An Investigation into the Practice of Deep level Inclusion

The emerging paradigm of inclusion involves all children having the right to participate actively in a general education setting and to be valued as members of that education community (2007).

(Carrington, as cited in Petriwskyj, 2010, p. 195)

Definition

Let us begin with an examination of the phrase “deep level inclusion”. Research on group social integration gathered by Harrison, Price and Bell (1998) can be extended to the field of child care by engaging with the notion of “deep-level” as “attitudinal” diversity and surface level as “demographic” diversity. Corbett and Slee (as cited in Petriwskyj, 2010) provide us with the contraposition of “deep level inclusion” when describing “surface level” inclusion as practice driven by policy (in essence, following orders) and suggest that “second-level inclusion” —an approach that may be more prominent in our present educational systems— involves adapting the environment and the curriculum to meet the needs of the child without critical reflection upon societal constructions of inclusion or fundamental attitudes towards persons with disabilities. Furthermore, Corbett and Slee (as cited in Petriwskyj, 2010) suggest that deep level inclusion “restructures elements of the hidden curriculum of values and acceptance” (p. 195). The “hidden curriculum” (Wink, 2005) encompasses elements of a program that convey a “hidden” message (p. 47) (often dictated by those in power) and inevitably creates a dichotomy between the center’s outward philosophy or mandated policy and the pedagogy that exists in reality. In the context of inclusive practice, a hidden curriculum might constitute the application of programs in which
“inclusion” is merely an afterthought. Carrington (as cited in Petriwskyj, 2010) suggests that deep level inclusion centers on the rights of the child “to participate actively in a general education setting” but also to be “valued as members of that education community” (p. 195).

In pursuit of transformation of practice, the purpose of this investigation is to consider how educators can move beyond surface and second rate care to develop “deep level inclusion” by outlining the dimensions of deep level inclusion, with knowledge garnered through research into current literature, observations in early childhood settings and conversations with those who are deeply connected to the inclusive community.

The Dimensions of deep level inclusion

1. SOCIAL CONSTRUCTIONS OF “DISABILITY”: This includes building positive attitudes towards inclusion and examining the language of inclusion. A paradigm shift in thinking needs to occur at a local and global level that digs at the very roots of “normalcy”.

2. ETHICAL CONSIDERATIONS OF INCLUSION: This encourages the expression and “problematizing” of critical issues surrounding screening, identification, programming, segregated programs embedded in educational systems and what constitutes “assimilation”.

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1 This is reflected in teacher education that is not embedded with inclusive practice, programming that “tacks on” activities for children with special needs, and curriculum based on “age appropriate” assessment.
3. SUPPORTS: What is required to make deep level inclusion a reality in terms of teacher knowledge, ratios in the classroom, class sizes, and individual needs? How can we advocate for these supports?

4. TEACHER PROFESSIONAL PREPARATION: With a paradigm shift in thinking comes a re-evaluation of teacher education in which inclusive programming is embedded in all programs.

5. INCLUSIVE EDUCATION AS RELATIONSHIPS: Education is underpinned by relationships with materials, peers, teachers, families and communities. Interactions between parents/educators/support workers/therapists and materials open up opportunities for shared knowledge and communities of practice.

SOCIAL CONSTRUCTIONS OF INCLUSION

According to Timmons (2006), “a shared philosophy is critical to the implementation of inclusive practice” (p. 470). Similarly, Petriwskj (2010) relates deep level inclusion to “evolving definitions of inclusion” (p. 197). Definitions and philosophies are social constructions that create meanings (truths) in society regarding how inclusion is implemented. This means that analysis of these existing “truths” is an important dimension of deep level inclusion.

The establishment of the notion of “disability” as society’s shortcomings rather than a person’s impairments places the onus on communities to recognize how prejudice, lack of resources, or “attitudes of pity” (Oliver, as cited in Talay-Ongan, 2004, p. 3) create disabilities. A sense of civic responsibility can foster the notion of what Etzioni &
Putnam, (as cited in Edwards, 1995) describe as “civic communities” –collectives in which people cultivate shared responsibility, balancing their rights with their responsibility to the community (p. 10). The mission statement and service delivery model of Community Living align with such attitudes of “disability” as connected to societal barriers and the notion of a civic community. For example, Community Living holds a view of the child as persons who are able to “exercise their citizenship” and “have equal opportunity to participate” (Community Living, 2012, p. 2) and the services offered reach out to families through community partners, rather than drawing them into closed, segregated settings.

