

Disability Construction Among Early Childhood Educators in Nova Scotia

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Abstract

Traditionally, disability has been viewed through the medical model, which views disability predominantly through an individual's medical signifiers. The medical model in the context of education continues to construct disability as something to be fixed and remediated. However, this study proposes static medicalized constructions on disability need to be disrupted with attendance to the wider dimensions of experience, including disability as a viable identity marker in the lives of young children. The aim of this study was to explore Nova Scotia early childhood educators' (ECEs) knowledge and perspectives on how inclusion is delivered, including how ECEs construct disability in their everyday practice. Focus groups were mobilized as the research method to gain new understandings on the ECEs beliefs and philosophies as they relate to disability and inclusive approaches. The ECEs shared their perspectives on disability and inclusion within their daily practice and their inclusive training. During the focus groups, the ECEs discussed how language was a powerful mitigating factor and that the phrases and terms ECEs use often inform how a young child experiences inclusion. The ECEs also acknowledge that delivery of inclusion is complex and that an ECEs own histories and education impact inclusive pedagogy. The ECEs also expressed the barriers that families can experience in relation to accessible programming and the requirement for more training to support young children and their families in their centers.

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Chapter One: Introduction

Introduction

Early childhood educators (ECEs) have a significant influence on how young disabled children experience their identity in early years settings. Before outlining my research aims and question, it is important to make the disclaimer upfront that I will be using disability-first language¹ in this thesis (i.e disabled children). I argue across this thesis that disability is a valid part of an individual's identity and culture; therefore, using disability-first language celebrates that integral part of a person (Brown, 2002).

Traditionally, ECEs have predominantly applied the medical model of disability with a focus on early intervention. When applying the medical model approach, the central focus is the remediation of impairments with the core aim of the child meeting typical developmentally appropriate stages with limited attendance to the broader dimensions of everyday experiences (Mackenzie et al., 2016). As such, an early intervention model² as a core part of ECEs inclusion agendas, can place limits on how young disabled children experience their early childhood center and potentially impacts how they come to understand their disabled identities. For example, when we focus on a young child's medical signifiers as the core area of programming, we often do not think about other areas of their identities, namely socio-cultural. Moreover, a focus on early intervention can lead to programming being conducted in small rooms outside the main learning areas and potentially lead to exclusion (Love & Beneke, 2021). Yu and Park (2020) state, "the increase of students with disabilities participating in inclusive classrooms does not mean that

¹ Disability-first language: Is the use of language that states that a disability is a central, identity-defining feature that cannot be separated from the individual. Additionally, disability-first language promotes a positive social identity (Vivanti, 2019).

² Early intervention are services provided to help resolve problems with children's health or development. (DEECD, 2018). In Nova Scotia the EIBI and the public school system implement the following early intervention models: EIBI, ABA, Pyramid Model, the Multi-Tiered System

general education teachers have fully embraced ideas about inclusion” (p. 497). This thesis argues that inclusion for young disabled children is limited because of the dominant medical model of disability where their experiences are largely understood via their medical signifiers. There is a requirement to understand better what the actual inclusive practices within early childhood settings for disabled young children are. The *Capable, Confident, and Curious: Nova Scotia’s Early Curriculum Framework* was introduced in 2018 by the Nova Scotia’s Department of Education and Childhood Development (DEECD). The Curriculum Framework, guides educators’ practice while contributing to create and help maintain quality programming providing children with positive learning and developmental outcomes (DEECD, 2018). Therefore, it is essential to understand how *Capable, Confident, and Curious: Nova Scotia’s Early Learning Curriculum Framework* serves as a guide when it relates to the delivery of inclusive practices in the early childhood education sector. It is important to gain new knowledge on the thoughts and ideas early childhood educators (ECEs) have about their delivery of inclusion. ECEs thoughts and ideas are relevant because ECEs “attitudes and behaviours can influence children’s ideas about interactions with peers with disabilities” (Yu & Park, 2020, p. 498). One factor influencing a child’s self-perception is social comparison; this means the difference in treatment and activities disabled children and nondisabled children participate in (Reeves et al., 2020). For example, if disabled children are viewed through their medical label this can potentially situate the child to feel marginalized and subject to oppression from their peers (Gallagher, 2010). Alternatively, it can position the child to feel shame, embarrassment, and a fear of disability disclosure in their later years (Reeves et al., 2020). Specifically, inclusive practices framed through an early intervention approach can create a learning space that pathologizes disabled children in discriminatory ways and does not account for the actualities of their everyday experiences (Olsson, 2009). In addition, early intervention and

remediation practices may fail to acknowledge disability as a viable identity that should be valued, accepted, and celebrated (Brown, 2002). Further, it promotes the idea that disabled children lack autonomy and agency in their future life trajectories.

Therefore, in this study, it is important to explore ECEs knowledge and perspectives on how inclusion is delivered in the early years sector, including how ECEs construct and approach disability in their everyday practice.

Research question and aim of the thesis

The research question guiding this study is: What are the inclusive experiences and philosophies of Nova Scotia early childhood educators when working with young disabled children and their families? The sub-research questions are: How do ECEs define disability? What potential barriers emerge in their practice when working with disabled children and their families? The aim of this thesis is to gather information that helps understand how ECEs in Nova Scotia inclusive philosophies, experiences, and practices as it relates to disabled children and their families. Therefore, to meet the goal of this study, I will conduct focus group sessions with five ECEs who are currently working in a licensed early childhood center in the Halifax Regional Municipality. This method provided ECEs to discuss their perceptions on disability and inclusion. It also provides a platform to engage with ECEs and have a deeper understanding of their beliefs as it relates to inclusive pedagogy.

This thesis aims to gain deeper knowledge on the perceptions and understandings of ECEs when it relates to inclusion of disabled children in their practice. The next section of my thesis describes the literature present in the field, as it relates to disability, its history, and the guide provided to ECEs in Nova Scotia, as it relates to disability and inclusive practices. The presented literature shows the need to explore the understanding ECEs have when it relates to disability and

inclusion. I then turn to the methodology chapter where I explain the methods, I will use to analyze the data gathered when speaking with ECEs. The same chapter, Chapter Three: Methodology, also provides an insight on the participants of this study as well as the participant recruitment process, and data collection. The next chapter, Findings, offers an analysis of the data gathered from conversations with ECEs. Finally, the last chapter concludes this thesis outlining future recommendations as well as limitations and suggestions for future research.

Chapter Two: Literature Review

Introduction

To understand the importance of this research, it is necessary to outline how disability is historically constructed in Western contexts as it relates to the early years sector. This is needed as we continue to apply traditional Western medical approaches when implementing inclusion in the early years setting. The medical model of disability continues to be the most prevalent model used within educational institutions (Underwood, 2012). In Nova Scotia, the medical model philosophies are applied in early childhood programs through the Pyramid Model, ABA, early intervention, and it should be noted that multi-tiered intervention system is also implemented in public schools across the province, P-12. The Pyramid Model “is a framework for organizing research-based practices for use in early childhood classrooms to promote social-emotional competence and to prevent and address children’s challenging behaviours” (Hemmeter et al., 2016, p. 134). This framework uses “universal practices to support the active social-emotional learning and behaviour of all children and youth” (Hemmeter et al., 2016, p. 134). The Pyramid Model is a tiered form of intervention with a focus on socio-emotional competencies, and it is used to determine what level of support young children require with some tiers offering intervention outside the main learning space. This is the implication of a tiered approach where children can be separated from their peers periodically for intensive intervention. Pyramid Model and the multitiered system in Nova Scotia are aligned with previous Response to Intervention (RTI) models that were developed in the late 1970’s for children and youth who require additional intervention to succeed. RTI is a three-tiered model that on its first tier it uses “universal screening for academic proficiency” (O’Donnell & Miller, 2011). Tier two involves approximately 20% of young people with more intensive intervention followed by a third tier that targets 5-10% of population and can often include one on one intervention that may occur in an alternative setting

(e.g. clinical, residential treatment center) (O'Donnell & Miller, 2011). The RTI does not account for other aspects of child's life other than academic performance and it is exclusionary in relation to tiered supports outside the learning space. In this model, "[o]nce a [child] is defined as a 'problem', the mechanisms that label, rank, and exclude him/her/[they] are assumed to be neutral and valid – a rational and necessary response to difference" (Ferri, 2011, p. 864). Another type of early intervention used in Nova Scotia is Applied Behavioural Analysis (ABA). ABA has been shown to be effective in advancing communication for young children with autism spectrum disorder and improving cognitive and language function (Vietze & Lax, 2018). However, when thinking through a socio-cultural lens, ABA is limited in its construct as it pays limited attention to the wider dimensions of their experiences (i.e., social, cultural, environment, gender, race) (Lalvani, 2015).

Specifically, early intervention models are philosophically driven through a medical model approach focusing on the young child's impairment and the requirement to fix the disability to bring the body closer to normality and does not prioritize understanding the child beyond their medical signifiers (Baglieri et al., 2011; Underwood, 2012). Mackenzie et al. (2016) state that "the medical model presumes that 'normality' is the desired state of being. This model places the idea that it is the disabled person's responsibility to adapt to society rather than society accommodating their needs" (p. 5). Thus, believing that interventions will "make the abnormal individuals normal" (Gallagher, 2010, p. 35). In addition, Brown (2015) argues the requirement to disrupt developmental approaches and alternatively, celebrate disabled identity and foster disabled identity pride. Eilers (2019) talks about her experience at an inclusive early childhood center where questions about disabilities were "often ignored and brushed aside with a quick redirection" (p.2). Eilers (2019) critiques what happens to a disabled child's experiences when their identities are

silenced. I, too, would like to explore ECEs' knowledge and connections to disabled children's experiences and if their ideas are encouraged, fostered, or perhaps silenced.

