a comfortable relationship with the providers and initially served as a bridge between the providers and myself. I have the vision that over time, Child Care Resource and Referral Program will facilitate this specific course on their own. This would allow the College, the opportunity to develop other off-campus courses.

Sequence of the Course

As already mentioned, the course was comprised of nine three-hour sessions. The sessions took place off-campus at a Child Care Resource and Referral Program. Three observations at inclusive settings were part of the course. Given that many of the providers had not partaken in formal training courses for a number of years, I felt that a site-based location was conducive to informal professional development sessions. In my experience of working with adult providers who had not been part of a formal institution for a good length of time, their reticence at attending one had been expressed. Six of the sessions took place at night while the remaining three took place during the day.

Funding was provided by the College to cover the cost of the substitute teachers for the providers during the 'day' sessions. Given that the focus of the sessions was on providers' "attitudes," the elimination of financial stress that training brings was of primary importance.

Course Preparation

Prior to the beginning of the course, I attended four meetings with various members of the Childcare Community.

Meeting 1

I met with two members of the Childcare Resource and Referral Program, to become better acquainted with the context. It was brought to my notice that the area has a large number of licensed family Childcare facilities (approximately 90) and has few group facilities. Given that the Support Programs seem to be moving into delivery of training programs, I felt that it was important to discuss "train the trainers." This could be accomplished by a member of the Childcare Community sitting in on the course, with the vision of conducting the course at a future date. The two members of the C.C.R.R.P. mentioned the need to bring training into the community to relieve expenses of providers having to attend courses at the College. They added that Family Childcare Providers as a whole, tend to be isolated and would welcome an opportunity to come together for professional development sessions.

Meeting 2

I met with the Director of the Childcare Resource and Referral Program to discuss amongst other things the various resources within the Community that could potentially embellish the course.

Meeting 3

I attended a meeting at the Ministry for Children and Families to discuss the vision of Supported Childcare in this community. A representative from the Ministry led the

meeting which comprised of teachers; Supported Childcare consultants and others involved in the process of Supported Childcare.

Meeting 4

I met with two Supported Childcare Consultants in order to get a sense of their vision of the process and content of the proposed sessions.

The Course

The course comprised both day and evening sessions. The format of the sessions alternated between class sessions, observations, guest speakers and viewing videotapes. Table 2 refers to the format of the sessions during the course.

Table 2 A summary of the format of the sessions during the course						
Session	Morning	Evening	Class Session	Observation	Guest Speaker	Video
1		✔	✔			
2	✔			✔		
3		✔	✔			
4		✔			✔	
5		✔	✔			
6	✔			✔	✔	✔
7		✔			✔	
8	✔			✔		
9		✔	✔			

<u>Session 1</u> – (at the C.C.R.R.P.)

I wanted to create a forum for open communication amongst the providers. The first session therefore encompassed getting to know the providers and for the providers to begin to feel relatively comfortable with one another. From the outset, I emphasized the importance of all the providers working as collaboratively as possible. The various options for observation were discussed with the providers.

I discussed a metaphor of Supported Childcare by introducing an old bottle. I had bought this bottle in Cape Town, South Africa many years ago. It has a beautiful blue colour, however its curved, concave shape prevents it from standing. I asked the providers to describe qualities of the object before them. They replied that it was blue in colour, it was chipped and bent and could not stand up. I then asked them to name the object. They said that it was a bottle. I explained that although it was chipped, bent and could not stand up, it was still a bottle, in the same way that a child who requires extra support is first and foremost a child. This metaphor seemed extremely powerful to the providers. I also read "Welcome to Holland," which brought tears to many of the provider's eyes. "Welcome to Holland" is an excerpt from the movie "KIDSLIKETHESE" written by E. Kingsley. It illustrates a mother's philosophy regarding her child who requires extra support.

<u>"Welcome to Holland" by E. Kingsley</u>

"I am often asked to describe the experience of raising a child with a disability to try to help people who have not shared this unique experience to understand, to imagine

33

how it would feel. It's like this. When you're going to have a baby, it's like planning a fabulous trip—to Italy. You buy a bunch of guidebooks and make your wonderful plans. The Coliseum, Michelangelo's "David." The gondolas in Venice. You may learn some handy phrases in Italian. It's all very exciting.

After months of eager anticipation, the final day arrives. You pack your bags and off you go. Several hours later, the plane lands. The flight attendant comes in and says: "Welcome to Holland."

Holland??? you say, "What do you mean, Holland? I signed up for Italy! I'm supposed to be in Italy. All my life I've dreamed of going to Italy."

But there's been a change in the flight plan. They've landed in Holland and you must stay.

The important thing is that they have not taken you to a horrible, filthy place of pestilence, famine, and disease. It's just a different place.

So you must go out and buy new guidebooks. And you must learn a whole new language. And you meet a whole new group of people you have never met.

It's just a different place. It's slower-paced than Italy, less flashy than Italy. But after you've been there for a while, and you catch your breath, you look around and you begin to notice that Holland has windmills, Holland has tulips, Holland even has Rembrandts.

But everyone you know is busy coming and going from Italy. And they're bragging about what a wonderful time they had there. And for the rest of your life, you will say, "Yes that's where I was supposed to go. That's what I had planned."

And the pain of that will never, ever go away, because the loss of the dream is a very significant loss.

But if you spend your life mourning the fact that you didn't go to Italy, you may never be free to enjoy the very special, the very lovely things about Holland."

During this first session the providers were asked to fill out a questionnaire (First Questionaire, Appendix A).

Session 2

This session took place at an inclusive setting. Although it had been our intention for the providers to observe at this setting, the director informed us that given the dynamic of the class at that specific time, an observation was not possible. The providers understood the turn of events and met with the director and one of the teachers, and observed the setting without the children being there. One of the Supported Childcare Consultants was present during this session.

