

A Guide for Child and Family Programs

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SECOND EDITION

National Library of Canada Cataloguing in Publication Data

Main entry under title:

Including children with special needs:
a guide for family resource programs

Included bibliographical references
ISBN 0-9696329-3-2

1. Handicapped children – Education (Preschool).
 2. Mainstreaming in education.
 3. Family Services.
- I. Macaulay Child Development Centre.

LC4019.2.H68 2001 371.9'046 C2001-900526-1

Published by ©Macaulay Child Development Centre, First edition 2001,
Second Edition 2014

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Acknowledgements

This is the second edition of this manual. The original was published in 2001. Neither edition would have been possible without the contribution of many individuals.

We would like to thank consultant Evelina Lukaszyk for her work updating the guide to include new content areas and current research from the field of early childhood education and care. We are grateful to consultants Vicki Bales and the late Beth Hoen for developing the framework for the guide and providing much of the original content for the first edition. We appreciate the insightful suggestions provided by the critical readers of the first and second editions of this manual - their responses were invaluable. The critical readers for the second edition were: Beverly Davis, Sharon Filger, Lynne Gregory, Barb Hannah, Nancy Hendy, Margaret Howard, Kelly Kearns, Jo-Anne Robertson, Janice Simmons, Dr. Kathryn Underwood, Beth Urquhart, Jess Woods, and Cathy Wright. The critical readers for the first edition were: Sandra Aretusi, Margaret Abbott, Marsha Barrett, Dr. Judith Bernhard, Julia Bolen, Olga Constantopoulos, Marg Cox, Pat Fannon, Barb Hannah, Cheryl Lajoie, Theo Lax, Lorraine McLeod, and Anna Woodson. We would also like to thank the Macaulay staff who contributed valuable suggestions and strategies on how to work with families and children - including children with special needs.

The contributing editors for this second edition of the manual were: Heather Anderson-Ross, Sandra Aretusi, Sherri Ernst, and Nancy Hendy; the illustrations were by Chris Tripp.

Acknowledgments

The contributing editors for the first edition were: Michael Ashton, Beverly Davis, Sherri Ernst, and Sharon Filger.

We hope this guide will continue to be a support to Child and Family Programs that are committed to the inclusion of all children, their parents, and caregivers.

Introduction to the Guide

Children's rights

The movement towards the inclusion of children with disabilities was inspired by and founded on the principles of human rights (UNICEF, 2007). Inclusion involves the removal of barriers so that children with disabilities can participate and experience their rights in supportive and protective environments (UNICEF, 2007).

The following laws are in place to protect and grant children their rights:

The United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty that addresses the rights of all individuals under 18 years. Article 23 grants children with disabilities the right to access services that facilitate the child's [active participation](#), and to special care and support. Canada signed the Convention in 1990 and ratified it in 1991, thus agreeing to the terms and conditions outlined in the treaty.

The Canadian Charter of Rights and Freedoms is a federal law which states that every individual is equal before and under the law without discrimination on the basis of mental or physical disability under section 15 Equality Rights (Canadian Charter of Rights and Freedoms, 1982).

The Ontario Human Rights Code is a provincial law that provides the right to equal treatment with respect to services, without discrimination on the basis of several grounds, including disability (Ontario Human Rights Code, 2012, c.7). A child and family program is identified as a service under the Code.

Why this guide?

Including Children with Special Needs: A Guide for Child and Family Programs was developed to assist child and family programs (CFPs) to better serve children with special needs and their parents and caregivers. This guide is intended for any program that serves children from birth to six years of age. Originally published in 2001, it has been updated to reflect current thinking, research and practices within the field of early childhood education and care.

Child and family programs are in a unique position to provide significant benefits to children, parents and caregivers through their combined focus on child development, effective parenting and social support. They can also play a pivotal role in the [early identification](#) of a child's special needs. CFPs can use a range of strategies, based on child development theory and practice, to ensure that their programs are inclusive of all children.

While we recognize that children with special needs often require specialized services, we believe that [accessible](#), community-based programs can make a significant contribution to meeting a child's developmental, social and learning needs. We believe that participation in the services of the local community is important for every child and family. These beliefs are central to our commitment to making programs inclusive.

This guide focuses on children at the preschool age. It is not intended to be a diagnostic tool. There is not enough information included here to enable CFP staff to identify, or label a particular special need. Any [diagnosis](#) must always be formulated by an accredited physician. This guide is intended to provide CFP staff with general background information and practical strategies that will enhance their ability to promote [early identification](#) and inclusion of children with special needs in their programs.

How the guide is organized

This guide is organized into six sections. Each section focuses on different topics. While it is not necessary to read the sections in the order they appear, we suggest that you look through the entire guide in order to gain a thorough overview of inclusive practices. The guide is organized as follows:

Section 1: An Introduction to Including Children with Special Needs in Child and Family Programs

Defines the terms special needs, disability and [developmental delays](#) and how they are used in this guide. General categories of special needs are described and the definition of [early childhood inclusion](#) is presented along with its importance.

Section 2: Including All Parents and Caregivers

Identifies ways to reach out to and inform new parents and caregivers, including families of children with special needs. Explores various strategies that can assist a CFP in meeting the needs of parents and caregivers on an ongoing basis.

Section 3: Learning is Child's Play

Focuses on how to use, organize and adapt play opportunities so that they promote healthy development and are [accessible](#) to all children. Includes recommendations for age-appropriate toys, play materials and activities. Examples of [modifications](#) to toys are included that can make it easier for children with special needs to participate in play.

Section 4: Early Identification

Describes how a CFP can play an important role in [early identification](#). An overview of the basic stages of [early identification](#) is provided. Emphasizes the importance of observation and makes suggestions on how to work effectively with parents as partners throughout the process.

Section 5: Early Intervention

Explains the role of a CFP in [early intervention](#). Includes a checklist of ways to support parents and caregivers in their role of promoting healthy child development. Two charts provide practical strategies for addressing specific concerns and behaviours and strategies for promoting skill development.

Section 6: An Inclusive Environment and Organization

Explores the concept of accessibility in terms of geography, building layout and program layout. Includes a checklist to assist CFPs in evaluating the physical setting. Reviews strategies at the organizational level that are necessary to maintain inclusive programs.

Glossary

Provides definitions that may be helpful in readings and/or discussions with parents and professionals about special needs. Terms throughout the guide that are italicized can be found in the glossary.

Reference List

A reference list can be found at the end of the guide for further information.

Success Stories

Success stories from CFPs across the province are embedded throughout the guide to illustrate key points.

SECTION 1:

An Introduction to Including Children with Special Needs in Child and Family Programs

What will I learn in this section?

In this section we discuss child and family programs and their commitment to child development. You will learn what it means to be inclusive, as well as to recognize the benefits and barriers to inclusion. The domains of development will be outlined and the general categories of disability will be explained.

What is a Child and Family Program?

Child and family programs (CFPs) are community-based programs that focus on the importance of early childhood. These programs go by various names including Ontario Early Years Centres, family resource programs, parenting and family literacy programs, family support programs, etc. CFPs are designed to meet the needs of parents, caregivers and children in a friendly, relaxed setting.

CFPs provide a variety of services based on the needs of parents, caregivers and children in their neighbourhood. CFPs are available to all families, recognizing that all families may need support. Services may include parent-child drop-ins, parent/caregiver education sessions, toy lending libraries, information about parenting and child development, developmental screening, and referrals.

While each CFP may provide a variety of activities and services, all CFPs share the common goal of promoting healthy child development. This goal is achieved by:



DID YOU KNOW?

Children develop best when they have secure, consistent relationships with responsive adults and opportunities for positive relationships with peers (NAEYC position statement in Coople & Bredekamp, 2009).

1. Providing opportunities for **parents and caregivers** to:
 - Enhance parenting/caregiving skills
 - Learn about child development
 - Build supportive relationships and networks with other parents and/or caregivers;
 - Connect with community programs to meet individual/family needs
2. Providing stimulating “play-based” environments where children can develop:
 - Cognitive, physical, [communication](#), [language](#) and literacy, and social/emotional skills
 - Positive self-esteem
 - Readiness for school

CFPs play an important role in strengthening families. They also support caregivers in the provision of quality, home-based care. CFPs seek to improve their practice by making changes to their programs when necessary and fostering open [communication](#) among staff and families. CFPs are continuously making sure that programs align with [evidence-informed practices](#). In addition, with a focus on very young children, CFPs are in an ideal position to facilitate the [early identification](#) of special needs.

What are special needs, disabilities and developmental delays?

Special needs

In early childhood education and care research, the term ‘special needs’ is widely used and several definitions exist. For the purpose of this guide, the definition from the Ontario Municipal Social Services Association will be used as it reflects the current thinking in Ontario.

The Ontario Municipal Social Services Association (OMSSA) defines individuals with special needs as “individuals who, due to emotional, familial, physical, behavioural, developmental, cognitive, communicative or emotional factors, are at risk of not maximizing their potential. Special needs encompasses children who require support and assistance with daily living, whether formally diagnosed or not, and whether a [diagnosis](#) is short term or long term in nature” (Toronto Children’s Services, 2007, p.1).



The Convention on the Rights of Persons with Disabilities (2006) defines persons with disabilities to “include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (Article 1).

In other words, persons with disabilities include individuals with physical, cognitive, or sensory impairments that when paired with additional barriers further reduce their access to full participation in society. In a CFP, an example of a barrier would be a location that is not wheelchair [accessible](#), thus excluding potential families from joining. Barriers could also be in the form of materials used in the CFP such as toys and equipment. For example, not having different sized paintbrushes can act as a barrier for a child with [cerebral palsy](#) who may have fine motor difficulty.

Developmental delay

A **developmental delay** is present when “a child exhibits a significant delay in the acquisition of milestones or skills, in one or more domains of development (i.e., gross motor, fine motor, speech/**language**, cognitive, personal/social, or activities of daily living)” (Poon, La Rosa & Pai, 2010, p.415).

Domains of Development

In 2007, a Best Start Expert Panel on Early Learning released a framework for Ontario early childhood settings, including child and family programs, entitled Early Learning for Every Child Today (ELECT). The Early Learning Framework, or ELECT, is a document created to support curriculum and **pedagogy** in Ontario’s early childhood programs. It describes how young children learn and develop.

In accordance with the principles outlined in ELECT, the Continuum of Development outlines the domains and skills associated with stages of development. The Continuum of Development is a central component of the framework. It describes how young children learn and develop and how **early childhood professionals** can document children’s learning to create stimulating environments based on emergent ideas from children’s play.

The following are the five domains of development outlined in the framework:

- Social
- Emotional
- **Communication, language** and literacy
- Cognitive
- Physical

For further information on the domains of development, please refer to the Early Learning Framework

<http://www.edu.gov.on.ca/childcare/oelf/continuum/continuum.pdf>

Categories of Special Needs related to Domains of Development

General categories of special needs are listed below, along with broad indicators. This information can help you understand the different categories. It is not, however, detailed enough to define or diagnose an individual child's special need(s). This is because indicators can have many different causes. For example, a child's difficulty following directions may be caused by a [hearing loss](#), a problem with processing information, or behavioural challenges. On the other hand, the child may simply be developing this skill at a slower pace within the typical range of development. For a formal [diagnosis](#), a comprehensive observation and assessment by a medical professional is needed.

Behavioural, Social and/or Emotional

Behavioural, social and/or emotional needs may be rooted in biological, psychological or social factors, such as stress in the family. Children may not interact well with others, they may withdraw from social situations, or they may act aggressively. They may also have trouble with activities requiring co-operative behaviour, such as playing with other children.

Children with trouble in this area generally do not respond well to unstructured situations. They may resist attempts by others to communicate with them. They may also act inappropriately in certain situations, exhibit a pervasive mood of unhappiness, or have difficulty focusing on a single task.

Communication, Language and Literacy

This area of development covers spoken [language](#) (expressive disorders), listening and understanding (receptive disorders), and reading (learning disabilities such as dyslexia). Another important component is the development of social skills related to [language](#) (pragmatics). This component includes how to enter into play and learn to take an effective and appropriate role in communicating with other children and adults.



DID YOU KNOW?

A body of research has examined the relationship between oral [language](#) skills and reading ability. Weaker oral [language](#) skills result in short-term and long-term negative consequences on reading achievement (Spira, Bracken & Fishel, 2005; Storch & Whitehurst, 2002; Catts, Fey, Tomblin & Zhang, 2002). Puranik and Lonigan (2012) found that weaker [language](#) skills in preschoolers can have an impact on emergent writing skills.

Children with **expressive language** disorders may be slow in learning how to talk, have difficulties speaking (including pronunciation and stuttering), are unable to use grammar correctly, or to find the right word. Children with **receptive language** disorders have trouble understanding and interpreting what is being said to them. Children with learning disabilities may have trouble learning how to read.

A delay in the ability to use **language** effectively to communicate often impacts social, behavioural and emotional development. Children who have difficulties with expressing themselves or responding effectively are often frustrated by their inability to communicate their needs and may resort to aggressive and/or inappropriate behaviour. They may also withdraw from interaction with others.

When a possible delay or disorder is identified in **language** and/or **communication**, it is crucial to be aware of the appropriate sequence in **language** development. For example, it is common that many children will show speech irregularities during their early years (Allen, Paasche, Langford & Nolan, 2011). If there is a concern, children should be referred to a speech **language** pathologist for a formal assessment.

Cognitive

Children with cognitive disorders demonstrate difficulties in intellectual functioning and adapting to their environment. They often have trouble organizing their thoughts and processing information with logic. They may function below the norm for their age group or reach **developmental milestones** at a later age. The sequence of their development may differ from typical development.

Children with cognitive disorders may learn at a slower pace, or have a shorter attention span. Their **language** and fine motor skill development may be delayed and uneven. Social skills and self-help skills may be affected as well. They may have difficulty following routines and using learned skills in new situations. They may also have trouble following simple directions and/or remembering what they were supposed to do, even while working on a task.



Caution: All children develop at their own pace and a delay may not necessarily mean a cognitive impairment.

In some cases, children with a cognitive disorder may also have a physical impairment. The presence of a physical impairment, however, does not necessarily signal the presence of a cognitive disorder. For example, a child with [cerebral palsy](#) may have great difficulty communicating because of problems with muscle control, but their intellectual development is not affected.

Physical

Physical disabilities include a wide range of conditions including being born without limbs, [spina bifida](#), [cerebral palsy](#), sensory disabilities (such as low vision or [blindness](#), [deafness](#) or [hearing impairment](#)), as well as chronic illnesses.

Most severe physical disabilities and illnesses will have been diagnosed by a physician when the child is very young. Moderate conditions or less visible conditions, such as [hearing loss](#), may develop or go unnoticed until later in the child's development.

Children with physical disabilities related to motor skills may need adaptive activities or extra support during play. They may exhibit delayed development in sitting up by themselves, crawling, walking, or other [gross motor skills](#). They may also experience delays in developing [fine motor skills](#), such as grasping and holding objects, drawing, and other activities that require control of their hands and fingers.

Children with chronic illnesses or degenerative diseases may also require adaptive activities and environments in order to participate. They may need extra support and/or medically-related procedures such as suctioning and physiotherapy. In CFPs, parents often routinely perform these procedures.

A special word about reporting child abuse and neglect

Children who have suffered physical, sexual, emotional abuse or neglect may exhibit difficulties associated with any of the general categories of special needs listed above. As a professional who works with young children, it is your duty to report any cases, or suspicions, of abuse or neglect under the Child & Family Services Amendment Act (2011).

What is early childhood inclusion?

Within the existing body of literature, inclusion has a variety of meanings and interpretations (Frankel, 2004; Sikes, Lawson & Parker, 2007). Lack of a shared definition has contributed to misunderstandings about the concept (Graham & Slee, 2006; Ostrosky, Laumann & Hsieh, 2006).

In this guide, we are using the definition from the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC). It states that [early childhood inclusion](#):

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

Inclusion is much more than the physical placement of children with special needs with their typically developing peers. In inclusive programs, [early childhood professionals](#) are responsive to individual needs so that all children can learn through play and can participate in all planned and spontaneous activities. Inclusion means providing equitable opportunities for all children and their parents (or caregivers) to learn, to enjoy and to participate in every aspect of the program. Inclusion means that all children are active participants.

Why inclusion is important

Over the past few decades, efforts have been made to include children with special needs both in early childhood settings and in the educational system. This movement has been supported by research that confirms that children benefit from inclusive programs (Kucuker, Acarlar & Kapci, 2006; Leatherman, 2007; Perlman, Kankesan & Zhang, 2008). Exposure to peers with diverse skills and abilities at a young age provides a foundation for a lifetime of understanding and respect for diversity and differences.

Current research suggests that inclusion benefits children with special needs in many ways, such as:

- **Social acceptance.** Inclusive environments increase opportunities for children to interact with each other and reduce negative stereotypes (O'Rourke & Houghton, 2009; Perlman, Kankesan & Zhang, 2008; Thornton & Underwood, 2012).
- **Increased self-esteem.** Children with special needs show increases in their level of self-esteem and feel a sense of belonging when they are in inclusive programs (Kucuker, Acarlar & Kapci, 2006).
- **Academic gains.** Some studies found that children with special needs show gains in academic achievements when they are in inclusive environments (Banerji & Dailey, 1995; Short & Martin, 2005).

Although there are many benefits to inclusion as cited in the literature, there are barriers that are impeding children's access to full participation in early childhood settings and in child and family programs. It is important to understand the barriers that exist in order to promote and sustain fully inclusive programs.

Barriers to inclusion

Parents and caregivers of children with special needs often encounter personal or societal barriers to attending a CFP. A staff that can gain the trust

of a family may be able to determine what these barriers are and address them. The following are commonly cited barriers to inclusion:

Attitudes. While generally most [early childhood professionals](#) have positive beliefs about including children with special needs, this may not be the case for everyone. For example, saying “The child will be better off in a specialized school because he will receive more attention and care” is exclusionary. Negative attitudes may act as a barrier when early-childhood professionals have preconceived notions that having a child with a special need may disrupt the flow of the day (Jinnah-Ghelani & Stoneman, 2009; Purdue, 2009).

- **Accessibility.** Some programs are physically inaccessible. They are not equipped with the proper structural equipment such as elevators, wheelchair ramps or [accessible](#) washrooms and therefore some children with physical impairments may be excluded from programs (Purdue, 2009; Killoran, Tymon & Frempong, 2007).
- **Resources.** Some scholars argue that lack of resources and supports are commonly reported as barriers to inclusion. Resources include additional staff, supervisors, and resource consultants, as well as the materials used in programs (Arceneaux Rheams & Bain, 2005; Horne & Timmons, 2009; Leatherman, 2007; Lohrmann & Bamba-ra, 2006).
- **Training.** Some [early childhood professionals](#) feel as though they are not adequately trained to work with children with special needs and they rely heavily on resource consultants and other professionals (Forlin & Chambers, 2011; Horne & Timmons, 2009). Some parents also are concerned with the [early childhood professionals](#)’ level of training (Jinnah-Ghelani & Stoneman, 2009).
- **Sensory environment.** An environmental barrier can include sensory overstimulation such as excessive noise, lighting, and/or scents. A child who is over-stimulated can become inattentive, anxious, withdrawn and even aggressive.

The following steps can be taken to help prevent some barriers that may exist:

- It is important for a CFP to post its policy about inclusion in a location that is easily **accessible** to all families entering the building, and as much as possible, in the **languages** spoken in the community. Making this policy **accessible** to all participants is an effective way of communicating to parents and caregivers that all children and families are welcome and that they have a right to attend.
- Parents of children with special needs often worry that their children will be stigmatized or labeled, or that other children and parents will exclude them. Recognize that this may be a realistic fear and offer emotional support.
- Respect other families' concerns and answer their questions appropriately. Provide information to address misconceptions and remind everyone about the policies of the program which state that all families are welcome.
- Be a positive role model by welcoming all families on a daily basis in a warm manner and including them in all aspects of the program.
- Encourage discussion among all participants about the challenges and positive impact of learning to accept differences among people, including those with special needs.
- Connect with parents or caregivers to make it easier for them to talk to you about the barriers that they are encountering in the program. Involve them in finding ways to address these barriers. Allow them to have input on **accommodations** or **modifications** that can be made within the program in order to better meet the needs of the families. Encourage feedback through surveys, feedback forms or a suggestion box.
- Work at the organizational level to address some of the barriers that may be preventing families from participating. Many, if not

most, environmental [modifications](#) are possible to achieve without new materials or major building adjustments. If major changes are required, check to see if there is any funding available to make [modifications](#) to the environment or to the materials used in the program. An optimal time to consider a wide range of abilities and possibilities for full participation is when new programs or facilities are being designed.

- Encourage the staff to attend workshops on inclusion and a variety of topics related to special needs. Inform the parents and caregivers if, and when, workshops are available for them to attend. Offer a variety of workshops within the centre and make them [accessible](#) to all families.

How can a program become inclusive?

“Programs, not children, have to be ready for inclusion”
(Odom et al, 2002, p.156).

