Measuring the Inclusion Quality of Chilean Preschool Classrooms: Gathering Baseline Data and Exploring School Stakeholders' Beliefs about Inclusion

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Abstract

This mixed-method study measured the quality of regular preschool classrooms as well as their level of inclusion quality, in a sample of 31 Chilean regular schools operating inclusive preschool classrooms. Beliefs about inclusion held by school main stakeholders (i.e., principals, vice-principals for curriculum development, resource teachers and early childhood educators) in 11 of those schools were also measured. Quantitative information was gathered using the Spanish language version of the *Early Childhood Environment Rating Scale-Revised Edition* (ECERS-R) (Harms, Clifford, & Cryer, 2005) to determine the quality of the regular preschool classroom; a piloted version of the *Specialink Early Childhood Quality Scale* (Irwin, 2009) was utilized to identify practices implemented by schools as well as the principles guiding inclusion at those schools. Quantitative data showed that the majority of schools assessed obtained a mediocre care level of overall preschool quality, using the terminology of Harms, Clifford, & Cryer, (2005), the developers of the ECERS-R instrument. To compare performance between public and semi-public schools, the statistical procedure of independent *t*-test was executed. Results showed that compared to public schools, semi-public schools scored significantly higher on the parents and staff's ECERS-R subscale. In regard to inclusive preschool quality, results showed that schools scored at a less than minimum level. To determine the differences between the principles and the practices scores on the Specialink scale, a repeated-measures ANOVA with two factors, one by subscale (within-subjects effects) and one by type of school (between-subjects effects) was executed. Statistically significant differences were found between the practices ($M = 2.71$, $SD = 0.82$) and the principles ($M = 3.19$, $SD = 0.81$) subscales of the Specialink scale, $F(1, 29) = 30.173$, $p < .001$. The qualitative component of this study identified main themes for the influences, conditions for child's acceptance, strengths, challenges, support

and resources, additional support/resources, and school stakeholders' main beliefs and understandings about inclusion categories. For these categories and following Bronfenbrenner's system-level model (1979), implications within the classroom setting (i.e., microsystem) are identified at the mesosystem (i.e., community need(s) and relationships between institutions: family-school, school-community dyads), the exosystem (i.e., represented by Chile's educational and tax reforms, the passages of particular laws and policies and school board decisions), the macrosystem (i.e., stakeholders' beliefs and understandings about why inclusion should be implemented at their schools) and the chronosystem (i.e., Chile's particular historical moment which is the result of historical influences), all layers and institutions impacting school related issues. Results from the present study highlight a differential understanding among school stakeholders about what inclusion is, with administrators scoring the lowest for the "valuing diversity" category. Recommendations include the need for closer collaboration between institutions (i.e., school, parents, community) as well as the creation and promotion of key alliances and partnerships between them. Future implications include the need to work more closely in their leadership and advocacy roles as well as accurately identifying the schools' strengths and needs in order to progress toward higher quality inclusion. It is hoped that by implementing these recommendations and their implications for inclusion, participating schools would move toward greater inclusion quality and encourage others to take action toward this goal. It is also expected that data from this study will be helpful for the Chilean government to support its commitments to provide quality education for all its citizens.

Résumé

Cette étude de méthodes mixtes a mesuré la qualité des salles de classe préscolaire régulier, ainsi que leur niveau d'inclusion, à l'aide d'un échantillon de 31 écoles régulières chiliennes opérant des salles de classe inclusives. Les croyances au sujet de l'inclusion parmi les directeurs(trices), vice-directeurs(trices) du développement du curriculum, enseignant(e)s de ressource et éducateurs(trices) de la petite enfance ont aussi été mesurées dans 11 de ces écoles. Les données quantitatives étaient obtenues par le *Early Childhood Environment Rating Scale – Revised Edition* (ECERS-R) (Harms, Clifford et Cryer, 2005) afin de déterminer la qualité de la classe régulière préscolaire; une version pilote du *Specialink Early Childhood Quality Scale* (Irwin, 2009) fut utilisée pour identifier les pratiques mises en œuvre par les écoles, ainsi que les principes guidant l'inclusion. Les données quantitatives indiquent que la majorité des écoles évaluées ont obtenu un niveau médiocre pour la qualité globale des écoles préscolaires. Pour comparer la performance entre les écoles publiques et semi-publiques, la procédure statistique du test-*t* indépendant a été exécutée. Selon les résultats, en comparaison avec les écoles publiques, les écoles semi-publiques ont reçu une note beaucoup plus élevée sur la sous-échelle ECERS-R des parents et du personnel. En ce qui concerne la qualité inclusive préscolaire, les résultats démontrent que les écoles reçoivent une note plus basse que le niveau minimum. Afin de déterminer les différences entre les principes et les pratiques, un ANOVA a mesures répétées a été exécuté avec deux facteurs : un par sous-échelle (effets internes aux sujets) et un par type d'école (effets entre sujets). Des différences d'importance statistique ont été découvertes entre les sous-échelles de pratiques (M=2.71, SD=0.82) et de principes (M=3.19, SD=0.81) de l'échelle Specialink, $F(1,29) = 30.173$, $p < .001$. L'élément qualitatif a identifié les principaux thèmes pour les catégories : influences, conditions d'acceptabilité d'un enfant, forces, défis, soutien et ressources, soutien/ressources additionnels, et les principales croyances sur les catégories

d’inclusion. Pour ces catégories, et suivant le modèle systémique de Bronfenbrenner (1979), les implications à l’intérieur de la salle de classe (microsystème) sont identifiées au niveau du mésosystème (besoins de la collectivité et relations entre institutions), l’exosystème (les réformes chiliennes de l’éducation et des impôts et le passage de lois et politiques particulières), le macrosystème (compréhension des personnes impliquées sur les raisons pourquoi l’inclusion devrait être mise en œuvre dans leurs écoles) et le chronosystème (le moment historique particulière au Chili), toutes les niveaux et institutions ayant un impact sur les enjeux liés aux écoles. Les résultats de la présente recherche soulignent une compréhension différenciée de la définition de l’inclusion entre les personnes impliquées dans les écoles. Les administrateurs ont reçu la note la plus basse pour la catégorie "valorisation de la diversité". Les recommandations incluent la nécessité d’une plus étroite collaboration entre les institutions (école, parents, collectivité) ainsi que la création et la promotion d’alliances-clés et de partenariats entre ces parties. Les implications futures incluent la nécessité de travailler de façon plus étroite dans leurs rôles de dirigeant et d’intervenant, et d’identifier les forces et besoins des écoles de façon plus exacte afin de favoriser leur progrès vers une inclusion de meilleure qualité. Nous espérons que, par la mise en œuvre de ces recommandations et leurs implications pour l’inclusion, les écoles participantes pourraient augmenter leur qualité d’inclusion et encourager les autres à agir en sens. Nous anticipons aussi que les données produites seront utiles pour le Chili, afin de soutenir son engagement d’offrir une éducation de qualité pour toutes et tous.

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CHAPTER 1: INTRODUCTION

In Article 26, the 1948 *Universal Declaration of Human Rights* states that education is a basic human right (United Nations (UN), 1948). Additionally, Article 1 of the *World Declaration on Education for All* states that "every person -child, youth, and adult- shall be able to benefit from educational opportunities designed to meet their basic learning needs" (United Nations Educational, Scientific, and Cultural Organization (UNESCO), 1990, p. 4). The 2006 UN *Declaration on the Rights of Persons with Disabilities* specifies that member governments of the UN "shall ensure an inclusive education system at all levels and that persons with disabilities are not excluded from the general education system on the basis of disability" (pp.16-17). Likewise, the *Salamanca Statement on Principles, Policy and Practice in Special Needs Education and Framework for Action* which emphasizes the need to work towards "School for All", meaning that "institutions should include everybody, celebrate differences support learning, and respond to individual needs" (UNESCO, 1994, p. iii). However, despite the existence of these conventions, the important contribution that they make for achieving "Education for All", and their adoption by many governments, numerous persons, especially those with disabilities, are still denied access to a quality education. The fact that many children with disabilities are still denied access to a quality education in my home country of Chile, inspired me to focus my attention on this particular topic.

For children, school is a crucial component of their social world (Nakkula & Toshalis, 2006). Additionally, there is evidence suggesting that preschool education can help children get a strong start in life, especially those from low-income and disadvantaged groups (Sylva, Melhuish, Sammons, Siraj-Blatchford, & Taggart, 2004, 2010). The early years are critical as shown by neuro-scientific research (Byrnes, 2001), social science research (American Educational Research Association (AERA), 2005; Boots, 2005), and econometric research

(Heckman, 2008; Schweinhart, Montie, Xiang, Barnett, Belfield, & Nores, 2005). It is also important to note that preschool education is not simply an educational matter but today is also an economic and development issue in many countries (Heckman, Moon, Pinto, Savelyev, & Yavitz, 2009; Schweinhart et al., 2005).

Based primarily on the grounds of human rights and social justice principles (Miles & Ahuja, 2007), inclusive education advocates that "all members of a community have the right to participate in, and have access to, education on an equal basis" (Armstrong, 2011, p.7). By including children with special needs and/or disabilities in preschool education, we provide a strategy to promote healthy development, engagement, well-being, and overall success, all opportunities to enjoy full human rights.

According to the *Starting Well Index* (The Economist, 2012), Chile ranks low in the quality of early childhood education (ECE) programs in comparison with 45 other countries. The Index, which encompasses the 45 major economic markets, assesses the extent to which these governments provide a good, inclusive ECE environment for children between ages three and six. In particular, it considers the relative availability, affordability and quality of such preschool environments (The Economist, 2012). Given Chile's low ranking, the provision of a quality education in this country is crucial but even more so for disadvantaged groups as high quality preschool programs can have a positive impact on the lives of children both in the short and the long-term (Karoly & Bigelow, 2005). Chile has acted to improve its ranking by implementing measures aimed at ensuring access and participation of students with disabilities into the regular educational system. Those measures include the law # 20.422 *Ley Nacional de Discapacidad* (LND)*: Establece Normas sobre Igualdad de Oportunidades e Inclusión Social de Personas con Discapacidad* [National Disability Law (NDL): Determination of Norms about Equality of

Opportunities and Full Social Inclusion of Persons with Disabilities] (LND [NDL], No. 20.422, 2010) which mandates "the support of programs intended to facilitate positive effects on quality of life for individuals with disabilities through the promotion of personal relationships, personal development, self-determination, social inclusion, and the exercise of their rights" (LND [NDL], No. 20.422, § 4, 2010, p. 2). The latter areas extend to all areas of development and highlight the role of the State in guaranteeing persons with disabilities access to the educational system. The State is also committed to the development of appropriate educational plans and to the incorporation of innovations, curricular adjustments, infrastructure, and materials that will enable persons with disabilities to progress in the educational system (LND [NDL], No. 20.422, § 34-36, 2010). In 2013, an even stronger measure was taken through the law # 20.710 *Ley del Kinder Obligatorio* (LKO) [Compulsory Kinder Law (CKL)] (LKO, [CKL], #20.710), which will take full effect in 2015 and impact all ECE in Chile. With this law, Chile commits to guarantee access to the educational system to all its citizens, starting in kindergarten. The law makes ECE mandatory rather than voluntary.

Data collection for this study began in 2014 with the aim to establish baseline data, currently unavailable, such as information about the quality of ECE and also about the status and nature of inclusion in Chilean preschools. At the same time, the intention was to gather timely and critical information about stakeholders' beliefs about inclusion. Important to note is that data collection began a year before the full implementation of the *Compulsory Kinder Law* in 2015. Therefore, information gathered in this study may not only help school staff to identify both the school's strengths and needs and to evaluate the resources and conditions necessary to aim for and to move toward higher quality inclusion. Nonetheless, it provides an important opportunity to use this baseline data as a source to evaluate later changes and implementation in the years to

come. It is hoped that these findings will assist schools in Chile to support the commitment undertaken by the Chilean government to advance the disability rights agenda, addressing the inequalities within the current Chilean educational system. The data may also be used by the Chilean government as a source to assess current and future changes. It is expected that these findings will also be helpful to schools and EC educators worldwide.

Background

Chile is moving toward a more inclusive society. The emphasis and efforts the country is making to advance greater equity and equality among Chileans were an inspiration for this study. Other factors support this interest. First, at an international level, it was the participation of Chile in the *World Conference on Early Childhood Care and Education* (ECCE), celebrated in Moscow in 2010, with its overarching goals of ECCE as a right of all children. This conference was the catalyst for the commitment of participants to identify the barriers blocking the equitable expansion of access to quality ECCE services, particularly among vulnerable societies (UNESCO, 2010). Second, at a national level, was Chile's passage of two laws: the *National Disability Law* (2010) as well as the *Compulsory Kinder Law* (2013) which will take effect in 2015. This study addresses both the international and national policies; consequently, the baseline data collected will be meaningful and timely in Chile as well in other countries with emerging policies and practices supporting inclusion. Corroborating the need for this study is the work being done internationally in econometrics (Heckman, 2008; Schweinhart et al., 2005), social science (AERA, 2005; Boots, 2005) and neuro-scientific research (Byrnes, 2001) that support the importance of ECE.

Rationale for the Study

At the current time, Chilean society faces an extreme disproportion of economic resources where 14.4% of the population lives below the poverty line ("Encuesta CASEN [CASEN Survey]…," 2012) and more than 20% of the Chilean Gross Domestic Product (GDP) belongs to only four families ("Forbes: Presidente Piñera [Forbes: President Piñera]…," 2012). Educational reforms and resource allocation have been directed mainly to primary, secondary and university level students, leaving ECE largely neglected (Morales, 2013). Moreover, in programs linking quality ECE and special needs/disabilities, only a few projects have been initiated and evaluated (Universidad Metropolitana de Ciencias de la Educación (UMCE), 2006).

This study documents steps Chile has taken to provide greater equity and equality among its citizens. Prominent in Chile's policy actions which affects ECE and inclusive education are both the *National Disability Law* (2010) as well as the *Compulsory Kinder Law* (2013). As of 2009, more than 130 000 Chilean students with special needs and/or a disability were enrolled in mainstream regular schools, and another 140 000 attended special schools (Godoy, 2010). The opportunity to measure the level of provision of accommodations and adaptations needed by students with disabilities to succeed in their educational path within Chilean preschool classrooms, for which data are currently unavailable, is a starting point in the provision of quality preschool education for all.

At an international level, this study places Chile at the forefront of this topic by gathering benchmark baseline data currently unavailable among the other OECD members (The Economist, 2012). The topic advocates for "quality" of inclusion of ECE, not just "coverage" and/or attendance. The physical environment, quality of interactions, curriculum, teaching strategies, staffing, planning assessment, record keeping, pedagogy, resources, relationships and

interactions, and parental and community partnership and management, all central components to the notion of quality, are fundamental when evaluating the longer term consequences to individual children (Sylva et al., 2010). This is critical for Chile in order to shift its practices from integrative to inclusive, and equally important to meet its commitment to advance in the disability rights agenda.

Purpose Statement

An extensive literature review and search showed no publications about previous studies addressing quality of inclusive preschool education in Chile, therefore, this mixed-method research design study provides the opportunity to: 1) gather and establish baseline data about inclusion quality of ECE programs (PK and K levels) in Chilean regular schools and, 2) explore school stakeholders' main beliefs about inclusion. Quantitative and qualitative data may assist stakeholders to reflect about their inclusive practices and principles as well as to provide an opportunity to determine resources and conditions needed to implement inclusion and/or improve inclusion quality at the EC level. The data will also help school boards and the central government to become more knowledgeable about current EC practices as well as the principles that guide those practices.

From Integrative to Inclusive Practices

Chile has been moving from "integrative practices" to "inclusive practices". This means that instead of having students with disabilities adapting to the requirements of mainstream schools, an attribute that characterizes integration, the entire school community (i.e., school staff, parents, peers, and the student with a special need and/or a disability) considers what measures must be taken into place in order to help children succeed (Larraguibel, 2012). Chile's participation in international conventions and conferences, promulgation of new laws, greater

resource allocation, and increased number of regular schools enrolling children with special needs/disabilities (Pérez, 2014) demonstrate that shift.

This study focuses its attention on selected regular Chilean schools offering inclusive preschool programs (PK and K programs). The decision for including only regular schools that provide inclusive programs in this study was based on the fact that, at the present time, childcare centres in Chile are not required to have a special license as schools do, the lack of connections between these centres and the primary school system (Morales, 2013; Morales & Cortázar, 2012), and the massive educational reform, currently in place and later explained in this dissertation, and which will primarily affect regular schools. For these reasons inclusion practices at childcare centres were not investigated in this study, although it is recommended that future research include them to gain further understanding of inclusion at the preschool level in Chile.

Definitions

Inclusion. Despite the acknowledgement that a single definition of inclusion has not yet been accepted (Odom, Peck, Hanson, Backman, Kaiser, Lieber, et al., 1996), for the purposes of this dissertation, and framed by Chile's actual social and economic context, inclusion is understood as the process in which a child with a disability receives comprehensive services in a developmentally appropriate program side-by-side with children without disabilities and participates in the same activities, with adaptation of those (or the child's involvement) in them as needed (Wong, 2012). This definition also suggests that inclusion represents "a blended approach that integrates early childhood special education, regular early childhood education and therapeutic interventions and presumes a team approach to early intervention" (Kontos, Moore,

& Gioretti, 1998, p. 38). Olson (2003) provides a definition more in keeping with current practices in Chilean schools. According to Olson (2003),

> the inclusion of students with mild to moderate disabilities into the mainstream (i.e., regular) classroom where they are given the opportunity to participate actively in class activities and lessons that have been adapted to meet their individual needs, if needed. Students may also be "taken out" of the classroom during certain periods of the day to engage in activities in a special resource room if their learning, academic, and social goals can be better met there (Olson, 2003, p. 7).

Although this definition is the most relevant characterization of what is currently happening in Chilean classrooms, recent changes as mandated by *Decreto 170* (Decreto # 170 [Decree # 170], 2009) require that children remain in the classroom as much as possible and only be taken out when therapists (e.g., speech therapists, others) need to work one-to-one with the child. It should be noted that these changes are not yet fully implemented throughout the entire school system. Larraguibel's statement (2012) about Chile's actual movement from integrative to inclusive practices is reflected in these changes.

Preschool. Preschool in Chile includes both kindergartens and childcare centres. Preschool education is provided by the institutions JUNJI, INTEGRA, licensed private childcare centres as well as regular public, semi-public, and private schools. Full-day and half-day care options are available depending on the centre or the school that the child attends. In light of the passage of the *Compulsory Kinder Law* (2013), for the purposes of this study, only public and semi-public schools with inclusive preschool programs at PK and K levels were included. This decision was based on the fact that both public and semi-public schools follow similar basic curricula established by the Ministry of Education of Chile. As explained, those schools must

have a license in order to provide preschool education. Licensing is not currently required for childcare centres but will be mandatory in 2018 (Morales & Cortázar, 2012). Other factors for restricting this study to public and semi-public schools were that both public and semi-public schools receive public subsidies and that those schools operated preschool programs connected to the same school setting.

Theoretical Framework: The Ecology of Inclusive Child Care

An ecological approach has been used by a variety of researchers both to study inclusion processes and outcomes, and to understand the complexity of factors that affect the quality of child care programs (Irwin, Lero, & Brophy, 2000). Bronfenbrenner's *Ecological Systems Theory* and conceptualization (1979) of the ecology of human development has been widely adopted as a useful framework for understanding the complex array of influences that shape children's development. Bronfenbrenner placed great importance on the environment, the person, and the interaction between the two when studying human development. The comprehensive nature of his theory helps to explain the broader influences that mold early childhood education (ECE) practices and the complexity of these processes (Morales & Cortázar, 2012; Sylva et al., 2010). Bronfenbrenner's focus on natural supports (e.g., people, setting, and resources) ensures cultural and contextual fit as individuals are interconnected within the social and historical time in which they live (Cooper & Denner, 1998; Eber, Hyde, Rose, Breen, McDonald, & Lewandowski, 2010).

The *Ecology of Inclusive Child Care* (Odom et al., 1996) model is drawn from Bronfenbrenner's theory and provides a useful theoretical framework for research on the implementation of inclusion (Peck, 1993). It underscores that effective explanations to real-life problems as well as solutions must be drawn from the natural setting in which persons live. By

paying attention to the interactions occurring in the natural setting, concrete answers to developmental issues could be addressed and greater adaptation achieved (Lerner, 2004).

The *Ecology of Inclusive Child Care* (Odom et al., 1996) is a theoretical model that follows a "systems levels" approach within a broad, ecological structure, analogous to Bronfenbrenner's model (1979) (see Figure 1). Thus, both models contain different environmental systems or layers: the microsystem, the mesosystem, the exosystem, and macrosystem. These different levels exert reciprocal influences on one another (Odom et al., 1996). Although the chronosystem layer was not directly included in Odom and colleagues' theoretical work, the author of this dissertation did include it in the model as this layer provides further information about the dynamics established between the layers.

In *the Ecology of Inclusive Child Care* model (see Figure 2), the microsystem level contains the factors within a child's immediate environment and the reciprocal influence that both the environment and the child exert on each other (Odom et al., 1996). It accounts for the influences of specific settings or environments, such as the family or a child care classroom, that impact development. In this study, the child care classroom is regarded as the microsystem. Each microsystem can be studied in terms of "the pattern of activities, roles and interpersonal relations experienced by a particular child in that setting, including its particular physical and material characteristics" (Irwin, Lero, & Brophy, 2000 p. 6). Variables operating outside the immediate classroom setting influence the implementation of inclusion inside and outside of the microsystem (Odom & Diamond, 1998).