The idea that disabled children require intervention to succeed sends messages that they are not enough and that to be a contributing appreciated members of society requires the eradication of disability. Since the medical model continues to prevail in early childhood centers through practices such as: the Pyramid Model, ABA, and early intervention, there is a requirement to understand better how ECEs define disability, including their philosophies that guide their inclusive practices.

In this thesis, I aim to learn more about the ECEs understandings of disability and how their philosophies on inclusion inform young disabled children's experiences. This inquiry will explore the ECEs' knowledge and experiences with the Nova Scotia Department of Education and Early Childhood Development's *Capable, Confident, and Curious: Nova Scotia's Early Learning Curriculum Framework* (DEECD, 2018). I want to find out about their approach to inclusion and do their daily practices reflect the new socio-cultural inclusive framework in the Nova Scotia Early Learning Curriculum Framework. For that reason, it is essential to include the Nova Scotia Department of Education and Early Childhood's *Capable, Confident, and Curious: Nova Scotia's Early Learning Curriculum Framework* in this research. Finally, it is important to recognize that the Early Learning Curriculum Framework was developed for ECEs, to help guide their practice (DEECD, 2018). Therefore, it is important to understand how inclusion is framed throughout the learning curriculum and the message it sends to ECEs.

The Nova Scotia Early Learning Curriculum Framework

The Nova Scotia Early Learning Curriculum Framework, states that "the programs and the educators who provide them, encourage children's learning and collectively contribute to their

emotional, social, cognitive, linguistic, and physical development” (DEECD, 2018, p. 3). The framework is “based on the concept of the Image of the Child, which says that everyone's personal Image of the Child is influenced by their own experiences, biases, and knowledge” (DEECD, 2018, p. 3). This is relevant because it emphasizes the importance of how an ECEs’ construction of disability could affect the image they have of a disabled child and their experiences in relation to their own identity. Moreover, the framework mentions, “everyone's Image of the Child shapes their decisions and beliefs about how children learn” (DEECD, 2018, p. 9). For example, an ECE might have been trained in special education and construct disability as something to be fixed or remediated. In this case, their expectations of that disabled child might be informed by special education models, resulting in a potentially different inclusive experience for that child than their non-disabled peers. Sayal et al. (2010) supports this notion of thinking by explaining that when educators and practitioners are aware of a child’s diagnosis it can predispose the professional to think about the child through their medical label and characteristics. The Nova Scotia Early Curriculum Framework, which guides ECEs’ practice, acknowledges the importance of the Image of the Child. Therefore, understanding how ECEs view disability as a construct was essential for this inquiry.

Moreover, the Nova Scotia early years framework “sees children as curious, creative, full of potential, capable, and confident” thus, identifying the relevance of understanding better the social and cultural dimensions of young children’s lived experiences (DEECD, 2018, p.3). This new framework brings forward the idea to perhaps challenge traditional approaches to inclusion through intervention models and bring forward new queries for change. I hope this study will illuminate the ECEs current perspectives on inclusion and if ECEs have adopted a more sociocultural approach to inclusion that reflects the new framework. Additionally, the DEECD

(2018) encourages educators to “observe children, engage in conversations, and guide children's activities based on what they learn” (p. 11). Here, we see again the framework addressing the importance to support children’s curiosities by answering their questions engaging in what adults may view as difficult conversations. Having conversations about disability with children can promote a welcoming learning environment and create a more inclusive space where we understand that potential is for every child and so I am interested in this study to understand better if these types of conversations are encouraged in relation to disability.

It is important to note that the Nova Scotia Early Learning Curriculum Framework does not include a definition of disability. When talking about inclusion, the framework states, “[e]ducators recognize that each child's social, cultural, and linguistic diversity, including learning styles, abilities, disabilities, gender, family circumstances, and geographic location are important” (DEECD, 2018, p. 30). The framework also highlights children are valued and receive “equitable access to resources and participation and that all children have opportunities to demonstrate their learning and learn to value differences” (DEECD, 2018, p.30). Given that disability is not defined in the framework, I would like to know how ECEs define disability in their practice, including their connections to intervention seeing as intervention and its benefits are outlined in the framework.

The DEECD defines early intervention as “[a]pproaches used to identify early signs or symptoms of problems with children's health or development, as well as the services provided to help correct or resolve the problems” (DEECD, 2018, p.76). Developmental discourses and theories about child development are present in our daily interactions and influence the way ECEs deliver their daily practice (Watson, 2020). “Developmental theory inscribes fixed expectations on a child’s growth and learning” (Watson, 2020, p. 1). Many critical theorists claim, “developmental

psychology have created truths that are commonly used by early childhood educators to determine ways to classify, distribute, and regulate children's bodies" (Antonsen, 2019, p. 3). Developmental theories and discourses significantly influence the way ECEs think about disabled children and the curriculum structure and therefore, in this study I want to understand better how it informs Nova Scotia ECEs practices, if any (Watson, 2020) especially with the recent shift to more socio-cultural approaches.

The statement around supporting intervention situates the inclusive philosophy within a medical model of disability. It is, therefore, important to explore ECEs' understandings of disability. It is evident from reviewing the framework that equity is at the center of the ECE practice; however, I want to learn about the ECEs' understandings of disability and their approaches when working with disabled children and their families. In addition, I want to explore their own experiences and philosophies with inclusive programming.

In this research, I desire to create a research space for ECEs to discuss disability and barriers to learning. One area of inquiry will be the discussion of systemic ableism and if they have witnessed or experienced ableist attitudes when working with disabled children. "Ableism refers to the persistent devaluing of disability, or the belief that disability is inherently negative" (Campbell, 2009 p. 89). Ableism is rooted in the discrimination and oppression that many disabled people experience in society (Hehir, 2002). Ableist ideas are inherently present in our daily interactions and in early childhood settings. Lalvani and Bacon (2018) express how "young children [can] internalize negative messages about disability as undesirable or pitiable" (p. 89). Ableism can be seen in different forms, from enforcing stereotypes of disabled people (Lalvani & Bacon, 2018) or the lack of accessible space or equipment in playgrounds for disabled children (Eilers, 2019). We can also promote ableism through our vocabulary and ideas. Parents are often

told not to have the same expectations for their disabled children as they do for their non-disabled kids (Hehir, 2002), and this can emerge from the perception of inferiority and lack of autonomy that ableism promotes in our society. Lalvani and Bacon (2018) state that “disrupting ableism can only be achieved if [educators and practitioners] position disability as a valued form of human diversity, create spaces for rethinking the constructs of disability and normalcy, and teach students to embrace differences without stigmatizing them” (p. 89). Therefore, it is critical to learn more about the ECEs unconscious bias and experiences with ableism in the field.

I acknowledge that the ECEs might not be familiar with the concept of ableism. Therefore, I intend to have an open conversation about ableism and see what emerges through this discussion. Through a community of inquiry, I aim to gain a better understanding of the ECEs’ understandings of disability, ableism, and their inclusive philosophies when working with young disabled children. It is the hope that through dialogue, we will see what gaps exist in relation to inclusive professional development. This work is essential as the field of early childhood has such a long history of early intervention and developmental model approaches to inclusion. In addition, the history of oppression and discrimination towards the disabled community has situated disability to be globally viewed as a deficit. It is important to review this history of oppression to show the relevance of valuing disabled identity in young children.

History of Disability

In the 17th Century, “it was widely believed that most people with disabilities were quite incapable of benefiting from instruction of any kind” (Winzer, 2009, p. 2). Explicitly, disability was considered a punishment from God, and therefore it could not be cured (Winzer, 2009). Later, in the 18th Century, the Enlightenment period provided a more humanitarian perspective and “considered the improvement of the well-being of groups of individuals, varying from poor people and slaves to prisoners and the insane to people with disabilities” (Winzer, 2009, p.3). Then, towards the end of the 18th Century, “asylums for the insane [were] common” (Winzer, 2009, p. 4). Asylums were characterized by the harsh treatment and violent remedies used; they were a method of segregation. Prior to the 1980s, disabled students in Nova Scotia attended schools in segregated institutions. Kliever (2016) says, “early childhood inclusive education originated neither out of benevolence nor as a legitimate scientific response to so-called detached notions of non-normality, but as a direct result of the destructive eugenics movement that swept America beginning in the late 1800s” (p.108). This shows the oppressive history of special education. As such, segregated learning spaces and the predominant knowing of disabled children through their medical signifiers have historically failed to recognize other aspects of their identity. For example, the current multi-tiered intervention model in Nova Scotia’s education system (DEECD, 2018), as indicated above, highlights and mentions intervention as one inclusive approach. However, “[c]ritical disability scholars have problematized medical model frameworks and how they place too much emphasis on children and youth’s functional aptitudes with a lack of attendance to wider dimensions of their lives” (Reddington & Price, 2018, para. 6). Additionally, special education “seek(s) to explain disability universally and end(s) up creating totalizing, meta-historical

narratives that exclude important dimensions of individual lives, abilities, and of their knowledge” (Corker & Shakespeare, 2002, p. 15).

It is vital to acknowledge the ableist discourses present in schools and early years settings can result in social exclusion of disabled young people (Lalvani and Bacon, 2019). Special education fails to recognize the individuality of disabled children and their unique experiences beyond their diagnosis (Underwood, 2012). It is important to understand how the deep history of the medical model, special education, and intervention approaches can stigmatize disabled children in early education settings. For that reason, it is essential to explore the philosophies that ECEs have regarding disability.