Responding to the families of children with special needs may require little or no change in a CFP that has already taken steps to make its programs [accessible](#). CFPs often need to introduce new approaches, however, if they want to truly welcome and support families that face barriers to participating fully as members of their community. CFPs may need the support of external professionals, or community resources, such as this guide.

The ultimate goal is to be welcoming and inclusive of children and their families. This requires a sound understanding of child development, as well as ongoing consultation with the parents and caregivers to ensure that the program is serving the community’s needs. It also means providing an environment that is open to families and caregivers regardless of their circumstances.

SECTION 2:

Including All Parents and Caregivers

What will I learn in this section?

In this section, you will learn better ways to support the parents and caregivers in your community, including the families of children with special needs. We discuss ways to make adult participants feel welcome when they first visit your program and how to continue to meet their needs.

Meeting the needs of parents and caregivers

Child and family programs (CFPs) can play an important role in the lives of parents, caregivers and their children. In Section 1, the importance of including children with special needs in CFPs was discussed, as well as the benefits to those involved. In later sections, strategies for meeting a child's individual needs will be considered.

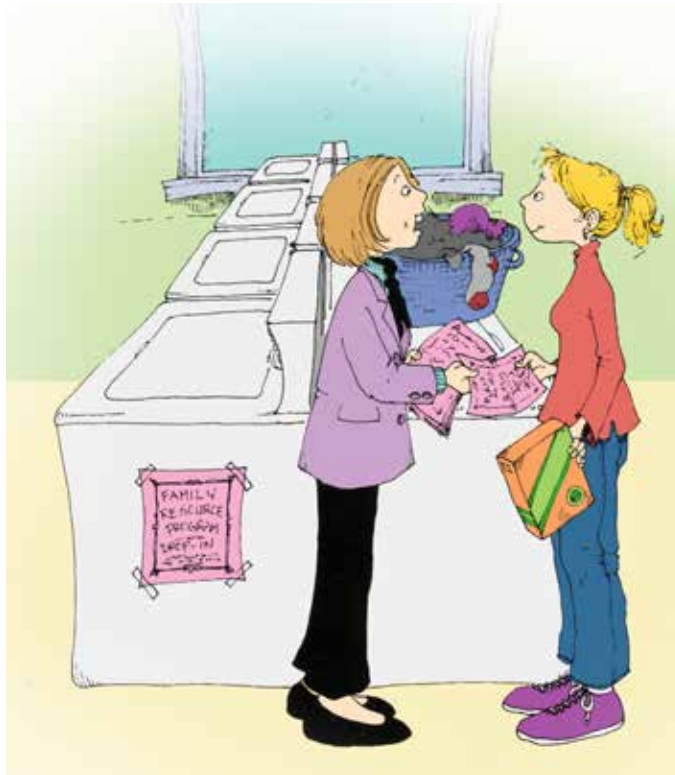
Outreach

CFPs face the constant challenge of finding effective ways of informing parents and caregivers in their community about their programs. Using more than one strategy can help to ensure that as many members of the community as possible are being reached, including families who have children with special needs. CFPs need to make an extra effort to connect with families who have children with special needs as some families may have particular reasons for not wanting to attend group programs. For example, they may be nervous about going to a program where they think their child may not be welcomed because they have a special need. CFPs need to ensure the community that the program is available and [accessible](#) to all families.

Outreach is important. It can be an excellent time for the CFP staff to **emphasize the program's commitment to inclusion**. Ensure that outreach materials state that all children, parents and caregivers are welcome. Include success stories of families in your program and host periodic information sessions for welcoming families and caregivers from the community. The following are examples of outreach strategies that have worked for many child and family programs:

- **Word of mouth** is often the most effective way of recruiting new members. Encourage current participants to tell others about the program. Provide them with flyers or brochures to share with friends and neighbours. This approach has the added benefit of giving participants a sense of ownership over the program.
- **Social media** can play a role in creating, sharing and exchanging information virtually. The use of social media can create a highly interactive platform for which [early childhood professionals](#), parents and caregivers can find valuable information, connect with other organizations and agencies, and find resources that are appropriate for individual circumstances. Social media can also help families connect to others in similar situations as a source of support. Some examples of social media include Facebook, Twitter, Wikipedia, YouTube, and websites.
- **Flyers, brochures and calendars** can be distributed by mail, hand-delivered or made available at public places such as malls, libraries, healthcare centres, schools, community centres, places of worship, apartment buildings, etc. Calendars can be distributed with program information embedded throughout so that families have a clear idea about what is available at the centre. Attractive and eye-catching posters can also be put up in apartment buildings or public places. The information should be written using [plain language](#), or translated where appropriate, and should clearly communicate that all families and children are welcome to attend. Make flyers easy to read by using a simple design that avoids long paragraphs and sentences and uses key words and phrases that are surrounded by lots of empty space. Include pictures that are cultur-





ally diverse and representative of the various ethnic groups who live in the community.

- **Newspaper ads and community newsletters** can be used as tools to get information out into the community about the centre. Including purposeful statements about inclusive practices can attract the attention of families and caregivers who are looking for services for children who have special needs.
- **Displays** can be organized at public places where families may be present (e.g., malls, community or healthcare centres, apartment lobbies, libraries). Think about timing the displays to coincide with special family-oriented events. For example, a CFP located in a rural area found that taking part in a school's open house was one effective way of reaching families that were otherwise difficult to contact. Parents looked at display materials while waiting to see teachers. Interesting displays in apartment lobbies, at school curriculum nights and in libraries may also reach isolated families with young children.

- **Approaching** parents and caregivers directly may recruit participants who do not respond to flyers, community announcements, etc. Visit places in the community where potential participants may be found, including laundromats, libraries and playgrounds. In some areas, going door-to-door to invite people to the program, especially when accompanied by participants or community leaders, can be very effective. Be sure to take into consideration safety issues as well as how families are likely to respond to this direct approach.
- **Referrals** from other agencies are an important way of reaching families, especially families with children who have special needs. Information should be sent out to agencies on a regular basis (See Appendix E for more information on these services and other organizations). Special presentations at inter-agency staff meetings will help to communicate the unique nature of your program and how families can benefit from attending. Make connections with agencies concerned with child and family health and well-being, such as public health offices, family physicians, midwives, birthing units, caregiver registries, community healthcare centres, agencies serving children with developmental or physical challenges, and child welfare agencies. Consider offering to meet with a referred family or to make a home visit before they attend the program. This is a good way to address any fears or concerns the parents may have.
- **Network with current families** who may know another family that has a child with similar needs. Ask if they would be willing to get the word out about the program and how it is helping their own family. Also, provide currently participating families with brochures and information to give to other families who require support.
- **Follow-up phone calls** can be made to encourage infrequent participants. Sometimes parents need to be reassured that it is okay to attend again after missing some sessions. Other times the phone call may be a way of getting important feedback about why a family (and perhaps other families as well) is no longer attending.

Success story

Rita did outreach by dropping into public areas where she thought she might meet children and parents. Rita always had a supply of flyers and business cards with her ready to hand out to potential participants, or to post in a public library or coffee shop. This way Rita was able to meet potential participants in the community. In one instance, a parent told Rita that she was interested in the program but was worried that her son would not fit in because he was very active. Rita reassured the parent that many children need extra support at the beginning and that all children are welcome. She also helped the parent to see that the program could be really helpful in getting her son ready for school. This family and many others decided to attend the program because of the personal connection they made with Rita. Her friendly, encouraging approach helped families to feel welcome in their community.

Welcoming new participants

Most CFPs find that families are more likely to attend the program regularly if their first few visits are positive. It is important to make sure that the new participants feel welcomed and comfortable. Many parents and caregivers find it difficult to come to a group where they do not know anyone. This is especially true if they have been isolated in their community, or if their child has a special need.

Making new participants feel welcome

- Make sure that a dedicated staff member or a trained volunteer has the responsibility, and the time, to welcome new families and children into the program.
- When greeting participants, be relaxed and friendly, especially with parents and caregivers that seem nervous about joining the group. Do not overwhelm families with too much information or too many rules.

- Take the time to ask about the children and their interests. Even if you suspect a special need, let the parent or caregiver raise the topic rather than asking them specific questions about what you see. They may need more time to be ready to talk about a sensitive issue.
- Talk about the program activities and provide a written schedule or calendar, if available. Make sure new participants know that they can join activities when they feel comfortable.
- Encourage the parents and caregivers to ask questions about the program. Take the time to respond, or if you are busy, promise to get back to them. Make sure to follow-up.
- If possible, introduce the new family to a long-term participant. Often participants who have been coming for a while are willing to help new families to feel welcome. This also encourages parents to build networks and to start relationships with other families.
- Ask for a minimum amount of personal information on the first visit. A new participant may find it threatening to have to fill out a long registration form with many personal questions. Ask only for essential information on the first visit.
- If additional information is required, the participant should know that providing it is voluntary. Explain why the information is required and reassure them that it is confidential. If you use a registration form, make sure that it is simple and easy to complete. Take the time to help the new participant fill out the form if needed, or provide a translator who will maintain confidentiality. This can be another family member or friend but preferably not another participant.

Continuing to meet the needs of parents and caregivers

Outreach strategies and a warm and inviting welcome are important ways of introducing new participants to a child and family program. After that,

it is necessary to identify and meet the participants' needs on an ongoing basis. The following are some strategies:

1. Follow up with new participants

Check with new participants to see how they are feeling about the program. This is especially important with parents and caregivers of children with special needs. For example, ask if there is anything you can do to make the room more appropriate for their child, or if there are any activities that their child particularly enjoys.

- Make [accommodations](#) and [modifications](#) to the program where they are needed and be responsive to family needs. Follow up with families if they have made recommendations.
- Contact families that have come once or twice to your program but who did not return.
- If parents seem nervous, or do not attend regularly, try to find out why and think of ways that will make it easier for them. For example, if the family cannot afford the transportation costs, a solution might be to organize rides with other participants. Some programs have been able to obtain funding for bus fare.

2. Keep the program relevant to the participants' needs

- Spend time getting to know each family individually. Ask families what they would like to get out of the program. Some families may want to use the program to connect with other families. Others may want to work on developing particular skills in their child.
- Make sure that the program is relevant to all the children and families, including children with special needs. For example, when setting up activities, think about how they can be modified or adapted to suit children at different developmental levels. Also, set up open-ended activities with varying degrees of difficulty so that all the children can participate. This can be as simple as setting up puzzles that vary in difficulty, and having puzzles with big knobs

(making it easier for some children to grasp) to smaller puzzles that require a pincer grasp skill. This activity is inviting to children at varying skill levels and encourages full participation.

- Involve the participants in making decisions about the activities in the program. Make sure this is done regularly in order to use new participants' ideas and input. One strategy is to form an advisory group that meets on a regular basis to talk about the program and to plan activities. Another strategy is to ask the parents who have children with special needs for suggestions about [accommodations](#), or [modifications](#) to help ensure that their child is able to participate in all aspects of the program.
- Build on the children's interests. Create a program that is engaging for all of the participants. Ensure that the activities are child-directed. Setting up activities that are relevant to children's own experiences will keep them engaged during play. When appropriate, add to the activity to challenge children by extending their play or make [modifications](#) if you see that the activity may be too difficult for others.
- Incorporate cultural aspects into the program to increase a sense of belonging for the children and the families. One way to do this is to encourage a parent to read a story in their home [language](#) to the children. The centre could also host a multicultural potluck luncheon that celebrates the diversity within the group and encourages the [active participation](#) of the participants. In addition, the centre could create a welcome board or a home [language](#) tree and invite the parents to help their children write their names and how to say hello in their home [language\(s\)](#) (adapted from *Linguistically Appropriate Practice*, Chumak-Horbatsch, 2012).

3. Help participants connect with each other

Participants often continue to attend a child and family program because they enjoy the company of the other parents and caregivers. These relationships are an important source of social support for the families.

Section 2: Including All Parents and Caregivers

Some suggestions for helping parents to make connections with each other are outlined below:

- Encourage the participants to see one another as sources of information and support. For example, refer participants to one another to help solve problems or to facilitate discussions among the participants.
- Connect families with similar experiences. Use group exercises (see example below) that help the participants to identify and to share similar experiences with each other.
- Create opportunities for the participants to interact with one another. For example, ask long-time participants in the program to welcome new families, or ask the participants to do activities together, such as preparing the snack.
- Encourage the participants to see similarities in the challenges they face as parents and caregivers by reading books at story time that reflect a range of family experiences and that include children with special needs.



How are you the same and different?

An exercise for helping participants get to know one another

Elapsed Time: 30 to 45 minutes

Materials needed: Flip chart paper, markers for each small group, masking tape

Divide the participants into small groups of 4 or 5 individuals and hand out flip chart sheets and markers to each group.

Tell the groups that the purpose of the exercise is to give them a chance to get to know one another better. Make sure that they understand that they can say as much, or as little, about themselves as they wish.

Ask the groups to list all the things they have in common, including their experiences as parents and caregivers. After 10 minutes, ask each group to list all the ways in which they are different.

After another 10 minutes ask each small group to stop and share their list with the larger group. Facilitate the conversation by commenting on the similarities and the rich diversity of the people's lives. Then look at the parenting rewards and challenges that individuals have identified. Some of the concerns that people identified can be the basis for further discussion and future workshops.

4. Mediate adult conflict

Developing new relationships can mean learning new ways of working together and communicating. Conflict is a normal part of interactions and can lead the way to better understanding if handled appropriately. It can also be a very difficult process for individuals, particularly if they are afraid of confrontation, or they have experienced violence in a relationship. CFP staff may need support and training in handling conflicts that may arise in the program. Listed below are some suggestions:

- Prevent serious conflicts from occurring in front of the children. It can be very upsetting to them. If parents or caregivers are seriously angry, encourage them to separate from each other and to take some time to cool down before addressing their concerns. If possible,



offer to provide care for their children for a short period of time if they need some quiet space. Try to ensure that they do not transfer their anger to the children.

- A CFP staff member can sometimes mediate or act as an unbiased person to help resolve disagreements between people. A mediator must be seen as neutral and that they do not favour one person over another. Their purpose is to provide a comfortable, safe environment for the individuals who are in conflict to discuss their concerns. If this works, they can then go on to work toward a solution that is acceptable for all the parties. It is important that the people involved in the conflict trust that the mediator will listen to their position and not choose sides.

The following can support successful resolutions:

- Provide a place where individuals can talk in private without interruption.
- Make sure that the people involved have time to cool down before trying to resolve a conflict.
- Focus on the conflict itself rather than the personalities of the people involved. Do not judge who is right and wrong and refrain from picking sides.
- Set ground rules about talking to each other. For example, there can be no interruptions or attacks on the other person. Both parties must agree to the rules before they can try to resolve their differences.

- Give each person the same amount of time to explain their position.
- Help each person describe their concerns and their feelings and make sure that they understand what the other person is saying. People do not have to agree, but it is important that they understand the other person's position. Do this by asking questions or rephrasing when there is any potential for misunderstanding.
- Recognize that cultural backgrounds, [languages](#) and strong emotions can influence how people interact.
- Involve both parties in developing options for resolving the issue. Encourage the individuals who are in conflict to come up with solutions that will work for them.
- If the individuals cannot come to a resolution, think of a way that both families can still come to the drop-in without bringing the conflict into the program. For example, one family can come one day and the other the next until they can work out a way to resolve their differences.

Success Story

Tasmia and her 3-year-old son Qasim attended the CFP on a regular basis. One day Qasim bit another child. The parent of the child who was bitten confronted Tasmia, saying that her child was “out of control”. Anna, a CFP Worker, stepped in immediately to help mediate the situation. First, she found a quiet corner and asked the two parents to sit with her. She asked each parent to talk about their concerns and feelings and reinforced that it was important that they did not blame the children (or each other). She made sure that they clearly understood what the other person said and asked for helpful ideas and solutions.

By doing this both parents had a better understanding of the other's perspective and were able to generate ideas that the parents and the staff used to help prevent further incidents.

SECTION 3:

Learning is Child's Play

What will I learn in this section?

In this section we focus on how to use play to promote all children's learning. We talk about activities and materials that support these activities (e.g. toys, books and equipment) and we examine how these activities and materials can be modified and adapted for children with special needs.

The importance of child and family programs to children

As discussed in Section 1, child and family programs (CFPs) provide a creative, flexible and play-based environment for children. They also provide significant support to parents and caregivers. The early stimulation provided by CFPs promotes children's development in all areas: cognitive, physical, [communication](#), [language](#) and literacy, social and emotional. This is especially important for children with [developmental delays](#).

CFPs also provide an opportunity for children and families to develop a sense of belonging within a community. This connection is particularly important for children and families that feel isolated.

Every child is a child first! Regardless of ability, it is important to remember that a child is a child first. Children with special needs will develop at their own pace over time. All children need opportunities to play and interact with others. A CFP can promote these opportunities by providing a flexible environment and accommodating the needs of individual children. By viewing the child first, [early childhood professionals](#) can appropriately

plan curriculum according to the developmental needs of the children in the program, rather than focusing on the special need or disability.

A Brief History of Play

Play theories have existed for many centuries. Play first became a part of early childhood curriculum in the mid-19th century thanks to Friedrich Froebel (Morgan, 1999). Froebel's contributions have had a major impact on current play-based early childhood programs. More recently, John Dewey's (1859-1952) work established the modern view of play as education and learning with a focus on inquiry-based, child-centered, and [experiential learning](#) in the early years (Nutbrown, 2008).

More recent theorists, such as Piaget and Vygotsky, focus on the type and purpose of play. Piaget (1896-1980) established the [constructivist theory](#) which focuses on the cognitive function of play. Cognitive development takes place when children interact and experiment within their environments through play (Piaget, 1962). [Active participation](#) and [active construction of knowledge](#) are aspects of Piaget's theory of play that are evident in current early childhood programs.

Vygotsky (1896-1934) introduced the [social constructivist theory](#) which focuses on the social function of play. According to Vygotsky, play comes out of children's lived-experiences. Vygotsky also recognized the importance of adult participants and skilled peers in guiding children's cognitive development (Holzman, 2009). Concepts such as the [zone of proximal development](#) and [scaffolding](#) emerged from Vygotsky's theories and are strategies used by [early childhood professionals](#).

The importance of play and learning

Through play children learn how to express themselves, to understand their environment and to begin to practise important skills. Different kinds of play stimulate development in a number of different areas. For example, through playing with others, children develop effective [communication](#) and [language](#) skills. Through painting or drawing, children develop the [fine motor skills](#) they will use for writing. Through playing with cups and water, children develop an understanding of mathematical concepts such as volume.

The following statements from researchers and organizations involved in early child development discuss the critical importance of play in a child's development:

Play is a child-directed activity that promotes early learning and actively engages young children (Kagan & Britto, 2005; Greenspan & Shanker, 2004).

“The developmental literature is clear: play stimulates physical, social, emotional and cognitive development in the early years...[Children] need time to play for the sake of playing” (Hewes, 2006, Let the Children Play).

Play begins in infancy when children begin to imitate their parents and/or caregivers and evolves into symbolic thinking which is required for pretend and imaginative play later on. Pretend play involves **communication** that requires the pretenders to use **language** to tell stories. Play-based environments encourage the development of *social competence, emotional and attention self-regulation* (Barnett, Yarosz, Thomas & Hornbeck, 2006; Ziegler, Singer & Bishop-Josef, 2005).

“Play is a critically important element in early learning. When it comes to the notion of emergent learning-the need to connect new ideas and concepts with what a child already knows, their unique intrinsic interests, and their learning exceptionalities-play provides the trigger for this organic connectivity. Within the context of a guiding and stimulating “playful environment”, play is about nurturing curiosity and problem-solving. When stripped down to the basics, the motivation to learn new things lives at the intersection of a learner’s interests and other individual differences and what is to be learned. The concept of play as understood and practised by accomplished early learning professionals should actually guide the **pedagogy** well beyond the early years. It is THE recipe for effective, lifelong learning” (Dr. Pascal, personal **communication**, 2013).

How to make play effective

The following are ideas for encouraging every child's full participation in play. These are strategies that can be used by staff, parents and caregivers.

Consider each child's interests and abilities:

- Observing individual children and the group is important in early childhood programs. The purpose of observing is: to gain insight into how children think, learn, and make sense of their world, to gather information to create programs that build on their natural curiosity, ideas, abilities and life experiences, and to provide opportunities for discussion among [early childhood professionals](#), children and families (Ontario Ministry of Education, 2013).
- Find out what a child can do and likes to do. Find a way to allow the child to do these things along with other children wherever possible. Incorporate their interests in spontaneous and planned activities and try to expand their ideas to extend their play.

Provide children with a choice of activities:

- Provide a rich variety of activities that encourage different kinds of play. Create play centres that give children opportunities to choose where they want to play during free play periods, such as the dramatic centre, book centre, block centre, etc.
- Allow children to use their imagination when using materials. For example, put out blank paper rather than pictures to colour. Let children decide for themselves how to use the materials. One child might use cotton balls to make a design, another child might make a rabbit with a fluffy tail, and a third child might choose to simply feel the texture of the cotton ball. Using this kind of unstructured approach enables children to be successful in creative play because it does not require the child to produce a specific product. Explain to the families that this approach gives children a positive experience, a feeling of accomplishment, builds self-esteem and fosters creative thinking.