The closest layer to the microsystem, the mesosystem, accounts for the primary structures and social institutions (e.g., family, peers, and school), and, in particular, how these institutions relate to the microsystem and the interactions established between them (Bronfenbrenner, 1979).

In this layer, “the nature of the home-school dyad and parent-caregiver relations are important factors when considering how children are influenced differently as a result of established strong or weak, mutually supportive or antagonistic, communicative or distant relationships and interactions” (Irwin, Lero, & Brophy, 2000, p. 7). In turn, the nature of the established relationships and interactions reflect convergent or divergent values and expectations with regard to the child’s abilities and behaviour and to the role of parents, teachers, and other influential people. For example, family members’ beliefs about inclusion and the family’s relationships with the preschool affect the inclusion process (Winton, 1993). Similarly, how children with disabilities relate to typically developing peers in the classroom setting may affect relationships outside of class (e.g., invitations to birthday parties). Further, how professionals who serve young children with disabilities work and feel about each other is also part of this layer (Odom et al., 1996). The nature of relationships and interactions established by participants is crucial for successful adaptation and positive child outcomes (Odom & Diamond, 1998). It also reflects the required communication and collaboration among, for example, local education authorities, parents, students with and without disabilities and the community, all critical for successful inclusion outcomes.

The third layer, or exosystem, accounts for those more distal and larger societal influences that constantly interact with the mesosystem. However, external settings do not involve the developing person, or in this case, the inclusive classroom, as an active participant or the targeted objective. Examples of the exosystem include the effect of parent’s employment, as an environment in which work-family conflicts may be engendered or reduced, depending on work characteristics, its flexibility, etc., on children’s well-being (Irwin, Lero, & Brophy, 2000).

In terms of the *Ecology of the Inclusive Child Care* (Odom et al., 1996) model, exosystems may range

> from interaction of professionals responsible for inclusive programs to municipal planning bodies, school boards, and health units and other agencies in the community themselves, whose policies, resources and mandates or structures can affect the availability of resources allocated to support inclusion in child care programs (Irwin, Lero, & Brophy, 2000, p. 7).

Other influences at the exosystem level may be government policies, sources of funding, and regulations that may affect the other systems relevant to children's experiences in inclusive classrooms.

The fourth layer, or the macrosystem, describes the cultural context in which individuals develop, including their socioeconomic status, ethnicity, cultural values, customs and laws (Bronfenbrenner, 1979). In other words, the macrosystem reflects broad organizational properties of the particular society in which individuals develop including fundamental beliefs and ideologies that shape social organizations and social structures (Irwin, Lero, & Brophy, 2000). For example, in the context of this study, such factors could include the culture of special education and the normalization movement (Odom et al., 1996) as well as belief the role of the State and disability rights. Important to note is that macrosystem changes over time as a result of decisions taken by individuals who are in positions of power as well as the priorities established by elected governments.

Finally, all systems can be viewed across an historical time dimension, the chronosystem. This fifth layer encompasses life transitions and the socio-historical circumstances affecting individuals including both familial ones (e.g., death of a parent) and

societal ones (e.g., wars, dictatorships, etc.) (Bronfenbrenner, 1979). Critical to this study is Chile's historical moment represented by the *National Disability Law* (2010) and the *Compulsory Kinder Law* (2013) as well as the impact of Chile's current educational system that was shaped by previous governments. A detailed description will be provided further in this dissertation.

In addition to distinguishing the influence of proximal and distal systems, an ecological analysis pays particular attention to the dynamics or reciprocal influences occurring between layers. Focusing attention on one layer without reference to the social, organizational, or political context produces a decontextualized or partial perspective on inclusion (Odom et al., 1996; Peck, 1993). "Inclusion is influenced by a dynamic set of factors operating inside and outside the classroom (…) understanding the linkages between the full range of influences and outcomes is crucial to identifying barriers to and facilitators of preschool inclusion" (Odom et al., 1996, p. 16).

In this study, the *Ecology of the Inclusive Child Care* (Odom et al., 1996) model provides a useful framework from which baseline data, aimed at gathering information about the quality of inclusion of Chilean preschool classrooms, can be organized and understood. The layers are instrumental when creating a larger picture as information obtained may be broken down, classified, analyzed, and summarized, particularly in regard to the many areas in which the child develops (i.e., family, school, community, social institutions, larger governmental institutions) within the social, cultural, and historical time in which the child lives. The model is also useful because it requires an analysis of current understandings of inclusion held by school stakeholders (i.e., principals or administrators, vice-principals for curriculum development, regular preschool teachers, and special educators) about the many facets of inclusion. Analysis of the belief system

held by school personnel is fundamental as it provides key information about what, where, why, when and in which manner inclusive practices and principles are being implemented locally (i.e., at their own school). It also provides identification of the many influences these systems are exposed to, ranging from more proximal (i.e., school) influences to more distal (i.e., government) ones at the present and future time.

Participation in this study provides an opportunity to stakeholders to focus their attention on providing high quality inclusive ECE practices in their schools which, at the same time, has the effect of maximizing opportunities for "all" children (Irwin, Lero, & Brophy, 2000, 2004). Finally, stakeholders' participation is an opportunity for respondents to not only be heard, but to value their experiences, and to identify strengths and weaknesses at both personal and broader system levels (i.e., school, school board, government). Also, we are affirming their role of contributing to quality education and, thus, collaborating with the provision of greater equity and equality among all Chileans.

CHAPTER 2: BACKGROUND

In order to understand the importance of this study, it is necessary to contextualize Chile's social and political changes over the past 25 years. Similar to many other countries in Latin America, Chile has experienced a transition from a military regime to a democratic system of government which has greatly affected its educational system.

Chile

The Republic of Chile is bordered by the countries Peru, Bolivia, and Argentina, the Cape of Horn to the south, the Pacific Ocean on the west and the Andes Mountains to the east. With a population of more than 17 million (Instituto Nacional de Estadísticas (INE) [National Institute of Statistics of Chile], 2014), Chilean territory includes its continental area and the Pacific Islands of Juan Fernández, Salas y Gómez, Desventuradas and Easter Island as well as a portion of Antarctica. Just for clarification purposes, the latter information remains highly controversial as Chile's territorial claims on Antarctica are based on historical, legal and geographical considerations rather than on an actual acknowledgement on the matter by the 1959 Antarctic treaty. Still, Chile currently has 11 active bases in the Antarctica. Those bases are used mainly for peaceful purposes and the surveillance of the territory. Likewise, Chile is a founding member of the United Nations (UN) and is a signatory to the Antarctic Treaty (UN, 2006).

Historically, Chile was a part of the Inca Empire until the 16th century when the Spanish conquered the territory. Spanish domination would last almost three centuries until Chile declared its independence in 1818. Throughout its history, Chile endured periods without government, three coup d'états, and a harsh military dictatorship from 1973 to 1990. Since 1990, Chile has enjoyed political stability, democratic government, and a state in which supreme power rests in the body of its voting citizens (Donoso-Maluf, 2006).

Chile's economy is based on mining, agriculture, fisheries and tourism, and follows a free market economic model (Donoso-Maluf, 2006). The country also has the second highest income per capita within the Latin American region with an average of US21 911 (The World Bank, 2014). However, Chilean society faces an extreme disproportion of economic resources where 14.4% of the population lives below the poverty line ("Encuesta CASEN [CASEN Survey]…," 2012), more than 20% of the Chilean Gross Domestic Product (GDP) belongs to only four families ("Forbes: Presidente Piñera (Forbes: President Piñera]…," 2012), and the country holds the highest position of income inequality between rich and poor among the OECD members ("Chile es el país OCDE [Chile is the OECD member]…," 2014) and the 4th in Latin America (Según la OCDE: [According to the OECD]…," 2014).

Chile's Educational System

Chile has a school system organized into three main levels: the non-compulsory preschool system which serves children aged 3 months to 6 years through a variety of both public and private institutions, a compulsory eight years of primary level which covers the age group between 6 and 13 years, and a four-year compulsory secondary level which serves students between 14 and 17. There are two types of secondary school: one offering academic studies which leads to university studies, and the other is vocational (technical and professional), which prepares students for entry into the work force (Ministerio de Educación de Chile (MINEDUC) [Ministry of Education of Chile], n.d.). Although the preschool system is currently non-compulsory, recent legislation will make it compulsory in 2015. For further explanation of the different types of schools and their characteristics see Table 1.

Chile's educational system is characterized by a decentralized organization, rooted in the privatization reforms made during the military regime of the 1980s (Valenzuela, Labarrera, &

Rodríguez, 2008). Despite the return to democratic government in 1990, this structure is still in place today.

History of Chile's current educational system. The 1973-1990 dictatorship implemented measures reducing the power of the State in education (Brunner & Cox, 1993). The 1980 *Political Constitution of Chile* (Constitución Política de Chile [Political Constitution of Chile], 1980) ended with the State being the main entity to be directly responsible for the nation's schools which up to 1974 accounted for 80% of the total number of schools (Elacqua, 2010; UNESCO, 2010-11). The State was no longer the "owner" of the schools. With this decision the State: 1) transferred the administration of public schools (including their staff, school infrastructure and support systems (i.e., libraries, teaching materials, etc.), dependent until that time on the Ministry of Education, to local municipalities, 2) authorized the creation of schools under autonomous private institutions, and 3) changed the manner in which resources were allocated, which historically was based on budgets and school expenditures and was replaced on a system based on the payment of a subsidy per student. The Ministry of Education's role was to define the curriculum and textbooks as well as to monitor and ensure that the curriculum is followed (UNESCO, 2010-11).

Schools would be "owned" by autonomous institutions, councils or municipalities that would be responsible for the administration of public schools. At the same time, semi-public schools were created but were operated under the umbrella of private investors. In both cases, the school administrative entity would be named as "Sostenedor" [Sustainer or Holder]. Both municipal councils with their public schools as well as private corporations and/or foundations running semi-public schools would assume the responsibility to maintain and/or sustain the

schools through a contract with the State, as well as to provide education within that particular school (MINEDUC, n.d.).

Under the new system of resource allocation, a payment per student would be calculated. This subsidy would be an economic incentive as it was granted on the basis of student school attendance (Brunner & Elacqua, 2003). Sustainers or holders, either public or semi-public, would compete to attract and retain students. In the free market model adopted under Pinochet, students became clients and schools had to compete in order to receive the subsidy.

Two other important differences arose between public and semi-public schools. Since semi-public schools are actually private in nature, they were allowed to introduce particular regulations which did not apply to public schools. These included the "libertad de enseñanza" [academic freedom] which allows semi-public schools to follow a set of values that their individual educational project aims to promote (Beyer, 2014), as well as the right to select their students, usually the best ones, during the recruitment period. The offering of religious instruction and affiliation, environmental education or emphasis on foreign languages are examples of the choices afforded by the "academic freedom" value.

The 1990s and 2000s. In 1990, Chile returned to democratic government. An analysis of the political, economic, and social implications of the Pinochet dictatorship is beyond the scope of this dissertation. However, it was clear in 1990 that public services such as education, health and welfare were in desperate need as little investment in those areas had been made during the 1973-1990 period (Fondo Nacional de Discapacidad (FONADIS) [National Disability Fund], 2006; Servicio Nacional de la Discapacidad (SENADIS) [National Disability Agency], 2010). Investment in education during the 1973-1990 period had experienced a substantial decline from 7.5% to 2.6% of the Chilean GDP (Valenzuela et al., 2008).

Chile's democratic governments addressed the "social debt" in terms of poverty as well as deteriorated public services (Thomas, 2011). In education, there was a series of educational reforms which pushed for educational policies that would restore the State's role as the governing system of education, not following the free market model imposed under the dictatorship. However, although several laws were passed intending to make the private investment in education less lucrative, the decentralization, subsidy, selection, and academic freedom of Chile's educational system remained unchanged during Chile's first three democratic governments: Patricio Aylwin (1990-1994), Eduardo Frei (1994-2000), and Ricardo Lagos (2000-2006) (Elacqua, 2010).

In addition to the aforementioned, in 2000, student performance was assessed through the *Programme for International Student Assessment* (PISA) by the OECD and which is applied in member and non-member nations to measure students' performance on mathematics, science, and reading. Administered to 15 year-old Chilean students, results from the PISA showed that compared to their peers of the Latin American region, Chilean students scored lower in reading, mathematics, and science, and that this was even more critical among lower socio-economic groups (Bellei & Gonzalez, 2010). Clearly, not only organizational changes needed to be put into place but also more effective and purposeful measures were needed to improve students' educational performance.

Government of Michelle Bachelet (2006-2010): The "Penguin Revolution." Starting in 2006, a series of student demonstrations known as the "Penguin Revolution" took place. The movement, carried out all across the country, called for more equity and equality among Chileans by denouncing the differences created in large part by the privatization of Chile's

educational system. The Penguin Revolution remains the most important social movement Chile has experienced in the last 30 years (Falabella, 2008).

The student demonstrations had their origins in the social consequences of the segregated organization of the educational system put into place in the early 1980s. At that time, the decentralization of the education system led to a sharp increase in both the number of semi-public schools as well as in student enrolment in the private sector which grew from 15.1% to over 30%. Although the number of public schools had remained constant, they experienced a sharp drop in enrolment, from 78% in 1981 to 57.3% in 1990 (Brunner & Cox, 1993). There was also a sharp decline in public investment in education, particularly between 1986 and 1994, which greatly affected the quality of education (Elacqua, 2010).

In the Penguin Revolution, students protested against the harsh competition between public and semi-public schools for attracting and retaining students, as well as the process of a "shared funding" model that was allowed under Aylwin's government (1990-1994). That measure was taken in part to mitigate the consequences of the lack of investment during the 1986-1994 period. Shared funding allowed sustainers of semi-public schools to add value to the regular governmental subsidy by charging fees to the parents of each student (Lagarraña, 1994). Students protested that this decision created more segregation between those students attending public and semi-public schools as only those families who were able to pay would have access to a better quality of education.

Students also claimed that only semi-public schools were granted academic freedom and choice. They claimed that these rights were segregating in nature because, in contrast to public schools, semi-public schools could not only decide whether a student fit into their individual educational project, but also could select the best students applying to that school. In other

words, semi-public schools have the right to not accept and/or to expel a student who does not meet the requirements specified in their particular educational project. Semi-public schools also test potential students and accept only highly qualified applicants. In contrast, there are only nine public schools which have the same application procedures and selection rights as in the semi-public schools. Known as "liceos emblemáticos" [emblematic schools], these public schools are considered as such because of their long tradition, prestige, and student achievement. All located in Santiago de Chile, they have public recognition for having educated prominent Chilean people such as former presidents, senators, well-known writers, and prestigious attorneys.

Considering the sharp decrease in the number of public schools available in recent years, when more than 800 public schools closed, and the sharp decrease of student enrolment in the public system, which dropped to 43% in 2010 (Elacqua, 2010; Valenzuela et al., 2008), it is not coincidental that academic results are better among students attending semi-public schools. These results have been confirmed through the annual national test aimed at measuring the quality of education (SIMCE). Differences have also been significant between urban and rural schools (MINEDUC, n.d).

Sebastián Piñera's government (2010-2014). In education, Sebastián Piñera strengthened policies and measures to create "a Chile of opportunities" as stated in the slogan of his presidential campaign. Once elected, Piñera's government made progress in areas such as access and resources for vulnerable or at-risk students, and quality at the preschool, primary, and secondary school levels. Piñera's government also targeted preschool education, providing additional materials and resources including more specialized training for EC educators (MINEDUC, n.d.).

The present. On March 11th, 2014, Michelle Bachelet took office again for the 2014-2018 period. She has continued working to improve the measures already taken in both her previous mandate (2006-2010) and Piñera's mandate (2010-2014). Bachelet introduced a massive tax reform on Sept 26th, 2014, and a large part of the projected UDS8 300 million was dedicated to education (La reforma tributaria [Chile's tax reform]…," 2014).

There are changes at all levels including ECE, primary, secondary, and university level. The pillars of this reform include terminating the profit incentive in semi-public schools, increasing quality, ending segregation among schools that receive public subsidy (i.e., public and semi-public), and progressing toward universal free education. It will be the responsibility of Bachelet's government to monitor the introduction of the compulsory Kinder attendance for preschool children, effective in 2015, which by definition will include the education of children with disabilities.

In relation to the *Ecology of Inclusive Child Care* (Odom et al., 1996) model, the aforementioned changes and influences aforementioned can be placed in the chronosystem, the macrosystem, the exosystem, the mesosystem, and the microsystem. At the chronosystem and macrosystem level, Chile's historical moment represented by its social demands, which resulted from an historical milestone (i.e., dictatorship), creates changes such as tax reform, educational reform, and new laws enacted. These changes at the chronosystem and the macrosystem levels create changes at the exosystem level by affecting relationships among institutions such as municipal planning bodies, school boards, health units, etc.

Repercussions from the chronosystem, macrosystem, and exosystem levels, in turn, will affect, for example, the nature of the home-school dyad (e.g., collaboration among parents and professionals as well as regular and special school teams) and parent-caregiver relations. Finally,

changes or modifications on all the previous layers have an impact on the microsystem which, in this study, is the classroom setting. The nature and quality of the interactions within the microsystem will affect teachers' practices which will influence learning and development as well as curriculum, pedagogical strategies, and collaboration between peers and school teams within the classroom setting. The examples provided demonstrate the power and value of Bronfenbrenner's theory (1979) and the analogous *Ecology of Inclusive Child Care* (Odom et al., 1996) model as changes in each system conceivably produce consequences in other layers.

The use of the *Ecology of the Inclusive Care* (Odom et al., 1996) model, derived from Bronfenbrenner's theoretical framework (1979), dictated that the author of this dissertation address multiple layers, contexts and dynamics in this dissertation. These ranged from geographical, historical and political information about Chile to the details of the Chilean educational system, all of which ultimately bear on the situation of inclusive education for children with disabilities at the preschool level.

CHAPTER 3: LITERATURE REVIEW

Overview

Inclusive education is a complex set of practices arising from the belief that people with disabilities have the right to the same educational opportunities as do people without disabilities (Thomas & Vaughan, 2004). The concept of inclusive education is rooted in the 1960s civil rights movement in the United States (Mapsea, 2006). Notably, in the push for disability rights legislation, politicians, civil rights activists, teachers, parents of children with disabilities and people with disabilities themselves raised their voices in response to the discrimination and segregation experienced by individuals with disabilities.

One of the difficulties with the concept of inclusion is that no single definition has yet been accepted (Odom et al., 1996). Terms such as “mainstreaming”, “integration” and “inclusion” have sometimes been used as synonyms and sometimes as contrasting points on a continuum that runs from segregation on one end to full inclusion on the other (Irwin et al., 2000). In fact, the term “inclusion” began appearing only in the early 1990s, replacing previous terminology such as “preschool mainstreaming” and “integrated special education” (Stainback & Stainback, 1992), in part as a reaction to the way in which mainstreaming was being poorly implemented in some public school settings (Odom & Diamond, 1998). The use of these different terms meant that the practices of inclusion varied greatly among educators, individuals, and the school systems (Booth & Ainscow, 1998; Peters, 2003). These differences, in turn, affect opportunities for learning and participation (Booth, Ainscow, Black-Hawkings, Vaughn, & Shaw, 2002). Yet, it is generally agreed that accepting and valuing human diversity and providing the necessary support so that all children can fully participate in ongoing classroom activities are key components of inclusion which, in turn, would lead children with disabilities to

become part of larger social, community and societal systems (Allen, Cowdery, & Johnson, 2012; Odom, Buysse, & Soukauku, 2011).

Billingsley, Gallucci, Peck, Schwartz, and Staub (1996) (as cited in Allen et al., 2012) propose three interrelated outcomes of inclusive education: membership, relationship, and development. It is not just a matter of placing students with disabilities into mainstream or regular school settings but rather providing them a learning opportunity aimed at achieving greater equity in society, which is fundamental to a democratic society (Lipsky & Gartner, 1999; Naylor, 2005). Inclusive education underscores the importance of diversity, the right to be included, and the acknowledgement that being excluded results in disempowerment and the notion of the abnormal "other" (Barton, 1997, p. 243). As such, inclusive education advocates not only for placing students with disabilities into the mainstream, but also on "how, where, why, and with what consequences we educate pupils" (Wong, 2012, p. 16). From this point of view, inclusion should be seen as a "journey" or a "process" towards achieving equity (Culham & Nind, 2003; Naylor, 2005).

Supporters of inclusive education believe that all students can learn when adequate supports (i.e., economic, material, and human resources) are available. Specialized interventions should be provided based on need. If the student needs changes to be made across the school in order to achieve positive outcomes (i.e., academic progress and learning outcomes), those should be provided. Changes can be made in teaching strategies, curriculum, staff collaboration, staff support, parental participation, infrastructure, etc. The practice of inclusion also advocates meeting the natural proportion principle within the classroom (i.e., the number of students with disabilities in the classroom should approximate the number encountered in the general population) (Wong, 2012).