**Attitudes of Staff**

Attitudes of professionals in educational settings will affect implementation of inclusive programs and can be examined in relation to the “affective” and “cognitive” components of social inclusion (Conway, 2011, p. 229). Conway (2011) describes “affective” as “the way peers and teachers feel about or perceive mainstreamed students” and cognitive as “understanding individual differences and disability in general” (p. 258). According to King (a resource teacher for Community Living)(2013) the affective and cognitive attitudes of supervisors of early childhood education centers directly relate to the pedagogy of inclusion in that center (King, personal communication, 2013). King suggests that those in leadership positions who welcome inclusion as a necessary and valuable part of their program translate this attitude to

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2 Wolfensberger (as cited in Forman, 2001, p. 8) uses the term “social role valorization” to refer to the social status applied to various groups in society. Wolfensberger asks that social roles of individuals with disabilities be re-examined and “valorized” (valued as contributors to our community).
their staff by supporting them in their efforts and modeling positive attitudes. This often means that families are welcomed for their input and seen as valuable members of the child care community. Challenges that arise are not perceived of as belonging to the family/child but rather are framed in the context of the environment/curriculum. In addition, there is a flexibility of curriculum that enables staff to make decisions based on needs of individual children and eases the constrictions of reductionist practices (King, personal communication, 2013).

Another element of the “cognitive” domain of social inclusion is the view of the child as normative or exceptional. To explain, staff might perceive of a particular child as “normal”, ignore impairments and accept them willingly, but neglect to provide additional programming or supports. Alternately, staff may perceive of a child as “exceptional”, thereby relinquishing care to the responsibility of support facilitators or resource teachers and inadvertently excluding the child. Negotiation of a “middle ground” between these two extremes of the affective/cognitive domain will undoubtably be tied to teacher education and societal attitudes towards inclusion.

**Attitudes of Parents**

It is also important to consider the attitudes that parents of typically developing child hold of the concept of inclusion. Although many parents are aware of the benefits to their child, some parents’ experiences with inclusion negate the value of inclusion. For example, in one center, staff were working towards inclusion of a child who was extremely aggressive towards others. Eventually one of the parents removed her two children from the program because she felt they were not safe. Parents also express
concerns over children mimicking “abnormal” or aggressive behaviour and the
tendency for children with special needs to monopolize the attention of educators. An
element of deep level inclusion is building transparency so that parents understand the
difficulties and benefits of inclusion. Pedagogical documentation and communication
with parents surrounding strategies that are being used to benefit all children can soften
parental attitudes.

**Social Constructions: Language**

Crucial to a shared philosophy is an examination of the discourses of inclusion that
perpetuate in child care settings. This pertains to the language of inclusion, as being
tied to the politics, attitudes, and power struggles nested in an inclusive ethos. Words
such as ‘impairment”, “handicap” and “disability” must be examined. Talay-Ongan
(2004, p. 3) recommends that impairment be defined as “body function and structure
atypicalities or variations (e.g. paralysis in arm)”, “disability” be defined as “the
reduction of abilities or their absence (e.g. inability to cat a ball)” and “handicap” be
defined as “the disadvantage experiences in the community and societal roles (e.g. not
being allowed access)”. He notes that both disability and handicaps are penetrable
(2004, p. 3).

Power/knowledge structures within our society are propagated by individual and
collective language (Foucault, as cited in MacNaughton, 2005). Slee (2001) warns of
an “individual defective pathology gaze” in which people are defined by their

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3 "Most simply expressed pedagogical documentation is a process for making pedagogical (or
other ) work visible and subject to dialogue, interpretation, contestation and

4 As Foucault suggests, “language is connected intimately with the politics of knowledge” (as
cited in MacNaughton, 2005, p. 4).
diagnostic labels (p. 117). “People first language” is the first step in separating the child from the label, but does it go far enough? According to members of the Hamilton Family Network (HFN), parents of children with special needs often feel offended by the language surrounding their children and feel that labels incur negative responses from teachers. Slee (2001) warns that “the student is essentialised in relation to a ‘known’ category of disability or to a single or composite set of attributes (co-morbidity)” and this can lead teachers to assume that a child will not be capable of certain activities based on their diagnosis. If deep level inclusion is to come to fruition, educators need to be cautious of biases created by labeling, and policy makers must consider why the implementation of a language of disability is the basis for identification and funding. Do educator’s need to label children in the classroom? Is it possible to maintain supports and intervention without labeling?

**ETHICAL CONSIDERATIONS OF INCLUSION**

Deep level inclusion is underpinned by ethical considerations surrounding how children are identified and screened, and how programming is developed. There is also rigorous debate surrounding competing ideologies of inclusion that involve the ethics of segregated settings that persist under the guise of “inclusion”.