Session 3 (at the C.C.R.R.P.)

I decided that it would be prudent to introduce the binder at this time. The binder consists of amongst other things, journal articles and resources from the community that the providers could use as a resource base. The rationale behind introducing

the binder during the third session and not earlier, was to ensure that the providers did not feel overwhelmed by the binders large content.

Session 4 (at the C.C.R.R.P.)

A provider from the community who was not a participant in the course, guided the providers through a signing session. I felt that training provided by a colleague in the field would relay the message that the knowledge and expertise of providers was an important resource that already exists. The session consisted of the introduction of basic signs in Signed English, for example: eat, drink, toilet, mom and dad. The providers were also introduced to songs in Signed English, for example: If you are happy and you know it, Twinkle, twinkle little star and The wheels of the bus go round and round.

Session 5 (at the C.C.R.R.P.)

In order to strike a balance between theory and practical experience, I brought in resources (support materials) I had made. I wanted the providers to get a sense of how to modify materials according to specific children's needs, for example, a child who may be experiencing difficulty with cutting could initially cut through playdough rather than paper. In this way, the child's self-esteem remains intact whilst the child experiments with a sensory medium.

Session 6

The providers observed two different classes at a childcare development centre. The one class (setting A), comprised of a group of children with approximately a third

requiring extra support. One half of the other class (setting B) was made up of children with Autism Spectrum Disorder. The providers were initially divided into two groups. The first group of providers observed (setting A) for approximately forty-five minutes whilst the second group of providers observed at (setting B). After forty-five minutes the two groups of providers switched. The rationale behind this was to give the providers the opportunity to observe at both settings. The reason the group of providers were divided into groups, was to prevent the size of the group of observers from being overwhelming for the children. At setting B, the providers observed from a viewpoint outside of the class. Given the population of children in that setting we wanted to cause as little disruption as possible.

The three areas of observation that the providers were asked to concentrate on were: teacher/child interaction; child/child interaction and how the environment accommodates the child.

At the end of the observations, the directors of setting A and setting B, answered questions the providers had. The Director of setting B, then spoke to the providers about Autism Spectrum Disorder and showed a video tape on the lives of families who have children with Autism.

Session 7

A speech pathologist from the community conducted a three hour session, providing strategies in working with children with speech and language difficulties. She introduced the providers to a large selection of support materials as well as answered specific questions that involved children in their care.

Session 8

During this session we observed at a school for children with hearing impairments. The providers and I found this session extremely powerful. One of the teachers at this school was hearing impaired, thus understanding the children's contexts from first hand experience. Given that the school had observation rooms with one way mirrors, we observed children in the classroom as well as in therapy sessions.

Session 9

We concluded the course with a theoretical session combined with an opportunity for the providers to express verbally what their impression of the course was. The were also asked to fill out a questionnaire (second questionnaire). This questionnaire covered a variety of areas which I hoped would provide insight for future courses I would be co-facilitating.

CHAPTER FIVE
ANALYSIS

Although the following categories are clearly related, for analytical purposes I have treated them separately.

I PROVIDER SUPPORT

The importance of provider support seemed to be an integral thread in the fabric of the present study.

In order to understand what type of support the providers needed, it was crucial to establish a clear definition of what is meant by "support." Support, according to Thorndike and Bauhart (1993), is to give strength, courage or confidence. For the providers in the study, support seemed to be conceptualised by the act of being heard which in turn validated their work. In the context of the present study, my conception of support is to co-create an environment that is conducive to growth amongst the providers. My conception of support seems to combine the perspectives of Thorndike and Bauhart as well as these of the providers. It refers to the co-construction of an environment in which providers are heard and one which embraces strength, courage and confidence to work with and enhance the lives of children who require extra support.

a) Teacher preparedness

According to Wolery et al. (1994), Rose and Smith (1993), Stafford and Green (1996), and Eiserman, Shisler and Healey (1995), one of the key attitudinal barriers for providers to inclusion seems to be lack of teacher preparation.

I feel that there is no universal method of teacher preparation for inclusion. So many variables come into play, for example: training, exposure to children who require extra support, and teacher/child ratio. Each context is so different. It is important to consider differing needs of different contexts before considering the complex issue of teacher preparation. Therefore a case by case approach is necessary.

In the context of the present study, the providers are primarily involved in family child care. The majority of the providers have had a one-year family child care training. A few of the providers have E.C.E. training. At the beginning of the study, the providers expressed concern about their abilities to work with children who require extra support and their families. They were worried about not being adequately trained for working with the above population. At this time the notion of training seemed uppermost in the providers' minds. I felt that they thought that one had to have many years of formal training in order to be "good teachers." I found that although the providers for the most part did not have any formal special needs training, they each brought a wealth of experiences to the course. My challenge was to support the providers in translating their experiences into feelings of empowerment, and plans for future action. In order to achieve this, I endeavoured to find out why the providers felt so disempowered and devalued.

Throughout the sessions, the words "qualified" and "trained" made me feel uncomfortable. I felt that the providers could not see that they themselves were already capable of working with children who require extra support. I wanted to put across the notion of 'not knowing all the answers' was a healthy frame of reference. The following quote from Clark (1988) is descriptive of my perspective at this time: "There is more to teaching than meets the eye, expertise in teaching is less a matter of knowing all the answers than a matter of making the most of the unexpected" (p. 7).

I wondered whether the providers felt disempowered by uncertainties and unanswered questions concerning children who require extra support. I wanted to put across that not knowing the answers does not mean one is not competent to do the work. A quote from Eisner (1993) concurs with this notion,

> Our work lives its ultimate life in the lives that it enables
> others to lead. Although we are making headway toward that
> end, there will continue to be difficulties and uncertainties,
> frustrations and obstacles. Working at the edge of
> incompetence takes courage (p. 10).