Ableism in Early Childhood Education Settings

Ableism is deeply rooted in our society; in some cases, it may be presented in clear actions. However, it can also manifest in subtle instances that are a product of unconscious ableism. For this reason, it is important to understand how ECEs understand disability to explore any potential conscious or unconscious biases that might be influencing their daily practice. For example, the act of including disabled children in the same physical space as their non-disabled peers is not enough to achieve inclusion. “A society in which disability continues to be stigmatized, devalued, merely placing children with disabilities in classrooms with their non-disabled peers is unlikely to achieve the envisioned outcome of acceptance and social integration” (Lalvani & Bacon, 2019, p. 88). In her study on playgrounds, Burke (2015) found that disabled and non-disabled children were “divided into separate cultural groups by spatial arrangement” (p. 17). It is important to consider if all spaces within an ECE setting are accessible for all children; however, spatial accessibility is not the only consideration needed. We must also account for attitudinal barriers that can situate professionals to think that disabled children are not capable of moving and performing in the same

way as their typical peers. Therefore, when we speak about an accessible playground, for example, it goes beyond assessing the physical barriers but also the social, cultural communicative, and attitudinal barriers that might be present. The full inclusion and participation of all children in all activities and spaces is a first step to disrupting ableism within an ECE setting. However, inclusive spaces with a focus on remediation sends the message that fixing the child is imperative. Campbell (2008) says, “from the moment a child is born [they] emerges into a world where [they] receives messages that to be disabled is to be less than, a world where disability may be tolerated, but in the final instance it is inherently negative” (p. 151). This tends to subject disabled children to “functional curriculum, behaviour modification, and clinical focused remedial instruction and therapies” (Kliewer, 2016, p. 138). The early intervention and remediated practices are focused on bringing the body closer to normality and can potentially ignore other vital elements and components of the disabled child’s subjecthood (Mackenzie et al., 2016). In this study, it is important to see how ECEs navigate the physical space in their daily practice. The elimination of ableism is only possible when all participants are viewed as equally valued (Lalvani and Bacon, 2019). ECEs must be aware of their personal biases and the way they interact with disabled children.

Educators and practitioners in the field of Child and Youth Study are in an ideal position to challenge dominant ideologies about disability and normalcy through their daily pedagogical approaches (Robinson & Diaz, 2009). As Lalvani and Bacon (2019) explain young children notice differences, “they classify and evaluate people based on categories like race, gender, or physical characteristics, and as early as preschool years, they begin to recognize social hierarchies based on systems of power and privilege” (p. 88). The way ECEs talk with and around disabled children sends messages to their non-disabled peers about disability. Eilers (2020) takes a Critical Disability

Studies (CDS) perspective when critiquing her practice in the field, “CDS provokes the field of early childhood ‘inclusion’ to reflect on its own complex history in order to identify how ableism has played a central role in the field’s development, and to consider the implications for future practices” (p.2). For this reason, it is important what are the messages that ECEs are sending young children about disability. This research focuses on the first voice perspectives of ECEs and aims to gain knowledge on their perception of ableism in their daily practice.

Disabled children and their families are also relevant. It is common to ignore, is a way that helps them *cope* with this tragedy (Metell, 2019, emphasis added). This only reinforces the ‘otherness’³ of disabled children, as the words we use are not focused on empowering disabled individuals and their families. It is important to notice that the conversations about disabled children may be influenced by developmental theories, which do not prioritize the socio-cultural aspects of disabled children. Therefore, the conversation about and with disabled children could have deficit undertones. By knowing how ECEs engage in conversations about disability, we can better understand how they create learning moments and deliver their inclusive practices. Additionally, we can see any initiative or motivation for including disability representation in their ECE setting.

Moreover, we can see what role the families of disabled children play. For example, do ECEs try to get to know the ways of communication a disabled child might have? A child’s ability and access to communication is essential “ensuring they have access to a communication method, people who understand their communication and support to empower them to grow their capacity is not only a right but a safeguarding mechanism” (Franklin & Goff, 2019, p. 99).

This thesis aims to contribute to the literature by providing a deeper understanding on how

³ Othering: Is a phenomenon in which a group of individuals is labeled as not fitting within the norms of the greater society, which affects the way they are perceived and treated (Cherry, 2020, para 1).

Nova Scotian Early Childhood Educators understand disability and inclusion within their field. The next chapter will outline the methods I used to meet the aims of my research, and why those were selected for this inquiry. Additionally, it will provide context on the participants of this study, as well as recruitment procedure.

Chapter Three: Methodology

Introduction

This study is a qualitative inquiry. Qualitative research is “concerned with words rather than numbers” (Bryman, 2016, p. 375). Qualitative research supports “research that fosters particular ways of asking questions and provides a point of view onto the social world whose goal is to obtain understanding of a social issue” (Hesse-Biber, 2017, p.4). There are three features of this research that are important to consider. First, qualitative research studies the relationship between theory and research (Bryman, 2016). Second, qualitative research focuses on “the understanding of the social world through an examination of the interpretations of that world by its participants” (Bryman, 2016, p. 500) and provides “an ontological position described as constructionist, which implies that social properties are outcomes of the interactions between individuals” (Bryman, 2016, p. 375). This qualitative researcher will study Nova Scotia ECEs inclusive philosophies and lived practical experiences when working with young disabled children. When conducting my research, focus groups, were used as a method to collect data. Focus groups “emphasize a specific theme or topic that is explored in-depth” (Bryman, 2016, p. 501). Focus groups “can help the researcher inductively figure out what the key issues, ideas, and concerns are from multiple participants at once” (Hesse-Biber, 2017, 150). Focus group interviews as a method of data collection supported meeting the aims of this research. Focus groups “encourage self-disclosure among participants in order to generate qualitative data” (Wilson, 1997, p. 209). My focus groups aim was to understand better how ECEs working in a licensed early childhood center in the Halifax Regional Municipality construct disability, including the experiences and philosophies in their everyday practice when working with young disabled children. The use of focus groups in this study gave ECEs a space to share their voice and perspectives on how disability

gets constructed in early years contexts. As Bryman (2016) explains focus groups as a method “allows the researcher to develop an understanding about why people feel the way they do” (p. 502). This was key to understanding how ECEs construct disability. Engaging in conversation was important to understand the philosophies in ECEs practices when it comes to disability and their inclusive approaches. Understanding the similarities and differences between ECEs practices in the Halifax Regional Municipality might have shed some light on the gaps in ECEs training. Additionally, discussing topics such as ableism where disability pride was at the root of this research was essential as it might have helped ECEs recognize unconscious biases.

I used a semi-structured interview guide (See Appendix A) to support meeting the aims of this research. “A semi-structured interview, the researcher has a list of question or fairly specific topics to be covered, often referred as an interview guide, but the interviewee has a great deal of leeway in how to reply” (Bryman, 2016, p. 468). This research method helped meeting the aims of my research and having engaged in conversations with ECEs was essential to learn about their philosophies around the inclusion of children with disabilities. Additionally, using a semi structured interview helped explore their understandings and perceptions around disability.

Participants

The participants were currently employed in a licensed early childhood center in the Halifax Regional Municipality area at the time this research data was collected. The participants self-identified as 19 years old or older, having a Level 2 or 3 early childhood classification, and identified as having worked with disabled children either currently or during their professional careers. Table 1 outlines the participants demographic, and pseudonyms were used to safeguard their identities

Table 1*Participants' Demographic*

Participant Pseudonyms Used	Age	Gender	Years of experience	Level of classification	Professional Title	Type of center
Suzy	36	Woman	19 years	Level 3	Assistant Director program	Urban
Rachel	30	Woman	10 years	Level 2	Director	Urban
Emma	32	Woman	15 years	Level 2	Inclusion Coordinator	Rural
Melissa	60	Woman	20 years	Level 3	Director	Rural
Alice	36	Woman	16 years	Level 2	Inclusion Coordinator	Rural

To give you a broader context about the participants in advance of the findings, the participants indicated early on that during their ECE training there was very little information and discussion regarding disability and inclusion. Additionally, ECEs indicated that the professional development being offer does not satisfy their curiosity or the demands of the job.

Participant Recruitment

For participant recruitment, I accessed the Early Childhood Education Centers Directory to recruit participants, which is available on the Department of Education and Early Childhood Development website. I sent an email with a permission for recruitment letter to the Director of the centers (See Appendix B). The email contained an attached information sheet that outlined the study's general information, including research questions, participation requirements, and dates for the study (See Appendix C). I asked the Director to share the information with their ECE staff. The email to Directors was distributed once, and was accompanied by a follow up email, this

served as a reminder, in attempt to gain the targeted sample size. Snowball sampling was also used to attract more participants to the study, this was used as the ECE field in Nova Scotia is relatively small.

Snowball sampling refers to the process a researcher follows when looking for participants, “the researcher makes initial contact with a small group of people who are relevant to the research topic and then uses these to establish contacts with others” (Bryman, 2016, p. 188).

Data Collection

This qualitative research used focus groups as a method of data collection (See Appendix C). Bryman (2016) recommends small groups when “participants are likely to have a lot to say on the research topic” (p. 501). Three focus group sessions occurred two weeks apart, and each session lasted approximately 45-60 minutes each. I used a semi-structured interview guide when conducting the focus groups. The two weeks between sessions allowed for a reflection period among the participants. The first focus group was designed to have an open discussion on inclusion to create a space where participants feel comfortable with the broad research topic. In this first meeting, we discussed concepts such as ableism in society, barriers to access (the Social Model), unconscious bias, and inclusive language. The other two focus groups were explored in more detailed questioning to support the aims of the research.

Considering the current pandemic, the focus groups took place through Microsoft Teams, “online focus groups are becoming a more popular and accepted method for data collecting qualitative data” (Richard et al., 2021, p. 32). My goal as a focus group facilitator was to start with open-ended questions that allow space for discussion. During the focus groups ECEs had a platform to engage in conversations about how inclusive practice take place in their organizations.

ECEs also shared their thoughts on the barriers to access disabled children and their families face in the community, as well as the barriers ECEs face when trying to deliver inclusive practices.

More specifically, during the focus groups I explored how ECEs understand and practice inclusion in their daily practice. Additionally, I invited ECEs to share their perspectives on how disabled children experience their childcare centres and if conversations surrounding disability are encouraged between children. Some of the first focus group questions were: Why did you decide to become an ECE? Did your training include specific courses on inclusion? When you think of the term disability, what comes to mind? How about the term ableism? These questions will create a base for deeper conversations that will help meet the aims of this research.