**Ethical Considerations: Screening/Assessment/Identification**

Early identification is crucial to receiving intervention and supports that will follow the child throughout their lifetime (Lovaas, 1987; Rogers, as cited in Koegel, Koegel, Nefdt, Fredeen, Klein, Bruinsma, 2005, p. 247). Yet screening tools must be examined for language and discourses that reflect attitudes of normalcy and become potential
breeding grounds for deficit-based categorization of children. This is not to minimize efforts to establish strength based assessment tools currently in use, such as DISC and individual family support program plans, which are structured to incorporate language that is positive and goal oriented, but to consider how such tools can be improved to prevent pre-conceived notions of a child’s capabilities or marginalization of families.

Pedagogical documentation—the sharing of visual and descriptive subjective documentation with staff/children/parents—can illuminate children’s strengths, frequently identifying areas that are “off the chart” and providing opportunities for in depth discussions surrounding future goals and programming.

In Ontario, government policy can impede the provision of services. The disconnect between policy and practice can be examined in the context of “grey area” children—children who present challenging behaviours that overwhelm educators—who do not meet government requirements for IPP status, but who desperately need these supports. As support for staff is limited, this can lead to the expulsion of “grey area” from programs that simply cannot cope. As a result, the child is moved from one center to another and is denied the ability to establish relationships with staff and students, escalating problem behaviours. Contrastingly, there may be children who are identified (and qualify for supports) based solely on a diagnosis, but who are flourishing in their program and do not require the funding allocated to them. This suggests that deep level inclusion in Ontario requires a re-conceptualization of screening and identification that reflects individual needs rather than age-related categorization based on physical, intellectual, communication and social domains.
**Ethical Considerations: Programming**

According to Forlin, Hattie, and Douglas (as cited in Petriwskyj, 2010, p. 196) “maintenance of integrity of general classroom program” is at the heart of deep level inclusion. This raises questions over how quality programming can be maintained for all children and leads to intense debates over whether or not all children are thriving in the inclusive community. Arthur-Kelly & Neilands (2011) recommend Individual Education Plans that use a myriad of instructional strategies such as cooperative learning (team learning methods), peer tutoring, cognitive and metacognitive approaches, self-directed learning, direct instruction, and computer-assisted instruction. Colozzi, Ward & Crotty (as cited in Kemp, 2011) advocate for “observational learning”, whereby group work provides “normalized” situations for children to model and mimic (p. 423). Deep level inclusion seems to be underpinned by a flexible curriculum, rather than a “watered down” version of a precut curriculum that ignores the needs of children on different developmental trajectories. A shift in pedagogy based on programming that identifies and utilizes the individuality of children’s strengths and needs in the immediate community of classroom, rather than “universal” age-related developmental milestones, translates to deep level inclusion through reflexive curriculum.

**Segregation vs. Inclusion**

Tensions surround the competing ideologies of “inclusion” that exist in the primary school setting, as “special education” is criticized as being segregation under the guise
of inclusion and as the definition of inclusion is broadened to encompass choices such as the right to segregated classes and schools in the community (Armstrong, as cited in Slee, 2001, p. 116). 5 Armstrong (2001) presents a case in which families prefer that their children with special needs not be “scattered” across schools, explaining that there is a “denial of opportunity for disabled children to explore and affirm their identity with each other” (p. 115). For example, one family of a child with muscular dystrophy, felt strongly that he needed the opportunity to be able to relate to others in his condition. 6 “At least there are other kids that the same thing is happening to and they can get cross together, have a good old moan together and be obnoxious together” (Armstrong, as cited in Slee, 2001, p.115).

While critics of inclusion challenge the abolishment of special education as ignoring individuality of needs and assuming that all children can flourish in an inclusive classroom, (Warnock as cited in Slee, 2001, p.101), advocates perceive of this as a slippery slope down the path of segregation. In a meeting of parents of children with special needs (HFN) one parent expressed her opinion on the matter.

“The only class of people who are segregated are prisoners and people with special needs. What does this say?”

The HFN warns that segregated classes in schools perpetuate the notion that it is acceptable to segregate children based on performance. “Special ed” classes emerge as

5 In an article by Slee (2001) Farrell presents a different picture: “The main oppression and exclusion that pupils in special school and their parents have to fear is that of political correctness seeking to force an over-zealous inclusion agenda even if it means denying the child a good education (p. 102).