- Put out craft supplies for all developmental ages. For example, a child who is just developing his **fine motor skills** can use beginner scissors or paintbrushes with large handles designed for toddlers to help them cut or grasp more easily.
- Promote the development of all sensory areas by setting up activities that involve using the different senses. For example, playdough and finger paint involve the sense of touch. Designing a craft that includes spices will stimulate the sense of smell. Painting using other parts of the body (such as the feet) involve children's balance. Making cookies will incorporate the sense of taste. Creating musical shakers using natural objects will stimulate the sense of hearing.
- While making activities available to all children, remember that some children have difficulty coping with too much stimulation. Do not force children to take part in all the activities. Let them participate in their own way. Make sure that there is a quiet area, such as a cozy nook, where they can go if an activity is too overwhelming.

Communicate clearly:

- Make your messages clear and easy for children to understand by communicating in more than one way. In addition to speech, use pictures, symbols, and hand signals to reinforce your message. For example, use pictures to show that an activity area is open as well as announcing it. This will help all children to understand, especially a child who has difficulty hearing or understanding **language**. Be aware of your positioning when using pictorials so that everyone in the room can see.
- Break up instructions into small steps. "Roll the ball to me and I will roll it back to you" is too much information for a child who has trouble processing information. Instead, simply ask the child to roll the ball to you and wait for his response. This will make it easier for the child to understand what you are asking.
- Be consistent when communicating daily routines so that the children know what to expect and what they can and cannot do at a

particular time. For example, during free play the children know that they can go to the shelves and get the toys out, go to the climbing structure, or work with the craft materials at a table.

- Label toy areas clearly and at the children's eye level so that they can find the toy they want and return it to the appropriate place when finished.

Help children become involved:

- Involve children with special needs in play and encourage them to participate at their own level. Always check with the parents or caregiver and make appropriate [accommodations](#) or [modifications](#), if necessary, to ensure that they can participate in the activity.
- Encourage children to join each other in play. Assist children who have difficulty joining in by giving appropriate [language](#) and strategies that they can use. For example, if a child wants to join in the dramatic centre, a staff member, parent, or caregiver can accompany the child to the area and ask the other children questions about what they are doing. Help the child to identify a role and ask one of the play leaders if the child can play that role. Playing alongside the group with the child can be another way to gradually introduce the child into the play.

Make circle time a successful activity for children of all ages and abilities

Circle time activities are particularly important in helping children to develop [communication](#), social and school-readiness skills. Through group participation, children learn to: listen and follow instructions, to express themselves in song, to take turns in games and activities, to develop their fine-motor skills through fingerplays, to name things and concepts in the environment, to identify their own body parts, to develop their gross-motor skills through songs in which they move different parts of their bodies, to express their creativity, and to practice decision-making by choosing songs and games, thereby enhancing their self-image and confidence. These are only a few of the skills that are encouraged through circle time.



Circle time can be challenging for some children and adults. Children should not be forced to participate in circle time if it is over-stimulating for them. Other quiet activities should be made available if children do not want to take part in circle time. Toddlers, younger preschoolers and very active children with short attention spans may have difficulty participating for any length of time. The following are suggestions to help make circle time a successful activity for all adults and children, regardless of age and ability.

Preparing for circle time:

- Ensure that both adults and children know when circle time starts and have adequate time to make the transition to this more structured activity. For example, post the day's activities and times in both words and pictures (refer to last bullet point for visual aids). Establish a routine so that circle time happens at approximately the same time every day. Prepare some interesting activities that are new to go along with the routine activities that the children enjoy. Encourage a range of interactions between the children and the caregivers as well as amongst the other children.

Section 3: Learning is Child's Play

- Announce circle time in different ways, such as turning the lights on and off, singing a song, showing a musical instrument or a picture of circle time to provide different sensory signals. Providing a variety of stimuli can help children who may have difficulty in one or more sensory areas. Once you have found what works best for the participants, use the same signal(s) every time so that everyone understands that circle time is going to begin.
- Put the toys away before circle time begins to prevent the children from being distracted. If possible, do circle time in a location away from the toys so that they are not within easy reach.
- Circle time should be voluntary. Do not force children to participate. Offer a limited number of quiet activities that will not distract those who take part in circle time, such as reading a book or quietly playing with one toy. An adult, preferably the parent or caregiver, should stay with the child.
- Encourage the adults to participate by asking them to suggest songs and activities. Some parents and caregivers may be willing to teach the group songs from their **language** and culture. Talk about how learning activities from different cultures help to broaden all the children's experience and are a boost to the self-esteem of the children from that culture.
- Explain in advance how circle time – including learning songs and movement – contributes to the children's development. This will help to motivate parents and caregivers to participate actively and to encourage their child's involvement. It may also encourage the parents and caregivers to continue circle time activities at home with their children if they understand its importance.
- For visual aids, visit the following websites for free picture symbols:
<http://connectability.ca/visuals-engine/>
<http://www.visualaidsforlearning.com>
<http://www.do2learn.com>

<http://pics.tech4learning.com>

<http://classroomclipart.com>

During circle time:

- Make sure circle time activities are appropriate for the child's age and development. Younger children and those with short attention spans will benefit from a short, active circle with familiar songs and props. More interactive games, stories and/or storyboards can be designed for children who can participate for longer periods of time. Reading a story without the involvement of the children, particularly in a large group, may not maintain their interest.
- Start circle time with a song like "The Good Morning Train" or "The More We Get Together" to grab the children's attention. If you are consistent with the song that introduces circle time, children and families will realize that the song means circle time is about to begin.

Mix action songs such as "The Wheels on the Bus," or "Zoom, Zoom, Zoom," and fingerplays to maintain interest and focus. These variations also allow children who do not know the words or have **language** delays to take part by following the others or participating in their own way.

- Do not expect all children to participate throughout the entire circle time. Even if a child can only sit for one or two songs, he or she is taking the first steps in developing new skills.
- Ignore small disruptions. Do not stop circle time to get individual children to participate unless they are really disruptive and another adult is not intervening.
- Involve individual children in singing songs by encouraging **active participation**. For example, in the song "Hokey Pokey," you can have the children participate by giving them opportunities to choose the body part, such as "put your [left foot, right arm, whole body] in and shake it all about." This will modify the traditional song but encourage **active participation** among the children. Make sure that all the children get a chance to pick a body part.



DID YOU KNOW?

Singing songs at a young age has a positive effect on **language** development, speech and comprehension (Trollinger, 2010).

- Repeat some of the same songs from one circle to the next to give the children and adults a chance to become familiar with the songs. Use a flip chart that has the words of the song on it so that the parents and caregivers can follow along and learn the words of the song. Children often participate more with repetition, and the parents and caregivers may learn the words well enough to sing them at home.
- When introducing a new song, it is sometimes a good idea to sing it more than once. Be considerate of the speed and pace of the song as it may take a few attempts to learn the words, especially for children with special needs or families whose first [language](#) is not English.

Including children with special needs:

- Encourage the parents and caregivers to include their child regardless of their age or ability.
- Make [accommodations](#) during activities to increase the level of participation for children with special needs. For example, a hearing-impaired child can feel the rhythm of a song when bounced on an adult's knee or lightly tapped on the shoulder. Children with [mobility impairments](#) can be supported by being carried in active songs, such as "Ring Around the Rosy," or helped by moving an arm or a leg in a song like "Head and Shoulders". Touching the parts of the body mentioned in the song helps to develop body awareness.
- Use interactive storytelling and group games to include children with different abilities. For example, in the game "Duck, Duck, Goose," each child has a turn to go around the circle and pick the "goose". Normally, the child does this independently. But an adult can lead the child by the hand or even carry the child, if necessary, and the child still feels like an active participant.
- Encourage the children to participate on their own terms, as long as it is not too disruptive to the circle. For example, at one CFP a child

with [Autism Spectrum Disorder](#) was uncomfortable sitting close to other children. Instead, she and her mother sat on chairs a few feet away. Sometimes she would join circle activities, while at other times she would participate by watching the other children. This child is still learning even though he or she may not be participating actively.

- Provide creative solutions and special adaptations for children requiring special seating arrangements. High chairs or car seats can be used for children who have difficulty sitting on their own. Talk to the parents as they might have ideas that already work well at home and can be incorporated into the program. Parents and caregivers will also know best what their child needs and how the child can be best accommodated.

Help children succeed at transition time

[Transitions](#) are times when participants move from one activity to the next. Learning to cope with change is an important skill, especially for children who go to school. Examples of [transitions](#) include clean up, getting ready for snack or circle time, preparing for other activities that your program might offer, and saying goodbyes. [Transitions](#) involve a change in focus and often can include a variety of individual activities. These times can be difficult for children who are easily overwhelmed and/or have trouble moving from one activity to another. The following suggestions may help to minimize disruption and help the children to move easily to the next activity:

- Plan your schedule in advance to include a minimum number of [transitions](#).
- Give the children and adults plenty of notice, even when doing spontaneous activities.
- Maintain a routine as much as possible so that the children and adults know what to expect each time. Consider what the children and adults will do during these times.



- Choose activities such as songs, word or guessing games, or rhymes to indicate a transition to the next activity.
- Change the level of light or music, or point to a sign or a picture to signal the next activity, in addition to making an announcement.
- Encourage the adult participants to support the children during [transitions](#).
- Use images to show the sequence of activities during [transitions](#) times. For example, use pictures to show the steps leading up to snack time: putting away the toys, washing and drying hands, sitting down at the table, eating. Turn the picture over as each step is completed. This picture sequence can also be used to describe daily activities.
- Keep noise and any other activities to a minimum during [transitions](#) by closing program areas not in use, turning off music and asking parents and caregivers to be especially attentive to their child so that they receive the support they need.

- Provide extra support and/or allow extra time for children with special needs, if needed.

Success Story

At one CFP, a child with a [hearing impairment](#) was having difficulty with [transitions](#). He was not able to hear the announcement that a new activity was beginning. Staff began using visual cues and positioned themselves so that the child could see the pictorials in addition to hearing the verbal announcement. These changes enabled the child to handle [transitions](#) more easily. To signal a change from snack to circle time, the staff either showed a picture symbol, a photograph of all the children in a circle, or an actual object used in circle time (e.g., a tambourine). This strategy was used on all days of the program whether the child attended or not.

Toys, books and equipment

Toys, books and equipment should be free of gender stereotypes. They should reflect the different cultural, ethnic and racial backgrounds of the children within the program. They should also be appropriate for all developmental stages and abilities. [Modifications](#) should be made for the children with special needs who are being served in the program.

Selecting toys and books

Look for toys that are adaptable

- Toys should be stimulating and appropriate for a variety of developmental levels. Some toys may have to be kept separate for different age groups. For example, many toys for preschoolers contain small pieces that could be dangerous for infants, toddlers and some children with [developmental delays](#). Activities in which these toys are used must be closely supervised to ensure that the pieces are not [accessible](#) to young children. For further information, see the section on “Making sure toys are safe”.
- Use toys that are “open-ended” or that can be used in a variety of ways to promote creative and imaginative play. Blocks or building

materials, for example, can be used independently or in a group. They can also be used in pretend play. Arts and crafts activities can include various materials such as textured paper, cotton balls, and feathers. These will give the children the opportunity to use these materials in new ways.

- Have a selection of toys available that support different types of development in children. For example, physical (large muscle skills such as climbing, running and jumping; small muscle skills such as grasping, cutting with scissors and drawing), cognitive, language, communication and literacy, emotional and social development. See the next section for toys that can be used with each age and/or developmental stage.

Look for toys that involve multiple senses

All young children learn primarily through their senses. When buying and developing play materials, make sure that they provide stimulation for all the senses: hearing, sight, smell, taste and touch. Another type of sense experienced primarily through gross motor play is proprioception, which is receiving information from inside the body, affecting balance, posture and muscle tone.

Some children have difficulty organizing information received through their senses. They may be overstimulated by one sense and/or understimulated by another. For example, a child who is abnormally sensitive to loud noises may be overstimulated by sounds. A child, older than 18 months, who puts everything in her mouth may have trouble organizing information received through the sense of touch. The following are suggestions for materials that would stimulate learning through more than one sense:

- Have play areas that appeal to different senses and abilities. For example, a discovery table can stimulate a variety of senses, such as **touch** (by incorporating different textured materials), **sight** (through colored objects, patterned materials and cloth, and natural elements found in the playground), and **smell** (by including containers filled with different spices or other non-perishable foods that give off interesting smells). Another example is a music centre that stimu-



lates multiple senses by including instruments and materials with interesting moving or vibrating parts. Everyday objects that create interesting sounds (washboards, spoons, or beans in a container) can also be included.

Look for toys that promote social skills

- Include toys, games and role-playing activities that encourage the development of social skills, such as taking turns, co-operating and sharing. A dress-up box, kitchen (and other living areas) and co-operative games all encourage the development of social skills. Objects and toys such as mirrors, dolls and puppets encourage awareness of the self and others, which in turn promotes social/emotional development.

Look for toys that promote an understanding of special needs

- Display images of children with special needs throughout the CFP. Include toys that depict equipment such as braces or other mechanical aids, Braille readers, canes and mobility devices. This approach can help to make unfamiliar (and sometimes scary) items familiar to the children. It can also help staff to explain to children, parents and caregivers what a particular special need means. Make sure that the children within the program with special needs are represented in the centre. For example, for an identifiable special need such as a physical disability, make sure that there are toys and books that represent this child. For special needs which are not visible, make sure

that the book centre contains books that represent diverse needs and read different stories during circle time to promote discussion of such topics.

The book centre should contain books that:

- are reflective of the children that attend your program
- appeal to a broad range of interests and age groups
- are available in Braille and with [tactile](#) materials
- represent children and adults with varying abilities
- represent diverse cultures and a variety of family compositions
- are “All About Me” books created by the children and parents about their unique family
- have no text, minimal text, or large print
- are made of durable material and that are easy to grasp, such as board or cloth

Besides published books, use:

- recordings of stories (the children should be able and allowed to reach the devices needed to play these stories)
- storytelling that includes readings by parents, caregivers and children
- storyboards that include puppets for use by [early childhood professionals](#), children, or caregivers to use to tell stories
- parent/caregiver-made books, or ones made by the children themselves
- existing books that are modified by changing the name, gender or character description to reflect diversity within the group. Instead of saying the “mother,” say the “aunt” or “foster mother”.

Toys for different ages and developmental stages

Birth to 6 months: mobiles (for focusing), mirrors; stuffed toys and textured balls that can be washed; grasping toys (rattles and squeeze toys); books for parents to read to infants; things to listen to: recordings of lullabies and songs.

7 to 12 months: washable soft cloth or plastic balls; colourful, sound-making objects such as rattles, shakers; stacking and nesting toys; shape sorters; cause and effect toys (plastic bowls, large beads, balls); push and pull toys; activity centres; foam or washable blocks; telephones; toys that support learning to walk; low climbing toys; big crayons; sensory activities and books; board books.

1 to 2 years: mirrors; dolls which reflect different backgrounds, baby strollers, doll beds; large animal figures; simple puzzles with large grasping knobs; shape sorters; nesting puzzles; stacking rings; cause and effect toys; board books; large bead strings; push and pull toys; cars and trucks; riding toys; climbing equipment; sand and water play toys; telephones.

2 to 3 years: props for dramatic play; play centres such as farms, garages, kitchen, or other living areas with props; wood puzzles, objects to sort (size, shape, color); toys with buttons, hooks, buckles and snaps; climbing equipment; more complex puzzles; books; dolls; arts and crafts (crayons and markers, toddler scissors); sand and water play; play dough and other textured materials; Lego™ and other types of construction materials; puppets; anything that encourages social interaction and pretend play.

3 to 6 years: all of the above preschooler suggestions plus simple lotto and memory games; alphabet and number puzzles; more complex arts and crafts; simple science experiments (e.g., tape measures); old computer; lacing toys; dress-up clothes; dolls with accessories; vehicles; Duplo™; puppets and a simple puppet theatre.

[Adapted from the National Association for the Education of Young Children (NAEYC), Good Toys for Young Children, 2013.]

Making sure toys are safe

The following checklist includes suggestions from Health Canada on Toy Safety (2010) to help make sure toys are safe:

Are your toys safe?

- ☐ Only toys that suit the child's age, size and abilities should be used. Small toys, small balls, or small loose parts should not be given to children under three years of age.
- ☐ Make sure that the toys are made of washable, non-toxic materials.
- ☐ Look for choking hazards on toys for children. For example, check squeeze toys, toy cars and toy trucks for loose or removable parts. Check the eyes, nose and other small items on stuffed animals to make sure that they cannot be removed.
- ☐ Latex balloons should not be used as decorations or toys for young children. They can pose a choking hazard.
- ☐ Make sure infant toys like rattles and teethingers are large enough that they will not get stuck in an infant's throat.
- ☐ Look for sturdy, well made toys. Check that the toy does not have sharp points or edges. Repair, or discard, any weak or broken toys right away.
- ☐ Avoid toys with long or highly stretchable cords.
- ☐ Avoid loud toys. If you have to yell to be heard over the sound of a toy, it is too loud and should not be used.

The Government of Canada keeps an updated list of recalls and safety alerts on consumer products that can be found on the following website:

<http://healthycanadians.gc.ca/recall-alert-rappel-avis/index-eng.php>

Modifying toys for children with special needs

Every child is unique and every special need will require different **modifications**. The child's parents and/or caregivers can be a tremendous resource for staff. Do not be afraid to ask questions or to offer suggestions.

Many adaptations that can make participation in play easier for children are simple. **Modifications** can also benefit other children within the centre.

Children need to play with materials and toys that are challenging, but not frustrating. When adapting program materials, activities and toys, the staff, in consultation with parents, needs to think about what developmental skill they would like to support. They also need to consider what activities and toys the child enjoys.

Three ways to adapt toys for children with special needs are:

1. The first method requires observation and thought, but no new extra equipment. The staff and parents can offer the child toys already used in the program by younger children. If the child has a **developmental delay**, he or she may enjoy toys designed for toddlers even though he or she is 4 years old. The toy or equipment should match the developmental stage of the child and not necessarily the actual age of the child.

If the child needs to learn that his actions have consequences and he enjoys surprises, then pop-up toys might be a good choice. Another way to use already existing program material is to offer the child a toy designed for children his age, which he can use at his own pace. A musical instrument used in circle time is a good example because it allows the child to participate in an activity with his peers, but in his own way. If a child has difficulty grasping a bottle, making homemade shakers using plastic bottles can help the child to practise grasping the bottle in an activity and promote independence.

2. The second method is to use materials like Velcro™ to modify existing toys or to make the toy fit the needs of the child. For example,

Handles or built-up knobs: Glue wooden knobs or corks to puzzles and other toys to assist children with limited **fine motor skills**. Add tabs to books for turning pages. Add foam curlers to build up the handles of spoons, brushes, crayons and markers.



Grasping aids: Velcro™ is a wonderful invention for children who have trouble grasping objects. You can construct a number of different grasping devices with this material, such as:

A stick holder. This is a small stick with a piece of soft Velcro™ wrapped around one end. Attach a piece of rough Velcro™ to toys, such as toy people or cards. The child will then be able to use the stick to manipulate and pick up the toys.

A palm holder. This is a piece of terrycloth with Velcro™ attached to it. The holder is placed around the child's palm (for children who have little or no grasping skills).

A Velcro™ mitt This is a mitten with Velcro™ attached to it.

Playboards: Attach toys to a firm surface (such as foam core, a pegboard, or indoor-outdoor carpet) with Velcro™, string, or elastic. This creates a variety of playboards that allow children to participate in imaginative play. Examples of simple playboards include a purse (with keys, brush, wallet), a tea party, or a playhouse (with people, furniture, and so forth). The child can then use their hands, or a grasping aid, to move the pieces around without dropping them. Other children can also participate in this activity.

Other suggestions: Attach play materials to a flat surface. Use large materials for visually impaired children (for example, puzzles with large pieces) or use trays for arts and crafts for children who need a confined space to work. [Assistive technology](#), if available, can also be used with children who have special needs. Examples include electronic Braille readers, iPads, electronic speech generators (Newton & Dell, 2011), specialized computer software, voice recognition software, cause-effect switches (Hope Irwin, 2009). Programming requires time and energy, but not necessarily a lot of money. This is an area where staff can be creative and flexible in finding solutions. It is also important to communicate openly with parents and caregivers as they know their own child best. Parents and caregivers can offer suggestions for appropriate [modifications](#) and adaptations to toys and materials.



DID YOU KNOW?

Children's development from birth to age six is critical to their success in school and later in life (Bruder, 2010; Fram, Kim & Sinha, 2012). In most cases, children who require additional support will experience greater benefit the earlier the need is identified and planned for accordingly.

Websites such as www.connectability.ca can also help **early childhood professionals** with simple techniques used to adapt toys.