The second and third sessions started with a reflective period in which we talked about how the previous conversation affected their current views on their practices and philosophies. Moreover, some of the questions that prompted discussion for the second focus groups were the following: What language do you hear in your centers as it relates to disability and inclusion? (e.g., special needs). How do children with disabilities experience the centers? Are there any barriers to access? What are your philosophies on inclusion? During this second session I got to learn more about each ECE and their centres when it related to inclusive philosophies and practice.

Finally, during the third session the questions were the following: What center policies do you have in relation to inclusion? In your opinion how does the Nova Scotia early learning curriculum framework capable confident and curious support inclusive practices when they relate to disability? During this session we expanded on the province's services and guidelines when talking about disabled children and their families. This final session ended with an opportunity to reflect on the conversations we had throughout the three focus group sessions. Participants had the opportunity to shared what the liked, disliked, things they learned, and topics they wished we had

expanded more on during our conversations. The goal of the second and third focus group was to dive into the questions that helped answer the research questions.

I used these questions to guide the conversation and make sure I met the aims of the research. However, once the discussion began, I transitioned to the role of an active listener. Transitioning to an active listener is essential because “in qualitative research, the aim is to glean participant's perspectives” (Bryman, 2016, p. 502). I also had an interview guide of semi-structured interview questions that supported and helped me meet my research aims.

Data Analysis

After the data was collected, I transcribed the discussion verbatim. Transcribing the focus group verbatim gave me a better understanding of the data collected. I read the transcript multiple times and started finding similarities between the words and ideas mentioned, this stage of data analysis helped me get familiarized with the data. I started coding to highlight the similarities in the statements of different participants, “codes capture specific and particular meanings within the dataset, of relevance to your research question” (Braun & Clarke, 2021, p.52). Once I had gone through the first round of coding, I assigned broad codes to participants statements. I then labelled the codes based on the general idea of the statement, “the label you use for each code offers a shorthand for the broader idea you’re working with” (Braun & Clarke, 2021, p. 59). I then started grouping the codes based on their similarities and the codes became more specific. Once I had a more concise and concrete distinction between the grouping I came up with themes, “a theme captures the patterning of meaning across the dataset” (Braun & Clarke, 2006). To identify the different themes, I noticed that “a theme has to capture a wide range of data that are united by, and evidence, and a shared idea” (Braun and Clarke, 2021, p. 76). After multiple shifts, elimination, and combination of coding groups I came up with three themes.

Ethics

Before the study began, participants gave written and informed consent to allow the session to be recorded. Upon accepting to be part of the study, each participant met with the researcher through Microsoft Teams to discuss the consent form. After the participant reviewed the consent form with the researcher, she emailed the form for the participant to sign. The consent form (See Appendix D) described the purpose of the study confirmed their personal information and their rights. This form also outlines the rights of anonymity and confidentiality, to keep the research confidential participants were asked to use pseudonyms and change any notable identifiers when speaking about specific events at their centers. Pseudonyms were also used when transcribing data. The participants agreed that all information discussed during this focus group will have to remain confidential.

Additionally, all data was kept on the researcher's password protected MSVU One Drive to ensure confidentiality. All hard copy documents such as transcripts, consent forms, and analysis were stored in the supervisor's office. Moreover, the form described the withdrawal process, which stated that participants could withdraw up until two weeks after all final data had been collected, by contacting the researcher. This study posed minimal risk to participants because they were asked questions that pertain to their educational philosophies and daily practices regarding disability and inclusion. All data collected, and participants' information will be deleted after a successful thesis defense. Finally, this study was cleared and approved by the Boar of Ethics at Mount Saint Vincent University.

The next chapter will outline the main findings from conducting focus group sessions with ECEs and their experiences with disability and inclusion. This will be followed by a final chapter that will discuss future recommendations, as well as its limitations.

Chapter Four: Findings

Introduction

This chapter will provide an in-depth analysis of the research findings. This chapter will outline the main themes emerging from my study after interviewing Nova Scotia early childhood educators (ECEs) about their experiences with fostering inclusion in their centers, including their understandings of disability. When analyzing the data, three core themes were identified that support meeting the aims of the research. The first theme was “Inclusive Language in the ECE Field”, the second theme was “ECE’s Pedagogical Differences with Inclusive Delivery” and the third theme was the “Impact of Early Intervention”. This chapter will explain how the themes emerged from the data and the ways that inclusion is predominantly understood by the participants. Each theme will have its own section where I will provide relevant statements from participants as well as data analysis to meet the aims of this study.

Theme One: Inclusive Language in the ECE field

Language is an essential part of how we interpret the world, “the word or phrases people speak or write, as well as the structure, affects society’s perceptions of people with disabilities and the self-image of those individuals” (Back et al., 2016, p. 7). This opening part of my data chapter addresses the powerful mitigating factor that language has within the early years sector. Explicitly, it outlines and analyses the language ECEs use to describe and refer to disabled children and how those words potentially inform how a young person experiences inclusion in the setting. Moreover, the language ECEs use in relation to inclusion can situate programming through a certain model of disability, such as the medical model or socio-cultural model. If an ECE chooses to use language rooted in the medical model (e.g., special needs, remediation, impairment, and intervention) it can potentially shape how other ECE practitioners understand inclusion as well as how children and

families come to experience disability. This section illuminates the power of language and to understand better what inclusive terminology and phrasing ECEs use in their daily practice. When asked about what type of language they use when talking about disabled children, participants responded:

Suzy: We use “diverse needs”, “identified needs”, a... “various abilities” ... those are the kinds of language we use.

Melissa: We use “diverse needs”; I really like “various abilities” because I think various abilities follow everybody. I have various abilities; everybody has various abilities, so I think it is more of an inclusive word.

Rachel: We use the same as what the other participants were saying, “diverse needs”, “differing needs”, some of our staff still use term “special need”, which we are working on moving away from, but it's just getting to that point with everybody.

It is essential to understand the influence that language has on our society, "language use can help society become more responsible for including individuals with disabilities; unfortunately, the language used to refer people with disabilities has historically kept them in their marginalized position by portraying them in a derogatory way" (Back et al., 2016, pp. 7). Above, we see how three participants imply various phrases when addressing disabled children and families in their centers. The common words and phrases employed by the ECEs include: “*diverse needs*”, “*differing needs*”, “*various abilities*”, and “*identified needs*”. Across the data, it is noted that the ECEs do not employ the term, disability when addressing children. When asking ECEs about the reasons why they do not use the word *disability*, they said:

Suzy: We don't even use disability where I work anymore. We use the words like, “ability” or “children with various needs” or “children with identified needs” instead of using that term just because I feel like is one of those words that kind of gets tabooed a little bit. It kind of gets that automatic label so that's why we try to use various words and try to be very diverse with our language with how we promote inclusion and how we promote diversity...we are also teaching the kids that everybody has different needs, right? And they are all identifiable, right?

Rachel: I think about disability ... it's just not a word that we use very often anymore in practice. We like to think about how every child has different abilities and some children just need more support with their abilities than other children. When you think of the word disability your brain automatically goes to it being a disadvantage, but it's not. Having different needs than other people you are not at a disadvantage than anybody else. That's why it is important not think of that word when we are talking about children with different needs ... because they are still able to do everything that everybody else.

In this data set, we see that the ECEs regard the term, disability through a deficit driven lens with one participant Suzy even framing disability as a word that gets 'tabooed' in the field. The negative discourse associated with the word 'disability' is historically related to medical model of disability and previous special education practices. Back et al. (2016) explains, "in a medical model, individuals are seen as possessing problematic traits specifically tied to a diagnosis and labeled an 'impairment.' Disability is then defined as a restriction caused by an impairment" (pp. 4). Similarly, Sulaimani and Daghustani (2022) state, "the medical model - unlike the social model - uses terms and portrayals that can cause or strengthen the stigmatization of people" (p. 2). Participant, Rachel said "*when you think of the word disability your brain automatically goes to it being a disadvantage*".

For several decades the Disability Rights Movement has advocated for appropriate language when referring to their community (Haller et al., 2006). However, "the dominant culture, or majority, generally resists to these language shifts" (Haller et al., 2006, p. 62). The medical model of disability has promoted the glorification of 'normality' and superiority of non-disabled people in our society, such that non-disabled people have the power to establish the norm on the language used to refer to the disabled community. Moreover, "for decades, publications intended primarily for the disability community have noted that much media coverage often does not include language that reflects current usage within the community" (Birenbaum, 2000). The ECEs

response to the term disability is a reflection of the dominant narrative that society has constructed which situates individuals to think about disability through disparaging negative constructs. The ECEs also acknowledge that disability is a label in broader culture as participant Suzy states, *It [disability] kind of gets that automatic label so that's why we try to use various words and try to be very diverse with our language with how we promote inclusion and how we promote diversity*". Here, we witness the ECEs also held in tension over the history of disability being constructed through a medical model. This aspect of the research suggests the requirement for our field of child and youth study to deconstruct that negative connotation and view disability as what it is an identity, a core element of a person (Brown, 2002). Part of this process is to enter into dialogue more fully about disability. When I explore the use of the word, 'disability' further in the participants' practice and in particular, its absence from their practice they shared:

Alice: I definitely think there are stereotypes that come with the word disability. I think that people hear the word disability and think unable. I think they think that people with a disability or diverse needs would be unable to do things. I think one of the stereotypes as far as childcare goes is that children with diverse needs are a burden or difficult to handle. I mean is not something we subscribe to in our center, but I think that is the stereotype that exists.

Melissa: I think one of the stereotypes too is not inclusion is exclusion, you know? Because you are already like they are disadvantaged. We are similar, too; we don't use the word disability. I have even heard those stereotypes from people out in public well you know 'isn't that a sin' 'you know she can't play with her friends, ' which she can right? or he can, or they can right? And so, for me, I think that is the biggest stereotype is how people perceive someone with a disability.