Literature related to inclusive education is discussed in the following seven sections of this review. The first section presents a rationale for inclusive education and its foundations. The second section provides a brief history of the development of inclusive education both internationally and in Chile, as well as specifying how the integration program is understood in the Chilean educational system. The third section addresses preschool years and preschool education including the development of preschool education in Chile and highlights the importance of inclusive education at the preschool level. The fourth section explores the benefits and disadvantages of inclusive education in relation to student learning and educational outcomes. The fifth and the sixth sections address the factors influencing the success of inclusive education and the impact of school stakeholders' beliefs about inclusion. Finally, the seventh section focuses on the indicators for measuring program quality.

Section 1

A Rationale for Inclusive Education

Barton (1997, p. 231) points to the "complex and contentious" nature of educational issues, particularly because of strongly held values and beliefs of individuals. As with all educational issues, the issue of inclusion involves "educational philosophies, practices, policies, and research, all within social and economic contexts" (Wong, 2012, p. 17). Apple (1986) insists that inclusion take place following "an unromantic appraisal of the circumstances" (p. 170).

The rationale for inclusion is largely based on human rights and social justice principles (Miles & Ahuja, 2007), and Bailey, McWilliam, Buysse, and Wesley (1998) suggest that the main arguments supporting inclusive education are based on legal, empirical, rational, and moral foundations.

Legal Foundations

Legal concepts such as justice and equality provide a rationale for inclusion (Wong, 2012). Legal foundations for inclusion emerged during the social justice movements of the 1960s and 1970s, when a social disability model emerged which asserted that restrictions faced by persons with disabilities were not consequences of their impairment, as claimed by the medical model, but rather were products of an environment failing to take into account their differences (Marks, 1997). This new emphasis reframed disability rights as human and legal rights. The UN *Declaration on the Rights of Disabled Persons* (UN, 1975) and the 1982 *World Programme of Action* (WPA) were milestones within this new framework. In particular, WPA was "a global strategy to enhance disability prevention, rehabilitation and equalization of opportunities, which pertains to full participation of persons with disabilities in social life and national development" (UN Enable, n.d). The UN declared 1982 as the Year of Disabled Persons and 1983-1992 as the Decade of Disabled Persons. This international awareness led to the introduction in the 1990s and 2000s of the *Salamanca Statement and Framework for Action on Special Needs Education* (UNESCO, 1994), the Organization of American States (OAS) *Inter-American Convention on the Elimination of All Forms of Discrimination against Persons with Disabilities* (1999), and the UN *Convention on the Rights of Persons with Disabilities* (UN, 2006). These had the aim of establishing legally binding human rights treaties guaranteeing and protecting the human rights of persons with disabilities worldwide. Participating governments not only manifest their recognition of the disability issue as a global concern but also their commitment to follow the guidelines of these treaties.

In Canada, Section 15 of the *Canadian Charter of Rights and Freedoms* is an example of legislation that protects the rights of individuals with disabilities as it guarantees equality for all

by prohibiting any discrimination against individuals with mental or physical disabilities (Lusthaus, Gazith, & Lusthaus, 1992). Similarly, the *Individuals with Disabilities Education Act* (IDEA) in the United States, passed in 1986, states that children should be placed in classes with typically developing children to the extent appropriate (Guralnick, 2001; Odom & Diamond, 1998). With such legislation in place in those countries, parents of children with disabilities and individuals with disabilities themselves were able to advocate for more inclusive educational settings.

Chile was greatly influenced by the global focus on disability issues that had taken place prior to 1990 (Marfull-Jensen & Flanagan, 2014). Since restoration of democratic government at that time, Chile has participated in all international initiatives aimed at recognizing the rights of persons with disabilities. In 2010 the *National Disability Law* was enacted, stating that appropriate educational plans and the incorporation of innovations, curricular adjustments, infrastructure, and materials should be available to persons with disabilities to progress in the educational system (NDL, No. 20.422, 2010).

There are still practices in place that contradict the legal foundation and its advocacy that every student with special needs and/or a disability have the right to attend a regular school on a regular basis. In many countries, based on a student's disability status (i.e. intellectual disability, autism, learning disability, etc.), different educational options are provided (Guralnick, 2001). Such is the case in Chile where at the preschool level there are segregated speech and language schools for children aged between 3 years and 5 years 11 months who have speech and language difficulties. In fact, from 2009 to 2012, the number of these segregated schools increased by 39% ("Polémica en Chile [Controversy in Chile]…," 2014).

Empirical Foundations

Empirical foundations have also been considered when providing a rationale for inclusion. Buysse and Bailey (1993) conducted a meta-analysis of 22 studies comparing segregated and inclusive programs for preschoolers with disabilities. Results showed little difference between the two environments (i.e., segregated and inclusive) with regard to students' progress on standardized measures of development but strongly supported the benefits of the inclusive environment particularly in the areas of play behaviour, engagement, and social skills. More recent studies have also shown that inclusion benefits both children with disabilities and their typically developing peers (Hundert, Mahoney, Mundy, & Vernon, 1998; Yang & Rusli, 2012). For example, compared to children with similar abilities but enrolled in traditional special settings, children with disabilities enrolled in inclusive settings obtain higher scores in language development, social and academic skills (Downing & Peckham-Harding, 2007; Rafferty, Piscitelly, & Boettcher, 2003) and, show improved behavioural outcomes (Lee & Odom, 1996). Being with a typically developing peer provides children with disabilities role models for age-appropriate behaviours, conversation partners, and motivation for communication (Yang & Rusli, 2012). This leads children with disabilities to develop friendships and social networks (Fryxell & Kennedy, 1995; Hall & McGregor, 2000) and happiness behaviours (Ryndak, Morrison, & Sommerstein, 1999). Benefits for typically developing children include character development related to more acceptance, tolerance, and sympathy (Bentley, 2007; Cross, Traub, Hutter-Pishgahi, & Shelton, 2004; Peck, Staub, Gallucci, & Schwartz, 2004). Research has also shown that typically developing children benefit from the development of additional skills such as sign language and/or use of assistive technology (Downing & Peckham-Harding, 2007) as

well as identification of both a teacher and a role model in their peer with a disability (Bentley, 2007).

Despite these significant research findings, there are still supporters of the partial inclusion approach (Bailey et al., 1998). That support appears to be based on the differential cognitive and social benefits children with and without disabilities may achieve (Lusthaus et al., 1992). Thus, inclusion for children with disabilities remains a challenge in the regular classroom and the school as a whole (Yang & Rusli, 2012). Challenges include the lack of teacher training regarding inclusive practices and teachers' feelings of inadequacy when teaching children with disabilities (Leyser & Kirk, 2004), as well as the lack of adapted curricula, IEP plans, and adequate programs that benefit both children with and without disabilities (Allen et al., 2012).

Rational Foundations

One of the strongest argument for disability rights and a rationale for inclusion is the rational foundation. The rational foundation is based on the assertion "that a policy should be implemented if it will benefit one or more individuals or groups" (Bailey et al., 1998, p. 29). For disability rights, the rational foundation states that "children with disabilities have the right to participate in programs and activities of daily life available to other children" (Bailey et al., 1998, p. 29) and "have the right to a life that is as normal as possible" (Odom & Diamond, 1998, p. 6). From this perspective, children with disabilities should experience the same quality preschool classroom program as typically developing children (Allen et al., 2012), have the opportunity to become members of and to participate in the same classroom community, so that they develop positive social relationships with classmates and teachers (Guralnick, 2001) and maximize their development (Lusthaus et al., 1992). Examples for the rational foundation include the opportunities and benefits that both children with and without disabilities experience

when being in the same classroom. Those include a more challenging learning environment, opportunities to observe and learn from others, a real-life context, the social benefits for learning that an inclusive environment provides, and learning to accept differences of peoples' strengths and weaknesses (Bailey et al., 1998).

Moral Foundations

Finally, moral foundations also support the rationale for inclusion. The moral argument for inclusion is based on ethical principles of fairness and social justice (Lipsky & Gartner, 1999). It has its roots in the civil rights movement of the 1960s in the United States. Following that example, disability advocates used some of their same arguments and tactics for raising awareness of problems inherent to the segregation of persons with disabilities (Bailey et al., 1998). The moral argument "is not grounded in any legal or scientific argument but rather driven by the belief that systematic segregation of any group of children or families is intolerable and thus must not be compromised" (Bailey et al., 1998, p. 29). The underlying belief of the moral foundation for inclusion is that it is the correct thing to do (Stainback & Stainback, 1992).

There are still opponents to the rational and moral arguments as supports for inclusion. Particularly relevant is Kauffman's position, which is "that inclusion is virtually meaningless, a catchword used to give a patina of legitimacy to whatever program people are trying to sell or defend" (Kauffman, 1999, p. 246). Although harsh, this statement calls for a deeper analysis of the meaning and the power the term inclusion carries, and challenges both the rational and the moral argument. According to Connor and Ferri (2007), because of this challenge, the rational and the moral arguments have not been consistently included in the majority of foundational texts in the field of special education.

The lack of agreement regarding the importance of these foundations has affected the implementation of inclusion in many educational settings (Wong, 2012). A detailed description of Chile's special education program will be developed further in the dissertation.

Section 2

History of Inclusive Education

International Development of Inclusive Education

Including children with disabilities in regular classrooms is not a new practice. Throughout the years, terms such as "mainstreaming" and "integration" have been used to describe this practice (Snow, 2008). However, the term "inclusion" implies a qualitative change, principally in specifying why, when, how, and under which circumstances children with disabilities must be included in the regular classroom (Wong, 2011). It implies "a transformation in the social, cultural, curricular, and pedagogic life of the school, as well as its physical organization" (Armstrong, 2011, p. 8).

In the 1970s, inclusive education was greatly strengthened by the emergence of the normalization principle (Wolfensberger, 1972). Parents of children with disabilities fought against the stigma and isolation that inevitably accompanied "disability status" and the prevailing beliefs that their children could not learn and, therefore, could not be taught. Prominent in the US was the passage of the *Education for All Handicapped Children Act* [PL 94-142] in 1975, later renamed the *Individuals with Disabilities Education Act* (IDEA) [PL 101-336] in 1990 (Guralnick, 2001). IDEA required all school districts to develop and provide a free, appropriate public education for all children.

One of the most critical clauses of *IDEA* legislation was the requirement that education would be provided in the least restrictive environment for each child, meaning that students with

disabilities must be, as much as possible, educated with typically developing students (Guralnick, 2001). This clause also assumes that appropriate supports should be given to students with disabilities in the general classroom (Allen et al., 2012). Furthermore, this legislation mandated that all young children who were at-risk and their families would become part of a meaningful environmental system (Guralnick, 2001).

During the 1970s and 1980s, schools began to include students with disabilities within the regular classroom. However, it was not until the mid-1980s that initiatives such as increasing the number of children with disabilities enrolled in regular programs were put into place. The *Regular Education Initiative* (REI) (1986) not only led to further debates and discussions about integration, but also provided the foundations in which the concept of inclusive education is rooted (Artiles, 2003). Supporters of inclusive education advocated that inclusive education would challenge the restrictions such as "access" and "participation" present in the current model of "integration" (Armstrong, 2011). Another change was that the inclusion movement broadened to include students with high incidence disabilities (Fuchs & Fuchs, 1994).

At the international level, prominent changes were the UN *Convention for the Rights of the Child* (United Nations Children's Fund (UNICEF), 1990) which stated that inclusive education should be the goal for children with disabilities; the *Salamanca Statement and Framework for Action on Special Needs Education* (UNESCO, 1994) which called upon signatories to have educational policies that ensure the rights of children with disabilities to be educated in the school that they would be in if they did not have a disability (Runswick-Cole, 2011); and the UN *Convention on the Rights of Persons with Disabilities* (UN, 2006) which requests Signatory Members to ensure that inclusive education is present at all levels of education. Countries such as China, South Korea, and Japan created laws to ensure that children

with disabilities have a place in the education system (Lee & Wehmeyer, 2004). In Nova Scotia, Canada, the provincial government has expanded initiatives that support inclusiveness at the preschool level (Lero & Irwin, 2008). In the 1990s, Chile enacted significant legislation for the provision of disability rights. Chile's special education and inclusive education legislation is presented in the following sections.

Special Education in Chile

Inclusive education in Chile had its beginnings and continues under the umbrella of "special education" services. According to the Ministry of Education of Chile, special education is "a form of educational system that develops its action throughout the different educational levels: preschool, primary, secondary in both the regular and the special school system" (MINEDUC, n.d., p. n.a.). Special education aims to provide a set of services, human resources, technical resources, expertise, and support to ensure quality learning among those identified as having a special need, so that access, participation, and progress in the national curriculum and equal opportunities would be achieved.

History of Chile's special education. Chile's special education services can be traced to the mid-1850s when the first school for blind and deaf people was created. In 1928, the first school for people with intellectual disabilities was opened. Until the early 1940s the main approach in these segregated schools and others that followed was providing medical assistance and care (Godoy, Meza, & Salazar, 2004).

It was not until 1965 that initiatives aimed at highlighting the importance and role of special education were put into place. At the university level, research in special education was encouraged. University level programs for training special education teachers were developed. In

the same year, a presidential subcommittee prepared a report aimed at providing formal protection to this population in areas such as work, education, and health care (MINEDUC, n.d.).

Another major step was that, for the first time, in 1974, the Ministry of Education undertook the management of special schools. In this period, special education was seen as a segregated part of the educational system using the medical approach to disability issues. Although many other initiatives would be put into place such as the creation of diagnostic centres in hospitals, the opening of new special schools, and further development of teacher training at the university level, special education was still perceived as a subsystem disconnected from regular education (Godoy et al., 2004).

Special education in Chile in the 1980s. During the 1980s differential plans and curricula for special education were approved and implemented in Chilean schools. The first attempts to integrate children with disabilities within the regular educational system were made in this period as well. Gradual incorporation into the regular system was allowed for those students who had a mild and/or a temporary disability and who did not have an intellectual disability (FONADIS, 2006).

In order to promote integration and retention of students with disabilities in the regular system, differentiated assessment, exemption from cumulative evaluation from up to two subjects, and the exemption from a full subject were available (MINEDUC, n.d.). However, these initial steps towards integration were marked by numerous difficulties: inconsistency of regulations between special education and regular education, lack of specialists within the school setting, lack of competencies and specific skills among teachers, difficulties involving the family with the educational process of the child, and lack of material resources needed for these students (Godoy et al., 2004). In 1989 new study plans and programs, which would be approved in early

1990, were developed by the Ministry of Education. However, those were based on the medical or deficit-centered approach and were not contextualized within the common curriculum. The *Ley Orgánica Constitucional de Educación* [Organic Constitutional Law on Education], passed in March 1990, did not include the strategies or resources to adequately respond to students with disabilities attending the regular education system (Godoy et al., 2004).

Special education in Chile in the 1990s and 2000s. In 1990, when Chile returned to democratic government, disability rights and policy were in desperate need due to the lack of investment and absence of participation in the international disability arena during 1973-1990 period (FONADIS, 2006; SENADIS, 2010). Chile lagged behind many other countries of the Latin American region in areas such as education, special education, and disability policy and services. It did not have in place an integrative policy that included all persons and all types of disabilities, and had not kept pace with new approaches at the international level (Barrera & Fritz, 2009; Cofré & Salamé, 2000).

In parallel to seeking participation in international disability rights initiatives, President Patricio Aylwin's government (1990-1994) began the process to address the social and educational deficits Chile faced. Aylwin's government gave substantial support to drafting more inclusive legislation in the disability rights area. Those efforts resulted in the enactment of the 1994 law # 20.422, *Ley de Discapacidad* (LD)*: Establece Normas para la Plena Integración Social de Personas con Discapacidad* [Disability Law [DL]: Determination of Norms for the Full Social Integration for Persons with Disabilities] (LD [DL], No. 19.284, 1994).

Commitment for developing more inclusive education systems through the modernization of the educational system, progress on educational quality, and equal access to education were highlighted. However, despite these purposeful steps, special education was not addressed in the

1996 reform nor had it been included in the 1994 *Report of the National Commission for the Modernization of Education* (Godoy et al., 2004). Despite this, the process of integrating students with disabilities into the regular school system continued and was strengthened and encouraged by the promulgation of the *Decreto # 490* [Decree 490] in 1990 which established, for the first time, the rules for the integration of students with disabilities in public regular schools (Godoy et al., 2004). The 1994 law # 19.284, *Ley de Discapacidad* (LD)*: Establece Normas para la Plena Integración Social de Personas con Discapacidad* [Disability Law [DL]: Determination of Norms for the Full Social Integration for Persons with Disabilities] (LD [DL], No. 19.284, 1994) further strengthened the school integration policy. Students with disabilities would be able to not only access the regular education system but also would be provided additional special supports to progress in the common curriculum.

Two shortcomings with the provisions of the 1994 law became apparent. The first was an absence of a national unitary guiding policy that would provide shape to the design and development of programs for persons with disabilities (Barrera & Fritz, 2009). Second, programs were sponsored by local council agencies, on the basis of social demand, and mainly influenced by what other stakeholders (e.g., professionals, families and institutions) thought persons with disabilities needed rather than following a comprehensive diagnostic of the person's strengths and needs. These programs did not specify how or through which means full integration and equality of opportunities would be assured to Chileans with disabilities (Cofré & Salamé, 2000). New and more purposeful steps were required. Chile had to establish a more cohesive internal disability policy and, at the same time, develop practices reflecting international standards and criteria. These shortcomings would be addressed in the 2010 law.

In addition to the legal framework and development of policies, another factor would contribute to the movement toward new approaches to special education. That was the introduction of the *Programa de Mejoramiento de la Calidad de la Educación* (MECE) [Improving Quality of Education Program], carried out between 1992 and 1997, which targeted special education services. The most relevant issues addressed by MECE were teacher training in the theoretical and practical underpinnings of the new paradigms of special education, the pioneering collaborative work between teachers and specialists, access for students with disabilities to general curriculum, and technical supports as well as access to human and material resources to help them to participate under equal circumstances with the rest of their peers (Godoy et al., 2004).

The integration policy promoted by the Ministry of Education in 1998 led to an increase in the number of students with disabilities enrolled in the regular educational system. As a way to decentralize services, the Ministry of Education moved responsibility for the educational integration program to regional educational bodies. The following year, the *National Disability Policy* defined disability not only as a focal interest of the State but also one requiring multidisciplinary interventions through a national action plan (Instituto de Normalización Previsional (INP) [Institute of Social Security], 2006). In order to provide a more accurate analysis, Chile conducted its first national survey in 2004 which reported that 12.9% of Chileans had a disability (Instituto Nacional de Estadísticas y Fondo Nacional de la Discapacidad (INE & FONADIS) [National Institute of Statistics & National Disability Fund], 2004). The statistics and the information obtained in the survey were instrumental in clarifying the notion of disability, which in turn influenced the Chilean government to sign the UN *Convention on the Rights of Persons with Disabilities* (UNCRPD) in 2007, and a year later, in 2008, to ratify both the

convention and its protocol (Barrera & Fritz, 2009; FONADIS, 2006; INP, 2006; UN Enable, 2008).

In taking these steps, Chile committed to developing programs and policy planning and to providing reports of the progress made and the measures taken. The *National Disability Law* (NDL) was approved by the Chilean Parliament in 2010 (LND [NDL], No. 20.422, 2010). In the law, the government of Chile established a definition of persons with disabilities consistent with definitions and terms used in international conventions and stated the rules for obtaining equal opportunities and social inclusion of Chileans with disabilities. Furthermore, the law fulfills the obligation to adapt Chilean law to standards defined in and by international conventions (SENADIS, 2010). Two other crucial factors were addressed in the 2010 law (LND [NDL], No. 20.422, 2010): first, a national uniform policy, and second, the identification of the specific means through which the goals of equality of opportunities and full inclusion would be achieved.

The Integration Program

In Chile, school integration is understood as "the educational tool derived from the normalization principle which highlights the right of people with disabilities to participate in all areas of society and not to be discriminated against" (Godoy et al., 2004, p. 15). It implies "a new way of thinking about educational processes, dealing with individual differences of students and using human, technical, and material resources that may exist in both the school and community level" (Godoy et al., 2004, p. 15). Within this context in Chile, school integration is referred to as "the integration program." The integration program is understood as "the strategy to promote the presence and participation of every student in the classroom and the achievement of the expected learning outcomes, particularly by those students with a special educational need" (MINEDUC, n.d. p. 1). Therefore, it is implemented in regular schools. The term "the

integration program" will be used throughout this study as it is the term utilized in Chile to represent the continuum in concepts from mainstreaming to inclusion.

Although in Chile the right to education is constitutionally protected (Constitución Política de Chile [Political Constitution of Chile], 1980), the implementation of the integration program is not compulsory for all schools. Whereas the majority of public schools do have an integration program, the implementation of it in semi-public schools is very much up to the sustainer/holder or the "owner" of that particular school; municipalities for public schools and corporations and/or foundations for semi-public schools; and is mandated by the set of values held by the school. For those schools which have the integration program, resource allocation follows Chile's decentralized educational structure. Sustainers or holders, either owning public or semi-public schools, receive a subsidy per student who is part of the integration program. Through the subsidy, schools can hire professionals and/or specialists, acquire specific teaching materials, pay for further teacher training, and make infrastructure improvements or modifications.