3. The third method is to buy toys especially designed for children with particular special needs. These can be purchased through toy catalogues or at a toy store that sells products for special needs. These purchases can be expensive, but they are ready to use. Sometimes toys can be adapted to different uses. For example, a flat glove with a Velcro™ surface and a ball to go with it is commonly sold in toy stores. This piece of equipment can be used to help a child with a physical disability to catch a ball.

One Parent's Story

"I have personally recognized the power of books in helping a child with special needs relate to his own experiences. Living in a small rural town in northern B.C., I called the Hearing Society for advice because my six-year-old son, who is hearing-impaired seemed to be unusually unhappy and heavy-hearted. They suggested reading a book to him about a child with a disability. The book I was able to get was the story of a young girl, Victoria, who was going blind. When we came to the part about her being pulled out of the class for special assistance, my son began to sob, "Poor Victoria. It's not nice being pulled out of the classroom. The other kids think that you're dumb".

I was amazed at how my son could relate to the story and start to share his feelings. We were able to share his concerns and eventually he came back to being his carefree self.

SECTION 4:

Early Identification

What will I learn in this section?

In this section you will learn about various methods to support parents and children from the first signs that a child might have a special need to the process of assessment and [diagnosis](#). Particular attention is given to the important role of observation. The use of basic screening tools is also discussed.

CFPs can play an important role in early identification

Early in an infant's life, parents or physicians usually identify health conditions and disabilities that are severe or obvious to the eye. Other special needs often go unnoticed until later in a child's life. Examples include some [developmental delays](#), [hearing impairments](#), speech and [language disorders](#), behavioural and emotional difficulties, as well as mild to moderate cognitive and physical challenges.

Child and family programs can play an important role in helping to identify the presence of special needs. A CFP staff has contact with a family early in a child's life, frequently spends time with families in an informal setting, and is familiar with the stages of early childhood development and can therefore identify [red flags](#) or areas of potential concern.

What is early identification?

In this guide, [early identification](#) refers to the process of discovering the special needs of a child from birth to the age of six years. It includes supporting the child and their family through the process of assessment and [diagnosis](#). [Early identification](#) is important because it is the first step in accessing and securing additional supports for children with special needs (Boyd, Odom, Humphreys & Sam, 2010; Underwood, 2012).

Partnering with parents and using screening tools

Effective [early identification](#) requires an accurate and comprehensive profile of the child. This is best achieved when parents and CFP staff work together as partners. Parents have a unique perspective on their child that no one else can offer. From the very first step in the [early identification](#) process, it is important for the CFP staff to offer support and information to the parents while always recognizing that the parents control the process.

One of the key ways of identifying a child with developmental concerns is to ask the parents. Parents are often the first people to be aware of their child's differences in growth and learning. Opening this sensitive conversation can be made easier by offering and encouraging the use of parent-completed screening tools. Talking about screening tools and encouraging all families to use them regularly provides parents with an easy way to start a conversation about their child's development. Screening tools can be available for parents to access on their own, or can be offered individually by developmental age throughout the year. Encourage parents to bring back the completed screen to discuss with you as parents are typically interested in finding out more information about their child's development. Similarly, CFP staff can discuss the availability of screening tools at orientation and during informal conversations with the parents as a way to normalize the process of monitoring development.

Screening tools increase the parents' knowledge of typical child development so that they can support their own child's growth and learning. When staff only use the screening tools if they suspect a problem, a key benefit

of the tool is missed. By encouraging all parents to regularly use screening tools, you are empowering them with knowledge and providing them with concrete examples of any concerns that they may have about their child. A straightforward screening tool which can be used by parents and CFP staff is the Nipissing District Developmental Screen (NDDS).

Additional benefits of the Nipissing District Developmental Screen (NDDS) are the suggestions about ways for parents to play and interact with their child at various stages of development. Screening tools can also be used to trigger a discussion about child safety as families prepare for new [developmental milestones](#).

Step 1: Observation and Research

[Early identification](#) of a child's special need is based on evidence-based knowledge of child development. Knowing what the common stages for child development are can help to identify [red flags](#) in a child's development.

Informal observation of children is a natural part of the CFP staff role. During this process, staff may begin to be concerned about a particular child's development or well-being. These initial impressions need to be clarified through *systematic, thoughtful observation over a period of time*.

Why systematic? It is important to develop a clear picture of what the child is able and not able to do. All aspects of the child and their environment need to be considered, including the possibility that the missing behaviour is only missing in group settings like a CFP (and fully evident at home where the child is relaxed and less distracted). Principles to guide the observation process are listed later in this chapter.

Why thoughtful? It is important that staff, parents, or caregivers do not jump to conclusions. At the same time, they must ensure that a child's needs are addressed as early as possible and that supports are made available accordingly. Staff members should be aware of how their own personal or cultural experiences may affect or bias their evaluation of a child. Similarly, they should consider the family's values and culture as factors affecting a child's development. For example, cultures differ in the degree

In 2006, Nipissing District Developmental Screen signed a licensing agreement with the Ontario Ministry of Children and Youth Services to provide free access to the screening tool to all residents of Ontario (NDDS, 2011). To access the free screening tool, visit <http://www.ndds.ca/ontario>

of independence, or self-help, they expect from a child at a particular age. **The absence of a particular skill on its own does not necessarily indicate that a special need is present.**

Why over time? Each child develops in their own way and at their own pace. It is important to observe the child over a reasonable period of time to fully understand what they are, or are not, capable of doing. CFP staff need to look at each situation individually, making sure that waiting does not jeopardize the child's health and well-being. It is helpful if more than one CFP staff member makes observations to help eliminate bias and to gain multiple perspectives on various domains of development.

Warning: It is important to keep in mind that children develop at their own rate. Typical development is variable and there are no absolute rules dictating when a child will demonstrate a particular skill or in what sequence the skills will emerge. For example, some children walk as early as 10 months. Others walk closer to 15 months. Both times are well within the expected range. Most babies creep, then crawl, then walk. Not all babies, however, follow this sequence. This variability makes the job of [early identification](#) more difficult. It is important that CFP staff and parents be both cautious and alert.

The Purpose of Observation

In a CFP setting, the purpose of systematic observation is to:

- identify emerging skills and/or concerns based on the understanding of child development
- provide a basis for discussion with the parents
- clarify whether the initial concern has enough merit to be brought to the attention of the parents
- collect information that the parents might use to access a professional consultation, if necessary
- provide insights into possible program [modifications](#), if needed

Observation does **NOT** provide a **diagnosis**, or comprehensive assessment, of a child's needs. It does, however, provide the staff with a more complete picture of the child. With this information, the staff can then determine if their concern justifies bringing forward the observations to the child's parents.

Principles of effective observation

- ☐ Obtain a complete picture of the child by observing all the domains of development: social, emotional, **communication**, **language** and literacy, cognitive, and physical.
- ☐ If there is a place to record sensitive observations, be as specific as possible to help give a clear picture of the situation when you discuss it with the parents. The written record may also prove helpful later if a professional assessment is required.
- ☐ Have more than one adult observe the child over a period of time and in different aspects of the program.
- ☐ Be objective and factual. Observe what the child says and does not say, does and does not do. Describe what you see and avoid judgmental **language**. For example, say “The child is crying, biting, hitting,” **versus** “The child is jealous, selfish.”
- ☐ Be sure not to focus exclusively on the behaviour as it can be a symptom rather than the root cause. For example, a child may resort to aggressive behaviour because he lacks the **communication** skills to express his needs. An older child may use tantrums or mischief to deflect attention away from an inability to understand and follow instructions.

Success Story

*Amir and his father Mohammed had been attending a CFP for a couple of weeks. Laila, a CFP staff member, noticed that Amir was not speaking very much in the program. She decided that she would observe Amir and, using the Nipissing District Developmental Screening tool, would plan activities of interest to encourage him to use his **communication** skills. Laila has a thorough understanding of child development and she understands that a toddler who does not speak yet may still be able to follow verbal directions.*

Laila asked Mohammed about Amir's behaviours and interests at home in order to gain a better picture of Amir's environment. After making observations and talking with her CFP colleagues to gain their perspective, Laila decided to approach Amir's father. She found a time when they could speak privately and was prepared with some concrete examples. She encouraged Mohammed to speak with his family and scheduled a follow-up meeting to discuss the next steps.

*The following week, Laila helped Mohammed complete a speech and **language** checklist. She encouraged him to connect with an agency that provides speech and **language** services in order for Amir to receive additional supports. Mohammed indicated that he would take Laila's observations and the checklist to their family doctor for follow-up. In the meantime, the CFP staff made simple **modifications** to the environment to meet Amir's needs.*

Research and the use of screening tools

Part of the first step in **early identification** is to carry out research to better understand your observations and to clarify your concerns. Screening tools can be used for this purpose. They can help you to review a child's overall development in relation to what most children are doing at the same age. They provide concise information about milestones that most children would be expected to reach at any given age. Some screening tools (e.g., the Nipissing District Developmental Screen) are designed so that the parents can use them. This is particularly appropriate for use in a CFP.

While screening tools can support the [early identification](#) process, they are not designed to provide an assessment, or to confirm a [diagnosis](#). They can be used to help parents describe a concern. **Further professional assessment is required for a formal [diagnosis](#).**

When using screening tools to identify areas of concern, keep in mind that all tools contain a cultural bias that may result in a distorted picture of a child's ability. Consider using additional observations and parent information to confirm, or negate, the findings.

Step 2: Preparation and Timing

Once you have clarified your concerns through systematic observation with other CFP staff members, it is time to share your observations with the child's parents. Here are some guidelines:

Be clear about your observations

Be prepared to provide specific, concrete examples taken from various aspects of the program.

Be informed

Anticipate the parents' questions and be ready to provide information and concrete assistance. Have a basic understanding of the child's needs as they compare to other children of their age and be aware of the possible next steps the parents can take. Be familiar with service options that are available in your community.

Consider how the parent(s) might react

Think about how the parents might feel or react when you present your observations to them. For example, this may be a complete surprise to parents who have not noticed anything out of the ordinary about their child's development. They may feel shocked, upset or anxious. Other parents who have been concerned about their child's development, may be relieved that you are raising the subject. They may want specific information from you about the appropriate next steps.

Some parents may be resistant and/or unwilling to even consider that a special need may be present. They may feel guilty, frightened, or that they

are to blame. Often parents feel responsible for their child's special need because historically parents have been blamed by researchers and health professionals. These myths have persisted in common understandings of the causes of a disability. It is one of the reasons that parents can seem unwilling to talk about developmental concerns. By considering in advance how the parents may feel, you will be able to provide support in a sensitive, appropriate manner.

Consider when to present observations to the parent(s)

Timing is an important factor.

Things to consider before discussing observations with the parents

- ☐ **How long has the family been attending the program? Are they new participants? Has the staff developed a relationship with the family?**

It is important that a family feels welcomed, accepted and comfortable at the CFP before the subject of special needs is raised. If concerns are raised too soon and a relationship has not been established, a family may feel threatened and might not return to the program.

- ☐ **Do the parents feel comfortable talking to the staff?**

Are the parents indicating that they are willing and ready to talk by confiding in the staff about their concerns? An ideal time to introduce staff observations is when the parents bring up a question or concern about their child.

- ☐ **What if the parents are not ready to talk?**

If the parents do not raise concerns, the CFP staff should look out for the best interests of the child. Find [accommodations](#) or [modifications](#) that will meet the needs of the child, so that the child will be better able to participate successfully in all aspects of the program.

☐ **What other factors in the parents' life might affect the timing of the discussion?**

If possible, try not to raise concerns when the family is very busy, or under stress, such as preparing for the birth of another child, dealing with a move, or experiencing unemployment.

☐ **What if the child is being accompanied by a caregiver?**

If a child attends the program with a caregiver, try to find a way to get in touch with the parents or guardians. It is important to respect confidentiality when speaking with caregivers. Do not disclose any details on sensitive topics without parental consent.

Tip: Reach out to families by sending information home. The Nipissing Developmental Screening Tool can be sent home with caregivers along with a letter explaining its purpose. It is important to remember to follow up with families if important information is sent home.

A caution about timing

While it is important to consider the factors listed above in deciding when to approach parents, your first priority must always be the needs of the child.

If you are concerned that child abuse or neglect may be occurring

It is your legal duty to report any suspicions of child abuse and neglect under the *Child & Family Services Amendment Act (2011)*. Neglect includes instances when a child is harmed because of the parents' failure to address their special need.

Step 3: Talking to the parent(s)

Arrange a private meeting so that you can share your observations with the parents. Tell the parents in advance that you wish to meet to discuss something you have noticed about their child. Try to arrange a meeting as soon as possible to reduce the parents' anxiety during the waiting period. Schedule the meeting so that you and the parents have ample time to talk. Also, if English is not their first [language](#), arrange that they bring some-



one whom they can trust, or get an interpreter, if available. The following strategies will help to make the meeting a success:

Present your observations in a professional, non-judgmental manner

Be empathetic when informing the parents about the observations. Present the information in a way that is not challenging or accusatory. Present factual observations along with a standardized screening tool to give information on typical child development. It is important to be clear and direct and thus help to not confuse the parents. Consider the support that the parents might need.

Avoid using labels

Avoid using labels when discussing your observations with the parents. Instead, describe the characteristics or behaviours that you have observed.

This way you avoid providing the parents with an inaccurate or premature [diagnosis](#). As well, discussing behaviour is less intimidating or threatening for parents who are hearing about the concerns for the first time.

Listen to the parent(s)

Let the parents know that you respect and care about their feelings. Be attentive and show them that you are interested in what they are saying. Ask the parents questions about their experiences with the child. Have they noticed any of the behaviour(s) that you are concerned about? How does the child behave at home? How does the child behave outside of the home? Do the parents share your concerns?

Address the parents' concerns and answer their questions the best way you can

Some parents will respond with many questions. Provide information as well as possible within your own area of expertise. Be careful not to provide information, or advice, that is more appropriate coming from a physician, speech-[language](#) pathologist, [occupational therapist](#), psychologist, etc. Provide the parents (or caregivers) with information on the services that are available in order to access additional resources to meet their child's and the family's needs.

Become a partner

Use the meeting to describe the role that you can play in the [early identification](#) process. Explain that you are a source of support and that you are prepared to help the parents throughout the process. Reassure them that they can approach you with questions if they need further explanations or information about their own concerns.

It is important for the CFP staff to think of themselves as part of the inter-disciplinary team with other professionals to effectively meet the needs of the children and their families. If the CFP staff is going to have an ongoing interaction with the family and the other professionals, they need to make it clear to the families that they are available and prepared to take on that role.

Take your time

The purpose of the first meeting is to begin, not complete, the process.

Take time to listen, leave plenty of time for discussion, give the parents the opportunity to go home and think things over and schedule a follow-up meeting to discuss the next steps.

Build on the parents' observations or comments about their child

Sometimes parents will approach you with a concern. This is an ideal opportunity to share your observations. For example, a two-and-a-half-year-old child is not using any words at the program. The parents never express concern about this, but one day complain that their child has many temper tantrums. This may be an appropriate time to raise concerns about the child's [communications](#) skills.

Acknowledge the child's strengths

When discussing concerns, make sure to also talk about what the child can do. That helps to ensure that the parents are not hearing only negative comments. It is important to begin the conversation with something positive. Likewise, end the meeting by saying something positive about their child's accomplishments. Be genuine and be honest.

Be prepared with recommendations

When presenting the observations to the parents, it is beneficial to have concrete suggestions and resources available. For example, if a child is having trouble with [fine motor skills](#), suggest ways to support the child in that particular skill development.

If the parents don't agree...

Take the time to listen carefully to the parents. Do not assume that the parents are "in denial". Consider their point of view. Are the parents focusing on the child's strengths? Do they feel that the professionals do not see the child's strengths? Do the parents disagree with the professionals' point of view?

If you are still concerned, consider a variety of strategies. Offer the parents the use of the Nipissing District Development Screen. Suggest articles (or workshops) on child development or on the particular area of concern so

that the parent can become more informed. Set up information sessions for all parents to attend. Invite guest speakers, conduct workshops and host group discussions on general topics related to child development. Above all, offer the parents opportunities to talk and to share their own concerns, or experiences, as a way of building trust and credibility.

Step 4: Deciding what to do next

Having opened the discussion with the parents, follow their lead about the next steps:

Support the parents' initiative to take further steps, if they wish

While suggesting what appropriate actions could follow, pay attention to how fast the parents want to proceed in getting extra supports. Be aware that the parents may want immediate services once the family makes the decision and that often agencies and specialists have waiting lists. Give the parents realistic information about how long the child may have to wait.

Take cues from the parents about what role they want the staff to play

Some parents may want the CFP staff to play an active role and arrange appointments or in-group consultations. Other parents will prefer to take charge, using the staff only as a source of emotional support. Be respectful of their decisions.

Provide concrete assistance

CFP staff can assist in a number of ways. Often the next step is a referral for a formal assessment. Encourage the family to visit their family doctor or [pediatrician](#). A physical check-up by a physician is important to determine if any physical causes/diseases are present and to provide access to diagnostic assessments. Offer the parents information about local services and how to obtain the services, assessments, financial assistance, etc. Offer to help the parents connect with an [early intervention](#) specialist. Determine if an on-site assessment would be more comfortable for the parents and child. Try to find resources such as videos (or written materials) that are at the parents' literacy level, or in the family's home [language](#).

Encourage parents who are feeling overwhelmed to set short-term, realistic goals

This will help them to be successful. Offer to help by collaborating with the family and other professionals. Sometimes parents, or caregivers, might need support with setting up goals for their child.

Spend extra time with families that have children with special needs

Check with the parents about the well-being of the entire family.

Parents who have special needs or circumstances

It is important to understand that parents entering CFPs might have special needs themselves. Parents with special needs may have added challenges and might require additional support. Be prepared to spend extra time with them to meet their unique needs by filling out paperwork, explaining information, offering materials in different modalities (verbal, written, pictures), etc. Communicating openly with the parents and giving them opportunities to ask questions may help a CFP staff to understand in what way(s) the parents need additional support.

Encourage all families in the program to support each other. Parents who have their own special needs, or circumstances, may have a harder time getting peer support.

Follow up with parents

Following up with the parents can build trust in the relationship. It also shows the parents that you care about their situation and are being supportive. They are more likely to come to you for support if they feel as though you are willing to help.

When a caregiver requests help...

In the program, provide information and support for the caregiver. Answer questions within your area of expertise or help them to find the answer(s) by giving them resources.

Encourage the caregiver to discuss their concerns with the parents. Before any outside service or professional, is consulted about a specific child, the parents must be involved and must give permission.

Step 5: Assessment, diagnosis and early intervention

Once the parents have decided to obtain an assessment, a CFP can support the family in the following ways:

- ☐ Give the parents the resources they need to help their child. For example, connect the parents to specialists such as [speech-language pathologists](#), [occupational therapists](#), etc. Ask your supervisor for more information about the services that are available if you are unsure (See Appendix D). Encourage the parents to seek out the services they need.
- ☐ Help to ensure that the assessment used to evaluate the child's behaviour is appropriate for that child and the family's culture, background and environment.
- ☐ Consulting the family doctor is an important step (See Appendix A for tips on speaking with the doctor). If the family doctor says that the child will grow out of it and the parents are not satisfied with this answer, encourage them to get a second opinion and pursue other resources or an assessment.
- ☐ If needed, help the parents to understand the terms used by doctors, or other specialists, and provide suggestions about where to get more information.
- ☐ Sometimes the CFP staff can coordinate the identification and assessment process until the parents or a different agency takes over. This role may involve finding where to go for an assessment, making the appointment, forwarding the reports to specialists, and arranging meetings between the specialists and the family.
- ☐ [Early identification](#) should lead to specific actions that address the special need. Sometimes these strategies can be put in place by the parents, caregiver, or the CFP staff. Other times, specialized services are required. [Early intervention](#) is discussed in section 5 of this guide.

Step 6: After the diagnosis

Following a [diagnosis](#) of a special need, there are a number of ways to assist families:

Understand the parents' perspective

Every family has dreams and expectations for their child. If a child is diagnosed with a special need, some of these dreams and expectations may have to change. There may be a variety of intense and contradictory feelings including grief, anger, shock, denial or disbelief, sadness, guilt, disappointment, shame, over-protectiveness, acceptance or joy. These feelings will vary over time and can recur with each transition in the child's life. Offer emotional support. Don't judge, push, or criticize.

Recognize the parents' strengths and challenges

Parents have a variety of strengths and challenges that increase or decrease their ability to cope with a [diagnosis](#). Encourage them to build a



support network. It is important to help them identify how to build on their strengths and to address their challenges.

Help parents to see what their child can do

Encourage them to look at their child's progress as a developmental process. For example, say "Look how much he has learned in the past six months." Share the child's accomplishments with the family and continue to work with the child's needs.

Connect the family to other families in the program

If other parents have gone through the process of [early identification](#), they may be able to offer empathy and support. They may know what additional services are available and help to connect the family with the right organizations and supports.