As the course progressed it become evident that the providers seemed more relaxed around the notion of working with children who require extra support. "Before I was scared to take a child who requires extra support—I feel more prepared" (Colleen, session 5). The providers explained that as the course evolved, there appeared to be an attitudinal shift regarding their perceived inability in working with children who require extra support. They mentioned that they were beginning to realise that they were better equipped to do this, than they had initially given themselves credit for. "I have become

more confident and eager to take on the challenge of Supported Child Care" (Carole, session 5).

The providers felt that the origin of their feelings of disempowerment was two-fold. Firstly, the ministry's constant shifting of goal posts around budget and agency allocation regarding Supported Child Care fostered insecurity. Secondly as one of the providers reported: "Parents sometimes make you feel like a baby-sitter. I feel that we do have more education than being childminders" (Jane, session 1). This quote seemed to frame some of the challenges that family child care providers experience. These providers offer child care in their homes whereas group daycare and pre-school services are offered in schools or centres. As a result the family child care providers tend to be more isolated than their daycare and pre-school counterparts. I wondered whether the family child care providers felt devalued as a group/subculture. I wanted to pursue this avenue of thinking at a later stage, when the providers felt more comfortable with me as well as with their peers in the professional development group. I hoped that with support, the providers would feel valued and acknowledged.

b) Working with families

Given that many family child care providers were not yet including children who require extra support, we visited settings where this was occurring. During these visits, the providers were able to talk to the teachers about their work around including children who require extra support and their work with the families. A provider at setting A comments on the above:

> It's my job to provide the best opportunity for the children.
> Parents know their children best. I want to make a

difference. I want to go the extra mile. Working with families

was scary. I treasure and value the families.

(a provider at setting A)

A teacher at another setting says:

We need to mesh our goals with the parents. Parents need

to develop a base—a lifelong base. The parents are the

constants in the children's lives. Our future is trying to be

more creative in trying to get pockets of parents together.

(a provider at setting B)

The above two quotes, speak to the value of working within a family-centred philosophy,

with the parents being the primary advocates for the child. However, the providers

expressed concern at potentially working with families who do not acknowledge a child's

difficulty and who do not consent to any outside involvement. A supported Child Care

Consultant provides an opinion on how to work with this situation.

We need to give honest, ongoing information. We need to

ask families what they see at home. Empower parents,

develop relationships with families. They have to be ready

for services. There is a time that feels right. (Supported Child

Care Consultant A)

During a discussion with the Director of (setting A), a provider spoke about dealing with

the other parents concerns regarding the negative impact on the class of the inclusion of

a child who requires extra support,

> I have a fear of how to deal with other variables—other
>
> parents. I worry about taking up too much time with a child
>
> who requires extra support. (Jane, session 6)

The director's response to this concern was to organise parent evenings where the needs and the strengths of children are discussed. She specified that children who require extra support should not be labeled. The issue of their taking up too much of the teacher's time in the class, should be addressed. I agree with the director's stance. I feel that at the beginning of the school year a forum needs to be organised where parents can express their points of view regarding inclusion.

Parents need to be educated about children who require extra support. A lack of knowledge about specific developmental disabilities can culminate in feelings of apprehension regarding the inclusion of children who require extra support. Parents' understanding of children's needs can be enhanced by panel discussions which include the following participants: parents of children who require extra support; teachers; S.C.C. consultants and extended families of children who require extra support. During these discussions, videotapes on the home life of families of children who require extra support can be shown. In this way parents can regard children who require extra support as having the same emotional make-up as all children.

During a session of the S.C.C. course, a videotape was shown indicating family experiences of living with children with autism. A provider responds after seeing the video,

> This was an eye opener to the family upheavals and
>
> transitions and emotions. It is a good reminder to us all to be
>
> non-judgemental and compassionate. (Linda, session 6)

In order for parents to be supportive of one another, they need to realise that not only children who have a specific diagnosis require extra support. It is important to consider the strengths of all children and to acknowledge that all children at specific times require extra support. Support can come in many forms for example: physical, social/emotional, cognitive and sensorial.[2] parents who may be experiencing loss in their lives, for example: divorce, separation, death, financial loss, and immigration may require adult support in order to be able to support their children through this period.

At the end of the course the providers were asked to fill out a questionnaire. In response to the question: What would you like to see added to the course? One of the providers responds to this questions,

> I would like more information on dealing with families,
> dealing with support staff, meeting more providers and
> parents of children who require extra support, in order to
> gain more first-hand knowledge. (Jane, Questionnaire II,
> session 9)

The desire on the part of the providers in gaining first-hand knowledge has been evident throughout the course.

c) Lack of hands-on or in-the field consultant and financial support

Three of the providers in the present study work with children who require extra support. They expressed the difficulties of endeavouring to work with the children without

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[2] Sensorial relates to sensations or sensory impressions.

adequate additional support. By additional support, I am referring to extra hands-on support by consultants in the field or by one-to-one aides as well as financial support. In terms of financial support, applications need to be made to the Ministry every six months in order to renew financing.[3] One of the providers works with a child who is blind. She finds the task of applying for financial support extremely stressful. The S.C.C. consultants are meant to be handling this aspect, unfortunately this does not occur in all the cases. One of the providers mentioned that by not getting adequate money from the Ministry to resource specific children, service is being devalued.