The integration program defines a student with special needs as "one who requires support and additional resources (...) to drive their development and learning, and, thus, contribute to achieving the goals of education" (Decreto # 170 [Decree # 170], 2009, Art. 2, p. 2). To qualify for the program, a student must be identified as having either a transitory or a permanent disability. Transitory disabilities are "those non-permanent special educational needs/disabilities that students present at some point in their school life as a result of a disorder or disability diagnosed" (Decreto # 170 [Decree # 170], 2009, Art. 2, p. 2). Students who receive the transitory disability subsidy have any of the following disabilities: "specific language impairments, specific learning disorders, ADD and ADHD, and those who achieve range limit

(70-79) on IQ tests and with significant limitations in their adaptive behaviour" (Decreto # 170 [Decree # 170], 2009, Art. 20, p. 6). Permanent disabilities are "those barriers to learning and participation that some students experience throughout their schooling due to a diagnosed disability (…) and, to ensure student learning, demand to the educational system provision of extra supports and resources" (Decreto # 170 [Decree # 170], 2009, Art. 2, p. 2). Students who receive the permanent disability subsidy are those with any of the following disabilities: "deafness, blindness, multiple disabilities, severe intellectual disability (IQ < 69), severe dysphasia, and autism" (Decreto # 170 [Decree # 170], 2009, Art. 52, p. 15).

Two additional situations are important to note. First, by law and despite the total number of students enrolled, inclusive classrooms are entitled to enrol up to five students with transitory disabilities and two students with permanent disabilities in the same classroom. This is valid at all educational levels (i.e., preschool, primary, or secondary level). Second, those students classified as having a transitory disability are subsidized only for up to two years. After that period, the subsidy will be allocated to another student. Sustainers or holders have not only the right to choose whether they wish to implement the integration program, but also when and at what level. In other words, Sustainers may choose to implement the program for one year but not renew it for the next. They also may choose whether they wish to implement the program at the preschool, primary, or secondary level.

Prior to 2014, as reported by the MINEDUC, a total of more than 4 500 schools had implemented the integration program (MINEDUC, n.d.). Given all the complexities and multiple options available within the integration program, the rights and opportunities for quality inclusive education are even more challenging to achieve and documentation is often incomplete.

Section 3

The previous sections addressed the rationale and foundations for inclusive education, the history of inclusive education in Chile as well as at the international level, and a description of Chile's integration program. The following section will focus on the preschool years, preschool education in Chile, and inclusive education at the preschool level.

Preschool Years and Preschool Education

Early childhood (EC) is a crucial stage of life in terms of a child's physical, perceptual, motor, intellectual, emotional, and social development as well as language acquisition. The achievement of fundamental milestones necessary for more complex and sophisticated skills and capacities are of critical importance during early childhood (Brown & Cohen, 1996). In the early years, the brain forms connections that set the stage for lifelong learning, behavior, and health. By age six, most children have the foundation for further development (Allen et al., 2012).

Evidence which has helped early childhood education (ECE) gain widespread importance during the past quarter century comes from a number of sources. For example, there is evidence that preschool education can help children get a strong start in life, especially those from low-income and disadvantaged groups (Sylva et al., 2004; The Economist, 2012). Neuro-scientific research highlights the plasticity and flexibility of the brain during early childhood (Byrnes, 2001). Social science research emphasizes that high quality programs improve children's readiness for school and life (AERA, 2005; Boots, 2005). Econometric research studies suggest that, if directed well, high quality ECE programs have annual returns between 8% and 17%, meaning that fewer resources will have to be allocated to remedial education, and that among other factors, reduced crime and welfare reliance rates will be experienced in the long-term (Heckman, 2008; Rolnick & Grunewald, 2003; Schweinhart et al., 2005).

There are also broader reasons to advocate for preschool education. In the last 40 years, societies and economies have shifted towards more knowledge-based activities and awareness about child development. The latter includes the need to improve social awareness, confidence and group interaction skills, and to prepare students for starting primary education (The Economist, 2012). Preschool education also facilitates greater female participation in the workforce, which bolsters economic growth. ECE is also a major force in helping overcome issues related to child poverty and educational disadvantage (OECD, 2006). This is especially so in societies of extreme income inequality such as in Chile.

Preschool Education in Chile

Chile's preschool educational system serves children aged 3 months to 6 years through a variety of both public and private institutions. It aims to promote relevant and meaningful learning in early years as well as to give support to the family's role in education (MINEDUC, n.d.). The government of Chile subsidizes most of those attending preschool in both public and semi-public schools as well as public autonomous institutions providing only preschool education such as JUNJI and INTEGRA. Private childcare centres are also available but those do not receive public subsidy.

On May 21st, 2013 then President S. Piñera (2010-2014) announced a Constitutional Reform making attendance at K level compulsory. On Nov 25, 2013, the law # 20.710, *Ley del Kinder Obligatorio* [Compulsory Kinder Law] (LKO, [CKL], No 20.710, 2013) was promulgated and was to take effect in 2015. With this measure, the K level not only becomes a requirement for primary school but also changes the number of compulsory schooling years from 12 to 13. Kinder becoming compulsory in 2015 calls for establishing baseline benchmark data against which modifications introduced by the new law can be measured. The present study

provides initial baseline benchmark data in selected Chilean preschool classrooms. The data gathered will be valuable for Chilean preschools but may also be important worldwide where few similar studies had taken place.

History of preschool education in Chile. Ethnographic information from the pre-colonization period shows that early childhood was considered important and was closely linked to future development. For example, in the Mapuche culture, there was a set of rituals in the prenatal period intended to strengthen the unborn child. In the Yamana culture, from the time the child was born, the mother had a "godmother" who helped with the care and baby's stimulation through massages and motor exercises. In the Kawashkar culture, the practice of choosing an appropriate name for a new member was done once a notable characteristic of the child was identified. This could be a physical trait or a sound the baby expressed within its first months (MINEDUC, 2001).

It was in the early twentieth century, under the strong influence of Froebel, when the State began to subsidize Kindergartens. Froebel's paradigm and principles remain influential on Chile's ECE through: 1) the educational concept which covers the critical period from birth to primary school entry, 2) a focus on quality content, and 3) the complementary work with parents in the education of young children (MINEDUC, 2001).

The global depression of the 1930s led to a decrease in the number of EC centres in Chile. In the late 1940s, a social movement aimed at raising awareness about ECE arose. Peripheral populations such as children raised in mining and industrial settlements were included as target populations. In 1956, Chile's participation in the *World Organization for Early Childhood Education* (OMEP) was a determining factor in legitimizing the level, and the later expansion of ECE throughout the 1960s (MINEDUC, n.d.).

During the 1970s, the institution JUNJI contributed to the rapid expansion of ECE. By the late 1970s JUNJI had provided EC comprehensive care to over 40 000 vulnerable and at-risk children (Adlerstein, 2012).

Early childhood education in Chile during the 1980s. The move during the Pinochet years (1973-1990) to privatization and decentralization produced major changes in the educational system, many of which are still in place. A variety of educational institutions began offering ECE, such as private childcare centres. A consequence of these changes was that wealthier families would send their children to private childcare centres whereas low-income families would have the assistance of JUNJI and a few other institutions primarily operated by NGOs. ECE for low-income families during those years shifted from a pedagogically-based educational philosophy to a remedial and philanthropic one (Adlerstein, 2012).

At the policy level, in 1981, the Ministry of Education developed the first official educational program which addressed PK and K levels. In 1990, Chile subscribed to the UN *Convention on the Rights of the Child* (UNICEF, 1990). At an international level, this step would guide the expansion of ECE services and the criteria for quality improvement and would influence central aspects of public policies implemented in Chile in the following decade.

Early childhood education in Chile in the 1990s. After March 1990, when Chile restored its democratic government, successive governmental officials made education a priority in the plan to promote a more equitable society and economic development (OECD, 2006). ECE was considered a major program due to its importance for the nation's development (UNICEF, 2002; Romero, 2009). INTEGRA, a new public institution focused on ECE, was created and, similar to JUNJI, targeted ECE provision to children from low-income families through a chain of childcare centres for children under 6 years of age.

In the second part of the 1990s, ECE received funding equivalent to over 50 million UDS dollars aimed at increasing coverage and improving quality. ECE national coverage increased by 11.5% in that decade; rural and urban areas increased at 8.7% and 11%, respectively. Public investment in ECE increased to the equivalent to UDS 252 million in 2004 (Adlerstein, 2012).

In summary, for the 1990-2000 period, ECE policies increased the coverage and improved the quality and equity of preschool education. Other results were the generation of new education programs, curriculum diversification including specific guidance for those working with aboriginal communities, allocation for more training resources for EC educators, families-educators collaboration strategies, the development of tertiary programs for new EC educators, and the strengthening of the Early Childhood Education Unit at the Ministry of Education. Not least of these is that, since 1999, ECE has been recognized by the *Political Constitution of the Republic of Chile* (MINEDUC, 2001). This step reflects the political consolidation which ECE in Chile enjoys today.

Despite all the aforementioned measures taken, many of the educational structures from the 1980s remain in place. For example, some ECE centres are operated as profitable businesses (Brunner & Elacqua, 2003). Unfortunately, an assessment of the quality of ECE programs in Chile in the late 1990s showed that children attending Kindergartens and childcare programs were not getting better results compared to those children being raised solely within the family (MINEDUC, 2001). Clearly, ECE programs at that time were not securing the promised cultural capital and social mobility for Chilean children (Adlerstein, 2012).

Early childhood education in the 2000s. Chile's most recent measures have been oriented toward improving quality through standardization of the curriculum, delivering

educational services, improving professional teacher performance through specific training, and expansion of ECE coverage (MINEDUC, n.d.). In regard to the latter, despite the fact that Chile has the lowest income per capita among OECD members, Chile's ECE coverage is quite high; it is equal to the coverage of the upper 50% of all OECD members (Adlerstein, 2012). So much so that between 2001 and 2005, 120 000 more children were enrolled in the public Kindergartens (Pacheco, Elacqua, Brunner, Montt, Peralta, Poblete, et al., 2005). In the following three years, over 85 000 young children from the most disadvantaged socio-economic groups were included (Adlerstein, 2012). The coverage rate has doubled from those coming from the most impoverished homes; the number of childcare centres available has gone from 781 to 4 300 (Fundación INTEGRA [INTEGRA Foundation], 2010). Today, almost 85% of children aged four years, and over 90% aged five years, are enrolled in the education system (Morales & Cortázar, 2012). Although enrolment in ECE programs is almost universal, Chile still ranks low in quality of ECE programs as documented in the *Starting Well Index* from The Economist Intelligence Unit (The Economist, 2012). Moreover, data on quality inclusion in Chile as well as in many other countries, at a preschool level is largely unavailable (The Economist, 2012). The lack of information on this matter led the author of this study to conduct research on the quality of inclusion at the preschool level in Chile.

Chile's current *Ley General de Educación [Education Act]* (2009) requires ECE available by the State but attendance is not mandatory. This distinction is subject to change due to the passage of the *Compulsory Kinder Law* (2013) which will take effect in 2015. Attendance at the K level will become compulsory for all children between the ages of 5 and 6. This change will challenge not only regular ECE coverage and quality but also the provision of inclusive ECE. Among other components, new attitudes, strategies, and commitment toward inclusive

education will be necessary for its success. Clearly, new and purposeful efforts will be needed to put into place by the Chilean government. As stated previously, the author of this dissertation undertook research to gather baseline benchmark data before the Kinder law was fully implemented.

Inclusive Education during the Preschool Years

Inclusive ECE programs consider both ethical and socialization issues as well as developmental benefits for children with and without disabilities. Ethical issues involve not only the right to be educated in the same environment with typically developing children, but also to give typically developing children the benefits gained by socializing with children with noticeably cultural, intellectual, and/or physical differences. Socialization benefits include the promotion of awareness about differences, leading to greater tolerance and acceptance among peers and enrichment of early experiences from "real life settings." Developmental benefits include laying the foundation for lifelong learning in one of the most sensitive periods of life as children are particularly responsive in this period (Allen et al., 2012; Guralnick, 2001). However, despite this evidence, the systematic integration of children with disabilities into early education programs is relatively new and the promotion of inclusive ECE even more so (Allen et al., 2012). Still, the early years provide unique opportunities to promote inclusion. Especially important is a safe and supportive environment not focused primarily on academics as in primary and secondary education, but rather on the "integration of physical, social, emotional, cognitive, and spiritual areas to develop healthy relationships, a sense of belonging, involvement and well-being which will, in turn, contribute to the child's learning process and his/her full development" (Klibthong, Fridani, Ikemani, & Agbenyaga, 2014, p. 40).

Section 4

Benefits of Inclusion

The previous sections addressed a rationale for inclusive education, the history of inclusive education, special education and ECE in Chile, and the importance of inclusive education during the preschool years. As noted previously, Chile is moving from integrative to inclusive practices (Larraguibel, 2012). Yet, it is important to acknowledge that the term integration is still widely used in Chile particularly to denote the program that subsidizes children with disabilities. Despite this, the term inclusion will be used throughout the following sections. Furthermore, the use of the term inclusion is supported by the evidence of efforts Chile and other countries are making in terms of recognizing the rights of people with disabilities and the movement toward greater equity and equality.

Recent empirical evidence supports the practice of inclusive education and demonstrates several types of benefits for both children with disabilities and their typically developing peers (Yang & Rusli, 2012). Academic, social and additional benefits are presented below.

Academic Benefits

Hundert and colleagues (1998) reported that compared to children with similar abilities but enrolled in traditional special settings, children with disabilities enrolled in inclusive settings achieve better developmental outcomes. Children with disabilities enrolled in inclusive settings have greater engagement in instruction (Salend, 2001), and obtain higher scores in language development, mathematics, arts, social, and academic skills (Downing & Peckham-Harding, 2007; Peetsma, Vergeer, Roeleveld, & Karsten, 2001; Rafferty et al., 2003).

Academic benefits have also been shown for students without disabilities educated in inclusive settings who made significantly greater progress in mathematics and reading (Cole,

Waldron, & Majd, 2004). Allen and colleagues (2012) explain that in comparison to segregated settings, inclusive programs provide greater stimulation, variety, and interactive experiences which increase students' performance.

Social Benefits

Studies have shown that compared to children with similar abilities but enrolled in traditional specialized settings, children with disabilities enrolled in inclusive settings achieve more positive social and emotional functioning including more satisfying relationships with their school friends, and fewer feelings of loneliness (Wiener & Tardif, 2004). Being with a typically developing peer provides children with disabilities role models for age-appropriate behaviours, conversation partners, and motivation for communication (Yang & Rusli, 2012). This leads children with disabilities to become more socially competent (Freeman & Alkin, 2000), develop friendships and social networks (Fryxell & Kennedy, 1995; Hall & McGregor, 2000) and happiness behaviours (Ryndak et al., 1999). Similarly, Lee and Odom (1996) reported improved behavioural outcomes. Benefits for typically developing children include character development into more accepting, tolerant, and sympathetic individuals (Bentley, 2007; Cross et al., 2004; Peck et al., 2004), development of additional skills such as sign language and/or use of assistive technology (Downing & Peckham-Harding, 2007) as well as identification of both a teacher and a role model in their peer with a disability (Bentley, 2007). Moreover, in a study aimed at investigating whether the placement of pupils with special educational needs (SEN) within mainstream schools has an impact on academic and social outcomes for pupils without SEN, findings from 26 studies suggest that there are no adverse effects on pupils without SEN of including pupils with special needs in mainstream schools, with 81% of the outcomes reporting positive or neutral effects (Kambouka, Farrell, Dyson, & Kaplan, 2007).

Additional Benefits

Additional benefits are shown in studies in which children with disabilities enrolled in inclusive settings. For example, compared to children with similar abilities but enrolled in pull-out programs, children with disabilities enrolled in inclusive settings attend more days of school (Rea, McLaughlin, & Walter-Thomas, 2002). Families of children with disabilities also benefit from inclusion as their children can be integrated more easily into the school community, which further promotes feelings of belonging (Chenoweth & Stehlik, 2004).

Despite the benefits shown by research, inclusion for children with disabilities remains a challenge in the regular classroom and the school as a whole (Yang & Rusli, 2012). Educators identified the lack of teacher training in regard to inclusive practices and teachers' feelings of inadequacy when teaching children with disabilities (Leyser & Kirk, 2004), the lack of adapted curricula, IEP plans, and adequate programs that benefit both children with and without disabilities (Allen et al., 2012), and lack of support services (Moore, Gilbreath, & Maiuri, 1998) as major challenges. Factors influencing the success of inclusive education are discussed in section 5.

Section 5

Factors Influencing the Success of Inclusive Education

Successful inclusion can only be achieved if a number of factors are in place. When these factors are present, quality inclusion is achieved (Wong, 2012). Conversely, barriers to successful inclusion are experienced when those factors are absent.

Additional Training

Research has shown that teachers who have taken special education courses or received in-service training have more positive attitudes toward inclusion (Avramidis, Bayliss, & Burden,

2000; Buell, Hallam, Gamel-McCormick, & Scheer, 1999). Likewise, teachers show less resistance to implementing inclusive practices when professional development has been put into place (Clough & Lindsay, 1991; Dickens-Smith, 1995).

Literature on inclusion has also reported general educators' request for additional training in the areas of professional development (Winter, 2006) and extra planning time and effective collaboration (i.e., between the regular and the special team) in the area of inclusion (Blecker & Boakes, 2010). Leatherman (2007) recommends that, to gain confidence, teachers should be given the chance to experience success in an actual inclusive classroom setting. By being supported by the specialized team, regular teachers may pay attention to aspects they were unaware of before and make appropriate adjustments for the benefit of the entire class. This is crucial as traditionally, professional development in ECE usually does not prepare teachers and staff to meet the individual learning needs of young children with disabilities (Chang, Early, & Winton, 2005).

Availability of Support Services

Unfortunately, children with disabilities are often placed in inclusive classrooms without sufficient planning or classroom support services. This practice contributes to negative attitudes toward inclusion and impacts classroom practices (Mitchel & Hedge, 2007). Availability of support services is crucial, but even more so for children with disabilities because, through these means, participation, social relationships, and learning outcomes are met (Odom et al., 2011). Key supports include advocacy at the administrative level that commits resources for equipment and physical accommodations, more curriculum planning time, limitation on the number of children with disabilities within the class, provision of trained teacher aides, monetary incentives, consultation with special educators and therapists as well as ongoing coaching

(Norrell, 1997). When those resources are put into place, programs and program personnel can better serve children with a range of characteristics and needs, rather than children with disabilities having to meet specific criteria and prerequisites (Odom et al., 2011).

Collaborative Relationships

Research has also highlighted the role of collaborative relationships in the success of inclusion. At the school level, Lieber and colleagues (1997) identified seven key features of the collaboration that were associated with successful inclusion: joint participation in planning, shared philosophies, shared "ownership" (i.e., responsibility for all children), communication, professional roles, stability of relationships, and administrative support. Meetings between regular and special educators and therapists which involve coaching, mentoring, coteaching, and/or providing guidance and feedback about the inclusive childcare program are fundamental (Mitchel & Hedge, 2007). However, putting into place this type of collaboration not only benefits children with disabilities, but also typically developing children as teachers can mobilize knowledge and develop creative strategies for all children (Allen et al., 2012). This supports the development of children's positive attitude for learning (Margetts & Raban, 2011) and to becoming active participants and decision-makers (Theobald, Danby, & Ailwood, 2011). These characteristics, in turn, reduce the risk of a child failing at school (Hamre & Pianta, 2001).

Collaborative relationships include key partnerships and alliances with institutions external to the schools but which belong to the mesosystem (i.e., parents and the community). Parent and teacher meetings are fundamental as parents have important information about their children (Brotherick, Mehta-Parekh, & Reid, 2000). A positive alliance between the two can facilitate the child's progress through the program by addressing complex problems that may emerge. At the community level, effective collaboration allows children to not only participate in

the community, but also to develop a capacity for independence and self-direction (Odom et al., 2011). Lero and Irwin's (2008) evidence-based intervention program to improve educational quality and enhance inclusion capacity and inclusion effectiveness at preschool level, as documented in *Partnerships for Inclusion-Nova Scotia*, showed positive results in: 1) staff attitudes and engaging in collaboration toward inclusion, 2) staff improved relationships with parents and increased parental satisfaction which, in turn, created increased parental involvement, and 3) staff expansion of networking both at the school and community level.

Positive Teacher Attitudes

According to Mapsea (2006) the success of an inclusive classroom is strongly related to teachers' attitude toward inclusion. Considering that inclusion requires an extra effort from the regular staff to adapt the curriculum, investigating their understanding of the meaning of inclusion as well as professional readiness becomes critical to successful implementation of inclusive educational practices (Klibthong et al., 2011; Olson, 2003). This is a complex matter as beliefs and values are influenced by our social constructions (Rivalland, 2007). Personal skills, social environments, professional experience, family and traditional cultural values, economic influences, benefits and mistakes derived from teaching experiences as well as internal and external expectations greatly affect teachers' attitudes toward inclusion (Odom et al., 2011). Several research studies have investigated the association between teachers' attitudes toward inclusion and the use of effective teaching strategies. Compared to teachers who held positive attitudes toward inclusion, teachers with negative attitudes did not frequently implement effective teaching methods for children with disabilities (Avramidis & Norwich, 2002; Bender, Vail, & Scott, 1995; Elhoweris & Al Sheikh, 2004). Variables which relate to teachers' attitudes include training, experience with inclusive education, and pupils' type of disability.