Proceed at the family's pace

Once a special need is identified and diagnosed, there may be several community and specialized resources that can provide appropriate assistance. The family may require access to several agencies or services. This is especially true for children with complex or multiple needs. CFPs should have information about the available services so that what is being offered in the community can be explained. It is important to take time with this part of the process. Some families may need to deal with their feelings before they can begin the challenging process of developing a system of support and services for their child. As long as the child's health and well-being is not immediately at risk, it is advisable to support the family during this adjustment process and not to make referrals too quickly.

Work with all the families to reduce the stigma attached to children with unique challenges

Families and children with special needs are often stigmatized and isolated from others in their community. If they do not feel welcome or able to participate in community programs, the result is increased isolation and a reduced ability to cope with the challenges they face. Often, this lack of acceptance is fueled by misinformation about the child's special need.

Section 4: Early Identification

CFP programs are in an excellent position to address this issue. Policies and practices can ensure that their programs are inclusive and meet the needs of individual children and families, including those with special needs. The CFP staff can provide information about child development that will effectively dispel any myths or misinformation about individuals with special needs.

By expanding the opportunities for parents, caregivers and children to participate in their community, CFPs play a valuable role in reducing the stress and isolation experienced by the families of children with special needs.

SECTION 5:

Early Intervention

What will I learn in this section?

In this section, you will learn about some of the ways that you can be part of the [early intervention](#) process by:

- Addressing the child's needs in the program
- Supporting adults in their parenting and caregiving role
- Being part of a larger [early intervention](#) team for the child
- In addition, charts are provided which include strategies for:
- Managing specific concerns or behaviours
- Promoting skill development

Definition of Early Intervention

[Early Intervention](#) (EI) is described as services that support children with disabilities in the early years of life, from birth to six years of age (Underwood, 2012; Frankel & Gold, 2007). These services primarily target children prior to school entry (Underwood, 2012).

In a child and family program, [early intervention](#) is the process of addressing a young child's special need(s) and providing supports to allow the child to reach his or her full potential.



DID YOU KNOW?

The earlier a child is identified as having a [developmental delay](#), or disability, the greater the likelihood the child will benefit from intervention strategies designed to compensate for the child's needs (Guralnick, 2005).

CFPs can play an important role in early intervention

Child and family programs play an important role in [early intervention](#) as the staff assists the parents and caregivers in promoting the optimal development of their child. Through stimulating environments, the children have the opportunity to develop essential skills. Similarly, the adults have the opportunity to develop their parenting and caregiving skills through informal discussions, small groups and workshops, and by observing positive role models.

When a child has a special need, the CFP can assist in a variety of ways. For example, the CFP staff can suggest strategies for promoting development, demonstrate ways to work on challenging behaviours, link families with specialized community agencies, and provide a supportive, inclusive program in which both children and adults benefit.

Address children's special needs in the CFP

There are a number of ways a CFP can address a child's special needs within the program.

Accommodate or Modify to meet a child's needs

These terms are often confused with one another and for that reason they need to be carefully defined. [Accommodations](#) should be considered as the first strategy used by the CFP staff when working with children who have special needs. They make learning [accessible](#) to the child and allow the child to demonstrate what they know.

An [accommodation](#) means a change in the environment that helps a child to overcome or work with their special need or disability. It does not alter the intended outcome. For example, giving a child extra time to respond during a circle time activity is an example of a simple [accommodation](#) that does not change the skill or expectation.

A [modification](#) means a change in the activity (level of complexity) and what is expected from the child. For example, if a child has difficulty with



projects that have multiple steps, prepare the activity with the individual child in mind. Some children can receive projects that have been started and then they finish the last two or three steps.

An Example of Accommodation versus Modification

A CFP staff set up a board game activity that was of interest to the children in the room. Jayden, a child with a speech-language difficulty, was eager to participate in the activity. Shyanne (a CFP staff member) used pictorials to facilitate choice making in the board game. By using pictorials, Shyanne was accommodating Jayden's special need so that he could participate without changing the expectation of the game. Abia was also interested in the board game, but was overwhelmed by all of the steps. Parveen, another CFP staff member, simplified the activity by reducing the number of steps (modifying the level of complexity), in order to encourage Abia to participate.

It is important to make **accommodations** and/or **modifications** that enable a child with special needs, and their parents or caregivers to participate as fully as possible in ways that best meet their individual needs. Collaborate

Think ABCs...

Antecedent

An *antecedent* is the event or activity that happens immediately before the behaviour occurs.

Behaviour

The actual behaviour that has occurred.

Consequence

The immediate and delayed reactions from everyone involved in the situation.

and discuss with the parents the possible [accommodations](#) and/or [modifications](#) which can be made. Parents know their children best and can be a great source of information.

Encourage on-site visits with specialized services

Connect with specialized organizations that can be invited to the CFP site. For some families this option is more comfortable than visiting an office or clinic. For some specialized organizations, the natural play environment of the CFP is a good place to observe the child.

At the CFP site, specialized organizations are often able to provide:

- direct service
- consultation
- professional development
- parent education
- program support

Note: Partnerships established with specialized organizations are reciprocal. Specialized services collaborate with CFP staff to better meet the needs of children and families as the CFP staff has valuable information to offer. The staff can also learn important information from the specialists on how to adapt their program. Specialized services are useful to everyone involved thus resulting in better outcomes for children who require additional support.

Address challenging behaviours

When staff members implement strategies that address a child's specific needs, or challenging behaviours, they are practising [early intervention](#). CFP staff are encouraged to model strategies that address the child's needs so that parents and caregivers can learn how to address challenging behaviours.

Effective [early intervention](#) goes beyond behaviour management. It is always important to consider and address the root cause of a challenging behaviour, not just the behaviour itself. For example, a child may resort to aggressive behaviour when they lack the [language](#) skills necessary to effectively express their needs.

The following are some examples of reasons why children may resort to challenging behaviours:

- **To avoid a disliked object.** Aziz does not like to eat melon. Every time he has it for snack, he bangs his fists on the table.
- **To avoid an unpleasant activity.** Samira does not like tidying up the toys. When it is time for her to tidy up, she starts to cry.
- **To get away from a certain person or group.** Cristian gets anxious when his friends try to give him a hug. When they get too close, he screams and shouts.
- **To get a desired object.** Chantal wants to play with a toy that is on the top shelf. She cannot reach it, so she begins to scream very loudly.
- **To participate in an enjoyable activity.** Marcus wants to play in the sandbox, but there is not enough room. He starts pinching the other children in the sandbox.
- **To get attention from a certain person or group.** Tamara wants to play with her cousin Sara. Tamara slaps Sara on the back to get her attention.

Children may behave in challenging ways in order to make themselves more comfortable. Some children can be very sensitive to the sounds, smells, sights, textures, touch or movement around them. They may look for specific ways to experience the sensations they enjoy, or to avoid the sensations they dislike. For example,

- **To avoid or escape sensory stimulation.** Basit does not like the scratchy feeling on his head from his winter hat. He consistently removes his hat and throws it away.
- **To obtain sensory stimulation.** Tania likes the feeling of soft and silky objects. She often touches or caresses other children's hair.

Using the approach described in the [Early Identification](#) section, CFP staff can help identify the underlying concerns and can work with the assessment services to ensure that the [early intervention](#) strategies are properly focused. Referrals to [early intervention](#) programs involve not only linking a family to support, but also having ongoing interaction with the family, and helping to implement the recommendations. Follow-up is a very important part of the process for staff to keep in mind.

It is important to address behaviours and special needs as they arise.

Before using any strategy, make sure to discuss your approach with the parents. Parents should be actively involved and contribute in the decision-making process that involves their child. Parents have valuable information to add about the behaviour of their child. Upon agreement, demonstrate the strategy so that everyone understands and can use it. The goal is to help parents to find strategies that they are comfortable using. Consistency among the adults in the child's environment is important. It will be far more effective if everyone uses the same approach for the same behaviour across all environments.

Note: A child's behaviour may be different in different situations.

Before using a specific strategy, keep the following in mind:

Clarify the concern

Through observation, talking to the parents/caregiver and to other staff, answer the following questions:

- What is happening? What is the concern?
- When does the behaviour occur?
- How often does the behaviour happen?
- Where does the behaviour happen? For example, at home, or at the program?

- What happened before the behaviour occurred? What was the child doing? Are there any triggers?
- What was the behaviour? Define the specific behaviour. Saying a child is aggressive is not detailed enough. For example, saying the child is hitting or kicking a peer is more specific.
- What happened after the behaviour? For example, this might include environmental events, or reactions of CFP staff, parents, other children, or the child who behaved inappropriately.

Prevent the behaviour

When possible, anticipate the behaviour and prevent it from occurring. Observe the child carefully when the behaviour usually occurs. For example, if the child is upset during a noisy or confusing activity, offer a quiet activity away from the noise to prevent a challenging behaviour from occurring.

Have clear expectations, or ground rules for children and communicate them plainly and positively (both verbally and through signs and pictorials). Post them, with the help of pictorials, in order for the parents/caregivers and children to become familiar with the expectations. Also, enforce the procedures/rules. For example, “In this program we use our hands for playing, not for hitting.”

Apply consistent ground rules, but keep in mind the child’s developmental age and level of understanding. It is not useful to offer long explanations to toddlers or children with [language](#) processing difficulties. “First-then” [language](#) is often helpful. For example, “First we clean up, then we have snack”. Ground rules must apply to everyone in the program, including adults. For example, the “no hitting” rule applies to everyone.

Toddlers, or children with [language](#) processing difficulties, may exhibit challenging behaviours when they do not know how to communicate their needs. Teach the child how to get what they want without exhibiting negative behaviours. For example, if a child is acting out to gain attention,

teach the child appropriate ways to ask for the attention (e.g., asking a friend to play, asking the teacher to watch what they are doing or to see what they made). Do this when the child is calm.

Address the feelings of the children, not just the behaviour

When addressing a child's challenging behaviours, it is also important to address their feelings. Be respectful of a child's feelings. When a child is upset and losing control, intervene and help the child to calm down. Help the child to understand their feelings by labeling them. For example, "Hitting your friend makes me wonder if you are angry," or "You look very sad, I see your tears". When a younger child acts out feelings in inappropriate ways, redirect the child to another activity. With an older child, resolve the problem together. Remind the child how to express their feelings in acceptable ways. Always use clear, simple [language](#) that the child understands. Use pictorials if appropriate. Using pictorials is an effective method when working with all children; not only for children with special needs (Phillips & Vollmer, 2012; Whatley, Gast, Hammond, 2009; Spriggs, Gast, & Ayres, 2007).

When addressing the feelings of children, make sure that what you are asking of them is developmentally appropriate. It is not helpful to ask a child why he bit/hit another child. The child may not be cognitively mature enough to understand why he behaved in this way. Do not force a child who has been hurt to talk to the child who hurt him. The child might already be very upset and forcing the child to talk to the other child can escalate the situation. Also, refrain from making a child say he is "sorry". The child often does not understand what "sorry" really means and may learn to use the expression as an excuse when acting out. Remember to keep the conversation short to maintain the child's attention and to intervene in a way that is developmentally appropriate.

Important Note: Work with the families to find effective behaviour management strategies that can be used in the child and family program. Parents may wish to use the same strategies at home. If everyone uses the same strategy, it may be far more effective. See Appendix D for informa-

tion about general strategies for addressing some concerns and challenging behaviours.

Support adults in parenting and caregiving roles

Child and family programs help parents and caregivers promote their child's development. The checklist below outlines a range of generic strategies for supporting the parents. The italicized section below each strategy describes special applications or the importance for the parents and caregivers of children with special needs.

Checklist for Supporting the Parents of Children with Special Needs

- ☐ **Let parents know how important they are to their child's well-being.**

This is especially important when many professionals are involved in many aspects of the family's life. Parents are the experts about their child and know their children best.

- ☐ **Model positive adult-child interaction. Emphasize the positive and celebrate every aspect of the child's progress and accomplishments.**

Parents may need help understanding that some children with special needs require additional assistance and extra attention around certain behaviours. Help the parents to understand that their child is developing in their individual way. Focus on what the child has accomplished, rather than making comparisons to others.

- ☐ **Provide the parents with feedback regarding their own interactions with their child. Point out how the parents' interactions support the child's development. The more specific the feedback, the more helpful it will be for parents. For example, a staff member might say to a parent, "I notice that your child likes it when..."**

The parents of children with special needs may have a greater need for positive feedback. They may go through periods of time when they doubt their ability to meet the developmental/emotional needs of their child.

- ☐ **Develop effective ways of providing the parents with information about child development and effective child guidance. Help the parents to adjust their expectations so that they are developmentally appropriate. Be sure that the information is culturally sensitive and respectful of diversity.**

Provide the parents of a child with special needs with information that helps them to see their child as a child first. Many of their child's needs can be understood as a typical part of child development. Use the group setting to show parents the similarities between their child and others.

- ☐ **Support the parents in other areas of their lives that are stressful. Recognize that problems in areas such as housing, jobs and immigration can undermine the parents' ability to meet their child's needs.**

Acknowledge the additional stress and challenges of raising a child with special needs. Be ready to provide support, information and a referral if the need arises. Let the family know that you are someone that they can talk to and approach for support.

- ☐ **Promote the parents' ability to advocate on their child's behalf.**

Reassure parents who are in touch with various professionals and experts that they are still the most important people in their child's life. See tips on being assertive in Appendix B.

Be part of a larger early intervention team

An [early intervention](#) team for a child may involve a number of individuals including parents, caregivers, the family physician, specialists (such as [speech-language pathologists](#), physical therapists, [occupational therapists](#), psychologists), child and family program staff and other [early childhood professionals](#).

CFP staff can help to connect families with community services that can offer additional support for their child with special needs. These resources can include:

- Organizations that provide general information about community resources, such as public libraries and community information centres.
- Local service clubs that provide funding for specialized equipment or projects, such as the Lions Clubs or Rotary Clubs.
- Medical, clinical and rehabilitation services that provide information and health services such as occupational therapy, or speech and [language](#) therapy.
- Public health units that provides community health programs and a specialized program for at-risk children (pre-natal to age three) called Healthy Babies, Healthy Children.
- Agencies that promote the mental health and well-being of children and families, such as Children's Mental Health Centres.
- Agencies that provide specialized support and advocacy such as Associations for Community Living, Easter Seals and the Canadian Hearing Society.

CFPs can also be part of a larger [early intervention](#) team by facilitating specialized services at the program site and by implementing suggested strategies. Here are some ideas for establishing connections between the CFP and the community support and services:

- Develop a partnership with the board of education and draw on their resources. Often they have community liaison staff who can support the child's transition to a school board program.
- Become a member of an interagency committee concerned with early childhood services to raise questions about how to coordinate services for children with special needs, including assessments.

CFP supervisors/managers can support participation in inter-agency and collaborative teams by being active leaders. Effective leadership is necessary to motivate the team and to ensure that interagency teamwork is delivered (McInnes, 2007). Managers who are committed to interagency work, who have a positive attitude about collaboration and who communicate openly with the team are equipped with the necessary qualities to foster effective [early intervention](#) teams (McInnes, 2007).

Section 5: Early Intervention

- Network with the local public health unit to gain access to programs as well as to other professionals who are knowledgeable about a broad range of specialized resources in the community. This is a great opportunity to form partnerships with other professionals in the community.
- Network with specialized organizations in the community, such as children's mental health agencies or associations for community living, to provide joint programming and increase access to a full range of services.
- Find out what resources are available through the local community information network. In Toronto, www.211toronto.ca is a webpage and telephone service which provides information on a wide range of services.
- Form networks with other CFPs in the community to combine information and resources about services for special needs so that they are easily [accessible](#) to families.

Recommended strategies for making referrals:

- Be familiar with the resources available in your area. See Appendix E for information on the types of resources you may want to be familiar with in case you are asked by parents.
- Offer to call the agency to see what services they offer and get the name of a contact person.
- Offer to call a service with the parent, or offer to call a service for the parent if English is not their first [language](#). Make sure to follow up with the parents about the outcome.

SECTION 6:

An Inclusive Environment and Organization

What will you learn in this section?

This section begins with a checklist that can be used to evaluate the accessibility of your program's physical environment. Ideas and strategies are provided that can be used to make your program more [accessible](#). Specific [modifications](#) for children with visual, hearing and [mobility impairments](#) are presented. You will also find information about possible sources of funding if your agency decides to renovate or relocate your program.

In addition, we discuss strategies that can be used by your board of directors (or advisory group) to support inclusive programs. Other organizational aspects, including community networks, addressing staff needs and using evaluations are also discussed.

Making Ontario Accessible

The Accessibility for Ontarians with Disabilities Act is the governing body that sets the standards for accessibility for all sectors and organizations in the province.

The Accessibility for Ontarians with Disabilities Act was passed in 2005 with an overall goal of having an [accessible](#) Ontario by 2025. Accessibility Standards have been developed for five key areas of daily living: customer service, information and [communication](#), employment, transportation and built environment (AODA, 2005).

Every child and family program should be committed to being [accessible](#) and to treating all individuals in a manner that maintains their dignity and independence. CFPs must be committed to meeting the needs of people with disabilities in a timely manner by preventing and removing barriers, wherever possible, to accessibility and meeting accessibility requirements under the Accessibility for Ontarians with Disabilities Act.

What does it mean to be an inclusive program?

The physical environment of a child and family program includes its geographic location, the physical layout of the building in which it operates, the program layout of its rooms, and the program materials.

When the physical environment is inclusive, it is reasonably easy for any family to travel to, enter, and to participate in the program. Another way to describe an inclusive physical environment is to say that it is [accessible](#). An inclusive program follows the characteristics of a [universal design](#) in that it should be designed to be [accessible](#) to all participants (Darragh, 2007).



How Accessible is my CFP Location?

Use the following checklist as a guideline to help evaluate the accessibility of your program.

Evaluating the Accessibility of a CFP Location	
<i>Geographic Location and Physical Layout of the Building</i>	
The setting is within easy reach of the families being served:	
<input type="checkbox"/>	Within walking distance (if in urban setting)
<input type="checkbox"/>	Short trip by car and/or public transportation
The location of the program is obvious at street level:	
<input type="checkbox"/>	Entrance to the building/program is visible
<input type="checkbox"/>	Signs point to the program space
<input type="checkbox"/>	Signs are visible at street level and at the entrance of the building
<input type="checkbox"/>	Signs include translations in the first languages of the communities being served by the program
The physical layout of the building accommodates individuals who use mobility devices or have difficulty walking:	
<input type="checkbox"/>	Entrance to the building does not have steps or there is a wheelchair-accessible ramp
<input type="checkbox"/>	Program is located on the ground floor or there is access to an elevator
<input type="checkbox"/>	Doorways are wide enough to allow wheelchair access
<input type="checkbox"/>	Accessible parking space for individuals with disabilities is available
<input type="checkbox"/>	Adequate parking spots are available
<input type="checkbox"/>	Parking is close to the building
<input type="checkbox"/>	Wheelchair-accessible washrooms are available
<input type="checkbox"/>	Stairs have railings and a small vertical rise on the steps
<input type="checkbox"/>	In the winter, the walkways are promptly cleared of snow and ice
<input type="checkbox"/>	All playground areas are accessible

The physical layout of the building accommodates individuals with visual impairments:	
<input type="checkbox"/>	Pathways and stairs have clearly defined edges that can be followed with a walking cane
<input type="checkbox"/>	Changes in the floor texture indicate stairs or hazards such as protrusions from the wall
<input type="checkbox"/>	Braille signs are used throughout the building at a recommended height of 1500mm
The physical layout of the building accommodates individuals with hearing impairments:	
<input type="checkbox"/>	Safety features such as fire alarms or smoke detectors have visual signals
Program Layout	
The program layout accommodates individuals who use mobility devices or have difficulty walking:	
<input type="checkbox"/>	Carpets and rugs are secured to the floor
<input type="checkbox"/>	Floors have non-slip surfaces
<input type="checkbox"/>	Shelves, hooks and displays are at eye level for individuals in wheelchairs
<input type="checkbox"/>	Activities are available in different arrangements, such as sensory activities that are on the wall, or art activities on accessible easels for all participants
<input type="checkbox"/>	Arrangement of furniture and equipment ensures clear pathways for people using wheelchairs, walkers or other mobility aids
The program layout accommodates individuals with visual impairments:	
<input type="checkbox"/>	Activity areas are well lit but can be dimmed for individuals with photosensitivity
<input type="checkbox"/>	Braille signs are used to define spaces
<input type="checkbox"/>	Sensory cues define areas of the room (e.g., change of floor texture or fixed furniture)
<input type="checkbox"/>	Sensory cues define hazards such as stairs and protrusions from the wall
<input type="checkbox"/>	High contrast and large font signs are used
<input type="checkbox"/>	High contrast between floor colour and colour of walls is used
The program accommodates individuals with hearing impairments:	
<input type="checkbox"/>	Program space has a minimum of background noise
<input type="checkbox"/>	Visual cues define all areas and safety systems

How to become more accessible:

1. *Make sure that the program layout supports the participation of everyone.*

The physical layout of a CFP (arrangement of the furniture, etc.) should allow children and adults of differing abilities to participate as fully as possible. Key concepts to consider are:

- **Freedom of Movement.** How easy is it for people to move around and use the program space? Is the space organized and clutter free?
- **Access to Activities and Resources.** How easy is it for the children to participate in the activities and to use the resources of the program? Are the toys and materials adapted to meet individual needs? Are the toys and materials available to accommodate various developmental stages?
- **Safety.** Does the program ensure the safety of all program participants? Are the toys checked frequently for loose, or broken parts? Are the play structures safe and developmentally appropriate?