The current analysis is consistent with Rose and Smith's (1993) study, "Attitude Barriers to Pre-School Inclusion," which suggests that teachers connected concern about inclusion to the lack of available resources and support personnel. This comment reinforces the need to educate providers regarding resource provision and acquisition. Rose and Smith (1993) write that community providers need to be supplied with the best information and technologies. They should have ongoing consultation from special education personnel, available to them. Given the present suspension of services around S.C.C, providers are feeling unsupported. Throughout the course providers were given information around how to access various resources. According to one provider: "The information on how to get in touch with the resources makes you feel more professional."

The providers have expressed concern about not being able to accept children who require extra support into their care without adequate resources. One of the Supported Child Care Consultants in the field spoke directly to the providers about this dilemma,

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[3] Financing refers to money the government has allocated for those requiring extra support, where needs have met a certain criteria.

You do not need to accept every child who applies to your

program. You need to know the specifics of the support

available, before accepting a family into the program. Those

of you who are involved in S.C.C. need to consider

yourselves pioneers who support one another.

I appreciated the metaphor of regarding providers as pioneers around the issue of

S.C.C., however I feel that they need to be empowered to state their needs clearly and

forcefully. Volk and Stahlman (1994) advocate that genuine opportunities for discussion

of feelings need to be built into programs. Stafford and Green (1996) concur that needs

and attitudes are important foundations for ones journey as a teacher. In my work with

providers, I feel that disregarding the above, is akin to building a skyscraper without

foundations. One of the providers writes: "I felt very relaxed throughout the course. I

learnt a lot and it was nice to have a chance to share" (Helen, questionnaire II, session

9). Another writes; "The course opened up Pandora's box, we are empowered with the

knowledge that has been given and shared" (Linda, questionnaire II, session 9). Thus,

not only do providers need to be innovative and display initiative, they need to be

provided with opportunities to articulate what and how they might go about this in their

work.

In my opinion the sharing of knowledge and experiences seems to be the nucleus of

teacher preparedness. A S.C.C. consultant (Consultant A) speaks to this sharing of

knowledge, "We need to build trust in working with teachers. We are not here to change

your setting. We need to work as a team. Everybody has a set of experiences and

knowledge to work with that child." According to Dodds (1995), all that is learnt is not

necessarily taught. Much can be learnt from experience and reflection brought to bear

on it.

II STRUCTURE OF THE COURSE

In considering the structure of the course, I felt the providers needed to be at a certain comfort level in order to be receptive to the altered context that inclusion entails. The Child Care Resource and Referral Program provided this level of comfort for the providers, thus creating a forum for open communication. The C.C.R.R.P. has been an integral component of the professional development sessions. It has paved the way for accessing various community resources and has provided insight into the needs of the family child care providers. This comfort level is reflected in one providers comments: "It is accessible to providers, I am comfortable to express myself, it is a setting that I am used to coming to" (Helen, session 5).

Given that the providers work full time, I approached them as to the time of day and dates that would be convenient to hold the sessions. Feedback from one of the providers: "I liked the general lay out of the sessions, I was able to fit it in with my work schedule. We were consulted about times and dates which we could manage" (Sarah, session 9). Another provider reported: "The time allocated for the course was realistic ($\pm$ 9, 3 hour sessions). I can get a sub" (Michelle, interview, session 9).

a) Reluctance regarding written tasks

Many of the providers had not attended classes at a formal institution for many years. Over the first few sessions I became aware that they became stressed whenever I broached the subject of them taking down notes during the sessions. It was evident that when I gave them handouts at the beginning of each session, they seemed more relaxed. I investigated this further by asking them questions relating to their reluctance regarding note taking. This line of questioning seemed to strike a chord with the

48

providers: "There are no papers and exams. I don't have to prepare. I don't feel stressed out before I walk through the door" (Michelle, session 3). This feedback seemed to frame the hesitancy the providers felt about written tasks.

b) Exit slips

At the end of each session the providers were asked to fill out exit slips describing what they had learnt and what they would like to do at the next session. I encouraged the providers to critically evaluate each session. I explained that I did not take their criticism personally, rather regarding it as part of my learning curve.

During a session, a guest speaker from the community guided the providers through a two hour lecture on signing. I felt that the speaker was covering too much information at too fast a pace. At the end of the session, the providers were asked to fill out exit slips describing their thoughts on the session. I was interested whether their thoughts concurred with mine. The following quotes describe two providers perspectives on the session:

> I thought it was excellent—covered a large area of
> information. At times I felt she needed to slow down a bit but
> overall, I found it very informative and interesting. (Sarah,
> session 4)
> It was interesting but took place too fast and tried to teach
> too much. I would be interested in learning more. This
> session was long enough as it was somewhat intense.
> (Jane, session 4)

At times, the providers exit slips concurred with my thoughts, whereas at other times their perspectives differed from mine. I found the exit slips supplied feedback that both the providers and I could use to refine further sessions.

A few of the providers who are E.S.L. asked if they could fill in the exit slips at home. Initially, I did not realise that the exit slip task was overwhelming for them. However, there seemed to be a difference between the slips they filled in at the C.C.R.R.P. and those that were completed at home. Completing the exit slips at the C.C.R.R.P. seemed a laborious task for some of the providers, whereas those filled in at home were more comprehensive and critically written. I wondered whether some of the providers were getting help from home. When working with children who are E.S.L., initially their receptive language[4] seems better than their expressive language.[5] I deliberated whether providers who are E.S.L. may be more confident with verbal rather than written expression. Instead of highlighting this observation to the providers, I merely mentioned that I was happy to receive feedback, both written and verbal. As a result, some of the providers felt comfortable in giving me verbal feedback about the sessions. This need to fill in the exit slips at home could possibly tie in with the providers' reluctance in written tasks.