Support from School Administrators and Government Officials

Support from school administrators and government officials are key factors in the success of inclusion (Carter & Hughes, 2006). Administrators are key players in creating a successful inclusive environment for students with severe disabilities because they are in a position to bridge governmental mandates as well as to make collaborative partnerships with other staff members in the schools (Irwin, Lero, & Brophy, 2004). School administrators are crucial in the provision of "joint problem solving, maintaining data, facilitating staff development programs, providing emotional support in tough times, modeling collaborative traits and communication, providing resources, providing advocacy, providing time for staff to engage in collaboration, and assessing program efforts" (Bartlett, Weisenstein, & Etscheidt, 2002, p. 242). Kohanek and Buka (1999) found that service providers and administrators' differential support determined the extent to which inclusion practices would be adopted and implemented. Variables such as training and previous experience with students with disabilities and exposure to special education concepts greatly affect administrators' more positive attitudes toward inclusion (Praisner, 2003; Walter-Thomas, Bryant, & Land, 1996). The role of administrators' attitudes will be developed in the following section.

The terms administrator or principal will be used interchangeably throughout this dissertation. In clarification, it should be noted that within Chile's school system, an administrator and/or a principal may refer to the same person. In Chile, all administrators or principals hold a teaching degree. Yet, not all administrators or principals may be teaching at a particular time. Ultimately, that decision is based on both the administrator/principal's decision and the school's needs.

Section 6

Administrators' Attitudes Toward Inclusion and Implications for Practice

With the move toward inclusion, principals have been challenged to meet the goals and guidelines of government laws that pertain to the education of individuals with disabilities (Turnbull & Cilley, 1999; Wong, 2012). Administrators are expected to identify and express the needs students have as well as to bridge the gap between government mandates, parents, the community, and the school (Falvey, 1995; Irwin et al., 2000). Given the responsibility administrators have for resource allocation, program implementation, management, and staff, as well as their alignment or disapproval in regard to inclusion, their decisions greatly influence the school culture (Gameros, 1995; Irwin et al., 2004; Wong, 2012). Therefore, although school administrators are not the only persons responsible for the success of inclusion, they play a crucial leadership role in the development of a positive or a negative school culture toward inclusion (Irwin et al., 2004).

Research has shown that administrators contribute the most to instilling a culture of inclusion (Horrocks, White, & Roberts, 2008). The attitudes and commitment of administrators are a key starting point for placing students in a least restrictive setting (Praisner, 2003). With regard to administrators' attitudes and inclusion, three main factors have been identified as key in the success of inclusion: placement perceptions, role of experience, and types of training (Praisner, 2003).

Administrators' placement perceptions affect whether or not a student with a disability will be placed in the regular classroom setting. Administrators with positive attitudes toward inclusion are not only more likely to place students with disabilities within the regular classroom (Praisner, 2003), but also to find more appropriate activities for them (McAneny, 1992).

However, Barnett, and Monda-Amaya (1998) found that administrators' beliefs about placement were most amenable for students with mild disabilities. This finding is in line with data reported in the *Twenty-Second Annual Report to the US Congress* (Office of Special Education Program, 2000) which showed unequal treatment across disability categories, as individuals with more severe disabilities were being educated in more restrictive environments (Wong, 2012).

Several studies have shown a correlation between administrators' positive attitudes toward inclusion and their professional experience with students with disabilities (Horrocks et al., 2008). Likewise, administrators who had a family member or a close friend with a disability had more positive attitudes toward inclusive education (Sharma & Chow, 2008). However, Barnett and Monda-Amaya (1998) found no significant relationships between administrators' years of experience and their attitude toward inclusion. According to Praisner (2003) it is the quality and not the amount of experiences that correlate with inclusion.

Literature also emphasizes the importance of having taken special education courses to help develop positive attitudes toward inclusion (Greyerbiehl, 1993; Odom et al., 2011; Valesky & Hirth, 1992). Administrators' lack of knowledge about the implementation of inclusion greatly affects their attitudes (Praisner, 2003). According to Brotherson, Sheriff, Milburn, and Schertz (2001), the more on-going specific training is tailored to professional development of leadership skills, the better the result of attitudes and outcomes. In this regard, training programs involving mentors to guide administrators in the achievement of greater inclusion are helpful when implementing inclusive practices (Praisner, 2003).

Perceived Challenges

In addition to highlighting the crucial role of administrators' attitudes toward the success of inclusion, the literature reviewed also remarks on administrators' perceived challenges to

inclusion. Brotherson and colleagues (2001) identified three main themes: increasing number of children, limited qualified personnel, and missing pieces for inclusion.

Increasing number of children. Using participatory action research, Brotherson and colleagues (2001) investigated administrators' perceived challenges with regard to inclusion. Administrators expressed concern about the increased school enrolment numbers among children with disabilities. Other concerns included the range of type of disability and the severity of the disability as well as the educator-child ratios and class size. Challenges to adequate service provision to support those students were identified because an effective inclusive classroom for young children should consider all the aforementioned factors (Klibthong et al., 2014). Lower student enrolment is not only easier to manage, but also increases the interaction between the staff and students due to the possibility to provide individual attention (Sharma & Chow, 2008; UNESCO, 2005). On the contrary, large class size leads to poor quality and stress (Huntsman, 2008). Other perspectives suggest that instead of focusing on class size and teacher ratios, cultural values and context should be identified (Tobin, 2005). These differential positions call for flexibility in the way in which the inclusive program is being carried out (Klibthong et al., 2014).

Limited qualified personnel. Administrators also expressed concern over the insufficient number of teachers who possessed expertise in both special and general education (Brotherson et al., 2001; Salisbury, 2006). This is meaningful because educators' regular qualifications are not necessarily linked to greater success in inclusive practice and that teacher certification does not always result in quality practice (Agbenyega, 2011b; Reynolds, 2007). Addressing the needs of children with disabilities is a difficult challenge for teachers who lack expertise and the particular skills required to assist children with disabilities. There is a great

need for both ongoing professional development as well as parallel training in both special education and ECE (Carrington, Deppeler, & Moss, 2010). It is hoped that educators would be able to be constantly reflect on their practices which, in turn, "supports the process of change in educators' thinking and practice at different career points" (Wood & Bennet, 2000, p. 646).

Missing pieces of the inclusion puzzle. According to Brotherson and colleagues (2001) major pieces to the inclusion puzzle are missing. With this the authors referred to those "other" elements that administrators described as essential for the success of inclusion (Brotherson et al., 2001). These range from the most concrete ones such as the lack of time, space, funding, and training to the most abstract ones such as curriculum and pedagogy which includes, for example, follow-up strategies and effort (Salisbury, 2006). Emphasis on social values and knowledge which impact educational philosophy and practices vary greatly among countries, governments, and individuals (Fleer, 2011).

Implications of Perceived Challenges

To overcome perceived challenges to inclusion, Brotherson and colleagues (2001) suggest that administrators should implement three key supports or partnerships: provision of early support for families, collaboration with the community, and the provision of information on EC inclusion issues. By implementing those, administrators not only would be implementing more effective inclusion practices in their school setting but also would become more effective leaders. At the same time, through collaboration, they will be establishing key alliances, one of many fundamental components for the success of inclusion.

Section 7

Indicators of Quality of Inclusion

The international movement toward inclusion as a matter of rights has prompted many schools to adopt inclusive methods of service delivery (Dymond, 2001). However, program quality will vary as the type of childcare and education provided in preschools is not uniform (Scarr, Eisenberg, & Deater-Deckard, 1994). Differences might be due to how schools interpret and implement inclusive education (Dymond, 2001) and also because the definition of "quality of inclusion" is constantly changing (Buysse, Skinner, & Grant, 2001). High quality inclusive programs incorporate early childhood practices and individualized educational strategies as well as interventions to better serve students' needs.

As early as the 1990s, there was a consensus that the minimum guidelines for ECE quality should include developmentally appropriate practices (DAP), particularly those proposed by the United States *National Association for the Education of Young Children* (NAEYC) (Kontos & Dunn, 1993; Wolery, Strain, & Bailey, 1992). Guidelines involve the assessment of two main dimensions: 1) the quality of the curriculum and intentional teaching (i.e., planning, delivering, evaluating instruction, facilitating positive relationships, and socio-emotional development), and 2) the structural aspects (i.e., physical environment, child-caregiver ratios, caregiver qualifications, compensation, etc.) (Odom et al., 2011). The standards proposed by the NAEYC assess the global quality of preschool programs but they are not sufficient to address the individual needs of children with disabilities in an inclusive classroom (Wong, 2012). Therefore, the indicators of high quality inclusive programs must be determined in order to assess and improve the quality of inclusive education (Buysse & Hollingsworth, 2009).

Thus, in 2009 the *Division for Early Childhood* (DEC) of the *Council for Exceptional Children* (CEC) and the *National Association for the Education of Young Children* (NAEYC) published a *Joint Position Statement* specifying that the defining features of high quality inclusion are "a sense of belonging and membership, positive social relationships and friendships, and development and learning" (Division for Early Childhood/National Association for the Education of Young Children (DEC/NAEYC), 2009, p. 2). Odom and colleagues (2011) comment that "placement in a least restrictive environment (LRE) is not sufficient to meet the intent of inclusion, but rather, participation, social relationships, and learning outcomes for all children are common goals" (p. 345).

The *Joint Position Statement* (DEC/NAEYC, 2009) defined three key principles that individuals in the EC community should consider and utilize collectively when evaluating and assessing high quality EC inclusive programs and services (Cate et al., 2010). Those are access, participation and supports.

Access

According to the *Joint Position Statement* (DEC/NAEYC, 2009), access refers to the provision of a "wide range of learning opportunities, activities, settings, and environments" for all students (Cate et al., 2010, p. 76). Organization of the physical environment as presented by Universal Design (UD) as well as provision of appropriate equipment and materials as exemplified by Universal Design for Learning (UDL) are included here. Universal Design, a movement which arose in the 1960s and 1970s, advocates for support access of individuals with disabilities to different physical environments by removing barriers (e.g., installation of ramps and wider pathways for wheelchairs and walkers). Universal Design for Learning refers to practices that have a variety of diverse methods, pedagogies, and learning tools that enable

students to navigate the curriculum and the learning environment by reducing barriers to learning. Examples include the use of assistive technology and specialized software that allows students with a range of functional abilities to actively participate in the inclusive classroom (Buysse & Hollingsworth, 2009).

Participation

High quality programs give all students the opportunity to participate and actively engage in learning (Wong, 2012). To provide that, some children need additional individualized accommodations and supports (Cate et al., 2010). The *Joint Position Statement* (DEC/NAEYC, 2009) recommends that practitioners use a variety of instructional and intervention approaches to promote children's engagement in playing and learning activities with peers and adults as well as to foster their sense of belonging (Buysse & Hollingsworth, 2009). Individual Education Plans (IEPs) are considered to be effective tools in ECE to enhance participation. A well-constructed IEP provides an outline for the child's daily routine and activities based on the student's interests and needs. A well-designed and age-appropriate IEP should facilitate student participation in the inclusive classroom because goals, objectives and strategies are embedded in the day-to-day routine (Bruder, 1993; Rainforth, York, & McDonald, 1992).

Supports

According to the *Joint Position Statement* (DEC/NAEYC, 2009) system-level supports are needed to assist individuals, communities, organizations that provide inclusive services to the children and their families (Buysse & Hollingsworth, 2009). First, individuals involved in the support system (e.g., parents, teachers, paraprofessionals, and administrators) need to work together as a team. Second, policies and resources must encourage such collaboration (Wong, 2012). Supports provided to students include therapies or specialized services given in a

coordinated manner and embedded within regular classroom routines and activities whenever possible. Supports to teachers include further professional development and use of incentives and monetary resources (e.g., salary increments for staff who have completed additional training). A quality framework for inclusive practices reflects a strong level of support for quality of inclusion (Buysse & Hollingsworth, 2009).

Simply calling a program "inclusive" does not guarantee positive outcomes for students with disabilities. Many school systems and programs already have practices in place which are barriers to the adoption of aspects of the required inclusive program (Cate, Diefendorf, McCullough, Peters, & Whaley, 2010). The goal for a high quality program is one which has been conceptualized and developed intentionally and "planfully" from the beginning rather than after other aspects of the system are already in place (Cate et al., 2010). Yet, for already existing systems, changes may be necessary in order to offer inclusive education for all children.

Summary

The literature review has described the rationale for inclusive education, history of inclusive education at an international level and in Chile, preschool years and preschool education in Chile, benefits of inclusion, factors influencing the success of inclusion, administrators' attitudes toward inclusion and implications for practice, and indicators of quality of inclusion. Every section of the present literature review has added critical information to justify the need for further investigation about quality inclusive care at the ECE level in Chile. The international movement to inclusion frames Chile' efforts to progress in this matter. Yet, as stated in sections 5, 6, and 7, success of the implementation of inclusion in Chile requires that the school system takes into consideration stakeholders' beliefs and desires and encourages collaboration among stakeholders to achieve clear political and educational guidelines. The

present study is intended to provide information about the status and nature of the quality of inclusion at the ECE level in Chile.

The Present Study

Improving access to education and promoting quality of education at all levels is imperative in Chile, as it is in other countries experiencing societal and economic inequalities. This is especially true for ECE. Numerous research studies report the benefits that individuals and society obtain by increasing the investment in ECE (see AERA, 2005; Boots, 2005; Byrnes, 2001; Heckman, 2008; Heckman at al., 2009; Karoly, & Bigelow, 2005; OECD, 2006; The Economist, 2012). Chile's recent policy initiatives through the *Compulsory Kinder Law* (2013), which will be effective in 2015, and the *National Disability Law* (2010), frame the present study. With these measures in place, Chile joins many other nations which have strengthened ECE.

The present study provides baseline benchmark data and information on the quality of ECE programs before the *Compulsory Kinder Law* (2013) takes effect. Although limited in number of classrooms surveyed, this data will be valuable both in Chile and worldwide for further policy decisions. More immediately, at the school level in Chile, stakeholders may benefit from this information to: 1) increase awareness of inclusion issues, 2) generate useful strategies for assessing school programs, and 3) implement and refine inclusive practices (Dymond, 2001).

Evaluation of inclusive education has focused mainly on the effectiveness of inclusion rather than on the nature of the inclusive preschool program (Wong, 2012). Inclusive school programs are rarely evaluated and, only in recent years, has increased attention been given to their assessment (Odom et al., 2011). At the preschool level, assessment and quality enhancement of inclusive programs in Canada include projects in Nova Scotia, Manitoba, and

the Halton region of Ontario (S. Irwin, personal communication, September 26, 2014). However, at a broader level, data on the quality of inclusive programs at preschool level among the OECD members is largely unavailable (The Economist, 2012).

With the call for higher standards and accountability in schools, there is a greater need for the evaluation of inclusive programs and resulting outcomes (Wong, 2012). Results from studies measuring program quality, such as this one, would provide a picture of what quality inclusion looks like in different educational environments, meeting desired student outcomes, and contributing data for policymaking by governments and educational institutions.

CHAPTER 4: METHODOLOGY

Research Design and Strategy

The mixed-method research approach is a combination of methods which "involve(s) the collection, analysis, integration of quantitative and qualitative data in a single or multiphase study" (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005, p. 224). A mixed-method approach was selected as the most appropriate for this study which aims to establish benchmark and baseline data currently unavailable to measure the quality of inclusion in Chilean preschool classrooms. Because this study is exploratory in nature, no *a priori* hypotheses can be established (Rocco, Bliss, Gallagher, & Pérez-Prado, 2003). Still, the study is expected to identify differences by school type as well as in the practices and principles components of the Specialink scale (Irwin, 2009) which is one of the main instruments used for collecting data.

There are both strengths and weaknesses to using a quantitative or qualitative approach, and neither approach is better than the other (Ackroyd & Hughes, 1992). Statistical data helps to quantify the degree of relationships between variables and gives the researcher an idea of how much confidence can be placed in the findings. Qualitative data, on the other hand, helps to expand the social validity of practices and concepts that are based on political, legal, and cultural connections (Kumar, 2005). Mixed-method research holds greater potential to address complex questions by acknowledging the dynamic of interconnections that traditional research methods alone (i.e., quantitative or qualitative approach) have not adequately addressed (Hesse-Biber & Crofts, 2008). It also holds great potential in terms of provision of new theoretical contributions and exploration of social policy issues. Therefore, governmental offices, private funding agencies, evaluators and stakeholders have become interested in the use of this approach (Hesse-Biber, 2010).

Greene, Caracelli, and Graham (1989) list the benefits of a mixed-method approach. First, it is the opportunity for *triangulation*, which fortifies and enriches the study's conclusions and yields a more powerful and comprehensive analysis of the research problem. Second, it provides *complementarity*, aiding the researcher to gain fuller understanding of the research problem and/or to clarify a given research result. Third, it affords *development* by creating a synergic effect whereby the results from one method help develop or inform the other. Fourth, it provides *initiation* in the sense that its findings may raise questions or contradictions that will require further clarification, thus initiating a new study which calls for an *expansion*, the fifth benefit listed by the authors.

The guiding theoretical framework chosen in this study: *The Ecology of Inclusive Child Care* (Odom et al., 1996) model also calls for the use of a mixed-method approach. The model accentuates the relationships and dynamics of the institutions that are part of the layers (i.e., microsystem, mesosystem, exosystem, macrosystem, and chronosystem) as well as the mutual influence exerted between the layers. Richer understanding of the dynamics is provided with the use of a mixed-method approach.

Additionally, there are also two practical reasons for using a mixed-method approach. First, is that similar to many other countries worldwide, data on quality inclusion at a preschool level is largely unavailable in Chile (The Economist, 2012). Second is Chile's historical situation in which the recent passage of the *Compulsory Kinder Law* (2013) affirms the importance of early childhood education (ECE) and commits efforts and resources to this education level. This law makes ECE attendance compulsory in 2015 and will affect all schools whether public, semi-public or private. As stated previously, the author of this dissertation undertook research to gather benchmark data before the Kinder law was fully implemented. Further, the sample size

was increased from 20 to 31 schools in order to obtain more meaningful data. Thus, data from this study provides an important source of baseline data against which later changes and implementation in the years to come can be evaluated.

Using a mixed-method approach may benefit not only the identification of current issues at the local school level, but may also provide insights about the phenomenon under study, cross-check the research results and extend the findings (Hesse-Biber, 2010). In this study, the quantitative approach aims to determine the level of: 1) the overall quality of selected Chilean preschool programs, and 2) the inclusion quality of Chilean preschool programs sampled. The qualitative approach is utilized to capture information about schools' decision to implement the integration program, their difficulties when accepting a child with a disability, their strengths as well as challenges faced, their community resources, any additional support/resource/training that may be useful to improve their inclusive practices, and the exploration of school stakeholders' main beliefs about inclusion.

Information drawn from this study could be used to help other schools, EC centres, and school boards to reflect on their current inclusive practices and principles and to help them move toward higher quality inclusive preschool education. On a broader scale, information drawn from this study may not only be instrumental for providing evidence worldwide about inclusion quality at the preschool level, but will also provide data that can be used by the Chilean educational system and policy makers to design, develop, and implement programs and national policies.

Participants

Participant schools of the present study were selected either at the recommendation of the EC and Special Education Regional Coordinators of the Ministry of Education of Chile or by the

researcher herself. The researcher's contacts to obtain participant schools were made in a trip to Chile in November 2013. This trip not only had the objective of making the necessary connections to obtain participant schools, but also to pilot the main instrument of the present study: the *Specialink Early Childhood Quality Scale* (Irwin, 2009). Selection criteria for participating schools included: 1) being either a public or semi-public regular school, 2) being located in a capital region and/or a major city of Chile, 3) offering Pre-K and K levels, 4) offering inclusive programs at the preschool level, and 5) its voluntary participation.

The participants of this study were principals as well as other key personnel in 31 Chilean regular schools offering inclusive preschool programs (i.e., PK and K). It should be noted that the principal of each school selected a particular classroom to represent inclusion quality at their school, which means that the scores represent that particular classroom rather than all classrooms of that particular school. In addition to offering inclusive programs, all selected schools were either public or semi-public, receiving public subsidy, and licensed by the Ministry of Education of Chile. Schools were located in 11 of the 15 regions of Chile: four schools were located in Northern Chile, 20 in Central Chile, and seven in Southern Chile. All schools were urban in nature: 29 schools were located in the capital of each participating region and two in a major regional city. Of the 31 participating schools, 20 were public and 11 were semi-public. However, none of those 11 semi-public schools charged a co-payment to parents, and similar to those public schools assessed, they had a medium to high economic and social vulnerability rate which for all schools ranged between 45% and 95%. All public schools (20) (65%) were municipal with no religious affiliation, five semi-public schools (16%) had no religious affiliation, and only six (19%) held religious affiliation. For schools' regional representation see Table 2.

Seventeen schools (55%) provided full-day care and 14 (45%) half-day care options for children aged between four and five years 11 months. Twenty-seven schools had differentiated PK and K levels with one of them also offering one combined group (PK and K integrated in only one level); four schools had combined groups only with one of them also offering one differentiated K level. Table 3 summarizes school enrolment as well as the number of years the school provides both general and inclusive preschool education.

Table 4 provides specific information about enrolment of students with disabilities in PK, K, and in combined groups.

Administrators/principals were also interviewed. As described earlier, in the context of this study the term administrator and principal is used interchangeably as they refer to the same person. Eight principals (26%) were male and 23 (74%) were female. Twenty-seven principals (87%) reported having both administrative and teaching responsibilities; one (3%) reported administrative responsibilities only, and three (10%) did not fit in any of these categories. Table 5 presents demographic information about administrators.