Here are some ideas for improving the physical accessibility while using a limited budget:

Freedom of Movement

- Use sensory cues to define the space. For example, use Velcro™, or sandpaper strips, to help the children with [visual impairments](#) to find their way around the room. Use contrasting colours to define the spaces.
- Consider the needs of all individuals within the program. Create spaces to accommodate wheelchair accessibility. Make sure that the child has enough room to move around without any obstacles in between the spaces.

Access to Activities and Resources

- Keep the toys, materials and visual displays for the children at an

eye level that can be seen by children, including children using wheelchairs.

- Make the larger toys, books and other materials **accessible** for each child to reach from a variety of positions (e.g., standing, sitting in a wheelchair, in a crawler). **Note:** Small toys should be kept out of the reach of infants and toddlers.
- Have a CSA approved high chair available for infants and small children with low muscle tone.
- Create a quiet nook in the room so that if a child is overstimulated, or needs a place to regulate their feelings or emotions, they have a comfortable and safe place. This space should be made available to all children.
- Use music and lighting to create a soothing atmosphere and to keep the room from becoming too noisy or too busy. This will benefit all children, including those with behaviour, or **communication** difficulties. Be mindful of individual needs as some children may be overstimulated with excessive noise. A busy room coupled with music can be frustrating for some children.
- In addition to making announcements, use other methods to mark **transitions** in the program. For example, turn lights down to signal that it is time to tidy up. Use photographs, picture symbols or activities to show what comes next. Using more than one signal in a consistent way helps all children and adults to know what to expect. Be mindful of your positioning when using more than one signal so that everyone can see what you are doing.

Safety

- Make visual boundaries between the play centres (e.g., craft and gross motor areas) using masking tape, mats, foam blocks, sheer ball tent, plastic swimming pools and other materials so that it is clear what children can do in each space.

- Make sure that the gross motor area has proper padding to cushion falls and prevent injuries.
- Provide childproof areas that are **accessible** to children with **developmental delays**, not just to areas **accessible** to infants and toddlers. Be aware that children with special needs (who are beyond the toddler age) may still want to put items in their mouths. Tiny objects can be hazardous when swallowed. Children with **developmental delays** may not have learned some safety basics concerning things like electrical outlets and stairways. Gates and half-doors may be practical ways to keep children away from electrical outlets, stairways, or hazardous kitchen areas.
- Ask parents about any additional precautions that can be taken to help keep children with special needs safe in the environment. Including families in the decision-making processes is a family-based practice that can strengthen the relationship with families in a child and family program.

2. *Make sure that the geographic location supports the participation of everyone.*

To be **accessible** geographically, establish a site that can be easily reached by public and other affordable transportation. Make sure that the location is easy to find and that there is enough parking space available.

Here are some ideas for improving the geographic accessibility while using a limited budget:

- Include maps, bus routes and parking information on the brochures and other materials that are used when reaching out to new families.
- Clearly mark the entrance of the building on outreach materials, such as flyers, or brochures.
- If your entrance is not visible from the street, use signs with words, symbols and pictures to point the way.

3. Make sure that the design of the building supports the participation of everyone.

The design of a building can sometimes create a barrier for individuals who want to participate in your CFP. Stairs and narrow doorways can make it impossible for someone who uses a mobility device to enter the program. Furniture, or boxes that have been placed in a pathway, may unintentionally send a message to a potential participant that you do not have a welcoming space. Poorly lit hallways and uneven walkways can make it difficult for someone with a [visual impairment](#) to safely reach the front door. Technical expertise and financial resources are often necessary to ensure that the structure of a building makes it possible for everyone to enter and participate fully.

Refer to the checklist at the beginning of this section for things to consider when evaluating the accessibility of a CFP and to make sure that it can support everyone.

Planning Next Steps

Many of the suggestions for improving program layout accessibility can be easily made and are not very expensive. However, most building design ideas require extensive renovations, or even the relocation of the program. An organization will need to set priorities and to decide what steps to take. Important information to help with planning can be obtained from specialized agencies and associations for people with disabilities. It is also important to speak with the families. You may wish to share with them the results of the Accessibility Checklist and discuss some of the suggestions in this section. Many small changes can have a very positive impact on the people who live in the community.

Renovating

Physical changes to your program setting, such as widening doors, adding a wheelchair ramp or making washrooms more [accessible](#) can be costly. The following are possible sources of funding:

- Government funding may be available for improving access to public buildings
- Local service clubs, such as Kiwanis, may give priority to projects that address the needs of children from birth to age five who require physical accessibility.
- Foundations may be able to help. See the directory published by the Canadian Association for Philanthropy.

One source is the Trillium Community Capital Fund described below. This fund was developed to increase the capacity of organizations and communities to provide barrier-free employment and volunteer opportunities, and to improve access to community services.

Contact:

The Ontario Trillium Foundation

800 Bay Street, 5th Floor

Toronto, ON M5S 3A9

Tel: (416) 963-4927 or toll-free 1-800-263-2887

Fax: (416) 963-8781

Website: <http://www.otf.ca/>

How a board of directors or an advisory group can support inclusion

Most CFPs have either a board or advisory/management group responsible for the overall governance of the program. This group usually plays a key role in determining the CFP's goals, values and role in the community. It also typically plays a central role in raising funds and setting priorities for how the funds are to be spent. In this way, the boards play a major role in creating the right conditions for an inclusive environment and program.

Here are some steps a board of directors or governing committee needs to consider:

- Recruit board members who reflect the community and who are committed to an inclusive community program.
- Develop a mission statement and values for the agency/program. These should express the CFPs overall purpose and commitment to children, parents and caregivers. These governing documents clarify what the agency/program stands for and can be used by staff when difficult decisions have to be made. Clear statements about inclusion will help staff and participants to resolve any conflicts that may arise in the daily operations of the centre.
- Post the CFP's mission and values statements where they can be seen by all staff, volunteers and participants. Review them when orienting new staff, volunteers and families.
- Develop policies that express and strengthen the CFP's commitment to inclusion. For example, include a policy on inclusion that outlines a commitment to equitable access to high quality programs that provide support to children and families. Other examples would be an equity policy that expresses a commitment to non-discrimination on several grounds including special needs and a food policy that bans the use of peanut products (thus helping to ensure that the program is safe for children and adults with severe allergies).

The importance of community networks

“Strong and sustainable partnerships must be built on a commitment to recognize unique strengths and work towards common goals and outcomes” (Ontario Early Years Framework, 2013, p. 9)

CFPs cannot be inclusive all on their own. Networking with other organizations can enhance the resources of the CFPs and increase their ability to identify and accommodate special needs. Here are some important steps to take:

- Connect with specialized services in your community. Make sure that the staff has the time and the resources available to foster these relationships. This can be achieved in many ways. Staff, or board members, can conduct outreach visits to find out about another agency's services while promoting the work of the CFP. Invite agencies to participate in your program, or at a special board meeting as guest speakers, workshop leaders or consultants. When a CFP staff or a family require special assistance, the existing relationship and goodwill with the other agency will prove to be very helpful.
- Give priority to participating in interagency or community planning committees to strengthen the links between the CFP and related services, and to develop service coordination. Use these opportunities to explain the perspective of families in your program.
- Use community resources that can assist you in being inclusive. For example, many agencies are available to provide consultation either on a case-specific basis or on a particular concern.
- Network with other CFPs as well as with other family and child-oriented organizations. Sharing information and strategies benefits everyone and builds communities.
- Ensure that promotional material for the CFP reflects its diversity and inclusion. Use these materials – flyers, brochures, press releases, social media, calendars, community newsletters – to communicate that the CFP welcomes and supports all families and children.

Address the needs of staff

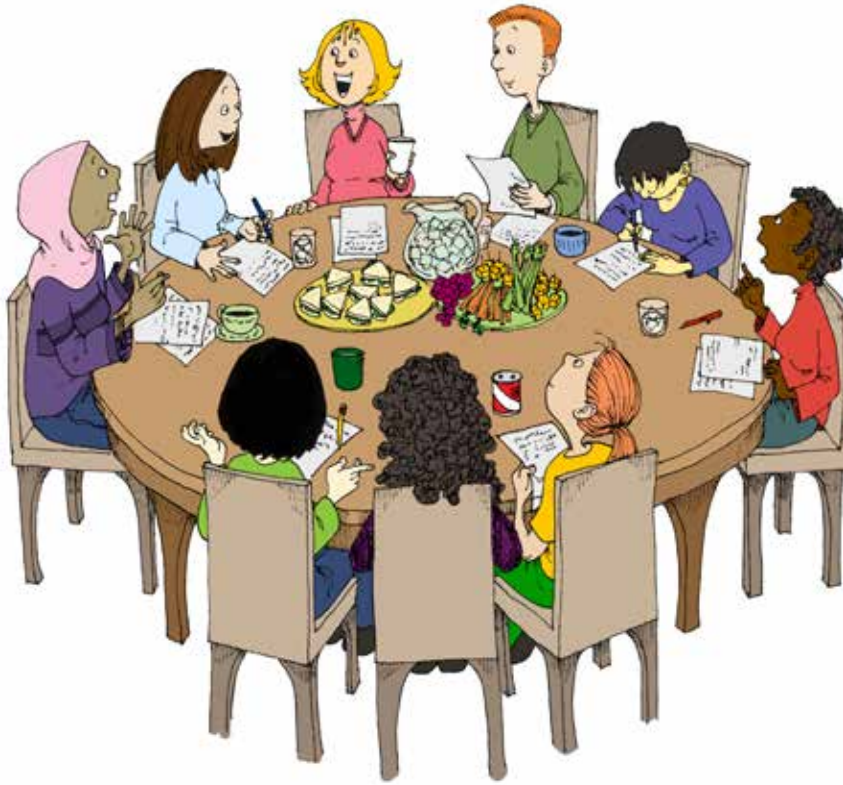
The success of CFPs depends very much on the staff. Every effort should be taken to hire a well-qualified staff who is committed to and experienced in the area of special needs. This is a critical first step to achieving an inclusive program. Beyond this, there are other steps the organization can take to ensure that the staff has the necessary support to carry out their work:

- Recognize that working in an inclusive environment may require the acquisition of new skills or knowledge. Build this into your organization's staff development plan. Much of this learning can be obtained at little, or no cost, through other service agencies that can provide workshops and training related to promoting an inclusive program.
- Plan for staff members to have the time to meet and to discuss challenges, to develop coordinated strategies to manage challenging behaviour, and to learn about a variety of special needs.
- Create an organizational culture that supports learning and team-work and that views mistakes as opportunities to learn how to better handle a situation the next time. Encourage the staff to take professional development courses or workshops that support their on-going learning and training.
- Familiarize the staff with other community resources, as well as relevant government programs and policies. Keep the shelves well stocked with current informational brochures for the staff and the participants. Post important news or information on a bulletin board in the staff lunch room.

Work in collaboration with the parents

The parents play a big role in their child's life. Every effort should be made to build a positive partnership with the parents. Parents should be acknowledged as experts in their child's health care needs that have valuable information to contribute to the collaborative team. A high-quality, inclusive program considers the parents to be partners:

- Actively promote the involvement of families (including parents of children with special needs) in meetings, regular activities in the program, and collaborative meetings with specialists, and committees.



- Encourage the parents in their role as advocates for their child.
- Support the parents of children with special needs in their quest to develop greater knowledge about their child's needs, therapies, and/or special service organizations.
- Invite the parents to participate in workshops, in-services, staff training and advocacy related to a variety of topics such as behaviour guidance strategies or specific special needs.
- Post information on a bulletin board that is [accessible](#) to the families about upcoming events or workshops and encourage the parents to attend.

Make ongoing evaluations for program improvement

Each CFP should consider how it could best collect information about its

effectiveness. Ideally, a CFP evaluation should address three key questions:

1. *Who is attending?* (i.e., Is the CFP reaching the community, including children or families with special needs?)
2. *Are the participants satisfied?* (i.e., What do the participants like and dislike about all aspects of the program?)
3. *Are the participants benefiting?* (i.e., Are the participants doing things differently than they did before they began to attend, such as how they handle stress, how they feel about their parenting skills, or their knowledge of child development? Do they have more sources of social support?)

While some types of evaluation can be expensive, there may also be simple, straightforward ways of collecting some of this information. Local community colleges or universities may be sources of support for this work. CFPs should consider the following:

- Regularly review how the program is operating. Focus groups or surveys with the participants can be effective ways of obtaining helpful feedback on all aspects of the program (including its ability to support children with special needs). Be sure to take into consideration the literacy level of the participants when deciding how to gather information and be sure to translate the surveys into the [languages](#) spoken in the community.
- Give the staff opportunities to provide feedback on how the program is operating. They have valuable information to give as they are working daily in the environment.
- Respond to the feedback given by the families and the staff. Be sure to share the findings with the participants. Follow up with families and the staff if they have made recommendations.

Section 6: An Inclusive Environment and Organization

- Use the evaluation to build an organizational culture that values improvement and supports an open exchange of ideas. An environment that rewards creativity and innovation is necessary if staff are to feel confident and safe enough to try new approaches.

APPENDIX A:

Tip Sheet for Parents

This Tip Sheet can be photocopied and given to the parents before a visit with the family doctor or a specialist. It can help to reduce their anxiety when they discuss important concerns during the visit.

TIPS FOR SPEAKING WITH YOUR DOCTOR

- **Be prepared.** Write down any questions you have about your child and bring them with you when you visit the doctor. If you have specific concerns, ask your doctor to speak about them with you one by one.
- **Bring a friend.** Sometimes it helps to have someone with you for support when you are asking difficult questions. A friend can take notes and help you remember what was said.
- **Take your time.** Even when you feel rushed, ask questions until you feel you have the information you need.
- **Be persistent.** Keep going back until you feel satisfied.
- **Ask your doctor** about the services available in your community. If you feel you know what kind of support you need for your child, ask your doctor about what organizations in the community might be able to help. Social workers are often the best sources of information. Ask your doctor to refer you to a social worker.
- **Don't be surprised** if your doctor does not have the information you need right away. Some doctors have not had experience with

children who have certain kinds of developmental needs. You may need to work together to find the information you need or be referred to a specialist.

- Try another doctor if you continue to be worried about your child. Go to a walk-in clinic that has a [pediatrician](#) on site or ask other parents about doctors they would recommend.
- Bring the completed Nipissing District Developmental Screening tool with you to share with the doctor. Providing the doctor with a copy of the screening tool can help the doctor to understand your child's development and it gives your observations more credibility.

APPENDIX B:

Tip Sheet for Parents on Being Assertive

The following are tips that can be photocopied and given to parents. This Tip Sheet can help parents to be assertive when trying to get additional support for their children.

TIPS ON BEING ASSERTIVE

To be assertive:

- State what you need using a calm voice. Speak slowly and clearly.
- Make your message simple and direct.
- Stand up straight and be confident. Use a strong tone of voice. Do not yell or whisper.
- Express your needs and point of view while recognizing the other person's right to differ.
- Be an active listener. Let people know your boundaries while at the same time giving them an opportunity to speak.
- Use "I" statements. This can help you express what you want without making the other person feel bombarded or defensive.
- Maintain eye contact with the other person. Do not put your head down or avoid looking at the other person. In North American mainstream culture, this can be interpreted as a sign of weakness.

- Repeat your message. This technique is sometimes called the “broken record”.
- Be persistent. If one person cannot help you, ask to speak to someone else or look for another service. Do not give up.
- Agree to a compromise if it works for you and meets most of what you want. Being assertive is not about winning or losing.
- Take responsibility for your actions. If you want to see change, take action. Start by taking small steps.

Being assertive does not always mean getting your way! Stating your needs or opinion with honesty and strength will always result to self-respect and respect from the other person.

An assertive statement often takes the form of “When you...I feel... I need...”

Examples:

When you tell me that my child will grow out of this problem naturally, I feel dismissed and still very anxious about his health. I need a referral from you.

When you make fun of my son’s lisp, I feel put down and humiliated. I also feel angry. I need you to stop making fun of him.

The inquirer...comes at a topic with an open mind looking for a creative or viable option, or the facts of a particular matter. He is trying to open up new ground, or get a new take on “established truth” (The Art of focused Conversation, R. Brian Stanfield, General Editor, ICA Canada, p. 8)

APPENDIX C:

Strategies for Specific Concerns or Behaviours

The following chart outlines general strategies for addressing some concerns and challenging behaviours that may occur within a child and family program. These strategies should be used as a starting point only. For a deeper analysis and understanding of behaviour and how to encourage positive behaviours, visit www.connectability.ca

Concern or Behaviour	Strategy
Aggressive behaviour such as hitting, kicking, spitting Remember there are always reasons for a child's aggressive behaviour that you will need to address. Always look for the root cause of the behaviour.	<p>If needed, separate the children involved and give them time to calm down in a quiet, supervised space.</p> <p>Check the child for, and attend to, any injuries.</p> <p>Address the feelings of both the child who has done the hurting and the child who has been hurt. If the child is too upset, give the child some time and space to calm down and then address the feelings.</p> <p>A caution about redirecting: <i>Very young children and children with developmental delays may be reinforced by receiving another activity. If they are doing it for attention, or to get a toy, then immediately discussing their feelings or giving them an activity will reinforce their challenging behaviour.</i></p> <p><i>Instead, do not attend to the child's behaviour. This means not looking at the child and pretending the behaviour is not happening. It may seem as though you are letting the child get away with misbehaving, and that the behaviour will get worse before getting better. If you are consistent, however, the child will learn that behaving in such a way will not get the desired attention.</i></p>

Concern or Behaviour	Strategy
Aggressive behaviour such as hitting, kicking, spitting (continued)	<p>Remind the child who is the aggressor that the behaviour is not “okay”. Use positive language whenever you can (e.g., “When you are angry, you need to use words”).</p> <p>Never encourage a child to “hurt back”. This is not an acceptable practice.</p> <p>Sometimes an aggressive behaviour is triggered when a child does not understand the rules of the activity or the game, or the child is not able to meet the required goals or expectations. Check to make sure that the child understands what is being expected.</p> <p>Be clear. Have ground rules and state them positively. Use simple language and give one-step directions. Use gestures with your words, such as putting your hand up when saying “Stop,” or pointing to your ear when saying “Please listen”. Help the child to understand by guiding them by the hand. Use pictorials if appropriate. This strategy is often used for children who show signs of delay in language and communication and with children with autism spectrum disorder.</p> <p>Give children the opportunity to make choices. For example, state clearly to the child that they are expected to sit when eating, but that they may choose where they want to sit. If there are specific places that they may sit, offer them a choice (e.g., “You may sit on a chair, or on the rug.”). Giving children choices helps to build autonomy. You should, however, only offer two choices at a time and they should be real choices.</p> <p>Consider whether the expectations are developmentally appropriate. Are they realistic for the child’s stage of development? Consider how to best modify expectations. For example, if there are always conflicts when the children are required to share toys, allow the children time to play with a toy without having to share it.</p> <p>Realize that some children will need assistance to regulate their behaviour.</p> <p>Remember to immediately address the behaviour and to use prevention whenever possible.</p> <p>If the behaviour continues and is persistent, you may need to talk to an Occupational or Behaviour Therapist, or help the parent(s) to make a referral to an outside agency. You can also visit www.connectability.ca for information and resources that will help you to make a deeper analysis of the behaviour.</p>

Concern or Behaviour	Strategy
Biting	<p>Biting is serious because it poses a health risk and it often results in a strong emotional reaction from the parents of the children involved. It requires immediate intervention.</p> <p>When an incident has occurred, always attend to the child who has been bitten. Reassure the child but do not dwell on the bite.</p> <p>Provide first aid. If the skin has been broken, ask the parent or caregiver to take the child who was bitten to see a doctor. Fill out an incident report and explain what has happened to the parents of both children.</p> <p>Never encourage a child to bite back. This strategy only reinforces the message that biting is acceptable.</p> <p>In a firm voice, tell the child who has done the biting that it is not “okay” to bite and that biting hurts.</p> <p>Address the feelings of both children (refer back to the beginning of this chart).</p> <p>Biting is more common at the toddler stage than with older children. If a child is biting others at 3 or 4 years of age, this is an indication that there may be developmental delays in other areas, particularly in communication and social skills.</p> <p>Consider why the child may have bitten:</p> <ul style="list-style-type: none"> • Is the child teething? Try giving them a safe teething object to bite on. • Is the child hungry or thirsty? Try offering them something to eat or drink. • Is the child tired or over stimulated? Try offering a quiet activity in a restful spot. • Is the child trying to join a play activity with other children? Try assisting the child (see social skills section). • Is the child frustrated? Try giving the child a break or shortening the activities. This can sometimes prevent the rising frustrations which can lead to biting.