Here, the ECEs acknowledge the static stereotypes associated with the term disability. It is important to draw from the literature to understand the reason behind the negativity attached to the word, and the reason why some ECEs might be reluctant to use the term. Oliver (1990) defines disability as, "the disadvantage or restriction of activity caused by a contemporary social organization which takes not account of people who have a physical impairment and thus excludes

them from the mainstream social activities” (p. 11). The Social Model of Disability argues that disability is created by society due to barriers to access⁴ it has created (Inclusion London, 2015). Similarly, Hughes & Paterson (2010) state, that disability is not an outcome of bodily pathology, but rather a result of social organization and their patterns of exclusion. Therefore, it is important to recognize the history behind the negative connotation that has followed the term ‘*disability*’ for multiple decades. Participants indicate that they work hard to create an inclusive environment for all children when thinking of the appropriate words to use. Future work might suggest professional development workshops with ECEs on the history of disability and for ECEs to learn more about other models like the social model, critical model where disability identity can be understood as viable and valuable. That is, with education and beginning to adopt the word disability in ECE practice we can start to amplify the relevance and importance of the disability pride movement by normalizing the use of the word and helping promote the validity of disability as an identity and essential part of a person (Brown, 2022).

The ECEs statements bring forward an important discussion point for ECEs in future practice in relation to the power of language and how it can produce potentially oppressive experiences for disabled children. Therefore, it is important to understand and explore further how ECEs employ language when working with disabled children. This next set of data dives deeper into the ECEs critical reflections in relation to ‘what is disability’? For example, the ECEs first inclination was to think about physical disabilities. In fact, when asked about how children experience their centers they said:

Alice: I would say at our center children who don't have a diagnosed physical need may have an easier time than a child with a physical need. We have had children with physical needs before and now still, but one of our four locations specifically there's an entrance

⁴ Barriers to access: barriers that disable people with impairments. There are three main barriers: attitudinal barriers, physical barriers, and information/communication barriers (Inclusion London, 2015)

with a ramp but you have to go around back and so it's a little bit more of a hustle so I feel like that contributes to the way the experience their care or their arrival you know their arrival is different than everybody so I would imagine that probably has an effect

Rachel: I feel like the children that we have at our center that have disabilities are still able to experience the center as a whole the same way that all of the children do we are a pretty inclusive center and we readjust things where needed if we need to bring in different chair for children or bring in different heights of tables and things like that we are pretty adjustable for making it pretty even playing space for all the children in our care.

Above, we see the often-hidden barriers for disabled children and their families as it relates to how disability gets constructed. The statements above show how ECEs make adaptations to help children with physical disabilities have a better more inclusive experience at their centers. Having centers physically accessible for all children is of extreme importance. However, it is important to consider that not all disabilities are physical. Some disabled children have invisible disabilities. Invisible disabilities, refers to a disability that cannot be seen and interferes with day-to-day tasks but does not manifest physically (Moriña, 2022). As evidenced earlier, the ECEs identify the linear ways that disability gets constructed in their early childhood centers. When asked about their preconceptions or stereotypes regarding disability most ECEs identified elements of a physical disability (i.e wheelchairs or walkers), showing the limitations that can emerge when thinking about disabled children. When thinking of disabled individuals broadly as a society we tend to often not think about invisible disabilities. Due to their invisible nature these disabilities could potentially be ignored or brushed off as non-existent; this might be due to the prevalence that ableism has in our society and the idea that 'normality' is to be aspired (Moriña,2022). For that reason, it is important to recognize that unconscious biases in our practice and understandings of disability can impact the way we deliver inclusion as child and youth professionals, including how ableism can circulate. In this study, I inquired with the ECEs about their knowledge on ableism.

Alice: As much as I would love to say that there is no ableism in my organization, I think there is. I think there is something that is implicit in the way that definitely nobody is explicitly being ableist, but I think that sometimes we catch ourselves doing something that we don't even realize is an ableist mindset. And so luckily, I work in a great organization that we are able to call each other in on that and say, 'let's have a chat about that?' So, yes, there is still some ableism happening, and it's something we will continue to work on.

Suzy: I think honestly ableism happens when people don't even think they are doing it so when staff is saying things and not realizing that they are excluding somebody by generally putting them in a pool with everybody else.

Melissa: our unconscious biases exist, for example if maybe a child who uses a walker and they can walk some without it. We are more we are more likely run to that child quicker if they fell than an able-bodied child which is to me, you are unconsciously doing it. So, I think I would have to agree with Alice that no matter how hard we try it is still there and you just have to kind of catch yourself if you are doing it and realize 'hey you know what I wouldn't have done that if that child was more able bodied' so I am telling that child they need fixing.

When speaking about different examples of ableism at their centers Rachel mentioned the following:

Rachel: One example that I can think of it actually happened recently. At one of my school age programs we were getting ready to plan our fieldtrips for the summer, and we have a few children in our program that have diverse needs. One of the staff asked if those children were going to be involved in the fieldtrips with everybody else, and how we were going to work around that, but they did didn't ask about any of the other children if they were able to join us. So, I was really confused and we had a really good conversation about that of course we wouldn't pick fieldtrips that weren't inclusive for everybody at our location like we wouldn't chose to go somewhere if not everybody could join us and that we are an inclusive daycare so everybody would go with them because they cause were expecting that those children would just stay back at the centre with a different teacher and not get to join everybody else which just made me feel really sad because we want them to be able to experience everything with everybody else and go on the same fieldtrips and do the same things so we wouldn't exclude them and it was just sad to think that a staff member would think that way

Here, we see the intersectionality between unconscious forms of ableism, stereotypes and how language informs disabled children's experiences. This dialogue with participants shows the

paucity of discussions and perhaps professional development in relation to ableism in the early years sector. ECEs are in a critical position to disrupt ableism, through the pedagogies they use (Lalvani and Bacon, 2019). For that reason, it is important to support ECEs by giving them the necessary tools to engage in conversations regarding ableism, inclusion, and disability in a positive manner. Additionally, Lalvani and Bacon (2019) mention that professional development is essential to generate a plan to promote anti-bias education in the early years. Therefore, addressing the relevance of professional development that recognizes how embedded ableism is in our society is essential. Moreover, by equipping ECEs with tools to navigate conversations regarding ableism inclusion, and disability will consequently create an environment that welcomes disability as a core part of a person's identity.

This next section builds on the first theme and examines the participants' responses to how inclusion is delivered within their daily practice, including the participants' educational background and the gap that exists in their training when it comes to disability and inclusion. I also discuss the inclusive models present in their practice and the different strategies they use to ensure inclusion takes place in their organization.

Theme Two: Pedagogical differences and Inclusive Delivery

Inclusive delivery can be complex, "inclusive education is a model that goes beyond disability and aims at reducing exclusion and removing barriers to learning and participation for every student" and the participants identify the desire to receive more training (Carballo et al., 2021, p. 2). Across my discussions with the ECEs it became apparent that their perceptions and understandings of disability affect the way they deliver inclusion. During the focus group sessions, ECEs addressed the barriers they experience when implementing inclusive practices.

Rachel: Resources [funding] is a big one and there could definitely be improvements in those areas. I think a big hurdle would also be the staff training and the staff's own biases

... trying to change their mindset of what inclusion is.

Alice: I just think that with more [funding] we could do more ... so funding definitely is one of them. I would love for our staff to do kind of more in-depth training in a lot more subjects.

Melissa: I agree the training you know there's just not enough training out there in specifics. I think the biggest things for us would be funding and resource and training

In addition, the ECEs' educational background plays a significant role when it comes to their experience in inclusive delivery, as well, as the expectations they have of disabled children.

Alice: The courses I took covered very little on inclusion, the information was useless and all the experience that I have comes from either sourcing professional development myself or other courses or certificate programs.

Rachel: I don't remember it being a specific class that we took about inclusion, but I remember when we took, like a toddler or infant class, we learned about inclusion but not much. I would say it was maybe one lecture out of the whole semester.

Emma: I went to school back in 2007 and where I was only taking part-time, I didn't finish until 201 [and] there was absolutely nothing about inclusion it was very rare.

Alice: I have done PD on that [inclusion], and ... I have had to purposefully source out in other places. It's not something that is readily available. I find a lot of the PD offered in the ECE community to be fairly generalized and not helpful at all.

The ECEs identify the paucity of professional development in inclusion and their desire to learn more about inclusion and accessibility. Inclusion can be complex, yet it is necessary. When the ECEs discussed their education in relation to inclusion, I was curious about the approaches they used in their daily practice. As outlined earlier in my thesis, the medical model of disability continues to be the most prevalent model used in the field of child and youth study (Underwood, 2012). When asked about the models ECEs followed at their centers, this is what they had to say:

Suzy: Well, we just finished doing training for the Pyramid Model which is this huge model that they are starting to implement in pre-primary. We are kind of learning about that and having a good core relationship with the staff and then building relationships with the children and the importance of having a positive relationship with the children.

Alice: There's no specific model that we use. Just our curriculum we pull what we like from ... you know from a variety different ones and kind of melt them together in our own style.

Melissa: The basis that we use is circle of security trauma informed care. And its all based on attachment, so the most important thing we have to do is build attachments with the children.

Rachel: We don't use a specific model but the same as Alice. We kind of pull from multiple different ones because we find that helps us to pick a perfect fit for each child because one model might not work for every child so it's nice to be able to pull from different ones to make the perfect model for each child.

The ECEs acknowledge their understanding of inclusive models within their responses, but interestingly, several of the ECEs within their practice do not use a specific approach. One model guiding one participant's inclusive practices is the pyramid model. Applying a critical model of disability, we could argue that the pyramid model is a tiered approach that can situate some children to experience the learning space differently than their peers. As mentioned earlier, in the literature chapter, models, like the Pyramid model, are rooted in the medical model of disability. This model uses universal practices to support socio-emotional learning of children (Hemmeter et al., 2016) It is important to acknowledge that using universal practices does not account for the individuality of children, potentially excluding those who do not fit this model's norm.