c) Collaborative Inquiry

It was evident that the providers appreciated the path of 'collaborative inquiry' that the course offered. The following quote speaks to the importance of collaborative inquiry: "I learn more from someone who is not lecturing me. The collective wealth of knowledge and experience is more powerful" (Linda, session 5). Being a student myself, I enjoy

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[4] Relating to the comprehension of speech.
[5] Relating to the expression of speech.

classes that provide opportunities for discussion. I feel that brainstorming with providers is empowering as they feel that their opinions are being validated. A provider concurs with this notion: "We were encouraged to participate in the classes. The exchange of ideas was great" (Helen, session 9). During the nine week course, I collaborated with the Dean of the community college by frequently passing on information regarding the course and the providers. In this way the Dean became indirectly part of this collaborative inquiry.

d) Trust and confidence in the group

Over the nine week course it became evident that rapport was building amongst the providers. Those that were initially hesitant to express their opinions, were becoming more vocal. I wondered whether this could be a result of the providers feeling empowered by being co-constructors of the course; the ±27 hour duration of the course; and the small size of the group. One of the providers spoke about the impact of the small group of five providers, "A small group is super, rather than sitting in a group of thirty people" (Colleen, session 4).

Cole (1997) speaks to providers being part of the design and delivery of courses and warns against the dangers of a top-down approach,

> Although the one-shot delivery model that has predominated
> professional development programs is gradually being
> replaced by more substantive, long-range initiatives, those
> initiatives are still conceptualized, designed and delivered for
> teachers, not by them. For some this model has created a
> kind of dependence on outside experts—what might be
> called a form of learned helplessness. (p. 17)

I feel that there is a need for those involved in professional development to begin redefining the notion of what constitutes an expert. There are so many providers within the family child care context who are experts in their field. We need to use them as resources in the field. In this way we can begin dismantling the hierarchical nature of previous professional development models.

At an inclusive setting in the community the providers had the opportunity of brainstorming with the Supported Child Care consultant, the director and a teacher at the school. The providers regarded this session as empowering,

> I thought it was great. it was interesting learning from
> different people (teacher, supported child care consultant).
> Having just opened a licensed family child care, I've been a
> bit frazzled and it was nice to listen to 'organised' people. I
> got quite a few ideas that I hope to incorporate into my child
> care. (Susan, session 2)

Another provider responds:

> The teacher and Supported Child Care consultant were all
> saying such positive things about inclusion. I hope that (wish
> that) everyone was able to hear what they have to share.
> The openness they shared was wonderful. The fact that they
> verbalised a way of doing things that could and does fit my
> own philosophy of working with families and accommodating
> all. (Linda, session 2)

e) Balance between dialogue and observation

From the outset, I wanted to create a balance between dialogue and observation. The observations at the various inclusive settings required prior liasing with the teachers at the settings. Opportunities for discussions with the above teachers was provided both before and after the sessions. Volk and Stahlman (1994) emphasize the importance of this approach by stating that observations in inclusive settings should be planned with follow-up discussions that include a focus on individual's reactions. The following quote from Rose and Smith (1993) reinforces the importance of providers being given the opportunity to discuss relevant issues with their colleagues at the observation sites: "Visiting programs that are including children who require extra support provide teachers with the opportunity to talk with their counterparts." This approach was successfully achieved in the study as indicated by one of the providers: "The format was set up to allow excellent observation times and we sere able to discuss anything of importance at the time" (Sarah, questionnaire II, session 9).

To conclude, I had hoped that the structure of the course would be instrumental in providing an environment conducive to learning. The following quote is descriptive of a provider's perspective of the structure of the course, "I felt that the format was very flexible to meet everyone's needs. Also there was a variety of theory, observations, discussions etc. When you are more relaxed you take in more information. The set-up being flexible helps us" (Helen, questionnaire II, session 9).

III CONTENT OF THE COURSE

At the outset of the project, I had been liasing with various people in the community involved in Supported Child Care, (i.e. teachers, parents, consultants, child care resource and referral personnel). We brainstormed possibilities for the direction this professional development course would take. We discussed the importance of the Supported Child Care philosophy of viewing children who require extra support as children first, and as children requiring extra support second. In the past, emphasis had been placed on remediating the needs of the child, instead of regarding his/her social and emotional world as being of primary importance.

Initially, I wanted to include reams of content material around children requiring extra support. I found myself feeling overwhelmed as what to include and what to exclude in the curriculum. Fortunately, one of the consultants, gently recommended that I take a step back and consider what the providers were seeking. Baker (1997) encourages this point of view by stating that staff development is most effective when the learning experiences offered are in response to needs expressed by the caregiver.

a) Negotiated curriculum

Together, with the providers, I hoped to begin to co-construct a curriculum once I'd developed a sense of their attitudes regarding the inclusion of children requiring extra support. My perspective on the importance of provider attitude concurs with the work of Eiserman, Shisler and Healey (1995), who advocate that potential providers of inclusion be met on their own attitudinal territory. They add that the starting point needs to be where the providers are in their knowledge, perceived abilities and willingness as inclusive options are developed. This notion of co-construction of knowledge differs

greatly from the traditional transmissive form of teaching. This point brings me to the work of Bernstein in Young (1971), "How a society selects, classifies, distributes, transmits and evaluates the educational knowledge it considers to be public, reflects both the distribution of power and the principals of social control" (p. 47). Young (1971), writes about the almost total neglect by sociologists of how knowledge is selected, organised and assessed in educational institutions. He raises questions about what might be meant by the notion of knowledge being socially organised or constructed.

Given that the group comprised of providers from Egypt, Argentina, Mexico, Canada and myself, coming from South Africa, I felt that it was important to get a sense of different contexts and experiences. I feel that these differing contexts and experiences contribute to the providers' sense of what constitutes knowledge.