Concern or Behaviour	Strategy
Biting (continued)	<ul style="list-style-type: none"> • Does the biting indicate social-emotional needs such as not being able to communicate their desires? Try to determine if there are patterns and speak with the parents about your observations. • Is the child looking for a reaction? Young children will often experiment to see what kind of reaction their actions will provoke (while realizing the pain they may be inflicting on another person). <p>A child who bites someone may bite again:</p> <ul style="list-style-type: none"> • Try to anticipate when the child might bite again. This can be done through simple observation. Watch to see if something is triggering the biting. • Stay nearby or assign another adult to watch the child so that they can intervene quickly if the child shows signs of biting. A child exhibiting a pattern of chronic biting should always be within arm's length of a support person who can immediately intervene when a trigger presents itself. • Distract the child, particularly a toddler, with another activity if they look like they may bite. <p>Remember to assess the situation and use prevention whenever possible.</p> <p>Spend time with older children, showing them and talking to them about how to play together. Talk about feelings and give labels to the emotions. Encourage the children to use words.</p> <p>For younger children (and older children who do not respond to the above suggestions), separate the children and then gradually allow them to play together again.</p> <p>FOR PARENTS</p> <p>Discuss what has happened with the parents of both children.</p> <p>Reassure them and acknowledge their feelings.</p> <p>Be clear about what strategies the staff suggests for managing the situation and ask for their feedback.</p>

Concern or Behaviour	Strategy
Biting (continued)	<p>Encourage the parents not to discipline the child who has done the biting after they go home from the program. Tell them that the necessary action was taken at the time the bite happened. Reassure them that biting is a typical part of childhood development, especially during the toddler stage.</p> <p>Develop a consistent approach that all parents in the program can understand and support. Encourage the use of the same strategies at home.</p>
Running away	<p>Assess the situation and use prevention whenever possible.</p> <p>Try visual cues at the door. A red stop sign or a sign with an open hand and the words “Stop” at the door are some examples.</p> <p>Tell the child to stay in the room. Tell them that it is not safe to go outside without an adult nearby or that “We only leave the room as a group”.</p> <p>Use a gate or close the door (if it is safe to do so). When children are near the door, particularly at transition times, watch their hands because they will often place their fingers in the space between the door and the wall when the door is open and then injure themselves when the door is closed.</p> <p>Anticipate the behaviour. If you see the child near the door, try to interest them in an activity, or station yourself closer to the door. Do not chase the child. Talk the child back into the room if it is safe to do so.</p> <p>Consider whether the behaviour may be attention seeking. Keep in mind that even negative attention (i.e., lecturing the child) is attention, and that the child may be behaving like this to receive attention.</p> <p>Ignore the behaviour, as long as it does not cause a threat to safety.</p> <p>Talk the child back into the room instead of physically chasing them.</p> <p>Keeping children actively engaged throughout the program can help to steer them away from the door.</p> <p>Use clear, firm statements instead of questions or requests. For example, “It is time to come in now,” instead of “Will you come in?” or “Please come back”. Try to entice the children by talking about the next activity that will be happening. If it is snack time, begin a conversation about what they will be having for snack.</p>

Concern or Behaviour	Strategy
Running away (continued)	<p>Consider whether the child may need to run around. Provide a gross motor area or a time for activities such as running, jumping and climbing.</p> <p>Consider whether the child may need a quiet place away from other children. Establish a quiet area (with pillows, mats, books, etc.) or go for a walk with the child.</p>
Swearing	<p>Swearing is usually an attention-seeking behaviour. The most effective strategy to discourage swearing is to ignore it. Carry on with the activity. Do not look at the child when they swear. Remember that eye contact is attention. Try to be consistent. Adult participants may need to have a discussion with the staff so that everyone is ignoring the behaviour and understands why not attending to the word(s) is the most effective strategy. (There is an exception to this strategy in the case of a disorder called Tourette's Syndrome. The person affected may swear without having any control over it. They are not swearing to seek attention. This is a relatively rare disorder and it is usually accompanied by other uncontrollable body movements).</p>
Temper Tantrums	<p>Remember that temper tantrums are common at certain developmental stages.</p> <p>Anticipate and prevent the behaviour when possible. Be aware of what may trigger the behaviour. If possible, try to engage the child's attention in another activity that is not frustrating. Having a quiet space in the room can give the child a space to calm down and regulate their own emotions - a healthy part of child development.</p> <p>Temper tantrums can be the result of a power struggle between the child and an adult. Try to offer the child choices so that they have some feeling of control.</p> <p>Ensure that the child is safe and that others will not be hurt.</p> <p>Do not try to control or stop the child in the middle of the tantrum. Wait until the child calms down before trying to speak.</p> <p>Speak in a calm voice. Do not raise your voice as this may further frustrate the child and only fuel the tantrum.</p> <p>When the tantrum is over, reassure the child. It can be frightening to have such powerful emotions. Support the child by offering words to describe their feelings.</p>

Strategies for Promoting Skill Development

Skill	Strategy
<p>Communication-receptive language:</p> <p>The behaviours observed can include not listening, not following routines, and not responding when name is called.</p>	<p>Speak in short sentences. Use simple language and make sure that you are speaking clearly.</p> <p>Repeat, repeat, repeat (if necessary).</p> <p>Speak slowly. Alter your tone of voice to make it more interesting.</p> <p>Give one-step directions.</p> <p>Re-phrase what a child does not understand using different words.</p> <p>Use gestures with your words. Point to things. Use pictures, or text, if the child can read.</p> <p>Physically get down to the level of the child. Speak to the child, face-to-face.</p> <p>Call the child's name.</p> <p>Encourage the child to look at you when you are speaking. Keep in mind that eye contact can be very distressing for some people on the autism spectrum.</p> <p>Give extra time (or pause) for the child to understand and follow through on what you have said. It is recommended to wait 10 seconds.</p> <p>Guide the child physically, if needed (e.g., Take their hand and walk to the snack table but do not force the child).</p> <p>Show the child what you want them to do (e.g., Tidy up with the help of the child).</p> <p>Break a task into small steps (e.g., "Let's tidy up all the blocks first").</p> <p>Stress important words (e.g., "Do you want to play with the ball or the train?").</p>

Skill	Strategy
<p>Communication-expressive language:</p> <p>The behaviours observed can include difficulty talking, or not talking, or difficulty being understood</p>	<p>Look at the child when they are speaking to you or when they seem to be trying to communicate. Children also use facial expressions, body language, and non-speech sounds to communicate.</p> <p>Show the child that you understand what they are saying (e.g., Nod your head or smile).</p> <p>Model the words to use or the correct pronunciation. Do not make the child repeat the correct words or the correct pronunciation. The child will do so when ready.</p> <p>Wait for the child to use their words. If they point, give the child the word to use or label (e.g., “Crayon”). Encourage the child to repeat the word “crayon” before giving the object to the child.</p> <p>Ask the child to “show” what they need if they are not able to tell you.</p> <p>Interpret the child’s gestures, body language and non-speech sounds. State your interpretation. Take cues from the child. Ask the parents or caregivers if they know what the child is asking for or trying to communicate. Often parents understand their child’s non-verbal language.</p> <p>Interpret or ask the parent to interpret, for the child if they are not being understood.</p> <p>Extend a child’s phrases. For example, if they say “paint”, you say “red paint”.</p> <p>Talk about what the child is doing or about anything that interests them.</p> <p>Encourage children to talk about what interests them.</p> <p>Be patient.</p>

Skill	Strategy
<p>Social skills:</p> <p>The behaviours observed can include not being able to enter into play with other children, not taking turns, not participating in group activities, not allowing other children to play, controlling or monopolizing play, constantly seeking adult attention, and bullying.</p>	<p>Do not assume that a child knows the appropriate social skills and is choosing not to use them. Social skills need to be learned just like any other skill.</p> <p>Understanding the stages of play in relationship to child development can help to identify whether or not children are showing delays in social development. As children get older, they tend to participate in more social forms of play. Younger children engage in more solitary, onlooker behaviour or parallel play (Parten, 1932).</p> <p>Clearly explain the desired behaviour.</p> <p>Spend time with the child in a group setting with other children.</p> <p>Demonstrate social skills such as:</p> <ul style="list-style-type: none"> • turn taking/sharing • listening to others • asking to play • assisting others • problem solving <p>Assist children in finding ways to enter play by:</p> <ul style="list-style-type: none"> • pairing the child with another child who is more socially adept/outgoing • inviting the child into a play situation • playing with the child alongside the other children and gradually involving them in the activity <p>Encourage a child's efforts to interact with another child or small group of children. Acknowledge small steps which may include simple first attempts, such as playing parallel to a peer with little, or no, interaction. Respect the child's needs if they really do not want to participate.</p>

Skill	Strategy
Social skills: (continued)	<p>Help the child to find the words to use to express their needs to other children.</p> <p>Encourage children to work out their problems with one another without your assistance when they can, but be prepared to assist them when necessary. Scaffolding is a great strategy that can be used by CFP staff, parents or caregivers to help children by providing them with the appropriate assistance to achieve the task. For example, when a situation requires an adult to intervene, the adult can help the children to come up with strategies to solve the problem without “fixing” the problem for them.</p> <p>Encourage children to recognize and acknowledge one another’s feelings.</p> <p>If a child is having difficulty, consider whether the expectations for the child are appropriate for their developmental stage. For example, a two-year-old may not be ready to share.</p>
Motor skills: The behaviours observed might include disrupting other children’s play by wandering into it, stepping on another child, walking into things or people, dropping and/or breaking things, tripping, appearing clumsy or awkward, or accident prone, and avoiding games with rules or competition.	<p>Have a wide variety of age appropriate toys and activities for all the children.</p> <p>Make sure the play area is safe. Do safety inspections to ensure that the play structures and toys are appropriate for all age groups in the program.</p> <p>Arrange the room into play centres. Include a separate area for gross-motor activities that will not be close enough to affect other areas.</p> <p>Have a separate area for infants that is blocked off so that the older children cannot accidentally run into them. This also prevents infants from reaching small toys that can be a potential choking hazard.</p> <p>Accommodate the needs of all children by varying the tempo of games and activities. Plan according to the needs of the group while including children with special needs.</p> <p>Have daily activities that allow children to practise and develop their fine and gross motor skills:</p> <ul style="list-style-type: none"> • Some examples of gross motor activities are riding toys, balls, outside activities, stair climbing, hula-hoops, active songs and games. Encourage all children to participate regardless of their ability. Modify the activity to accommodate a child with special needs. For example, have an adult assist a child if they are having trouble participating. • Some examples of fine motor toys and activities are playdough, puzzles, drawing, writing materials like chubby crayons, beading and picking up Cheerios. Focus on the child’s progress while doing the activity rather than the final product. <p>Accept the child’s refusal to play in competitive games. Try to provide alternative cooperative games.</p>

APPENDIX D:

Specialized Service Providers in Ontario

Sources of general information about community resources

Local Public Libraries

Libraries may have listings of local resources and services available for young children and their families.

Visit your local library or see the Southern Ontario Public Libraries index on the Internet at:

<http://www.sols.org/index.php/links/index-to-public-libraries>

Community Information Centres (CICs)

Inform Ontario

c/o Ancaster Community Services

300 Wilson St. E.,

Ancaster, ON L9G 2B9

Tel: (905) 648-6675

Website: <http://www.ancastercommunityservices.ca/>

Inform Ontario website: <http://211canada.typepad.com/informontario/>

CICs provide information about government services and programs, business, tourism and recreation, health and social services, and much more.

Inform Ontario is responsible for advocacy, accreditation and the coordination of common standards.

Local service clubs

Many community service oriented clubs fund projects. For example:

- **Lions Clubs:** sight-related programs, including Sight First
<http://www.lionsclubs.org/EN/index.php>
- **Kiwanis International:** children ages 0 to 5, e.g., literacy development and “Reading Is Fundamental”, child care and HeadStart, playgrounds and intergenerational programs
<http://www.kiwanis.org/>
- **The Masonic Foundation of Ontario:** services for children with [autism spectrum disorder](#), e.g., Kerry’s Place, programs and support for hearing impaired children
<http://www.masonicfoundation.on.ca/>
- **Kinsmen/Kinette/Kin Clubs:** Canadian Cystic Fibrosis Foundation (National Association priority; local clubs set their own funding priorities).
<http://www.kincanada.ca/>

Find out about the priorities and interests of your local clubs. Check local listings for more information (Community Information Centres, libraries and telephone directories).

Resources supporting programs for families and children

The Canadian Association of Family Resource Programs (FRP Canada)

331 Cooper Street, Suite 707

Ottawa, ON K2P 0G5

Toll Free: 1-866-637-7226

Tel: (613) 237-7667

Fax: (613) 237-8515

Email: info@frp.ca

Website: <http://www.frp.ca/>

FRP Canada is a national association of individuals and organizations dedicated to strengthening families through community-based, prevention-oriented programs and services. FRP Canada:

- assists family resource programs
- provides information and resource materials
- facilitates networking
- supports volunteer development
- links with other national and international groups

Other applicable websites:

www.parentsmatter.ca

www.welcomehere.ca

Family Supports Institute of Ontario

489 College Street, Suite 206

Toronto, ON M6G 1A5

Tel: (416) 538-0628 ext 3

Email: program.manager@fsio.ca

Website: www.fsio.ca

Canadian Child Care Federation - Child & Family Canada

Website: <http://www.cccf-fcsge.ca/>

The Child & Family Canada website provides information about child care, child development, aboriginal child care, parenting, health safety, literacy, media influences, nutrition, physical activities, play, family life, adolescence, learning activities, children's rights, social issues and special needs.

The Canadian Association for Young Children

Ontario Provincial Director Email: annemarie.coughlin@cayc.ca

Website: <http://www.cayc.ca/>

This association is concerned with the well-being of children from birth through age nine at home, in preschool settings and at school. It shares provincial information in order to:

- influence policies and programs
- support the provision of developmentally appropriate programs for young children
- promote and provide opportunities for professional development
- promote opportunities for effective liaison and collaboration with all those responsible for young children.
- recognize contributions to the well-being of young children

Infant Mental Health Promotion (IMHP)

Sick Kids Hospital

525 University Avenue, Suite 1040

Tel: (416) 813-7654 ext 201082

Fax: (416) 813-2258

Website: www.IMHPromotion.ca

Infant Mental Health Promotion (IMHP) is a coalition of professional representatives from service agencies dedicated to promoting optimal outcomes for infants (prenatal to 36 months) in collaboration with families and other caregivers.

IMHP's mission is to develop and promote best practices for infant mental health through education, advocacy and collaboration with families, professionals and the communities which influence the lives of infants and young children in Canada.

Infant Mental Health Promotion:

- designs and runs innovative workshops for service providers
- publishes a quarterly subscription newsletter, IMPRINT, which provides information on infant development
- develops videos and teaching materials on infant development
- provides web-based information on infant mental health

ConnectABILITY.ca

A website and virtual community dedicated to lifelong learning and support for people who have an intellectual disability, their families and support networks. ConnectABILITY.ca is filled with resources and tools for children who have special needs.

Ontario Early Years Centre: Special Needs and Inclusion Competency Guidelines

The purpose of the Special Needs and Inclusion Competency Guidelines is to assist organizations to proactively, naturally and seamlessly welcome and integrate every child and family without exception.

The guide can be found at the following link:

<http://connectability.ca/Garage/wp-content/uploads/2013/10/OEYC-Special-Needs-and-Inclusion-Guidelines-June-2013-1.pdf>

Let's Get Started

This is an early learning program for children with extra support needs and their parent/caregiver. The Let's Get Started program brings together health and social services to deliver an [accessible](#) 6 – 8 week parent-child social play group program that responds to a family's immediate practical parenting and child development needs.

The Let's Get Started guide can be found at the following link:

http://connectability.ca/Garage/wp-content/uploads/2013/10/lgs_about.pdf

Weekly Focus Activities, Planned Learning Opportunities and Songs guide can be found at the following link: http://connectability.ca/Garage/wp-content/uploads/2013/10/lgs_activities.pdf

Medical, clinical and rehabilitation services

Association of Ontario Health Centres (AOHC)

970 Lawrence Avenue West

North York, ON M6A 3B6

Tel: (416) 236-2539

Fax: (416) 236-0431

Email: mail@aohc.org

Website: <http://aohc.org/>

This is an association of community-based organizations that provide primary health care and health promotion services, using multidisciplinary teams of health providers, including physicians, nurse practitioners,

dietitians, health promoters, counsellors and others. It is concerned with health care, health promotion and illness-prevention services, including the broader factors that determine health. These factors include education, employment, income, social support, environment and housing.

Ontario hospitals with specialties in medical care for children

Children's hospitals with regional or provincial catchment areas are located in Toronto, Ottawa, Hamilton and London. For details, contact:

Ministry of Health INFOline at 1-866-797-0000 (Toll-free in Ontario only)

The Hospital for Sick Children

555 University Avenue
Toronto, ON M5G 1X8
Tel: (416) 813-1500
www.sickkids.ca
Aboutkidshealth.ca

- free, evidence-based information about everyday health and complex medical conditions

Ontario Association of Children's Rehabilitation Services

150 Kilgour Road
Toronto, ON M4G 1R8
Tel: (416) 424-3864
Fax: (416) 467-7083
E-mail: info@oacrs.com
Website: <http://www.oacrs.com/>

Holland Bloorview Kids Rehabilitation Hospital

150 Kilgour Road
Toronto, ON M4G 1R8
Tel: 1-800-363-2440 or (416) 425-6220
Fax: (416) 425-6591
Website: <http://www.hollandbloorview.ca>

This is an association of children's treatment centres that provide rehabilitation services for children with special needs. There are 18 centres across the province. Holland Bloorview services support the following conditions:

- acquired brain injury
- amputations
- cleft lip and palate
- [spina bifida](#), or spinal cord injuries
- [cerebral palsy](#)
- drooling and feeding programs
- neuromuscular conditions (i.e., Muscular Dystrophy)
- arthritis
- [orthopedic](#) conditions

For more information about children's treatment centres, contact the association or the Ministry of Health INFOline at 1-866-797-0000 (toll-free in Ontario only).

Public Health

Community Care Access Centres (CCACs)

There are local centres across the province that are concerned with home care and long-term care placement coordination of services. Local services:

- provide information on available services and programs
- conduct individual assessments
- determine a client's eligibility for services
- plan a program of care
- arrange for the services to be delivered

For information, call Telehealth Ontario at 1-866-797-0000 (toll-free in Ontario only). In Toronto, call (416) 314-5518, TTY 1-800-387-5559, or visit the Ministry of Health website: <http://www.health.gov.on.ca/en/>

Ontario Public Health Association

439 University Avenue, Suite 1850

Toronto, ON M5G 1T6

Tel: (416) 367-3313 or 1-800-267-6817 (toll-free in Ontario only)

Fax: (416) 367-2844

Email: info@opha.on.ca

Website: <http://www.opha.on.ca/>

Public Health Units are official health agencies established by a group of urban and rural municipalities. They provide a community health program, carried out by the full-time, specially qualified staff.

For locations of the 36 units across Ontario, visit the Association of Local Public Health Agencies website: <http://www.alphaweb.org/?page=PHU>

Healthy Babies, Healthy Children

This program, operated by the Public Health Units across Ontario, serves families of children (prenatal to age three), who are at risk of physical, cognitive, communicative and/or psychosocial problems. The program provides children at risk with access to effective and consistent screening and [early intervention](#) services. Programs are set up through a community-wide planning process that involves all the organizations and agencies that serve families and young children. Contact your local Public Health Unit (see contact information above).

For more information, visit the Ministry of Children and Youth Services website: <http://www.children.gov.on.ca/htdocs/English/topics/earlychildhood/health/index.aspx>

Toronto website: <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=a2dd9f2abf832410VgnVCM10000071d60f89RCRD>

Children's mental health

Children's Mental Health Ontario

40 St. Clair Avenue East, Suite 309

Toronto, ON M4T 1M9

Tel: (416) 921-2109

Toll free: 1-888-234-7054

Fax: (416) 921-7600

Email: info@cmho.org

Website: <http://www.kidsmentalhealth.ca/>

This association promotes the well-being of children and families, including an environment that leads to mental health and quality children's mental health programs. Their objectives include:

- strengthening member agencies
- building awareness and understanding of child and youth mental health
- improving services and outcomes for children and youth
- expanding Children's Mental Health Ontario's capacity

Children's Mental Health Centres provide a wide range of mental health treatment and prevention programs for children and their families.

Ontario Association for Infant and Child Development (OAICD)

Website: <http://www.oaicd.ca/>

Infant and Child Development Services provide a range of prevention, [early identification](#), [early intervention](#) services and supports for families of infants and young children who have a [developmental delay](#) or who are at risk for delayed development.

The programs serve children from birth to five years of age and are sponsored by a variety of community agencies. Although all infant and child development programs have the same purpose and goals for the families they serve, the manner in which these services are delivered has evolved in different directions across the 49 programs to meet the specific needs

of each community and to complement the mix of other services available within that community.