Further, many of the participants indicated they did not use any specific inclusive model within their daily practice. As Rachel explains, "*We kind of pull from multiple different ones because we find that helps us to pick a perfect fit for each child because one model might not work for every child*". This approach we could argue follows a more socio-cultural form of practice that aligns more closely with the Nova Scotia Early Learning Curriculum Framework (DEECD, 2018). It is important to see the field of inclusion through a more socio-cultural lens because it is not enough to improve inclusion we must continuously identify and eradicate exclusion when it

presents itself in the ECE field (Eilers, 2019; Slee, 2013). After, this conversation it was important to know how ECEs foster inclusion in their daily practice:

Rachel: So, between children themselves at our location specifically in our school-age program we have multiple children with different abilities, and we are very open with the students that are in our program explaining about what is going on with the children.

Alice: So, in our classrooms at our centers we use a variety of different strategies with all the children that may like things like social stories and visual schedules and things like that that are often used with children with needs but we use them with all the children so that it's not and we it's just part of our program so whether you have a child with diagnosed needs or not it's part of the program so it doesn't seem odd or different or you know if somebody has to have a visual schedule for something else.

Suzy: yeah actually we um we actually pride ourselves on being an inclusive all-around environment not just for the children but for the staff as well we actually hire a lot of people with different identified needs, different diverse backgrounds um people who speak different languages and we involve them in every aspect so if they have some type of um different ability like they have cerebral palsy or they have something that like mental health we actually encourage them, especially in the school-age program to like have a conversation with them and tell them like you know I have cerebral palsy and this is what it does and this is what I can and can't do and this is what I struggle with and it kind of gives the children an education piece.

The way ECEs view, understand, and talk about disability has a great influence on how children perceive disability. Skär (2010) states, “children’s attitudes towards disability depend on what the children know or understand about disability and the norms and expectations of the adults” (p. 178). For that reason, it is important that children are exposed to positive disability representation. When talking about the materials children are surrounded by, all ECEs indicated that they have books about disability acceptance and how much they value that representation.

A strategy that multiple ECEs mentioned regarding promoting and ensuring inclusion occurs at their centers was to engage in conversations. When asked if conversations surrounding disability are encouraged or silenced at their centers, participants stated:

Rachel: At my center, they are very much encouraged just because we don't want people to think the children to be questioning that kind of stuff and then not feeling comfortable asking about like in a respectful way.

Alice: conversations are definitely encouraged we might you know help them finesse the language a little but you know whoever said that children don't notice differences has never been around children couldn't absolutely notice difference is like super small differences big ones and I think you know that's a natural curiosity so I think it's important to encourage exploration an understanding and learning about it rather than you know trying to push it under the rug or you know make it something taboo.

Melissa: I think 10 years ago we might not have encouraged it when I think back reflectively where is now, I think over the years we've learned how important it is to allow children to ask those questions.

Having conversations about disability that are not rooted in the medical model of disability is important. Knowing that ECEs feel comfortable and even encourage conversations about disability, creates an inclusive environment that is beneficial to all children. ECEs point out that not having those conversations could make disability a taboo topic, which is what they are trying to avoid. To eliminate the negative labels when it comes to disability, society should encourage the use of the term disability when having conversations about diversity and inclusion. Disabled people cannot detach themselves from their disability identity, therefore is important to embrace disability and celebrate difference. I turn now to outline the final theme related to inclusive delivery services in relation to families.

Theme Three: Perceptions around inclusive delivery services.

Theme three will provide insight into how ECEs perceive certain inclusion services, namely early intervention. During the focus group sessions, ECEs mentioned the collaboration with external services such as EIBI, Hearing, and Speech, and APSEA. When asked about where therapies or different early intervention services take place all ECEs indicated they occur in the classroom with the rest of the children. For example, if a child is receiving hearing and speech

services they are not removed from his/her/their classroom to work with these professionals.

However, ECEs mentioned how they can see these services trying to fix children.

Melissa: Um I have one um so it's not the staff in our center is a team working with a child that has autism and I feel like they are trying to fix things with this child, for example, they are trying to get him to initiate a conversation with people. Um and you know he has very good language his speech has come a long way um I keep thinking if this was a child that did not have autism would you come to my center would you tell me I need this to make this other child initiate conversation with people.

Melissa also mentioned:

Melissa: years ago, we had a team in here working with a child with autism and they really made him frustrated and angry because he wanted to play ball and they wouldn't let him have the ball until he said, 'red ball'. He said 'ball' a million times and they just kept saying 'no, it's red ball.' I reflected on that because I thought of this after all our sessions, and I thought you know what? We wouldn't do that to a typically developing child and I understand they wanted him to say the colour red, but to me that wasn't that's not inclusion you know? It really bothered me. When I got thinking about it and I thought you know really are we being inclusive? When we're trying to change children when they're not according to western society typically developing. Helping them yes, I get that you need to help them grow like you do any child however sometimes it's more than helping it's making them try to change them from who they are.

This shows how most early intervention services still view disability as a problem to be solved.

Melissa said, “*this is not inclusion*”, which is significant when we think about early intervention practices. Since some early intervention services tend to view disability from a medical standpoint exclusively, they tend to reinforce the idea that disability is something negative that requires ‘fixing.’ Due to this notion, society views disability as a punishment, which affects the way families understand disability and react towards inclusive practices. As Love and Beneke (2021) state, “positioning some children as requiring remediation based on narrow socially constructed behaviour norms reflects ableism” (p. 32). In fact, during the conversation with ECEs, we talked about how parents view disability and the concept of inclusion.

Two of the ECEs in this study had the role of inclusion coordinator at their place of work. During our focus group sessions, they spoke about how parents perceive the role of inclusion when

it comes to disability. This is what Emma had to say when asked about her role as inclusion coordinator:

Emma: I always like to say that I should always like inclusion should always be kind of a natural presence in the classroom so that it should be just it shouldn't feel like oh there's something going on because an inclusion coordinator is here.

Suzy: I'm working an organization that has four locations, so I oversee all of all of the children that need extra support. There's a lot of children, so my job is to be able to go into the classroom and support all of the children regardless of whatever needs they may have an and help staff and children to be able to work in a classroom together and be able to problem solve so if an issue comes up for a child is really struggling we all work together as a team to try and figure out why this is happening now this is occurring what can we do happily problem solve it do we need to have a meeting that's basically my job.

All ECEs recognize that having an inclusion coordinator onsite is useful. However, relating to theme one it is important to look at the language being used. Moreover, the way we talk about inclusion has a big impact on how others might perceive it. For that reason, it was important to see how parents react to the role and the presence of inclusion when it comes to disability. This is what ECEs had to say about the parental perception of their role as inclusion coordinators:

Emma: I think there's a huge taboo with being an inclusion coordinator. Like if it's almost like I that's the part I dislike about my job the most is that when a parent sees you or any conversation you have it's almost like "Oh no inclusions here, like what is going" or even if I reach out to them it's just it's a very negative.

Suzy: now for me, it's a little bit different because before I even like went around and said I was the inclusion coordinator I went and worked in all four locations and just kind of like hung out so I would like yeah my name is this and like I'm just coming to hang out and people like OK cool so and then when they found out that I was the inclusion corner they were like "oh so like you know about my child" and blah blah blah was like yeah I do!

Additionally, Suzy mentioned:

Suzy: I think when they think of an inclusion coordinator they think of 'Oh no that's the person that goes around and diagnosis people' no we're not allowed to do that we go around it helps support children in the classroom and how we can end how what kind of what kind of things do that we need to do to be able to support all the children in the classroom.

This data shows that the ECEs perceive parents to be influenced and shaped by the stereotypes surrounding disability and can make parents fear receiving a diagnosis. For example, Rachel responded on her perspective when communicating with parents:

Rachel: I know a lot of times in practice like if a child is diagnosed with a special need um a lot of the times the parents are so concerned about what their life is going to look like as they grow up which I think is one of the biggest stereotypes is that they can't succeed um the same as their peers which with the right support system and the right things in place and um having the right advocates for them they totally can.

For the most part, receiving a disability diagnosis could be difficult for parents. For some parents receiving a disability diagnosis means they will encounter new barriers, requirements, decisions they did not consider before, and in some cases a new language (Bingham, et al., 2012). This is because a disability diagnosis may come with different unknowns. When I spoke to ECEs about their opinion on the barriers disabled children and their families face, the ECEs said:

Rachel: The biggest barrier is resources for the families, so the initial getting the children the help that they need. With EIBI and all that kind of stuff, the waitlists are so long.

Suzy: Oh well my big thing is for I think a lot of parents when they find out that their child has a disability is they just don't know where the supports are so my job is to be able to provide them with those supports that are great but once they turn 5 and they go to school they're like what happens now when I'm like well you know there's these community programs and all these things that they're like well we can't find them like they're not accessible they're not accessible enough.

Another difficulty might be that once those resources are available, their practices are constant training on how to fix their disabled child. This is rooted in the impact the medical model has on our society. When early intervention services are focused exclusively into fix a child it reduces that child to be understood largely through their medical signifiers. Instead, we should encourage early interventionists to view disability as a viable identity and a core element of a child. By embracing their disabled identity, we can help children be proud of who they are. Children's

perceptions of disability may affect the way they interact and accept their disabled peers (Skär, 2010).

Conclusion

This chapter shows evidence of how the medical model of disability continues to circulate within early childhood centers often in hidden ways that ECEs had not considered prior to engaging in discussion. That constant presence highlighted the relevance and impact the medical model of disability has on the way ECEs think about disability and inclusion. It also showed the ECEs willingness to critically examine their inclusive practice and to advocate for more professional development to enhance their knowledge in inclusion. In addition, the ECEs were able to examine concepts like ableism and how language is a powerful mitigating factor that can often infiltrate through centers unknowingly. This data shows the relevance of ECEs engaging in ongoing dialogue about concepts, like disability and ways to disrupt static medical notions of disability to support the complexity of individual disability experience. The next chapter will provide a summary of the study and future recommendations for future research.