A provider from Mexico speaks about children from her country of birth,

> Children are mature-independent at a young age, less
> protected. Make games and toys on their own. In Canada,
> we supply too much to our children. In Mexico, children
> make balls out of paper and string. (Barb, session 5)

This provider's observation, reminds me of black children in South Africa, who create wonderful structures out of wire and clay. Many of these children are left to their own resources in providing play materials for themselves. As a result they are extremely resourceful children.

I feel that providers are extremely resourced and resourceful people, who need to guide teacher-educators in co-constructing curricula that will enhance their work and their

lives. As teacher-educators, we are privileged to be able to work with providers towards this end.

The present study is based on bringing people together and talking. The construction of knowledge together with the providers draws upon the prior knowledge and experience that each of us brings to the setting. Eisner (1993) concurs with Young (1971) by emphasizing the important role context plays in the construction of meaning.

I feel that the content of the course that was co-constructed in the present study is representative of an integrated type of curriculum where each stand in given relation to one another.

b) Process versus product

For so many years as a teacher of young children, the importance of process versus product had framed my thinking. Cole (1997), regarding professional development for providers seems to have put my thoughts into words. She states that a preoccupation with a ruling by accountability has determined the nature of the professional development curriculum. A curriculum focused on outcomes often counts more than a curriculum highlighting process matters related to teacher's professional learning. A provider discusses the process of Supported Child Care, "Supported child care is and always will be a continual learning process. The information and ideas will always be changing" (Susan, session 9). Another provider who works with a child who is blind, speaks about her experience, "I've learnt about answering questions for him—modeling. I talk about the environment. I'm learning as I go along" (Barb, session 6). I feel that the providers words speak to the continual learning process that working with children

demands. I came to realise that the course would be one leg of the journey the providers would be taking in working with children who require extra support. The process that we would engage in together would be as important if not more important than the product of the journey was critical to this project.

c) Course components

The content of the course emphasized: discussion, observation at various settings, guest speakers, and the development of a resource binder.

i) Discussion

Each session involved a great deal of interaction amongst the providers and myself. I found that starting each session with a question was important stimulus for the brainstorming that followed. In Knowles and Cole (1994), a student discusses Cole's use of questions,

> She does not answer questions, she throws them back out to
> the group and allows them to talk about things. She draws
> threads from the various conversations and pulls them
> together, and then provides an answer that is better than any
> one person could have done, and that provides time for
> people to be creative and to have input. Then she makes
> connections or asks the class to make connections (p. 55).

Throughout the sessions I found that posing open-ended questions as opposed to providing answers which more transmissive professional development programs tend to do, seemed to encourage the providers to be involved in ongoing reflexive inquiry and reflective conversations. These types of questions according to Knowles and Cole

(1994) help the providers to identify and make sense of patterns in their teaching. As a result providers become aware of what they think they do and what students perceive them to be doing.

ii) Observations at other centres

The providers enjoyed visiting other centres. Given financial restrictions and the limited availability of substitute teachers, they do not normally have this opportunity. A provider writes: "The observations allowed me to see a large variety of behaviours, some that are occurring in my centre. There were techniques used that would be helpful in our centre" (Sarah, session 9). Therefore, site visits provided opportunities for providers to build upon the questions that were raised in our class sessions.

As mentioned the observations were coupled with discussions with providers at each setting. A provider involved in the course, comments: "I find the observations and informal networking sessions easier to ingest, less dry than theoretical classes. I find practical information much more relevant" (Linda, session 6). The observations gave the providers something tangible to take back to their centres; a link between the theory explained in class sessions and the real world of practice. "The observations were great. Every time I went home I'd try to adopt at least a couple of things to my setting" (Susan, questionnaire II, session 9).

iii) Guest speakers

As the weeks progressed and the providers and I negotiated the curriculum, it became clear that the providers were requesting strategies that could be useful in their settings. I felt that I needed to create a balance between supporting the providers in developing

strategies as well as providing base line foundational information. Given the providers' negative feelings around academic 'ivory tower' lectures, I wondered about bringing in individuals from the community as guest speakers. With the assistance of the Resource and Referral Program, a list of potential speakers was drawn up. The providers made the final decision as to who the speakers would be. The above is an example of the providers' participation in the construction of the course. The speakers consisted of amongst others: a member of the community giving a signing session, a speech pathologist and a physiotherapist.

The speech pathologist opened the session with two questions addressed to the providers: "What are your needs?" and "How can I support you?" The two questions framed the context of the session. By asking these two questions the speech pathologist both honoured where the providers were at and ensured that content and case specific information would be shared. I found the manner in which she spoke to the providers, empowering. She provided an opportunity for the providers to reflect on what they might need from her.

> What do you need from me? I ask you to help decide on
> goals. I provide ongoing support —ongoing visits is what I'd
> do to help out. What can you expect from a team meeting—it
> can be overwhelming at first. You can feel helpless—you
> have as much input as we do.

The speech pathologist moved beautifully from theory to application of theory and back to theory. She provided extensive handouts which seemed to create a relaxed environment in which the providers asked many questions. She encouraged the providers to speak about children in the context of their daycares, which made the session meaningful.

By bringing in a member of the child care community to guide the providers through a signing session, I hoped to pass on the message that we are all specialists in our chosen fields of study and have much to share with each other. A provider's response to the session was: "It was so interesting. I can't wait to start using signs with my children" (Michelle, session 4).

iv) Content of the binder

As previously mentioned each provider received a binder at the third session of the course. The content of each binder comprised, amongst other things, journal articles and resources from the community. The providers were given the choice of either organising the binder in the way I had, or organising it in the way most suitable to them. Each week the contents of the binders seemed to grow. The providers felt comfortable adding articles that they thought would be of interest. I reiterated that we would not go through the entire binder during the course. The binder would serve as a resource base which could be added to and perused at the providers leisure.