Organizations that provide direct service along with information, advocacy and mutual support to parents and professionals

Community Living Ontario (CLO)

240 Duncan Mill Road, Suite 403

North York, ON M3B 1Z4

Tel: (416) 447-4348

Toll Free: 1-800-278-8025

Fax: (416) 447-8974

Website: <http://www.communitylivingontario.ca/>

This provincial association advocates for children with intellectual disabilities to be fully included in all aspects of community life. Its activities include:

- connecting local associations and their members with the resources and information they need
- shaping public policy
- advocating for changes so that individuals have better community lives

Local Associations for Community Living provide direct services and support to individuals and their families so that people may plan their future as productive, fully participating citizens in the community.

Ministry of Health and Long-Term Care

Assistive Devices Program
7th Floor, 5700 Yonge Street
Toronto, ON M2M 4K5
Toronto 416-327-8804
Toll-free 1-800-268-6021
TDD/TTY 416-327-4282
TDD/TTY 1-800-387-5559
Fax 416-327-8192
e-mail: adp@ontario.ca

Easter Seals, Provincial Office

1 Concord Gate, Suite 700
Toronto, ON M3C 3N6
Tel: (416) 421-8377
Toll free: 1-800-668-6252
Fax: (416) 696-1035
E-mail: info@easterseals.org
Website: <http://www.easterseals.org/>

Easter Seals Ontario provides programs and services to children and youth with physical disabilities across Ontario to help them achieve greater independence, accessibility and integration.

Relevant local services include:

- financial assistance, including partial cost of prescribed equipment (Government funding covers some costs)
- resource information and training, including resource centre and newsletter
- summer camp and respite care
- peer support
- independence and life skills
- advocacy and service access
- integrated preschools and infant-toddler program
- northern clinics
- top-up programs

Regional offices are located in Kingston, Ottawa, Peterborough, London, Windsor/Sarnia, Burlington/Mississauga/Oakville, Sudbury, Sault Ste. Marie, Thunderbay, Barrie/Simcoe County and Toronto and the Hospital for Sick Children.

CNIB, Ontario Division

1929 Bayview Avenue
Toronto, ON M4G 3E8
Tel: (416) 480-7684
Fax: (416) 480-7700
CNIB Helpline: 1-800-563-2642
Website: <http://www.cnib.ca/>

The CNIB serves children who are coping with [blindness](#) or [vision loss](#) and their families, including individuals who have a combined loss of hearing and sight.

CNIB Eye Van

For more information, visit the following website: <http://www.cnib.ca/en/ontario/programs-services/eye-van/pages/default.aspx>

The Canadian Hearing Society

271 Spadina Road
Toronto, ON M5R 2V3
Tel: (416) 964-9595
Phone Toll Free: 1-877-347-3427
TTY Toll Free: 1-877-216-7310
Fax: (416) 928-2506
Website: <http://www.chs.ca/>

The CHS serves people who are culturally Deaf, oral deaf, deafened or hard of hearing and the parents of children who are deaf or hard of hearing. Provincially, it enhances the independence of people who are culturally Deaf, oral deaf, deafened or hard of hearing and educates the hearing public on [hearing loss](#) prevention.

Relevant local services include:

- sign [language](#) interpreting
- one-on-one [language](#) development for deaf and hard of hearing children using play as the medium of learning
- employment consulting
- sign [language](#) instruction
- speech reading training
- hearing testing
- hearing aids

Regional offices are located across Ontario. Visit the Canadian Hearing Society website for a list of locations near you:

<http://www.chs.ca/locations>

Organizations that provide information, advocacy and mutual support to parents and professionals

Ontario Preschool Speech and Language

This support is provided through 31 Preschool Speech and [Language](#) Systems across Ontario. Local services include a single point of access, [early identification](#) and assessment of [communication](#) disorders and a range of age-appropriate intervention, such as:

- education and support for parents, caregivers and professionals
- consultation by [speech-language pathologists](#) for parents and others working with young children, including CFP staff
- mediated therapy ([speech-language pathologists](#) train and supervise others)
- direct treatment

Visit the following website for a location nearest you: <http://www.children.gov.on.ca/htdocs/English/topics/earlychildhood/speechlanguage/locations.aspx>

Hanen Ontario Provincial Preschool Speech and Language Initiative

The Hanen Centre

1075 Bay Street, Suite 515

Toronto, ON M5S 2B1

Tel: (416) 921-1073

Toll free: 1-877-426-3655 (North America only)

Fax: (416) 921-1225

Email: info@hanen.org

Website: <http://www.hanen.org/Hanen-in-Ontario.aspx>

The initiative's goal is to provide parents, caregivers, [early childhood professionals](#) and [speech-language pathologists](#) with the knowledge and training they need to help young children to develop the best possible [language](#), social and literacy skills, by:

- creating programs in which groups of parents and other caregivers learn how to promote children's [language](#) and literacy development during everyday activities
- training [speech-language pathologists](#)/therapists
- developing user-friendly materials for parents and professionals that break down the latest research into practical, usable strategies
- participating in leading-edge research in our field to ensure that our programs support evidence-based practice

Toronto Preschool Speech & Language Services

Toronto Public Health

Tel: (416) 338-8255

TTY: (416) 338-0025

Email: tpsls@toronto.ca

Website: <http://www.tpsls.on.ca/>

Toronto Preschool Speech & [Language](#) Services is a strong network of community partners providing three community-based programs:

1. Preschool Speech and [Language](#) Program
2. Infant Hearing Program
3. Blind-Low Vision [Early Intervention](#) Program

The three programs are funded by the Ministry of Children and Youth Services, the Ministry of Health and Long Term Care and Toronto Public Health. Services are free for children and families living in the City of Toronto who are experiencing challenges with [communication](#), [hearing loss](#) and [visual impairment](#).

The Down Syndrome Association of Ontario (DSAO)

c/o [Down Syndrome](#) Association of Toronto

40 Wynford Drive, Suite 303

Toronto, ON M3C 1J5

Tel: (416) 966-0990

Email: info@dsat.ca

Website: <http://dsat.ca/>

This provincial association provides information and advocacy. Specifically, it:

- provides a social and information network for parents and individuals
- promotes a positive and accurate image of persons with [Down Syndrome](#) by dispelling myths and increasing public awareness
- advocates for civil and human rights and equality of opportunity
- strives to ensure the availability of appropriate, quality services
- collaborates with related organizations

Ontario Federation for Cerebral Palsy (OFCP)

1630 Lawrence Avenue West, Suite 104

Toronto, ON M6L 1C5

Tel: (416) 244-9686

Toll free: 1-877-244-9686 (Ontario residents only)

Fax: (416) 244-6543

Email: info@ofcp.ca

Website: <http://www.ofcp.ca/>

This provincial federation strives to address the changing needs of people in Ontario with [cerebral palsy](#) by:

- assisting persons with [cerebral palsy](#) and their families with education, planning for the future, and accessing community services
- assisting persons with [cerebral palsy](#) with funding for equipment, community day programs, vacation, and recreational activities
- providing funding for housing that offers personal support services to people with [cerebral palsy](#)
- providing funding assistance for member groups that provide services, programs, and housing in all parts of Ontario
- supporting and funding the most advanced and highest quality [cerebral palsy](#) medical research
- advocating and promoting awareness, understanding, and acceptance of persons with [cerebral palsy](#)

Direct services include programs that support children and families by helping them to make informed decisions when planning for their child's future and providing information regarding:

- [Cerebral Palsy](#)
- Therapies
- Financial Resources
- Education

For more information on the Children and Families Program, visit the following website: <http://www.ofcp.ca/children.php>

Ontario Association for Families with Children with Communication Disorders (O.A.F.C.C.D)

c/o Alison Morse, Provincial Coordinator

P.O. Box 63

Tillsonburg, ON N4G 4H4

Tel: (519) 290-1763

Fax: (519) 290-1763 (Call Ahead)

Email: info@oafccd.com

Website: <http://www.oafccd.com/>

Local chapters provide information, education and support for families with children with [communication](#) disorders. This support includes ac-

cessing community resources and services and connecting families with specific service providers or support groups.

Self-Help Resource Centre of Greater Toronto

40 St. Clair Avenue East, Suite 307

Toronto, ON M4T 1M9

Tel: (416) 487-4355

Toll Free: 1-888-283-8806

Fax: (416) 487-0344

Email: shrc@selfhelp.on.ca

Website: www.selfhelp.on.ca

This resource centre has networks with self-help centres and resources across Ontario, as well as:

- telephone information and referrals to self-help support groups and organizations in the Greater Toronto Area
- consultation and support for new and existing groups
- workshops and training for self-helpers and professionals, information on relevant research and activities and a resource library

For information about other centres in Ontario, visit the following website:
<http://www.selfhelp.on.ca/groups-in-ontario/>

Glossary

Accessible: a term used to describe buildings, programs and equipment that are “barrier-free” and can be easily entered or used by children with special needs and their families.

Accommodation: a change that helps a child overcome or work around their disability but does not alter the intended outcome. For example, giving a child extra time to respond during a circle time activity is an example of a simple accommodation that does not change the skill or expectation.

Active participation: the process of taking an active role in one’s learning, through exploration.

Active construction of knowledge: the belief that children actively construct knowledge for themselves as a result of their active interaction with the environment. Piaget believed that the child is seen as a ‘little scientist’ constructing understandings of the world largely by taking an active role in exploration.

ADHD: Attention-Deficit/Hyperactivity Disorder: a developmental disorder that affects behaviour. An essential feature of ADHD is a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development. *Inattention* manifests behaviourally in ADHD as wandering off task, lacking persistence, having difficulty staying focused and being disorganized. *Hyperactivity* refers to excessive motor activity such as a child running around when not appropriate, excessive fidgeting, tapping, or talkativeness. *Impulsivity* results in rushed actions that have the potential for harm to the individual (e.g., darting into the street without looking).

Glossary

A child with this condition often has trouble paying attention for any length of time, is very active without apparent purpose, can act impulsively and can be easily over-stimulated in a busy room. Some people believe that children who are simply very active are inaccurately labeled as having ADHD. A parent, or anyone who believes that a child might have this condition, should be encouraged to have an assessment done by a specialist, such as a [developmental pediatrician](#). There are three types of ADHD: predominantly inattentive type; predominantly hyperactive-impulsive type; and, combined type.

Assistive technology: refers to assistive, adaptive and rehabilitative devices or equipment used to enable individuals with disabilities to accomplish tasks and increase their capabilities.

Asthma: a respiratory condition in which sufferers have trouble breathing. Because of inflammation and swelling, the bronchial tubes become too narrow to allow enough air to get to the lungs. Asthma attacks can happen quickly and can be serious.

Audiologist: a trained professional who measures hearing ability.

Autism Spectrum Disorder (ASD): a developmental disability which affects [communication](#), social interactions, behaviours, and at times [language](#) and cognitive ability (Geneva Centre for Autism, 2007). The term spectrum refers to a continuum of severity or developmental impairment. Autism Spectrum Disorder encompasses autistic disorder (autism), Asperger's disorder, childhood disintegrative disorder, Rett's disorder, and pervasive developmental disorder not otherwise specified. ASD is characterized by deficits in two core domains: 1) social [communication](#) and social interaction and 2) restricted repetitive patterns of behaviour, interests, and activities.

Symptoms are typically recognized during the second year of life. They may, however, be seen earlier than 12 months if the [developmental delays](#) are severe, or noted later than 12 months if the symptoms are subtle. ASD is more common in boys than in girls. Some characteristics of ASD include: difficulty with social skills (some children with ASD show no in-

Glossary

terest in other people), problems with [communication](#), repeated behaviours and restricted interests, and unusual responses to sensations. Some people with ASD have unique abilities such as accurate and detailed memory, high visual recall and a superb ability to manipulate data for useful purposes.

Autonomy: a sense of independence and the ability to be a self-reliant, or separate individual.

Blindness, visual impairment, or vision loss: a condition of lacking visual perception due to physiological, or neurological factors. Vision loss can occur due to disease (e.g., cataracts, glaucoma), genetic defects, eye injuries, or pregnancy-related illness, such as rubella syndrome.

Cerebral Palsy (CP): a condition that affects the child's ability to control their muscles. Symptoms can range from very mild to quite severe and can include problems with speech, swallowing, and controlling movements of the head, neck, arms and legs. Sometimes the child will have other delays in addition to motor development, but often has normal intellectual development.

Child-centred learning: a philosophy coined by John Dewey where educators create environments which motivate children to discover new skills and knowledge by facilitating their discovery of relevant information.

Child Welfare Agency: an organization mandated by the government to provide protection for all children. One of their responsibilities is to investigate allegations of abuse or neglect, but they also offer supports to families under stress. The Children's Aid Society is one example of this type of organization.

Communication: the process of sharing information between two or more persons. This can be done verbally, in written form, by using [sign language](#) or even by body [language](#). Communication requires a sender, a message, and a recipient.

Glossary

Constructivist theory: Jean Piaget is credited with founding constructivism, which is a theory that learning is an active process of construction rather than a passive assimilation of information or rote memorization.

Active participation and *construction of knowledge* are important concepts in constructivism.

Deafness, hearing impairment, or hearing loss: a partial or total inability to hear. Hearing loss can be genetic, can occur with age, can be caused by excessive noise or illness such as measles, meningitis or autoimmune disease. Neurological disorders such as multiple sclerosis and strokes can have an effect on hearing. Some medications can cause irreversible damage to the ear, and physical trauma can cause hearing loss or deafness.

Deaf culture: describes the social beliefs, behaviours, art, literary traditions, history, values, and shared institutions of communities that are affected by *deafness* and which use sign *languages* as the main means of *communication*. When used as a cultural label, the word *deaf* is often written with a capital D and referred to as “big D Deaf” in speech and sign.

Developmental Delay: a broad term referring to a slower than average rate of development in one or more areas: physical, cognitive, social, emotional, and *language*. *Developmental milestones* (see next item) are often used as indicators in growth and development.

Developmental Milestone: refers to achieving a particular skill (such as sitting or walking) within a certain age range. Children develop abilities at different rates. If a child does not reach a critical milestone by a certain age (such as walking by 18 months) however, there could be a cause for concern.

Developmental Pediatrician: a children’s doctor who can assess, diagnose and provide interventions, or suggestions for interventions, for children with *developmental delays* and other medical problems.

Diagnosis: the process of identifying a possible disease, or disorder by examining the symptoms.

Glossary

Down Syndrome: a condition caused by a difference in the genetic make-up of the child. [Developmental delays](#), ranging from mild to severe, can occur in a number of areas. The child can experience other health concerns. Down Syndrome is often diagnosed at birth.

Early Childhood Inclusion: embodies the values, policies, and practices that support the right of every infant and young child and his or her family, regardless of ability, to participate in a broad range of activities and contexts as full members of families, communities, and society. The desired results of inclusive experiences for children with and without disabilities and their families include a sense of belonging and membership, positive social relationships and friendships, and development and learning to reach their full potential. The defining features of inclusion that can be used to identify high quality early childhood programs and services are access, participation, and supports.

Early Childhood Professional: individuals who provide direct services and administer programs to young children (from birth through age 8) and their families.

Early Identification: the process of discovering a child's special needs, including [developmental delays](#), before the age of 6 years. It includes supporting the child and the family through the process of assessment and [diagnosis](#).

Early Intervention: the process used to support a child with special needs to reach his or her full potential. This process is undertaken in partnership with the family and other professionals.

Emergent curriculum: supports learning and development while representing children's interests and choices. Plans for children evolve from the daily life of children and adults in early childhood settings. Adults are active in the planning process and plan according to the children's emerging skills and interests while providing achievable challenges.

Evidence-informed practice: practices which are informed by research findings and demonstrate a relationship between the characteristics and

Glossary

consequences of an experience or opportunity that tell someone what they can do to promote a desired outcome (Dunst, Trivette & Watson, 2008).

Experiential learning: a philosophy and methodology popularized by Jon Dewey in which educators purposefully engage with children in direct experience and focused reflection in order to increase knowledge and develop skills through discovery and exploration.

Expressive Language: the part of [communication](#) that involves producing or speaking a [language](#) in a way that is understood by the listener (e.g. words, gestures, sounds).

Fine motor skills: skills that use small muscles (e.g. grasping, threading, pinching).

Generalization: the ability to transfer a skill learned in one particular situation to other situations in everyday life.

Gross motor skills: skills that use large muscles (e.g., running, jumping, throwing).

Hydrocephalus: a condition in which too much cerebrospinal fluid collects in the brain because it cannot drain properly. If this problem is not treated promptly, usually at birth, or shortly after, it can cause damage to the brain. It can result in [developmental delays](#). A medical treatment to drain the fluid often reduces the severity of symptoms.

Infant Development Consultant: a trained specialist in infant and toddler development. This professional can provide suggestions for ways to help the development of a young child that is experiencing delays.

Inquiry-based learning: a pedagogical method described by John Dewey in which educators take on the role of a facilitator in children's learning by posing questions, problems and scenarios rather than simply presenting facts or information to children.

Glossary

Language: a socially shared code that uses a conventional system of symbols (alphabet) to represent ideas about the world that are meaningful to those who know the same code. Language is the medium in which we communicate with people.

Mobility Impairment: limitations that a child experiences in moving through the environment because of a physical disability or a [developmental delay](#).

Modification: a change in the activity (level of complexity) and what is expected from the child. Modifications reduce the learning expectations with regard to the skill being assessed. For example, if a child has difficulty with projects that have multiple steps, prepare an activity that has been started and then have the child finish the last two or three steps.

Neurologist: a doctor specializing in diagnosing and providing treatments for problems in the functioning of the nervous system, including the brain, the spinal cord and the nerves.

Occupational Therapist: a specialist trained to provide suggestions, activities and strategies to improve the ability of a child with special needs to carry out their daily activities. These include purposeful activities which promote health, prevent injury or disability and improve, sustain or restore the highest level of independence. These can include self-help, playing, and writing skills.

Ophthalmologist: a doctor who diagnoses and treats problems of the eyes.

Orthopedic: a term that refers to bones and joints.

Optometrists: trained professionals who measure and check eyesight and prescribe glasses if necessary. They are not medical doctors and cannot diagnose eye disorders.

Pediatrician: a medical professional who specializes in pediatrics which is the branch of medicine that deals with the medical care of infants, children and adolescents.

Glossary

Pedagogy: the understanding of how learning takes place and the practice that supports learning.

Physiotherapist: a trained professional who examines, evaluates diagnoses and provides interventions to individuals with impairments and disabilities. They are concerned with the promotion of mobility, functional ability, quality of life and movement. Interventions include exercise or treatments for areas of concern in gross and [fine motor skills](#).

Receptive Language: the part of [communication](#) that involves hearing, listening and understanding spoken [language](#).

Red flag: a red flag is a marker that indicates a potential delay in an area of child development. It is intended to assist in the determination of when and where to refer for additional advice, formal assessment and/or treatment and intervention.

Respite Care or Parent Relief: care for a child with special needs so the parents (or primary caregivers) can have a break. The length of care can vary from a few hours to overnight or more.

Scaffolding: the process of linking what a child knows or can do with new information or skills the child is ready to acquire. Another individual is important in this process and can include a parent, CFP staff member or another child.

Screening Test/Tool: part of the process of examining children who may be at risk for [developmental delays](#) or other special needs. Procedures can include a test or physical exam given by professionals, or questionnaires done by [early childhood professionals](#), parents, or caregivers. A screening test is the first step of an assessment and is insufficient by itself to diagnose. If the test shows a need for follow-up, qualified professionals can refer the child for other tests or observations. The Nipissing District Development Screen is an example of a screening tool.

Self regulation: a process that is part of adapting and reacting to the demands of life such as tolerating being alone for a reasonable amount of

Glossary

time, making friends, and sustaining motivation and interest in learning. It includes abilities to regulate *behaviour*, *emotions* and *attention*.

Social constructivist theory: Lev Vygotsky is responsible for this theory which states that knowledge is co-constructed and that individuals learn from one another. Learning happens with the assistance of other people (social component). The *zone of proximal development* (ZDP) and *scaffolding* are fundamental aspects of this theory.

Speech-Language Pathologists: professionals trained to assess, diagnose and treat *communication* disorders and swallowing disorders. They also provide strategies for encouraging *language* development and enhancing correct speech production for the child. Speech-Language Pathologists are sometimes referred to as speech therapists.

Spina Bifida: a developmental congenital disorder caused by a malformation in the development of the spine during pregnancy. It results in an opening of the bones of the spine, exposing the spinal cord and the sac covering it. Depending on the type of malformation and where it is located, the resulting symptoms can range from mild motor impairment to more severe *developmental delays* and paralysis.

Tactile: refers to the sense of touch.

Transitions: times in a program when there are changes from one activity to another. For some children, particularly those who are extra-sensitive to changes in the environment and/or have difficulty paying attention, these changes can be challenging.

Universal design: a type of design that embodies characteristics that make the physical environment accessible to almost all people. For example, that hallways are wide enough for wheelchairs, bathrooms that are accessible, and kitchen counters that are reachable from wheelchairs are part of universal design.

Zone of proximal development: the distance between what a child can do on his/her own and what a child can do when they are guided or supported by an adult or when working with more capable peers.

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