6 Crawford (as cited in Slee, 2001) argues that by supporting full inclusion all the time, it is impossible for teachers to provide direct instruction or individualized instruction (p. 101).
“the hallways” — contexts in which to place children who pose problems in the classroom—or disassociated environments for children who do not meet the requirements set by the school. This sends a message to all students that they are different. Members of the HFN warn that segregated programs in primary school settings are not agents of “choice” but rather a means for those in power to “freeze out” families of children with special needs, forcing them to enroll their children in classes that “need to be filled”. The hierarchical structure creates a system of “experts”, or what Memmi (as cited in Pushor, 2007) describes as “protectorates” (p. 2) who, despite research that shows the benefits of full integration in classroom environments, recommend that parents enroll their children in segregated classes. “They often do this in isolation of parents and community members, using their ‘badge of difference’, their professional education, knowledge and experience, as a rationale for their claimed position as decision-makers in the school” (2007, p. 2). This tension between opposing definitions of inclusion is integral to the ongoing formation of inclusive practices in education. A crucial element of deep level inclusion is drawing these conversations into the limelight and positioning children/families/ECE’s as experts who can contribute experiential knowledge (cultural relativism). If inclusion is defined as an absence of any form of segregation within school settings then policy must reflect this. Supports must be in place to assist educators in offering a quality program for all children. Teacher/child ratios must meet the needs of all students, and should be available without the hindrance of laborious bureaucratic processes.

**Ethical Considerations: Normalization and reductionism**
Normative understandings and assumptions about homogeneity mitigate against deep level inclusion and indicated the need for increased organizational and pedagogic flexibility.

(Petriwskyj, 2010, p. 196)

Deep level inclusion should be examined in the context of “normalization and reductionism”—educational practices that mainstream children into a defined rigid curriculum and the application of standards based on the perception of a “normal” child as a universal concept (Moss, 2010, p. 7). Slee (2001) suggests that children with special needs are being “assimilated” into mainstream systems without recognition of their differences (p.114). Should children with special needs be expected to conform to (be assimilated into) traditional educational standards? Should children’s differences be ignored (so that they blend in) or acknowledged and celebrated? According to Henderson; Keeffe; Shaddock, Giorcelli & Smith (as cited in Foremen, 2011 p. 123) “a school ethos and climate which proactively embraces the inclusions of students with additional needs does so by acknowledging and celebrating difference and diversity”.

As Pelo (2008) suggests, an anti-bias curriculum relies on differences being met head on in classes where diversity in all forms exists and where conversations surrounding children’s differences are cherished as a possible basis for programming.

TEACHER EDUCATION:

If deep level inclusion is to be brought from theory into practice then teacher education must reflect this. This means that the theory/practice divide must be examined, and the teacher education pedagogy must be reflective of embedded inclusive education.
Several studies suggest that teachers feel overwhelmed by the philosophical and practical implications of inclusive educational systems and that their attitudes and performance are affected by a diminished self efficacy resulting from inadequate practical education (Lupart & Snart, as cited in Timmons, 2006, p. 471; Mohay and Reid, as cited in Petriwskyj, 2010 p. 196; Conway, 2011, p. 258). According to Conway (2011), the factors that affect teacher’s self efficacy are insufficient prior knowledge of programming for diverse learners, difficulty maintaining an inquiry based environment, lack of expertise in working with children who have attention deficits or poor communication skills (p. 123) and difficulty engaging all children when one student requires special extended attention (p. 123). These factors were evident in a child care center in Hamilton where staff struggled with attending to a child who required constant supervision without neglecting others and this became a source of tension for the staff. Thus, teachers begin to perceive of inclusion as an impossible “theoretical” pedagogy, rather than an attainable goal. These stressors can cause educators to perceive of inclusion as an impossible theoretical pedagogy—an obstacle to be “overcome” or “managed”. If deep level inclusion is to become reality then educators need teacher education that supports them in a renewed perception of inclusion (Buysee, 2005, p. 263). Conway (as cited in Forman, 2011) indicates that inclusion courses can change teachers’ attitudes towards inclusion. Timmons (2006) states that universities must act as “partners in learning” and holds up the University of PEI as an exemplar of teacher education standards. UPEI offers a 2 year post-degree Bachelor of Education that includes a required course in Inclusive Education (he notes
that this course covers philosophical and practical applications), an elective on
individualized programming (p. 473), in addition to a Diploma in Inclusive Education
and a Masters in Education program. Most of the graduates are employed in the
schools with which they have established “partnerships” (and thus built relationships).
Although this model of teacher education is promising, course content must be
examined in the context of deep level inclusion. If inclusion is conceptualized as
integral to the education system, then special education should be embedded in all
courses/professional experience and curricular studies rather than “tacked on” to an
existing program. Also of note, “a curriculum of parent engagement” that prepares
teachers for building relationships with families (Constantino, as cited in Pushor, 2007,
p. 10) is integral to teacher education programs. Wenger (2006) illuminates the value of
education programs that center on “communities of practice” —a learning model that
allows professionals to use their experiences to share and garner knowledge (Buysee,
2005, p. 267) with communication, “domain of interest” (inclusion) and “shared
practice” (Wenger, 2006, pp. 1 - 2) underpinning these circles of care.