As shown in Table 5, whereas nine principals (29%) have had previous experience in the childcare area directly, 22 (71%) had no previous experience. Principals were asked about their opinions and feelings in regard to how well their school is doing in the area of disability and current inclusion practices. Six principals (19%) were highly satisfied with the implementation of inclusive practices at their school, ten (32%) were satisfied, 12 (38%) felt they were meeting basic requirements, and three (10%) were unsatisfied. Nine principals (29%) stated that they believe that the number of children with disabilities enrolled was more than the number expected, 13 (42%) said that the number was fairly typical, and nine (29%) responded that it was less than typical. Twenty one principals (68%) stated that they would not be able to accept any

child with any type of disability, and 10 (32%) said that they would accept any child regardless of his/her disability. At the preschool level, four principals (13%) answered that they had to turn down a child with a disability in the last three years. In those situations, two were due to the child's characteristics exclusively and two to both the child's characteristics as well as environmental barriers. Finally, only five principals (16%) had participated in initiatives to improve program quality and/or inclusion effectiveness in the last three years.

Measures

Quantitative component. Two quantitative scales were utilized in this study, one to measure the global preschool quality and, the other, to measure the inclusion preschool quality. Those are: 1) the Spanish translation of the *Early Childhood Environment Rating Scale Revised-Edition* (ECERS-R) (Harms, Clifford, & Cryer, 2005), and 2) the *Specialink Early Childhood Inclusion Quality Scale* (Irwin, 2009), respectively.

The *Early Childhood Environment Rating Scale-Revised Edition* (ECERS-R) (Harms et al., 2005) measures the level of program quality of regular preschool, kindergarten, and child care classrooms serving children two-and-a-half through five years of age. According to Wood (2006), global quality is understood in the ECERS-R to describe the type of care provided to children in childcare centres.

The ECERS-R (Harms et al., 2005) is an instrument widely utilized within the ECE research field for supervision and program improvement, school and staff self-assessment and monitoring, and evaluation of training programs. The measure is utilized and recommended by the *National Center for Early Development and Learning* (NCEDL) and the *Preschool Curriculum Evaluation Research Program* (PCER) in the United States who evaluate, for example, the Head Start Programs. The scale consists of 43 items organized into seven subscales:

space and furnishings; personal care routines; language-reasoning; activities; interaction; program structure; and parents and staff. Subscales are expressed in a seven-point Likert-scale ranging from 1 (inadequate) to 7 (excellent). A subscale score ranging from 1 to 2.9, as measured by the ECERS-R (Harms et al., 2005), is considered to have a low or less than minimum level of quality. "Low quality care may be characterized by an environment that has poorly planned programs, limited activities and access to materials, and negative interactions with teachers" (Wood, 2006, p. 6), all conditions that affect children's cognitive, emotional, and social development and, thus, their learning (Rushton & Larkin, 2001; Wiltz & Klein, 2001). A score ranging from 3.0 to 4.9 is defined as a mediocre level of quality. According to Wood (2006) a mediocre quality care setting may be defined by poor child/staff ratios, lack of staff training and development, and inadequate interactions between staff and children. Finally, a score ranging from 5.0 and above is considered as a high level of quality as it reflects competency in the assessed area. According to Early, Clifford, and Howes (1999), a high quality early childhood program is that one which is well-managed, well-monitored, has competent and committed teachers, has a high degree of adult-child interaction, provides constant teacher training, and carries out regular assessment. These characteristics define the program as a child-centered setting because of its warmth, responsiveness, and cognitively enriching environment.

Research conducted with the ECERS-R (Harms et al., 2005) has yielded scores over .90 on both the validity and reliability of the instrument (Clifford, Reszka, & Rossbach, 2010). Several studies identify the ECERS-R (Harms et al., 2005) as a reliable and valid measure of program quality. For example, compared to those attending low quality care programs, children attending high quality care programs acquired better social skills (Peisner-Feinberg & Burchinal, 1997), present fewer problem behaviours (Vandell, 1999), develop better language skills

(Clarke-Stewart, 1999), and score higher on measures of school readiness (Peisner-Feinberg & Burchinal, 1997). Moreover, according to Peisner-Feinberg and colleagues (1999) the effects of the quality of child care received during the preschool years influence children's subsequent language, math skills, and peer relationships in Grade 2.

Research studies from Canada, Germany, Italy, Sweden, Russia, Iceland, Portugal, England, Spain, Austria, Singapore, Korea, Hungary, and Greece recommend its utilization because the scale provides meaningful information about the global quality of the childcare environments across cultures (Peisner-Feinberg et al., 2001). Especially important to this study is that the provision of a level of quality program, as measured by the ECERS-R scale (Harms et al., 2005), is an essential requirement for the determination of the level of inclusion quality (Lero & Irwin, 2008) as the ECERS-R scale (Harms et al., 2005) places emphasis on emerging issues in EC care such as the inclusion of children with disabilities, family concerns, and cultural diversity (Clifford et al., 2010). The ECERS-R scale (Harms et al., 2005) has also been previously used in other research studies carried out in Chile (Faverio, Rivera, & Cortázar, 2013; Villalón, Suzuki, Herrera, & Mathiesen, 2010). In this study, the Spanish version of the ECERS-R (2005) was used.

Quantitative data drawn from the ECERS-R (Harms et al., 2005) address the following question:

- According to *Early Childhood Environment Rating Scale-Revised Edition* (ECERS-R) (Harms et al., 2005), what is the global quality of Chilean preschool programs?

In addition to answering the aforementioned question, differences on the ECERS-R global preschool quality and subscales among public and semi-public schools were obtained.

This decision to compare public and semi-public schools was made on the basis of distinct differences between public and semi-public schools (see Table 1).

To compare means between public and semi-public schools, an independent sample *t*-test was chosen as the most appropriate approach. According to Miller (1997), this approach is not only the simplest, but also the most powerful method as it responds to non-normal distributions and allows equalization of different variances between groups. Given the exploratory nature of this study , no adjustment was carried out. Although there is no set rule for this statement, Miller (1997) states that if an adjustment were made, the research would become more exploratory. The aforementioned reason led the researcher to decide not to control for multiple comparisons.

The second instrument, the *Specialink Early Childhood Inclusion Quality Scale* (Irwin, 2009) is a tool used to measure the level of inclusion quality in EC environments and help centres to move toward higher quality inclusion (Wong, 2012). Two subscales are contained in the Specialink: the "practices" and the "principles." The practices subscale has 11 items: physical environment and inclusion of children with special needs; equipment and materials; director and inclusion; staff support; staff training; therapies; individual program plans (IPPs); parents of children with special needs; involvement of typical children; boards of directors and other similar units; and preparing for transition to school. These 11 practices contain 158 indicators and are related to the individual classroom (Irwin, 2009). The principles subscale has six items: zero reject; natural proportions; same hours/days of attendance available to all children; full participation; maximum feasible parent participation at parent's comfort level; and leadership, pro-active strategies and advocacy for high quality inclusive childcare. The six items of the principles subscale cover 92 indicators that are related to the school as a whole (Irwin, 2009). Each item of both the practices and the principles scales is presented on a seven-point Likert-

scale with descriptors ranging from 1 (inadequate) to 7 (excellent). The Specialink (Irwin, 2009) scoring system follows the same scoring rubric used in and by ECERS-R (Harms et al., 2005) (i.e., 1-2.9: low inclusion quality level; 3.0-4.9: mediocre inclusion quality level; 5.0-7.0: high inclusion quality level). Although there is no yet a clear definition of EC inclusion quality, an inclusive EC setting is one which ensures desirable outcomes for all children and addresses the particular needs of those with disabilities (Cate at al., 2010). In particular,

> the Specialink scale provides: 1) research on children's experiences in inclusive programs to assess short- and longer-term impacts and contribute to evidence-based policy and practice; 2) program evaluations related to alternative funding and support models and professional development; 3) self-assessment for programs seeking to improve their effectiveness; 4) the development of inclusion quality standards; and 5) public accountability and policy evaluation (Cate et al., 2010, p. 17).

Previous research studies conducted with the Specialink scale have shown its high internal reliability as each item of the scale contributed significantly to the total scale score. The Cronbach's alpha coefficients have been calculated to be .91 for the principles subscale and .83 for the practices subscale (Lero, 2010).

Overall, the Specialink scale discriminates effectively between inclusive and non-inclusive environments (Wong, 2012). The instrument helps EC centres to determine the level of inclusion rather than the effectiveness of inclusion and avoids judgmental evaluations.

Because no translation of the Specialink scale into the Spanish language was available, the researcher's supervisor obtained permission from author Dr. Sharon Irwin to use her scale in Chile. Once approval was gained, the researcher translated the scale into the Spanish language and piloted it in November 2013 with a team of special resource teachers of a special school

located in the VI Region of Chile. Once the first step of the piloting process was completed, adjustments and corrections were made by Mr. Carlos Ossa, Assistant Professor at the University of Bío-Bío, Chillán, Chile. Mr. Ossa had co-supervised the author's McGill MA thesis and has maintained collaborative ties with Dr. Flanagan, the researcher's supervisor. This procedure was followed to increase the validity of the initial translation of the Specialink scale (Irwin, 2009). It is acknowledged that a limitation of this procedure was that the Specialink scale (Irwin, 2009) should have been translated back to English language and then, translated to Spanish language a second time.

Quantitative data drawn from the Specialink scale (Irwin, 2009) addresses the following question:

- According to the *Specialink Quality Inclusion Scale* (Irwin, 2009), what is the overall inclusion quality of Chilean preschool programs?

Two more scores were reported. The mean scores on the practices and the principles subscales of the Specialink Scale (Irwin, 2009) as well as the mean score obtained from item 37 of the ECERS-R (Harms et al., 2005) because that item specifically pertains to provision for children with disabilities. The incorporation of the former (i.e., practices and principles from the Specialink scale (Irwin, 2009)), adds data useful to a centre and/or a school that has adopted a policy of enrolling children with disabilities. Furthermore, the data allows centres to ensure that their students' needs are met, as far as possible, within the regular setting (Lero & Irwin, 2008). For the latter (i.e., inclusion of item 37 in the analysis), the information obtained captures several dimensions of inclusion quality, particularly given that no standardized instrument currently exists for assessing inclusion quality in EC programs (Lero, 2010). Furthermore, no information about assessment of quality inclusion within Chilean preschool classrooms has yet been found.

To determine the differences between the principles and the practices, a repeated-measures ANOVA with two factors, one by subscale (within-subjects effects) and one by type of school (between-subjects effects) was executed. The repeated-measures ANOVA is the classic parametric analysis used when two scores over the same experimental units (i.e., classrooms) are obtained, and it is desired to compare the average of these two steps in addition to the comparison of the average of independent groups of experimental units of these measures (Netter, Wasserman, & Kutner, 1996). Given the exploratory nature of this study, no adjustment was carried out. Although there is no set rule for this statement, Miller (1997) states that if an adjustment were made, the research would become more exploratory. The aforementioned reason led the researcher to decide not to control for multiple comparisons. Results are reported in the results section of this dissertation.

In summary, the quantitative component of the study aimed at gathering data on the global preschool quality, through the scores obtained from the ECERS-R scale (Harms et al., 2005) and the inclusion preschool quality, through the scores obtained on item 37 of the ECERS-R (Harms et al., 2005) and the Specialink scale (Irwin, 2009). The global preschool quality included the analysis of the global preschool quality itself, the global preschool quality by school type as well as the differences on the ECERS-R (Harms et al., 2005) subscales between public and semi-public schools. The inclusion preschool quality included the analysis of item 37 of the ECERS-R scale (Harms et al., 2005) which pertains to children with disabilities, the inclusion preschool quality itself, the inclusion preschool quality by school type, and the differences between the practices and the principles, the compounding subscales of the Specialink scale (Irwin, 2009). Additionally, the total score and administrators' ratings about implementation of inclusion were obtained.

Quantitative data drawn from the ECERS-R (Harms et al., 2005) and the Specialink scale (Irwin, 2009) as well as demographic information was entered and analyzed with the SPSS statistical program (version 22). Descriptive statistics including frequencies and mean scores were calculated to assess demographic information. To analyze school scores, descriptive statistics (i.e., minimum, maximum, mean scores, and standard deviations) were calculated for each subscale of the ECERS-R (i.e., space and furnishings, personal care routines, language-reasoning, activities, interaction, program structure, and parents and staff) as well as for the practices and principles subscales of the Specialink scale (Irwin, 2009).

Qualitative component. A qualitative component aiming at gathering additional information not covered by the quantitative measures was included in this study. Two interviews were conducted: 1) the qualitative component included in the demographic section of the *Specialink Early Childhood Inclusion Quality Scale* (Irwin, 2009), and 2) an open-ended qualitative interview which in this study, focuses on the question: *In your opinion, what is inclusion?*

Data drawn from the qualitative component of the Specialink scale includes the following questions:

- Question 14 B: What influenced you/your centre to begin including children with special needs on a regular basis?
- Question 17: In what situations would you be unlikely to accept a child and why?
- Question 21: Please describe what you feel are the strengths of your program in providing care and education for children with special needs.
- Question 22: Please describe what you feel are challenges or difficulties you currently are experiencing or aspects you would like to change.
- Question 23: What supports or resources in your community are helping you to provide

inclusive care?

- Question 24: What additional supports/resources/training would assist you/your staff to provide high quality inclusive care?

The additional qualitative interview, created by the principal researcher and her supervisor, was designed to give an opportunity for main school stakeholders (i.e., principals, vice-principals for curriculum development, resource teachers, and EC educators) to be heard through questions which were not addressed in the Specialink scale (Irwin, 2009). The question: *In your opinion, what is inclusion?* was the main focus of the analysis. Through this question, an exploration of the main beliefs about inclusion held by school stakeholders (i.e., principals, vice-principals for curriculum development, regular preschool teachers, and special educators) was expected to be obtained.

The qualitative information drawn from the Specialink scale (Irwin, 2009) and the interview were transcribed by a professional external transcription service. This service signed a confidentiality contract with the main researcher and was hired specifically for the purposes of this research. The first step of the qualitative analysis was done in Spanish language by the author of this dissertation and Mr. Carlos Ossa, Assistant Professor at the University of Bío-Bío, Chile. After reading the answers independently, each of the raters created a matrix of responses of "key words." Once this procedure was finished, they met to identify whether each of the coding systems had similarities. The initial agreement rate was obtained at 45%. A second independent rating of the answers was done after the independent raters met to clarify definitions and categories. The new agreement rate scored at 75%. Simpler codes were used for each category of the questions addressed in the Specialink scale (Irwin, 2009): influences, conditions for child's acceptance, strengths, challenges or difficulties, supports and resources, and additional supports/resources/training as well as for the additional question addressed by the

interview: *in your opinion, what is inclusion?* The next step was the translation of the codes and the excerpts into the English language, which was done by the author of this dissertation. In order to assure greater accuracy in the translation, Dr. Claire Kuhne, and expert in the field of education and translation, reviewed the codes and the excerpts. Once this step was completed, both the codes and the excerpts were back translated into the Spanish language. Mr. Ossa and the author of this dissertation made final adjustments did a final check on both the codes and the excerpts before translated them back into the English language. Once the matrix was obtained, Dr. Flanagan was consulted for the analysis of both the codes and the most representative excerpts. Based on her input, the last matrix with identified main themes was obtained. This procedure was followed in order to be consistent in the data analysis process, maximize validity, and avoid researchers' biases, interests and perspectives as well as ensuring accurate translation between languages. By implementing this strategy, truth value, applicability, consistency and neutrality is provided (Lincoln & Guba, 1985).

All administrators of participant schools (n= 31) responded to the qualitative component included in the demographic section of the Specialink scale (i.e., questions 14 B, 17, 21, 22, 23, and 24). In contrast, only 11 schools (one per region) and their stakeholders (i.e., principals, vice-principals for curriculum development, resource teachers and ECE) were invited to participate in the qualitative interview. This decision was made based on the advice of the researcher's doctoral committee.

Procedures

Pre-Data Collection. Before proceeding with the data collection process, ethical clearance was obtained from the McGill University Research Ethics Board in October 2013. The author, who is Chilean, spent the months of November and December 2013 in Chile piloting the

Spanish language version of both the Specialink scale and the qualitative interview while also making the necessary contacts to obtain the sample group of participant schools. For the latter, the author contacted former colleagues who could communicate with schools directly and recommend the study. In addition, the researcher sent a letter containing the description of the study to the Ministry of Education of Chile, selected Regional Departments of Education (Secretarías Regionales Ministeriales de Educación) and selected School Boards (Corporaciones Municipales de Educación for public schools/ Fundaciones o Corporaciones de Educación for semi-public schools). The first strategy resulted in the recruitment of seven schools (five in the Santiago Metropolitan Area and two in Chillán, a major city of the VIII Region of Chile). The second strategy led to a personal interview between the researcher and the Early Childhood Executive Secretary of the Ministry of Education of Chile (MINEDUC). The MINEDUC decided to collaborate with the present research. In order to gain voluntary regional participation, a description letter with detailed information (see Appendix C) was sent to 11 EC and Special Education Regional Coordinators of the MINEDUC at the beginning of the school year which, in Chile, is late February. All contacted regions accepted the invitation. The study was limited to only 11 out of the 15 regions of Chile because of time constraints as well as limited resources. The selection of all schools meeting the participation criteria was carried out by the EC and Special Education Regional Coordinators of the MINEDUC. This step was necessary because, as explained earlier, schools have the freedom to implement the integration program one year and cancel it for the next. By law, ultimate decision of participation in the integration program must be made by the 30th of March of each year (Decreto # 170 [Decree # 170], 2009). Participation criteria described in the letter included: 1) being either a public or semi-public regular school, 2) being located in a capital region and/or a major city of Chile, 3) offering Pre-K and K levels, 4)

providing inclusive programs at the preschool level, and 5) its voluntary participation. It was emphasized that no monetary compensation would be given. However, schools would be provided with a brief report once the research was concluded. Moreover, it was stressed that the report would be confidential, as it would be sent to principals directly, but not to the MINEDUC.

Data Collection. Although piloting of both the quantitative and qualitative components of the Specialink scale was done in November and December 2013, no data collection was done during this period. Data collection followed the defense of the dissertation proposal, in order to benefit from the advice and suggestions from the researcher's committee.

The researcher trained herself in the application of both the ECERS-R and the Specialink scale with the training DVD provided for each of those measures.

Data collection took place from April to August 2014 and once the Ministry of Education (MINEDUC) gave full consent to initiate data collection. The April-August period was the most appropriate and convenient time for doing data collection because the school year in Chile starts in late February. The researcher travelled to all participating regions to meet the EC and Special Education Regional Coordinators of the Ministry's Regional Departments of Education.

Before proceeding with the data collection process within the school setting, the researcher presented her research design at the Regional Coordination Offices. Personnel from both participant schools and the Regional Coordination Offices were invited to attend. Scheduling arrangements with schools were made at the end of each presentation. In those regions where the researcher did not give a presentation, arrangements with the schools were made directly between the Regional Coordinators, the researcher, and the schools.

The researcher visited each participating school by herself and interviewed the participants in the school setting. She spent one full day at each school. After explaining the

purposes of the study and responding to questions, consent was obtained from each participant: principals and vice-principals for curriculum development for those schools responding to the ECERS-R (Harms et al., 2005) and the Specialink scale (Irwin, 2009) (n=31). In those schools invited to participate in the qualitative interview, regular preschool teachers and special educators were asked to consent to their participation. It was repeatedly stressed that despite the fact that the Ministry of Education had provided contacts, all information given remained confidential. Each participant was given a copy of the research description and the informed consent form signed by the researcher. Permission to audio-record the interview was gained prior to participation in the study and was included as one criterion explicitly addressed in the informed consent form. Furthermore, participants were assured that they could refuse to answer any question at any time and could leave without penalty. For further information about the informed consent form used in this study see Appendix B.

All participants met individually with the researcher and all information obtained was confidential. In other to receive greater benefit from the process, some school principals asked for permission to include the resource teacher together with that principal during the Specialink data collection process. Since no risks were associated to this change, permission was granted but it was stressed that the opinions and information were mainly given by the principal.

Principals were interviewed in two sessions each of 90 minutes in length and responded to the instrument in the following sequence: 1) the quantitative demographic information of the Specialink scale, 2) the Specialink scale, and 3) the qualitative component of the Specialink scale. Vice-principals for curriculum development, interviewed in a 90 minute session, responded to the ECERS-R (Harms et al., 2005) tool separately from the administrators.

The interview with each participant followed the quantitative component and qualitative questions addressed in the Specialink scale (Irwin, 2009). As previously explained, four stakeholders were interviewed (i.e., principal, vice-principal for curriculum development, EC educator, and resource teacher) in 11 schools of Chile, one per region (n=44). Although participants received no monetary compensation for their participation, they were given a key chain bearing the McGill University logo at the end of their session. The researcher remained after each session ended in order to address any specific concerns of the participants. After leaving the school setting, she informed them that she was available by e-mail and/or by phone.

Despite the ECERS-R (Harms et al., 2005) and the Specialink (Irwin, 2009) suggestions in terms of the length of classroom observation, the researcher decided not to insist to observe a full observational hour in the classroom in those schools running half-day programs or the three full observational hours recommended for those schools with full-day programs. Reasons for making this modification were that numerous changes were being made at this time in the Chilean educational system, previously explained in the background section of this dissertation, and the reluctance some administrators showed during the researcher's earlier visit in November 2013. Still, the researcher was able to spend a full day at every school, interview the personnel, and enter in and spend some time within the preschool classroom setting. Fieldwork notes taken by the researcher allowed her to complete the observational part of both measures. All scores reflected the views only of school personnel interviewed as well as the observations made in the classroom by the researcher. Unfortunately, the research schedule did not allow time to meet with parents.