The term "hands-on relevance" seemed to be a recurrent theme with the providers during the sessions. The following quotes are reflective of three providers thoughts regarding relevance of the binder: 1) "The binder has many articles that I can refer to. I've already planned on putting several on the notice board." (Susan, questionnaire II session 9); 2) "Very readable. Most handouts are up to date. I know I'll refer to it often" (Linda, questionnaire II, session 9); 3) "Much thought and consideration obvious in terms of relevance, practicality and in initiating a resource base" (Helen, questionnaire II, session 9).

At times, I felt insecure as to what the content of the course should comprise. Before each session, I'd hypothesise about what direction the session would take. However, more often than not the sessions seem to follow paths of their own.

I realised that although I tried not to concern myself with curriculum issues and my knowledge of all the curriculum areas that providers worked in, this preoccupied my thoughts. Russel (1997) in Featherstone, Munby and Russel (1997) speaks to this insecurity:

> I think that if you look at yourself and realise that your focus
> in the classroom is curriculum, you've missed something.
> I've struggled with the feeling of insecurity because I was
> afraid that my students might realise that I didn't know it all.
> My focus was wrong. Knowing the curriculum does not make
> a good teacher.

CHAPTER SIX
DISCUSSION AND CONCLUSIONS

This chapter has two parts. In the first section I will discuss issues arising from the study under two broad headings: feedback from the providers, and my own reflections on the course. The second section provides a concluding statement to the thesis.

Feedback from the providers

The providers valued the manner in which the format and sequence of the sessions were continually modified to accommodate their needs. Given the dynamic nature of the sessions, the providers' suggestions as to for example: possible observation sites and potential guest speakers could be noted.

For many of the providers, this course was the first time they had felt comfortable to voice opinions and apprehensions regarding Supported Child Care.

The consensus amongst the providers regarding the observations was that they appreciated the wide representation of children who required extra support in two of the settings. They expressed disappointment at not having had the opportunity of observing the children at one of the sites, although they appreciated meeting with the director and the teacher of that specific site.

The providers found the binder (introduced during session three) to be most informative. The providers mentioned that although they had previously wanted

to develop their own resource manual, they had not known where to begin. The binder seemed to serve as a framework for further collection of materials. I had given the providers the choice of organising the binder in the most appropriate manner for themselves, however they chose to use the system I had devised.

The resource materials I had brought to session five were most helpful to the providers. However, the providers felt that they would have enjoyed the opportunity within the course, to make their own materials. This could have been difficult to accomplish given the time restraint of the number of sessions. I have liaised with Child Care Resource and Referral Program regarding this request. Plans are afoot to organise a "Resource Making" workshop during winter 1998.

Feedback from the teachers at the three observation sites was positive. Given that the providers observed two of the three sites through a one way mirror, the flow of the classes was not disturbed.

The provider who had guided the providers through a signing session, expressed interest in repeating the exercise.

All of the providers expressed interest in attending an advanced course, should it be offered. The providers suggested that the content of the proposed course could include more strategies regarding working with children with behavioural issues. The providers requested more detailed information on various developmental disabilities for example: autism, cerebral palsy and attention deficit disorder.

A question that arose was whether the providers would receive any credit for the course should they continue with formal training on working with children who require extra support.

My own reflections on the course

I feel extremely privileged to have guided the providers through the sessions. From the outset, I have felt that for this study to be successful, close collaboration with the community would be important. Throughout the study, I liaised with members of the care community on a constant basis. This collaboration served to iron out many creases and wherever possible, to modify the program to respond to the providers needs.

The weeks of preparation that culminated in the choice of settings, becoming acquainted with members of the community and the resources available to the Delta community of child care providers, served to develop an extremely solid foundation upon which future activities of this type will evolve and grow.

The emphasis on providers' attitude was critical at all times during the course. Throughout the course the providers were active participants in setting the agenda and content for the sessions. I endeavoured to discover what the providers felt about the vision of Supported Child Care, by respecting and honouring their opinions as well as creating a non-threatening forum conducive to honest interaction.

The emphasis on viewing children as children first, without concentrating on labelling, was a message that permeated the sessions. With this in mind, I

endeavoured to find a balance between theory and practice. I wanted the providers to get a sense of the principles of Supported Child Care without concentrating on theory.

The question of assigning credit value to future courses was a key issue amongst the providers. I liaised with the Dean of the community college who suggested that an accredited course on Supported Child Care could be offered in the future. The prerequisite for the course would be a Basic E.C.E. Certificate. Providers who do not have the above certificate will be able to audit the course. The rationale behind this decision to make this accessible to both E.C.E. and non E.C.E providers, is to prevent discrimination in training. This seems to be an issue in the family child care community at large.

In future courses on Supported Child Care, I plan to incorporate a parent panel into one of the sessions. I feel that parents know their children best, and can provide a strong resource for the providers.

In my opinion this course merely scratched the surface of the issues of Supported Child Care. The course differed from those offered at other institutions; an emphasis was placed on observations at various inclusive settings as well as a great deal of time allocated for brainstorming, discussions and debriefings. I hope that the providers will regard this course as the starting point for further professional development around the inclusion of children who require extra support.

I hope that this course will provide one of the seeds that will be part of the growth of Supported Child Care professional development sessions. Under no

circumstances, do we view this course as the blueprint for future professional development. I hope that those included in the course will avail themselves of what has been helpful and provide frequent feedback as to how the course could be modified. I feel that reciprocity is key to successful collaboration. I also feel that the differences in contexts where professional development sessions take place, is significant. What may be applicable to one context may be incongruent to another.