Chapter Five: Conclusion

This study focused on the thoughts and ideas ECEs experience through their daily practice working with disabled children and their families. One of the goals of this thesis was to understand how ECEs construct disability in the early years. This study shows how the medical model of disability is the predominant model used in the early years field. This model views disability through a lens of medical signifiers and limitations (Baglieri et al., 2011). Additionally, this model looks to regulate children's bodies. For example, a way in which children's bodies are regulated is through remediation therapies. As previously stated, remediation therapies focus exclusively on medical identifiers rather than the social experience of disabled children.

This thesis also exposed the ways that ableism can potentially be reproduced often inadvertently in the early childhood field. Explicitly, this study showed the importance of adopting a socio-cultural model to discuss and understand the disabled identity. In this final chapter, I will talk about the importance of providing ECEs with relevant professional development. Moreover, this chapter will focus on the importance of using a new model, such as the social model, to understand disability, including the consideration of fostering more disability pride within early childhood centers.

Inclusive Professional Development

A recurring topic during the focus group sessions was ECEs' opinions on the paucity of inclusive professional development offered. Preparation is essential for ECEs, especially regarding disability and inclusion. ECEs play a fundamental role in the way young disabled children could potentially feel about their disabled identity (Moriña & Carnenero, 2020). Therefore, it is essential to equip them with the necessary tools to engage in meaningful conversations regarding disability and inclusion. Educators commonly believe they should only talk about disability if children ask

(Lalvani & Bacon, 2019). However, by giving ECEs the tools needed to start conversations about disability, we are helping children understand our diverse world and disrupt static conceptions of disability via medical constructs. Moreover, as seen through this study, the way disability is constructed among ECEs can be linear; therefore, providing ECEs with professional development that addresses the history of disability, explores current disability constructs in social discourses (e.g. media representation) and introduces new models of disability is important. Providing ECEs with meaningful and practical professional development will make them more comfortable speaking about disability, identifying inadvertent ableism, and providing inclusive pedagogies in their daily practice. For that reason, I will now outline some specific areas for consideration in relation to professional development.

Recommendation #1 for PD Training in Social Model

The social model of disability challenges the historical conception of disability as a tragedy and views it as a viable identity. The social model of disability was created by the Union of Physically Impaired Against Segregation (UPIAS) in 1976 (Beckett & Campbell, 2015). The social model of disability was created in opposition to the medical model of disability (Corker & Shakespeare, 2002). In the words of disabled theorist Oliver (2009), the model argues that disabled people “were not disabled by our impairments but by the disabling barriers we face in society” (p. 1024). The social model of disability gives insight into how disabled people experience life in society.

The model highlights the barriers to access non-disabled bodies have created. For example, Martin (2012) says, “cerebral palsy may limit a person’s ability to use stairs, but it is the stairs themselves which constitute a disabling barrier to access” (p. 15). For that reason, non-disabled

people must acknowledge the barriers to access they create for disabled people; only then can we create a more inclusive society.

Regarding the early years field, it is important to adopt a new way to guide ECEs in how they think and view disability. The social model offers a new positive way of understanding the disabled identity and allows ECEs to have dialogue about what barriers might exist for children and their families. These barriers include (but, not limited to): social barriers, physical barriers, attitudinal barriers, environmental barriers, economic barriers, and institutional barriers. Additionally, by recognizing the disabling barriers society has created for disabled children, ECEs can begin to recognize the barriers within their practice and develop inclusive pedagogies.

Table#2: Social Model

Resources
<p>The Social Model of Disability Explained-Alliance for Equality of Blind Canadians http://www.blindcanadians.ca/publications/cbm/16/social-modeldisabilityexplained#:~:text=The%20social%20model%20of%20disability%20starts%20from%20a%20different%20perspective,participating%20and%20restricts%20their%20opportunities.</p> <p>Inclusion London (2015). The Social model of disability. <i>London</i> Disability: Perspectives and Models – Accessibility Hub, Niagara College Canada https://accessibilityhub.niagaracollege.ca/articles/foundations/disability-perspectives-andmodels/</p> <p>Models of Disability and How They Impact Teaching, Keagan Stoyles – Facing Canada https://facingcanada.facinghistory.org/models-of-disability</p>
<p>Confronting Disability – Brendan Campbell https://www.youtube.com/watch?v=DkSuqtnsyCE</p>
Activities

- Watch videos regarding the social model of disability (example listed above)
- Learn about the barriers to access, go around the centre trying to identify the barriers that exist in the space
- Learn about inclusive language and disability first language – (see resources above)
- Create a plan to ensure all programs/spaces are accessible to all children
- Learn about the history of the medical model of disability to understand its problematic nature

Attitudinal barriers are often one that is not considered often when fostering inclusion and therefore, recognition of stereotypes and ableism is an important aspect of the social model. However, for ECEs to develop those pedagogies, education surrounding the social model of disability, disability pride, and inclusion is also essential. Below, I have outlined a few resources and activities related to the social model for consideration.

Recommendation #2 for PD Training: Disability Pride and Advocacy

The disability pride movement promotes and fosters the idea that being disabled is not inherently negative or problematic (Oliver, 2009). The disability pride movement is a response to years of discrimination generated by the common negative stereotypes about disability (e.g. a burden, to be pitied, a form of inspiration, tragic, charity case). The disability pride movement encourages society to view disability as a positive, viable identity by trying to eliminate the hierarchy between disabled and non-disabled bodies. Additionally, the movement encourages disabled people to advocate for their rights and feel pride of their community (Martin, 2012). Fostering disability pride encourages disabled individuals to be proud of their identity and consequently project a positive image to society (Brown, 2015).

ECEs have a great responsibility when working with disabled children and their families. How ECEs understand disability could potentially impact how disabled children feel about their identity. Talking about feeling pride in one's culture and family is essential, yet we should pay the same amount of attention to disability identity. Lalvani & Bacon (2019) say, "honoring disability identity, within lessons that aim to instill pride in one's family and culture, is vitally important in an inclusive classroom" (p. 91). Moreover, the way ECEs talk about disability has an impact on how their non-disabled peers understand it. Having conversations or reading books that positively represent disability is a way ECEs can start fostering disability pride in children.

Another way to help children feel pride of their disabled identity is by teaching them skills they might need to advocate for themselves in the future (Lalvani & Bacon 2019). Exposing all children to positive disabled representation is essential. By having disabled representation, disabled children can see beyond the 'limitations' society insists they possess. Additionally, nondisabled children could start to deconstruct the normative way they have been taught to think about disability. Additionally, ECEs should advocate for disability inclusion in all aspects of their practice.

A way in which ECEs can advocate for disabled children is by ensuring that all spaces in the centre are accessible. Another way to advocate is by creating programs that take into consideration all disabilities, not just physical ones (Smith & Mueller, 2021). It is important that ECEs start fostering disability pride in young children; that way, children will grow up knowing how to self-advocate. Smith & Mueller (2021) define self-advocacy as "a complex set of behaviours and ideas that shape not only an individual's way of navigating the world, but also their own understanding of themselves as a member of the disabled community itself" (p. 460). Positive disabled representation is essential for disabled children to have a sense of pride and to see

themselves beyond the tragedy archetype that the media constantly portrays (Smith & Mueller, 2021). Below, I have outlined a few resources and activities related to disability pride for consideration.

Table 3: Disability Pride

Resources
<p>Brown, E. (2002). What is Disability Culture. <i>Disability Quarterly</i>, 22(2)</p> <p>Ableism/Disablism – Accessibility Hub, Niagara College Canada https://accessibilityhub.niagaracollege.ca/articles/foundations/ableism-disablism/</p> <p>Lalvani, J., & Bacon, P. (2019). Rethinking “We are All Special”: Anti-Ableism Curricula in Early Childhood Classrooms. <i>Young Exceptional Children</i>. 22(2), 87-100. DOI: 10.1177/1096250618810706</p> <p>Changing the way we talk about disability – Amy Oulton https://www.youtube.com/watch?v=4WIP1VgPnco</p> <p>I’m not your inspiration, thank you very much – Stella young https://www.youtube.com/watch?v=8K9Gg164Bsw</p> <p>Martin, N. (2012). Disability Identity – Disability Pride. <i>Perspectives: Policy and Practice in Higher Education</i>. 16(1), 14-18</p> <p>Disabled Young People Answer: What is Disability Pride? https://www.youtube.com/watch?v=TpkwSQQbFEg</p>
Activities

- Learn about the history of the disability to understand the need to deconstruct its negative connotation
- Watch videos about disability pride and advocacy (listed above)
- Find literature to add to the center's library. Books that represent disability as a positive viable identity.
- Have disabled activists come talk to ECEs about the disability pride
- Find ways to include disability representation in your centre. Are posters needed? Toys that represent disability?
- Basic Sign Language/ Finger spelling
- Have professional development regarding biases

In conclusion, ECEs have a great responsibility when speaking about and understanding disability, as their philosophies could affect how disabled children view themselves. Additionally, viewing disability beyond its medical signifiers will allow us to see disability as a viable identity and help disabled children be proud. Finally, ECEs need to advocate for complete inclusion for disabled children and their families. Advocating for the disabled community could teach children the importance of self-advocacy. Consequently, creating mindful adults that could deconstruct the traditional stereotypes of disability.

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Appendices

Appendix A: Interview Guide First Focus Group

First Focus Group

- Why did you decide to become an ECE?
- How many years have you been an ECE?
- How many children do you work with, and what are their ages?

As you know, I am doing research on the inclusion experiences and practices of ECEs. My remaining questions will focus on the topic of disability and inclusion.