SUPPORTS

Timmons (2006) defines supports as “knowledge, additional staff, smaller class sizes”
and any aides that facilitate inclusion (p. 472) and identifies them as an element of
deep level inclusion (as cited in Petriwskyj, 2010, p. 196). Horne and Timmons (as
cited in Petriwsky, 2010) add to this “the provision of consultation time” as a crucial
element of support. Under the umbrella of the Code of Ethics and Principles of the
Standards of Practice, and the UN Declaration of the Rights of the child, policy makers have a duty to provide supports to families and child care programs.

Agencies such as Child Development Center (CDC) of Community Living proffer deep level inclusion by creating networks of support for families to diminish handicaps. An element of the staff’s commitment at the CDC is engaging in critical analysis of their role.\(^7\) Staff at CDC recognize that deep level inclusion can be hindered by funding or bureaucracy that limits the provision of resources. For example, in the Hamilton/Wentworth region entitlement to supports is based on a significant (twelve plus months) impairment in two or more domains. This presents challenges for those centers that do not qualify for support facilitators, and where the ratio of staff to child is not conducive to a quality inclusive program and is particularly evident in centers that care for “grey area” children who do not qualify for IPP status.\(^8\) Staff in these situations feel that they cannot adequately attend to the needs of children who require extra attention while programming to the zone of proximal development (Vygotsky, as cited in Hendrick & Wiseman, 2006, p. 12) for all members of the learning community.

In a social constructionist perspective, by conceptualizing inclusion as “embedded” in the educational system, then provision of adequate staff ratios needs to be attended to by governing bodies. Child care centers should not be scrambling for extra support

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7 In PEI, “The province is supportive of partnerships. It supports the provincial Association of Community Living to hire a person to work with the schools and provide advocacy services to families. There is a good working relationship between these two organizations.” (Timmons, 2006, p. 475).
staff, and placed on six-month waiting lists, rather, policy should reflect a sensibility towards classrooms as communities in which children of diverse abilities will be present and are valued members.

**EDUCATION AS RELATIONSHIPS:**

No amount of teacher education can replace the information and expertise gained from building relationships with students. In their work with social integration, Harrison, Price and Bell (1998) found that “the length of time group members worked together weakened the effects of surface-level diversity and strengthened the effects of deep-level diversity as group members had the opportunity to engage in meaningful interactions.” Within the field of education, relationships can form the crux of successful inclusion. When caregivers build relationships with families they become invested in the child’s education. For example, an ECE in Hamilton worked with a child who had been expelled from two day care centers and indicated that the relationships between staff/supervisor/RT/therapists and the child’s parent were intimately connected to the child’s successful integration into their program.

Relationships that exist within communities support the developmental outcomes for children (Edwards, 1995) this “the impact of the emotional nexus” (Talay-Ongan, 2004) p. 1) is creeping into the policies and practices in early childhood education systems, as “Bronfenbrennian” (ecological systems) theories take hold. In this model, educators acknowledge child as nested within family/community/world. This means that education is relationships (1995) and relationships build communities where inclusion is embedded in attitudes and practice. Community Living seeks to include families in their circles of care by interconnecting the microsystems of family (home,
child care center, medical practitioner, relatives) and acknowledging that the interconnectedness of these systems (mesosystem)—a transdisciplinary approach (Allen Paasche, Langford, Nolan, p. 7)—can positively benefit the child and enrich the larger community by supporting the process of inclusion and widening the circles of contact (Bronfenbrenner, 1986). The HFN also recommends that “parents meeting parents” is an essential element of support systems, noting that parental advice from those who have children with special needs adds an element of belonging and expertise.

Deep level inclusion is underpinned by dimensions relating to discourses and theoretical perspectives that determine how inclusion is practiced. If attitudes of educators, parents and communities are to evolve, then critical questions must be addressed, supports and teacher education must be appropriate and abundant, and government policy must reflect the valorization of integrating people with special needs in our communities.
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