CHAPTER 5: RESULTS

Both quantitative and qualitative research require an organized approach to answering the research questions. While quantitative research involves the use of statistical methods, qualitative research requires searching for patterns of meaning and themes within the text and then presenting it to others to verify credibility of assertions (Creswell, 2013). Therefore, a rigorous data analysis plan and procedure is necessary.

Quantitative Data

Analysis of the quantitative data was guided by two main research questions.

- According to the *Early Childhood Environment Rating Scale-Revised Edition* (ECERS-R) (Harms, Clifford, & Cryer, 2005), what is the global quality of Chilean preschool programs?
- According to the *Specialink Quality Inclusion Scale* (Irwin, 2009), what is the overall inclusion quality of those preschool programs?

More in-depth analysis of the data follows.

Global Preschool Quality

Global preschool quality was assessed through the ECERS-R instrument. As mentioned in the methodology section of this dissertation, subscales are expressed in a seven-point Likert-scale ranging from 1 (inadequate) to 7 (excellent). A subscale ranging from 1 to 2.9 is considered as a low or less than minimum level of quality; a subscale ranging from 3.0 to 4.9 is defined to have a mediocre level of quality; a subscale ranging from 5.0 and above is considered to have a high level of quality as it reflects competency in the assessed area. All scores obtained in the 43 items of the seven subscales of the ECERS-R were used to determine the global preschool quality.

Schools assessed obtained a mean score of 4.23 out of a score of 7. A score of 4.23 would be interpreted as indicative of a mediocre level of quality by Harms, Clifford, and Cryer (2005), the developers of the ECERS-R measure. Individual school scores ranged from a low of 2.81 to a high of 5.48 out of a maximum of 7. While only two schools (6%) scored in the inadequate range (less than 3.0), 22 schools (71%) had scores in the minimal to mediocre level (3.0 - 4.9), and seven (23%) had scores above 5.0 which is indicative of good to very good overall quality. Global preschool quality, minimum, and maximum scores as well as means and standard deviations of each of the subscales assessed in the ECERS-R are presented in Table 6.

Global Preschool Quality by School Type

Public schools. Public schools assessed obtained a mean score of 4.05 out of a score of 7. A score of 4.05 is indicative of a mediocre level of preschool quality by Harms, Clifford, and Cryer (2005). Individual school scores ranged from a low of 2.83 to a high of 5.14 out of a maximum of 7. While only one school (5%) scored in the inadequate range (less than 3.0), 17 schools (85%) had scores in the minimal to mediocre level (3.0 - 4.9), and two (10%) had scores above 5.0 which is indicative of good to very good overall quality. Public schools' global preschool quality, minimum, and maximum scores as well as means and standard deviations of each of the subscales assessed in the ECERS-R are presented in Table 7.

Semi-public schools. Semi-public schools assessed obtained a mean score of 4.60 out of a score of 7. A score of 4.60 is indicative of a mediocre level of preschool quality. Individual school scores ranged from a low of 2.81 to a high of 5.48 out of a maximum of 7. While only one school (9%) scored in the inadequate range (less than 3.0), five schools (45%) had scores in the minimal to mediocre level (3.0 - 4.9), and five (45%) had scores above 5.0 which is indicative of good to very good overall quality. Semi-public schools' global preschool quality, minimum, and

maximum scores as well as means and standard deviations of each of the subscales assessed in the ECERS-R (Harms et al., 2005) are presented in Table 8.

Differences on the ECERS-R global preschool quality and subscales among public and semi-public schools. As described in the methodology section, differences on the ECERS-R global preschool quality as well as among its subscales among public and semi-public schools were identified. To compare means, an independent sample *t*-test was chosen as the most appropriate approach. This approach is not only the simplest, but also the most powerful method as it responds to non-normal distributions and allows equalization of different variances between groups (Miller, 1997). Given the exploratory nature of this study, no adjustment was carried out. Although there is no set rule for this statement, Miller (1997) states that if an adjustment were made, the research would become more exploratory. The aforementioned reason led the researcher to decide not to control for multiple comparisons.

Public schools (M = 4.05, SD = .70) and semi-public schools (M = 4.60, SD = .89) did not differ significantly on the ECERS-R global preschool quality, t (29) = -1.89, p = n.s. Results were also obtained in each subscale of the ECERS-R (Harms et al., 2005). Whereas results of six out of seven subscales of the ECERS-R measure (i.e., space and furnishing, personal care routines, language-reasoning, activities, interaction, and program structure) were found not to be significantly different between public and semi-public schools, one did yield a significant score (i.e., parents and staff). On the ECERS-R's subscale "parents and staff" results indicate that, compared to public schools (M = 3.94, SD = .62), semi- public schools (M = 4.73, SD = .97) reported a significantly higher level, t (29) = -2.76, $p < .05$. Table 9 summarizes differences on the ECERS-R global preschool quality and subscales between public and semi-public schools.

Figure 3 depicts differences between public and semi-public schools on the ECERS-R subscales as well as in the global preschool quality. As seen, semi-public schools scored higher than public schools on each subscale of the ECERS-R as well as in the global preschool quality.

Inclusion Preschool Quality

As mentioned in the methodology section, three measures were used to assess inclusion quality: item 37 of the ECERS-R (Harms et al., 2005), the practices and principles subscales of the Specialink, and the total score on the Specialink scale (Irwin, 2009). Both item 37 of the ECERS-R as well as the practices and principles subscales are expressed in a seven-point Likert-scale ranging from 1 (inadequate) to 7 (excellent). A subscale ranging from 1 to 2.9 is considered as a low or less than minimum level of inclusion quality; a subscale ranging from 3.0 to 4.9 is defined to have a mediocre level of inclusion quality; a subscale ranging from 5.0 and above is considered to have a high level of inclusion quality as it reflects competency in the assessed area.

ECERS-R item 37 is a specific item that assesses provisions for children with disabilities. The average scores obtained for the schools had a mean score of 1.68 out of 7. This is interpreted as inadequate provisions for children with disabilities by Harms, Clifford, and Cryer (2005). Twenty six schools (84%) scored in the inadequate range (less than 3.0) and five schools (16%) had scores in the minimal to mediocre level (3.0 - 4.9). This result indicates that, although schools have been implementing the integration program, provisions for children with disabilities, as measured by item 37, are inadequate. While public schools obtained a mean score of 1.55 out of 7, semi-public schools obtained a mean score of 1.91 out of 7. Mean results and standard deviations for general score (n=31) on item 37 “provision for children with disabilities” as well as in public (n=20) and semi-public schools (n=11) are presented in Table 10.

The second measure, the Specialink scale, includes both the practices and principles subscales as well as the total score on the scale. At baseline, the overall score on the Specialink averaged 2.88 out of 7. A score of 2.88 is indicative of a less than minimum level of inclusion quality according to Irwin (2009). Individual school scores ranged from a low of 1.94 to a high of 4.88 out of a maximum of 7. While 17 schools (55%) scored in the minimum range (less than 3.0), 14 schools (45%) had scores in the minimal to mediocre level (3.0 - 4.9). Global preschool inclusion quality, minimum, and maximum scores as well as means and standard deviations of each of the subscales assessed in the Specialink scale are presented in Table 11.

Figure 4 depicts means and standard deviations of each item of the Specialink scale as well as the level of schools' global inclusive preschool quality.

As shown in Table 11, the Specialink measure contains two subscales: the practices and the principles. The practices subscale measures 11 specific practices related to inclusion (Lero & Irwin, 2008). At baseline, the schools' overall score on the practices subscale averaged 2.71 out of 7, indicating a less than minimum level of inclusion as stated by Irwin (2009). Individual school scores ranged from a low of 1.73 to a high of 4.82 out of a maximum of 7. While 20 schools (65%) scored in the minimum range (less than 3.0), 11 schools (35%) had scores in the minimal to mediocre level (3.0 - 4.9). Minimum and maximum scores as well as means and standard deviations of each of the practices assessed in the Specialink scale as well as the global practices's score are presented in Table 12.

Figure 5 depicts the means and standard deviations of each of the practices assessed in the Specialink scale as well as the global practices' score.

The principles subscale assesses the extent to which a centre and/or school has adopted principles to guide decisions about enrolling children with disabilities and to ensure that their

needs are met, as far as possible, within the regular setting (Lero & Irwin, 2008). This subscale contains six principles related to inclusion. At baseline, the overall score for schools on the principles subscale averaged 3.19 out of 7. A score of 3.19 is indicative of a minimum level of inclusion quality according to Irwin (2009). Individual school scores ranged from a low of 2.00 to a high of 5.00 out of a maximum of 7. While 15 schools (48%) scored in the inadequate range (less than 3.0), 15 schools (48%) had scores in the minimal to mediocre level (3.0 - 4.9), and one (4%) had a score of 5.0 which is indicative of a good overall rate on the principles subscale. The global principles score, minimum and maximum scores as well as means and standard deviations of each of the items of the principles subscale assessed in the Specialink scale are presented in Table 13.

Figure 6 depicts the means and standard deviations of each of the principles assessed in the Specialink scale as well as the global principles' score.

Figure 7 depicts mean differences among the overall inclusion preschool quality as well as the practices and principles subscales of the Specialink scale.

Inclusion Preschool Quality by School Type

Public schools. At baseline, the overall score of public schools on the Specialink scale averaged 2.67 out of 7. A score of 2.67 is indicative of a less than minimum level of inclusion quality according to Irwin (2009). Individual school scores ranged from a low of 2.06 to a high of 3.82 out of a maximum of 7. While 13 schools (65%) scored in the minimum range (less than 3.0), seven schools (35%) had scores in the minimal to mediocre level (3.0 - 4.9). Public schools' global preschool inclusion quality, minimum and maximum scores as well as means and standard deviations of each of the subscales assessed in the Specialink scale are presented in Table 14.

Figure 8 depicts public schools' global inclusive preschool quality.

Figure 9 depicts mean differences in the ECERS-R subscales between public and semi-public schools.

Practices scores among public schools were also obtained. The overall score on the public schools' practices subscale averaged 2.48 out of 7, indicating a less than minimum level of practices related to inclusion. Individual school scores ranged from a low of 1.73 to a high of 3.64 out of a maximum of 7. While 15 schools (75%) scored in the minimum range (less than 3.0), only five schools (25%) had scores in the minimal to mediocre level (3.0 - 4.9). Public schools' minimum and maximum scores as well as means and standard deviations of each of the practices assessed in the Specialink scale are presented in Table 15.

Likewise, principles scores among public schools were also obtained. Public schools overall score on the principles subscale averaged 3.02 out of 7, indicating a minimum level of principles related to inclusion. Individual school scores ranged from a low of 2.33 to a high of 4.17 out of a maximum of 7. While 11 schools (55%) scored in the minimum range (less than 3.0), nine schools (45%) had scores in the minimal to mediocre level (3.0 - 4.9). Public schools' minimum and maximum scores as well as means and standard deviations of each of the principles assessed in the Specialink scale are presented in Table 16.

Figure 10 depicts mean differences on the practices items in public schools as well as overall practices score.

Figure 11 depicts mean differences on the principles items in public schools as well as overall principles score.

Figure 12 depicts mean differences among global inclusive preschool quality as well as the practices and the principles subscales in public schools.

Semi-public schools. Semi-public schools' scores had, at baseline, an overall score on the Specialink scale which averaged 3.26 out of 7. A score of 3.26 is indicative of a minimum level of quality inclusion. Individual school scores ranged from a low of 1.94 to a high of 4.88 out of a maximum of 7. While four schools (36%) scored in the minimum range (less than 3.0), seven schools (64%) had scores in the minimal to mediocre level (3.0 - 4.9). Semi-public schools' global preschool inclusion quality, minimum and maximum scores as well as means and standard deviations of each of the subscales assessed in the Specialink scale are presented in Table 17.

Figure 13 depicts semi-public schools' global inclusive preschool quality.

Practices scores among semi-public schools yielded a score on the practices subscale which averaged 3.14 out of 7, indicating a minimum level of practices related to inclusion. Individual school scores ranged from a low of 1.82 to a high of 4.82 out of a maximum of 7. While five schools (45%) scored in the minimum range (less than 3.0), six schools (64%) had scores in the minimal to mediocre level (3.0 - 4.9). Semi-public schools' minimum and maximum scores, means and standard deviations of each of the practices assessed in the Specialink scale as well as the global score on the practices subscale are presented in Table 18.

Figure 14 depicts mean differences on the practices items in semi-public schools as well as overall practices score.

In relation to principles, semi-public schools overall score averaged 3.50 out of 7. A score of 3.50 indicates a minimum level of principles related to inclusion. Individual school scores ranged from a low of 2.00 to a high of 5.00 out of a maximum of 7. While four (36%) schools scored in the minimum range (less than 3.0), seven schools (64%) had scores in the minimal to mediocre level (3.0 - 4.9). Semi-public schools' minimum and maximum scores,

means and standard deviations of each of the principles assessed in the Specialink scale as well as the global score on the principles subscale are presented in Table 19.

Figure 15 shows mean differences on the principles items in semi-public schools as well as overall principles score.

Figure 16 depicts mean differences among global inclusive preschool quality as well as the practices and the principles subscales in semi-public schools.

Figure 17 depicts mean differences in the items of the Specialink between public and semi-public schools.

Figure 18 summarizes schools' differences on the ECERS-R general score, item 37 of the ECERS-R (provision for children with disabilities), the Specialink scale score, and the practices and the principles subscales.

Differences between the Practices and the Principles

As detailed in the methodology section, a repeated-measures ANOVA with two factors, one by subscale (within-subjects effects) and one by type of school (between-subjects effects) was executed to determine the differences between the principles and the practices scores. The repeated-measures ANOVA is the classic parametric analysis used when two scores over the same experimental units are obtained, and it is desired to compare the average of these two steps in addition to the comparison of the average of independent groups of experimental units of these measures (Netter et al., 1996). Given the exploratory nature of this study, no adjustment was carried out. Although there is no set rule for this statement, Miller (1997) states that if an adjustment were made, the research would become more exploratory. The aforementioned reason led the researcher to decide not to control for multiple comparisons.

First, no interaction between the subscales and type of school was found $F(1, 29) = 1.274$, $p = 0.268$, n.s. This result led to a comparison of subscales' scores independently from school type (within-subjects effects) as well as schools subscales' average (between-subjects effects). Second, differences between the mean practices score and the mean principles score ($M = 2.71$, $SD = 0.82$), ($M = 3.19$, $SD = 0.81$) were found to be significant $F(1, 29) = 30.173$, $p < .001$. Third, non-significant differences between public ($M = 2.67$, $SD = 0.55$) and semi-public schools ($M = 3.26$, $SD = 1.03$) global inclusion quality averages were found $F(1, 29) = 4.130$, $p < .051$, n.s.

Table 20 summarizes within-subjects effects.

Table 21 summarizes between-subjects effects.

Total Score and Administrators' Ratings About Implementation of Inclusion

Table 22 presents the overall scores for each participant school and the score that reflects how well administrators felt their school was doing in providing inclusive child care. Administrators rated their performance on a scale from 1 to 10, with 1 indicating that they were not doing well and 10 suggesting ideal, or close to ideal inclusive practice. Table 22 presents the administrator's rating and the Specialink overall score by school. Results show that all administrators' ratings were higher than the total score obtained.

Summary of Baseline Quantitative Data

In regard to overall preschool quality, the majority of schools assessed in the sample obtained a mediocre level. According to Lero and Irwin (2008) this finding is not unusual and it resembles many cases of North American preschools. It also confirms previous research that found that the quality of preschool education in Chile ranks low among OECD countries (The Economist, 2012; Villalón et al., 2010). Although discouraging, this finding also provides an

opportunity for schools to pay attention to areas which are not currently covered. As baseline data, it indicates the starting point for improvements needed. At the same time, given the current changes occurring in Chile's preschool educational system, it highlights the need for further attention. Certainly, requiring mandatory instead of voluntary K attendance, as required by the 2013 *Compulsory Kinder Law*, poses challenges for quality provision. Yet, it is also an opportunity for the educational system to work toward increasing coverage as well as quality.

This study also found that compared to public schools, semi-public schools scored significantly higher on the parents and staff's ECERS-R subscale. This result has implications for both children with and without disabilities. Many research studies have linked the crucial aspect of parents' involvement of children with and without disabilities on student achievement and student attitude and behaviour (Cotton & Wikelund, 1983; Ziegler, 1987). The role of parents at preschool level cannot be underestimated as their presence and influence on children's lives is even greater than in other developmental periods. Parent and teacher meetings are fundamental as parents possess important information about their children and this is especially so for those who have a child with a disability. Therefore, a positive alliance between parents and teachers can not only facilitate the child's progress through the program, by addressing complex problems that may emerge, but also is a key aspect of the success of inclusion (Brotherick et al., 2000).

The significant difference on the parents and staff subscale of the ECERS-R between public and semi-public schools can also be understood from the special characteristics of semi-public schools. The academic freedom these institutions enjoy allow them to be more proactive and to take action more easily to make and implement decisions. The private nature of these schools means that procedures are less bureaucratic and, therefore, easier to implement.

In regard to preschool inclusion quality, schools scored at a less than minimum level on both the ECERS-R item 37 (i.e., provision for children with disabilities) as well as on the Specialink scale. This indicates that schools need to strengthen their efforts for achieving greater inclusion. Although much work needs to be done, the fact that schools scored higher on the principles subscale than on the practices subscale, indicates that schools already have some foundations from which to improve. By promoting a common vision among their personnel and different social institutions, schools would be working toward achieving a higher quality of inclusion. For example, even the agreement by school personnel to participate in this study is taken as evidence that they were willing to work toward this goal.

Statistically significant differences were found between the practices and the principles subscales. This indicates that although many decisions that benefit inclusion may have been put into place, everyday practices need to be strengthened for successful inclusion. Non-significant differences were found on inclusive preschool quality between public and semi-public schools.

In regard to administrators' ratings about implementation of inclusion, the ratings were higher than the total score obtained. Administrators tended to evaluate their inclusive program higher than actual practices and principles put into place. This result is similar to Wong's (2012) findings in which administrators of childcare centres in Singapore presented higher ratings than their actual total score on the Specialink scale. The results presented evidence for the use of the Specialink scale as a more objective measure that may help administrators and centres/schools to evaluate their inclusive program as well as their performance with specific criteria. By using a more objective measure, schools will have the opportunity to take the appropriate measures to move toward higher inclusion capacity and effectiveness.

Qualitative Data

Analysis of the qualitative data was guided by each of the questions provided by the *Specialink Early Childhood Inclusion Quality Scale* (Irwin, 2009) and the open-ended qualitative interview focusing on the question: *In your opinion, what is inclusion?*

The questions addressed in the Specialink were:

- Question 14 B: What influenced you/your centre to begin including children with special needs on a regular basis?
- Question 17: In what situations would you be unlikely to accept a child and why?
- Question 21: Please describe what you feel are the strengths of your program in providing care and education for children with special needs.
- Question 22: Please describe what you feel are challenges or difficulties you currently are experiencing or aspects you would like to change.
- Question 23: What supports or resources in your community are helping you to provide inclusive care?
- Question 24: What additional supports/resources/training would assist you/your staff to provide high quality inclusive care?

Using content analysis, main themes were identified in each question. The coding procedure followed was discussed in detail in the preceding methodology section (p. 93-94). Data collected was grouped into each category: influences, conditions for child's acceptance, strengths, challenges or difficulties, supports and resources, and additional supports/resources/training. Results are presented in Table 23.

Influences

The influences category is drawn from the question: w*hat influenced you/your centre to begin including children with special needs on a regular basis?*

Eighteen administrators (58%) mentioned that the major influence in deciding to begin including children with special needs on a regular basis was an identified community need. Community needs were derived from the community outside of the schools such as from "the population that live in that community" and/or from "the school itself" such as a way to enrich school services, resources, etc. By becoming part of the integration program, schools were both better equipped to serve the community and to respond to an external demand. The most representative examples are provided below.

> Actually, it was the reality of the school. Rather than being influenced externally, it was the need of the community. Most children who come to this school have special needs; we have to include them with their various differences, especially those with special needs. Thus, it was born from a community need (Principal, School 2).
>
> …The need that these children should be served by qualified professionals and should receive proper care and support, because these children were nobody's responsibility but they were already part of the educational community (Principal, School 23).

Eleven administrators (36%) stated that the major influence in deciding to begin including children with special needs on a regular basis was derived from their own social sensitivity. This category is related to either an emotional trait such as a "personal conviction" or a "personal value" such as the belief that "everyone deserves the same opportunities." Examples are provided below.

> The personal conviction I had as principal. Due to my personal studies, I was always open to them but there was something that the school lacked. At the beginning, there was a tremendous resistance among teachers but I insisted and persisted… (Principal, School 5).
>
> The fact that I think that all people have the right to be educated and to receive the best education (...) we must be open to it (Principal, School 6).

Finally, five administrators (16%) stated that the major influence to begin including children with special needs on a regular basis was the "law in force today." Schools had to become part of the integration program by either a national and/or a sustainer's mandate.