As time proceeds, the vision of Supported Child Care will continue to be refined and embellished. I look forward to being part of the process.

Conclusion

In this study, I have attempted to investigate the co-construction of a responsive curriculum with providers around the inclusion of children who require extra support.

An action research methodology was adopted to facilitate the investigation of the study. I feel that action research was an appropriate choice of research methodology for this study in that it supported the providers and I to work collaboratively in the co-construction of a responsive curriculum.

The main purpose of the study was to bring about an improvement of the practice of including children who require extra support. At all times during the study, the providers were encouraged to reflect on their needs regarding the inclusive process.

The action research technique used was enlightening. It allowed me to tackle the issue of provider attitude very closely. It was powerful in that it helped me capture the hidden issues in dealing with provider attitude within the context of in-service preparation.

At the beginning of the study the providers expressed concern about their ability to work with children who require extra support. They were worried about not having adequate training for working with the above population. At this time, the notion of training seemed uppermost in the providers' minds. I felt that they thought that they required different training (i.e. many years of formal training in order to be good teachers). As I mentioned in the analysis chapter of this study, the providers brought a wealth of experience to the course even though many of them did not have formal special needs training.

My challenge was to support the providers in translating their experiences into feelings of empowerment. In order to achieve this, I tried to ascertain why the providers felt so disempowered and devalued.

The providers felt that the origin of their feelings of disempowerment was two-fold. Firstly, the Ministry's constant shifting of goal posts around budget and agency allocation regarding Supported Child Care fostered insecurity. Secondly, as one of the providers reported: "Parents sometimes make you feel like baby-sitters. I feel that we have more education than being childminders" (Jane, session 1).

I wondered whether the providers felt devalued as a group/sub-culture. I also wandered about the reality of the professional lives of many of the child care

providers taking the course. Many of them work very long hours, with minimal financial gain. As a result of this financial restraint, they do not have adequate funds to attend courses at the various colleges.

I feel that the important work of child care providers does not get the societal acknowledgment it warrants. It seems that society regards the child care profession as low status. This attitude seems to be affecting the self-esteem of the child care providers. Griffiths (1995) in Thomas (1995) advocates that,

> We need to call a focus in action research on both
>
> personal renewal and social constructions. We need
>
> to become, or stay connected to larger social
>
> movements that are working to bring about social,
>
> economic or political justice on our planet. (p. 95)

Griffiths (1990) and Elliot (1991) in Thomas (1995), warns against action research becoming a cheap method of improving technique and motivation, rather than becoming a critical challenge to the status quo. I feel that studies need to be conducted on how society regards the E.C.E profession.

Studies that investigate what constitutes "knowledge" in the field of E.C.E. need to be undertaken. The present study is an indication of how information can be shared in an informal, respectful, collaborative manner. This seems to be incongruent to what constitutes high-status knowledge and hierarchical structure in some professional development settings.

According to Young (1971), those in positions of power will attempt to define what is to be regarded as knowledge and how accessible to different groups

any knowledge is. In my opinion, we as child care providers need to challenge those in power who feel that they are in a position to define what constitutes knowledge without addressing contextual issues.

Again, according to Young (1971), the dominant characteristics of high-status knowledge are an emphasis on written as opposed to oral presentation, individualism or avoidance of group work or co-operativeness, compartmentalising independently of the learner and the knowledge, unrelatedness of academic curricula, which refers to the degree to which they are at odds with daily life.

I feel that the process of the present study honours the daily life and common experiences of the providers. I did not put across the point that I was the specialist with all of the knowledge. Instead, I tried to engage the providers in a dialogue where they drew upon their own constructions of environments and settings. The present study was based on bringing people together and talking, rather than teaching in an antiquated, transmissive mode. We need to encourage providers to become reflective practitioners. According to Cole (1997) we are failing in this regard:

> Overall we have not helped teachers be reflective
> practitioners, listening to teachers talk about their
> work we hear frustrations, anger, stress, despair and
> weariness—states of mind prepared for survival
> rather than deep thinking and learning. Increasing
> demands, increasing political intervention and
> concomitant decrease in personal control have

eroded away at the meaning of teaching for many

teachers. (p. 19)

In my opinion, we need to heed Cole's (1997) concerns, when thinking about the vision and implementation of Supported Child Care. Throughout the course, the providers spoke about the reality of a lack of resources and support when working with children who require extra support. I have heard anger, stress, despair and weariness when talking to providers who are at present working with children who require extra support. Studies need to be conducted to investigate the needs of the providers who are and will be including children who require extra support.

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APPENDIX A

QUESTIONNAIRE 1
(First Questionnaire)

Name:

1. What (if any) training have you had in E.C.E.?

2. Please describe your previous experience working with children who require extra support?

3. What age group of children do you currently work with?

4. In what type of setting are you presently working?

5. What do you hope to achieve from these sessions?

6. What are your areas of special interest (in early childhood education)?

APPENDIX B

QUESTIONNAIRE 2
(Second Questionnaire)

Please comment on the format of the 9 sessions.

1. What would you like to see added to the course?

2. Were there areas in which you would have liked more time, explanation or discussion? if so, please describe.

3. Were you satisfied with the number and nature of observations? Please explain.

4. If an advanced course (8 sessions) was offered, would you be interested in attending?

   Why?

   Why not?

5. What are your thoughts on the contents of the binder?

I would appreciate any comments you have about the course.

APPENDIX C

SAMPLE OF INTERVIEW AREAS

An open-ended interview will address a number of issues, including:

1. Motivation to take the 9 session course.

2. Personal/professional background.

3. Obstacles to career advancement.

4. Perceived obstacles in the inclusion of children who require extra support.

5. Future plans regarding further professional development in the inclusion of children who require extra support.