- Did your ECE training include specific courses on inclusion? What do you remember about these courses? Any topics that weren't covered that you wish you learned more about?

Thinking broadly about disability and society, I wonder if we could chat briefly about disability and how it is understood in society.

- When you think of the term, disability – what comes to mind?
- Are there any stereotypes associated with disability?
- How are children with disabilities widely portrayed in public spaces? in schools? in media?
- What about the concept of ableism? Have you heard of this term? Do you think ableism exists at your center? Can you think of any examples of ableism as it relates to young children with disabilities? Unconscious biases?

Moving to thinking about your own inclusive practices at your center....

- What language do you hear in your center as it relates to disability and inclusion? (e.g. special needs)
- Are there any specific inclusive models that your center uses?
- What types of broad supports do you use when working with children with disabilities?

Before our next focus group, I invite to think about your philosophies on inclusion and your daily inclusive practices.

Second Focus Group

- Start with reflection, what do you think about after our first focus group as it relates to inclusion?
- Tell me about your experiences with children with disabilities.
- How do children with disabilities experience the centre? Are there any barriers to access?
- How would you describe your inclusive delivery at the center?
- What are your philosophies on inclusion?
- Do you have conversations with families on how to support their children with disabilities?
- What do you do to ensure inclusion occurs in your center?
- At your centre, does early intervention or therapeutic intervention take place in a room or space apart from other children?
- What challenges do you think exist in relation to delivering inclusion for children at your center? (e.g. resources, funding, staff training)
- What are the barriers to access for children with disabilities? and their families?
- What areas of inclusion could be improved upon?

Third Focus Group

- What center policies do you have in relation to inclusion?
- In your opinion, how does the Nova Scotia Early Learning Curriculum Framework, Capable, Confident, & Curious support inclusive practices?
- What professional development is needed in relation to inclusive delivery? Gaps in PD?

I will then give time to discuss disability and how it is framed in early years.

- Now that we have had some rich discussions, how is disability constructed in early year contexts? Do we need to change how disability is framed in the early years?
- Any final thoughts on the topics that we have discussed?

Appendix B: Permission for Recruitment Letter



Dear Director:

My name is Rafaela Muriel, I am doing a graduate thesis study in Child and Youth Study at Mount Saint Vincent University under the supervision of Dr. Sarah Reddington, Assistant Professor in Child and Youth Study. The goal of my graduate research project is to find out how early childhood educators (ECEs) presently working in a licensed early childhood center in Halifax Regional Municipality with a Level 2 or 3 classification understand disability, including how their inclusive practices inform the daily experiences of children with disabilities and their families. I am writing to see if you could share this research opportunity with your staff. I have attached an information sheet to this email that contains more detail on the study.

To meet the aims of this research, I will conduct online focus groups with 6-7 ECEs working in the Halifax Regional Municipality who are working or have worked with children with disabilities and have a Level 2 or 3 classification. The focus group will meet on three separate occasions (each two weeks apart) to engage in facilitated discussions on the topic of inclusion and their experiences when working with children with disabilities. I will use the secure online platform of Microsoft Teams to conduct the focus groups with your ECE staff. The aim of the three online focus group sessions is to learn more about their philosophies on inclusion and their daily inclusive practices when working with young children with disabilities. In advance of the focus group sessions, I will review with participants the aim of the research, the research focus group process, and ethical concerns in relation to the rights of research participants, participant consent, and confidentiality. In the focus group session, I will invite participants to discuss questions that pertain to the approach to inclusion in their everyday practice, such as:

- Tell me about your experiences with children with disabilities.
- How do children with disabilities experience the centre? Are there any barriers to access?
- How would you describe your inclusive delivery at the center?
- What are your philosophies on inclusion?

Early childhood educators that meet the following criteria may be eligible: ○

- 19 years of age or older ○ Currently employed in a licensed early childhood center in the Halifax Regional Municipality
- Currently working or have worked with children with disabilities ○ Level 2 or 3 classification

The focus group will be conducted in the evenings, using the virtual platform Microsoft Teams and the time will be set based on participants' schedules and availability. Any identifiable features will be altered (i.e. name of early childhood center). All responses will be kept confidential and will not be identified in the reporting research.

The information gathered from this focus group will be used to inform my thesis “Disability construction among early childhood educators in Nova Scotia”.

I look forward to speaking with ECEs from your center who are interested in participating in this study. Please feel free to contact me with questions, or my thesis research supervisor, Dr. Sarah Reddington. For staff that express interest, please share the information sheet attached to this email for additional information on my study. Thank you for your time and consideration

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Appendix C: Information Sheet

Mount Saint Vincent University
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Title: Disability Construction Among Early Childhood Educators in Nova Scotia

My name is Rafaela Muriel, and I am doing a graduate thesis in Child and Youth at Mount Saint Vincent University under the supervision of Dr. Sarah Reddington, Assistant Professor in Child and Youth Study. The purpose of this thesis is to gather information that helps understand ECEs Nova Scotia inclusive philosophies, experiences, and practices as it relates to children with disabilities and their families. Specifically, the aim of the study is to learn more about your philosophies on inclusion and your daily inclusive practices when working with young children with disabilities. I hope to bring forward recommendations for ECEs in relation to best practices working with children with disabilities and their families.

I am writing to invite you to participate in my research by sharing your experiences working with children with disabilities in your practice. ECEs that are currently employed in licensed early childhood setting in the HRM and that have a level 2 or level 3 certification are welcome to participate. Additionally, experience working or having worked with children with disabilities would be a requirement.

I am inviting you to be part of a focus group with 6-7 other ECEs currently working in the HRM to discuss disability in your everyday practice. The focus group will meet for a total of three times, approximately for 45 minutes in length. The focus group sessions will be scheduled two weeks apart to allow time for reflection. We will meet using the Microsoft's Team virtual meeting platform. If you agree to participate, I will send you a link to the meeting room that you can click on and join the focus group session. The focus groups will be the evenings to accommodate work commitments or alternatively on the weekend depending on participants preferences. Each focus session will be approximately 45-60 minutes in length, video and audio taped and fully transcribed.

I will use a semi-structured interview guide approved by my thesis committee to facilitate the focus group discussion to support meeting the aims of the research.

Here are a couple of examples of the types of questions we will discuss:

- Tell me about your experiences with children with disabilities.
- How do children with disabilities experience the centre? Are there any barriers to access?
- How would you describe your inclusive delivery at the center?
- What are your philosophies on inclusion?

Maintaining anonymity and confidentiality of the participant is of utmost importance, however, your anonymity in relation to other participants will be known as you are meeting in a focus group format. All participants will be instructed prior to both focus group sessions to keep the identities of participants and where they work confidential. Pseudonyms will be used in the written notes and all transcribed copies of your conversations. I will take every care to remove responses from any identifying material as early as possible. Any identifiable features will be altered (i.e. name of early childhood center). The audio recordings will be securely stored on the Microsoft Office app until the transcription is completed, when it will be deleted from the server in accordance with the MSVU Research Ethics board. The transcripts will be stored securely on Office 365 ONEDRIVE for five years from the time of completion of the project.

Participation in this study is voluntary and you will be free to withdraw at any stage without being questioned. No reason will be required. The research itself contains nothing that is surprising in nature as we are talking about ECEs everyday practice and interaction with children with disabilities. You will receive a two-page summary of the study's findings.

If you would like to participate, please contact me at rafaela.murielalarcon@msvu.ca.

Thank you.

I look forward to chatting with you.

Rafaela Muriel Alarcon, Graduate Student
Master of Child and Youth Study Mount
Saint Vincent University
rafaela.murielalarcon@msvu.ca

The ethical components of this research have been reviewed by the University Research Ethics Board (REB) and found to be in compliance with Mount Saint Vincent University's ethics policy. If you have ethical concerns, such as the way you have been treated or your rights as a participant, you may contact the Research Ethics Coordinator of the REB at Brenda.gagne@msvu.ca or ethics@msvu.ca (XXX)XXX-XXXX

Appendix D: Consent Form Title: Disability Construction Among Early Childhood Educators in Nova Scotia

Researcher: Rafaela Muriel
 Graduate Thesis (Toward a MA with Child and Youth Studies)
 Mount Saint Vincent University
rafaela.murielalarcon@msvu.ca
 (XXX)XXX-XXXX

Supervisor Contact:
 Dr. Sarah Reddington
 Assistant Professor
 Child and Youth Study Mount Saint
 Vincent University
sarah.reddington@msvu.ca
 (XXX)XXX-XXXX

Research Consent Form

I have read the information sheet, and the nature and purpose of the research project have been explained to be. I understand and agree to take part.

I confirm I am 19 years of age or older.

I confirm I am an employed early childhood educator in the Halifax Regional Municipality (HRM) presently working at an early childhood center in the HRM and have a Level 2 or 3 ECE classification and have experience working children with disabilities.

I understand that I may not directly benefit from taking part in the project.

I understand that participation is voluntary, and I can withdraw from the study at any stage. I understand that at any time in the focus group I can choose not to answer a question(s). I understand that the researcher cannot guarantee the confidentiality or anonymity of correspondence by email or phone.

I understand there will be video, and audio recorded during the study via the Microsoft Teams virtual platform.

I understand that my anonymity will be safeguarded will all identifiable information being removed.

I understand that the conversations and topic discussed are of a confidential nature; therefore, I cannot comment on what other people have shared outside the focus group environment. I understand that the audio and video recordings will be deleted once they have been transcribed. The transcripts will be stored on Office 365 ONEDRIVE for five years meeting the MSVU REB requirements. Access to this material will be restricted to the researcher and her supervisor. I

understand that the findings from this study will be published on Mount Saint Vincent's website as a thesis.

I understand that the study may be published in a peer reviewed scholarly article, and the findings may be presented at professional or scholarly events.

Participant's Name _____

Participant's Signature _____

Date _____

I have explained the study to the participant and consider that he/she/they understands what is involved.

Researcher's Signature _____

Date _____