> The legislation in force today, the *Decreto # 170* [Decree # 170]... Previously, there was a diagnostic centre outside of the school where children went to reinforce their learning but since the enactment of the Decree # 170 and the rules specified in it, the adoption of the integration program was mandatory (Principal, School 1).
>
> It is not an individual school decision. When you begin to implement the integration program, the law is valid throughout Chile for all schools. And within the law preschoolers are also included (Principal, School 13).

A frequency table for the influences category is presented in Table 24.

Conditions for Child's Acceptance

The conditions for a child's acceptance category is drawn from the question: *in what situations would you be unlikely to accept a child and why?*

Eighteen administrators (58%) responded that environmental barriers would be the most crucial factor when deciding whether to accept or not a child with a disability. Most environmental barriers identified were "inadequate infrastructure," "lack of specialists and/or

personnel" and "lack of accommodations (i.e., materials) available to children with special needs." The most representative examples are provided below.

> Physical situations can be an obstacle. We do not have ramps, we do not have the facilities for a child with a motor disability for example. All the classrooms are on the second floor, except Grade 5. For example, if a child needs an assistant to change a diaper because he/she cannot go to the bathroom by him/herself or because that child is not toilet-trained, we could not have him/her because of the lack of personnel who could assist those types of situations (Principal, School 31).

> It would be difficult to accept a child if we did not have the specialists and assistants to address the disability. In fact, it has already happened to us. We had a child in a wheelchair and diapers, several obstacles that hindered the child's welfare. We were knowledgeable about those situations and spoke with the child's mother (...) in the end, the child dropped out anyway (Principal, School 13).

Ten administrators (32%) said that they would accept all children and would not restrict school enrolment and acceptance because of any particular difficulty the child may have. A representative example is provided below.

> In no one. By law, we have to accept any child and given the fact that we have the integration program implemented, that includes any child who has a disability.
>
> *Researcher*: the disability type and/or the severity would not be a factor? *Principal*: Not at the time of enrolment (Principal, School 1).

Finally, three administrators (10%) stated that school acceptance would be restricted by the characteristics of the child. This response was in relation to "the type and/or severity of disability the child has."

> When the child does not have the adaptive skills required by the level (preschool). For example, if the child is not-toilet trained, if he/she does not stay within the classroom or even a child who wants to leave the room. A child who does not meet the minimum adaptive skills for a preschool level which are the same prerequisites that we require of all other children who come to regular education (Principal, School 22).
>
> We have had the experience of a child that beyond his SN, he had a very high aggression level. So, he was uncontrollable for the ECE, for the support teachers, for the rest of his peers. His level of aggression reached the point of attacking the EC educator, beating his peers, taking the table and putting it upside down, and taking the chair and throwing it at anyone. So, we had to ask the mother to find another school for her child (Principal, School 11).

Table 25 presents frequencies for the conditions for child's acceptance.

Strengths

The strengths category is drawn from the question: *Please describe what you feel are the strengths of your program in providing care and education for children with special needs.*

Twenty-two administrators (71%) stated that current human, economic, and organizational resources were the major strengths of their inclusive program. Human resources include "having a resource team that belongs to the school;" economic resources included "the allocation given by, either the government and/or the sustainer, to the integration program" to, for example, hire specialists. Organizational resources included "how the formal aspects of the program are carried out" as well as "collaboration between teams (regular-special)." The most representative examples are provided below.

> Having the professionals for assisting children with special needs, that is our strength. The economic resources obtained from the integration program allow us to hire a speech therapist and a psychologist (Principal, School 1).
>
> As a strength I identify what it has to do with the organization of the program (...), everything required by the *Decreto # 170* [Decree #170]. If tomorrow we have a review from the superintending team (i.e., from the Ministry), we are going to pass… (Principal, School 5).

Twelve administrators (39%) stated that "the positive attitude and commitment of the personnel toward children with special needs" was the main strength of the program. The most representative examples are provided below.

> The strength that we have is that we all are willing to serve such children. For example, we have a very committed EC educator (...) and the resource teacher who only works at the preschool level (Principal, School 3).
>
> The main strength is having an excellent professional commitment. Their attitude and their vocation are evident (Principal, School 25).

A frequency table for the strengths category is presented in Table 26.

Challenges or Difficulties

The challenges or difficulties category is drawn from the question: *please describe what you feel are challenges or difficulties you currently are experiencing or aspects you would like to change.*

Twenty-five administrators (81%) mentioned that the "lack of competencies and/or abilities among their personnel" was the most challenging aspect they faced in regard to inclusive care. They specifically referred to the lack of competencies and/or abilities among both

the regular and the special staff in relation to managing particular situations. For example while the regular staff has not necessarily been trained in assisting children with special needs, the specialized staff has been trained to assist children with specific needs but do not necessarily have knowledge about a wide range of disabilities. Also, the special team has not necessarily had training in managing the regular classroom which, in turn, creates difficulties not only among teams, but also in meeting learning objectives the group must achieve. Lack of competencies/abilities was also related to the difficulties both the regular and the special team face when assisting the families. "Lack of understanding and ability to set common goals" was mentioned. The most representative examples are provided below.

> The link with the families. Lately, we have noticed that there are difficulties in the understanding between the family, on the one hand, and the resource educators and regular teachers, on the other. This is because of the cultural gap between families and work teams. Since this factor prevents us from making connections to create and implement effective strategies, the educational process becomes very complex (Principal, School 8).
>
> Perhaps it might sound harsh, but a challenge is the lack of training by the EC educators to work with children with special educational needs. Since they have not learnt how to handle these children, the classroom interaction becomes difficult (Principal, School 29).

Sixteen administrators (52%) stated that the "lack of specific material and human resources" were the most challenging aspects they faced in regard to inclusive care. Lack of material resources included, for example, "lack of adequate infrastructure or specialized material (e.g., tablets, laptops, etc.) that could assist children with special needs." Lack of human resources was specifically related to the need "to hire more personnel," either regular and/or

specialized, who could provide further assistance to the needs of these children. “Time” was also mentioned, as many schools do not have resources to pay their personnel to do collaborative team work. The most representative examples are provided below.

> The physical space and material resources. For example, at the preschool level, we do not have toys, either standard or specialized; we do not have sofas either. We have both a large resource and regular team; therefore, we have the human resources available, but we do not have the material resources to provide better services” (Principal, School 4).
>
> This year, given the type of disability they have in that level (i.e., preschool), it would be the lack of a specialist in sign language. The regular teacher handles it but not as it should be, not as you would see with a specialist. When there are specific disabilities within the classroom, a specialist is very much needed (Principal, School 26).

A frequency table for the challenges or difficulties category is presented in Table 27.

Support and Resources

The supports and resources category is drawn from the question: *what supports or resources in your community are helping you to provide inclusive care?*

Twenty-two administrators (71%) mentioned that the main support they received comes from “the government and/or the sustainer (i.e., the entity who “owns” the schools). The support administrators referred to is the funding allocation schools receive for becoming part of the integration program. In this regard, although the government allocates the funding, it is the sustainer who determines how this allocation is distributed. Another funding mentioned by administrators was the “preferential school subsidy” which is assigned to schools enrolling at-risk students. Administrators stated that the allocation allowed them to hire professionals, buy materials, etc. The most representative examples are provided below.

> It helps us to have the allocation from the school integration program. This provides the financial resources to hire the specialists and also to pay the EC educators overtime to do collaborative work with the resource team (Principal, School 4).
>
> The Sustainer (holder). He is helping us to take part in the integration program, to have the financial resources immediately, which sometimes are not as fast in their allocation. The State is also helping us because it gives us the possibility of being part of the integration program (Principal, School 24).

Ten administrators (32%) mentioned that the "school personnel" is key in helping them to provide inclusive care. The commitment shown by the school personnel as well as the knowledge of the regular and the special teams were defined as crucial to assist children with special needs. The most representative examples are provided below.

> I think it is the commitment that the EC educators and the assistants have (...), which has caused many families to send their children to preschool. Because of the teachers' leadership, they have created a safe environment for families. They feel safe to send their child to preschool (Principal, School 8).
>
> Our internal resources. In other words, the specialist teacher, the speech and language therapist, our program coordinator of the integration program, the whole integration team. Also, the psychologist who knows sign language and I as a principal (Principal, School 15).

Finally, eight administrators (26%) stated that substantial resources came from "the community" and those who were helping them provide inclusive care. Community resources commonly mentioned were, for example, local disability organizations, local universities,

community medical centres, and community resource centres with specialized care. The most representative examples are provided below.

> The most important help we have is the municipal centre XXX. That centre was born out from the concern of the principals of municipal schools of XXX, to provide children what they needed (...) those children with more severe difficulties, we can send them to XXX. They have the specialists to provide services to those children… (Principal, School 2).
>
> There are organizations that provide you with their experience. For example, the ASPAUT group which is a group of parents of autistic children. They provide the necessary space so, you can talk to them. They also provide informative talks to share experiences. The "Syndrome of Love" group is another example. It is a group of parents of children with Down syndrome. They provide therapy workshops for parents of children with Down syndrome… (Principal, School 6).

A frequency table for the supports or resources category is presented in Table 28.

Additional Supports/Resources/Training

The supports and resources category is drawn from the question*: what additional supports/resources/training would assist you/your staff to provide high quality inclusive care?*

Nineteen administrators (62%) said that "further professional development" would help the school to provide higher quality inclusive care. Professional training was mentioned in relation to all school personnel. In this regard, specific training would be needed for EC educators as specific training was not necessarily provided when teachers were at the university. Administrators also stated that the special team personnel would need training in the "general aspects of the regular classroom" (i.e., pedagogy, curriculum, techniques, strategies, etc.). Finally, administrators said that further training would be needed for the "entire educational

community" (i.e., themselves, additional personnel that interact with the children, etc.). They would be better equipped to manage difficult situations if they knew more about the characteristics of the children as well as the strategies they should use to better serve this population. Below, are the most representative examples of this category.

> The university training for ECE is basic. They are not provided with basic competencies, so more training is needed. Because we needed to serve these students in a more appropriate way. Greater knowledge as well as constant training for EC educators such as on early detection strategies is needed (Principal, School 23).
>
> Training for the entire school community is really necessary. This is because children have unique needs and the characteristics of diagnoses vary widely (Principal, School 24).

Fifteen administrators (48%) stated that having and extending "collaborative ties with the community" would help them to provide quality inclusive care. Examples they provided include the opportunity to do "school open days" to share experiences with both other schools and other institutions such as medical community centres and universities and to extend collaboration with parents and families. In this regard, school administrators felt that the school provided care but separately from the families. Below, are the most representative examples of this category.

> We need to work more closely with the parents. To open them up to the community. The school is not the only one resource. For the family, in order to better serve the child's needs, that is essential (Principal, School 14).
>
> We need to extend ties with the community. For example, with universities. Making collaboration between specialists and universities. With this in place, we will also be better equipped to help parents (Principal, School 15).

Finally, eight administrators (26%) mentioned that having more "adapted material, adequate infrastructure, and specialists who could assist children with specific disabilities" would help them to provide higher quality inclusive care. By adapted material, administrators referred specifically to equipment and material such as "adapted texts, computers, tablets" as well as "adequate tables and chairs." By adequate infrastructure, administrators referred to the need for physical adaptations the school needs. Examples are: "ramps, elevators, wider hallways, bathrooms for persons with disabilities, etc." By specialists, administrators mentioned that an additional support may be having a specialist in relation to specific disabilities. Those ranged from having a "person who knows sign language" to "medical doctors to explain to personnel the medication a particular child may be on." Given the high cost of these support and resources, most schools do not have the services or the access to purchase them. These are the additional resources addressed in the original question. Below, are the most representative examples of this category.

> Undoubtedly the government should commit itself to see what the actual expense is for each child and what the needs are for the school system to better serve him/her. For example, in infrastructure. To provide an optimum and suitable environment is fundamental for dignified care (Principal, School 17).
>
> The material should be provided by the school to professionals. But because this material is expensive, we do not have it. To assist children, professionals must bring their own specialized material. If we had our own materials, it would be easier to handle and work with these children (Principal, School 23).

A frequency table for the additional supports/resources/training category is presented in Table 29.

In addition to the questions provided above, one more question was addressed in this study. This was: *In your opinion, what is inclusion?* This question was presented to principals, vice-principals for curriculum development, special educators, and regular preschool teachers of 11 schools throughout Chile. Main themes identified and their frequencies are presented in Table 30. A frequency table by stakeholders is presented in Table 31.

Integration

Sixteen stakeholders (36%) identified inclusion as integration. By integration they referred to "the inclusion of children with special needs in the regular system and into the regular classroom." Important to note is the differential frequency in which the main theme of "integration" was raised by different stakeholders. Compared to all other stakeholders (i.e., vice-principals for curriculum development, special educators and regular preschool teachers), principals have the lowest rating in this category. Some of the most representative examples are provided below.

> It is when we incorporate children either with mental or physical disabilities, and we include them in our regular classrooms. We work with and for them (ECE, School 23).
>
> That children with special educational needs come to these schools with "normal children" and the school works with these children in terms of providing them interactions, a place to work (Vice-principal for curriculum development, School 11).

Valuing Diversity

Twenty-eight stakeholders (64%) identified inclusion as "valuing diversity." By diversity, stakeholders referred to "value individual or personal differences." Not only was disability identified as one of those differences, but also was belonging to a particular "ethnic group, socio-economic status, and sexual orientation." Stakeholders stated that the school should

be open and accept those differences simply as one more characteristic of the group of people they are serving. “Acceptance of what is different” as an “equal” and “provision of the same opportunities” are also included in the category. Some of the most representative examples are provided below.

> It is the incorporation of an individual to a particular situation. This with all the differences that the individual possesses and in relation to others that live in the same reality; in this case in the education system. To be accepted equally and being valued by my differences (Principal, School 8).
>
> The possibility to address and respond to a diverse group of students. But this diversity is beyond a special educational need. To me, inclusion involves having children from different ethnicities, different social classes, with other sexual orientation, not necessarily a child with a disability (Resource Teacher, School 14).

Summary of Qualitative Data

Qualitative data gathered in this study adds information about stages schools are passing through in regard to inclusion and inclusive practices. At the same time, it depicts some of the major complexities the educational system is facing in regard to the movement toward inclusion. Major forces identified as influential for becoming part of the integration program are situated both at the mesosystem (i.e., community need(s) and relationships between institutions), exosystem (i.e., represented by the educational and tax reforms, the passages of particular laws and policies and school board decisions), the macrosystem (i.e., stakeholders’ beliefs about why inclusion should be implemented at their schools), and the chronosystem (i.e., Chile’s particular historical moment which is the result of historical influences). These influences impact school related issues. Decisions such as a child’s acceptance are determined by environmental factors

which are located at the microsystem level (i.e., the classroom) as well as at the macrosystem because stakeholders' evaluation of their capacity for accepting a child with a disability ultimately determines enrolment. School strengths mentioned are related to the economic resources obtained by becoming part of the integration program (i.e., exosystem) which, ultimately, allows schools to hire professionals and purchase materials. However, this strength is also seen as a challenge or difficulty as resource allocation is limited. In many cases, allocation is not enough to cover extra needs and/or to obtain specialized materials.

Administrators also mentioned their school personnel's positive attitudes towards children with disabilities as a strength. However, this strength is limited because although personnel want to serve this population, lack of professional competencies/abilities and lack of specific knowledge becomes a difficulty when dealing with specific situations. As such, further professional development, establishment of collaborative ties with the community as well as obtaining additional adapted material, adequate infrastructure and specialists would help administrators and schools to overcome current limitations. The success of the issues presented is greatly influenced by stakeholders' beliefs about inclusion, which are situated at the macrosystem level. Differential understandings among different stakeholders working in the same school milieu (i.e., principals, vice-principals for curriculum development, resource teachers and regular preschool teachers), as presented in Tables 30 and 31, makes inclusion even more challenging to achieve. Particularly important is the role of the administrators. Research has shown that they make the greatest contribution to create a culture of inclusion (Horrocks et al., 2008). The attitudes and commitment of administrators are a key starting point for placing students in a least restrictive setting (Praisner, 2003). Administrators are key players in creating a successful inclusive environment because, on the one hand, they bridge governmental mandates

and, on the other, are in the position to establish collaborative partnerships with other staff members in the schools (Irwin et al., 2004). Because of their influence and leadership administrators' differential frequency in the understanding on what inclusion is as well as their lowest rating on the "valuing diversity" category, as presented in this study, calls for greater research and analysis.

CHAPTER 6: DISCUSSION

Using the *Specialink Early Childhood Inclusion Quality Scale* (Irwin, 2009), this study investigated the level of inclusion quality of 31 Chilean preschool classrooms. In addition to the Specialink scale, which was the main measure used in this study, the *Early Childhood Environment Rating Scale-Revised Edition* (ECERS-R) (Harms et al., 2005) scale was used to benchmark the results and to better validate the results obtained from the Specialink scale. The inclusion of the ECERS-R scale in this study was chosen because: 1) the ECERS-R is a known instrument in Chile, 2) it affords the possibility to obtain a clearer bigger picture about overall preschool program quality, and 3) it offsets the likelihood that regular Chilean schools could have obtained an initial low score from the Specialink scale alone which, in turn, might have discouraged them from further participation. It was hoped that by using the ECERS-R and the Specialink scales, school stakeholders would feel empowered to work toward improving both their regular preschool ECE quality as well as the inclusion quality of their preschool programs. Information from the ECERS-R addressed the major objective of the present study which was to establish baseline data, currently unavailable, regarding the nature and status of the quality of inclusion in ECE in Chilean preschools as well as to provide information about stakeholders' beliefs about inclusion.

Quality in Chilean Preschools Classrooms

According to the *Early Childhood Environment Rating Scale-Revised Edition* (ECERS-R), overall quality in Chilean preschools was found to be mediocre as interpreted by Harms, Clifford, and Cryer (2005), the developers of the ECERS-R measure. Although semi-public schools performed at a higher level, overall preschool quality differences between public and semi-public schools were not significant, as both scored at a mediocre level. The overall preschool quality score among Chilean preschool classrooms is not surprising and is consistent

with previous information about the quality of preschool programs in Chile (Morales & Cortázar, 2012; The Economist, 2012, Villalón et al., 2010). Chile's ECE enrolment is quite high; it is equal to the coverage of the upper 50% of all OECD members (Adlerstein, 2012). However, despite Chile's efforts in terms of increasing enrolment and quality at the ECE level in recent years (The Economist, 2012), compared to the OECD members average, Chile spends only one third as much per child attending ECE education (Faverio et al., 2013). This is better explained by Chile's the method of subsidy. In Chile, the subsidy is given on the basis of the child's attendance, not the child's enrolment. In reality, ECE centres and schools running preschool programs receive a "fluctuating subsidy," and those institutions are compelled to first cover the costs associated with the maintenance of the centre (i.e., expenses, training, salaries, basic and specific teaching material, extracurricular activities, etc.) before allocating funds to other expenses. Extra items related to improving educational quality may not be included because of budgetary restrictions.

When looking at the ECERS-R subscales, semi-public schools scored significantly higher on the "parents and staff" subscale. As previously stated, this result has implications for both children with and without disabilities. The role of parents at preschool level cannot be underestimated as their presence and influence on children's lives is even greater than in other developmental periods. Many research studies have linked the crucial aspect of parents' involvement of children with and without disabilities on student achievement and student attitude and behaviour (Cotton & Wikelund, 1983; Ziegler, 1987). Consequently, the establishment of collaborative relationships with parents is a key aspect for the success of inclusion. Parent and teacher meetings are fundamental as parents possess important information about their children (Brotherick et al., 2000). A positive alliance and "key partnerships" between the two can

facilitate the child's progress through the program by addressing complex problems that may emerge.

The significant difference found on the "parents and staff" subscale between public and semi-public schools can also be explained by the unique characteristics of Chilean schools. In this regard, academic freedom or, in other words, the particular values and curriculum a semi-public school aims to promote (i.e., inclusive education, environmental education, etc.), allows them to implement decisions rapidly when wishing to highlight particular aspects of their individual school project. Procedures are less bureaucratic because of their autonomy.

Beyond the aforementioned results, it is important to note that with the passage of the *Compulsory Kinder Law* (2013) which will take effect in 2015, overall quality of Chilean preschool classrooms may also be affected. Although it is estimated that the enrolment rate at K level in Chile is universal, with an enrolment rate close to 95% (Morales & Cortázar, 2012), this rate would become clarified when the mandate of the *Compulsory Kinder Law* becomes effective in 2015. Achieving and assuring quality at the ECE level will entail an additional challenge for the Chilean government as it implies focusing on components beyond mere additional enrolment. Beyond K level, recent information states that while 26% of children aged between 0 and 3 years attend ECE programs, participation of children aged 4 and 5 years reaches levels of 86% (Morales & Cortázar, 2012; "Realidad Educativa [Reality in Chile]…," 2011). These numbers confirm that, beyond Pre-K and K level, coverage and quality provision at ECE level for all children will continue to be a major challenge in Chilean society, and this will be especially important for inclusion of children with disabilities.

Inclusion Quality in Chilean Preschools Classrooms

Three measures were used to determine the quality of inclusion in Chilean preschool classrooms: item 37 of the *Early Childhood Environment Rating Scale-Revised Edition* (ECERS-R) as well as the *Specialink Early Childhood Inclusion Quality Scale* (Irwin, 2009) and its practices and principles subscales.

The ECERS-R score obtained on item 37 "provisions for children with disabilities" was 1.68. Authors Harms, Clifford, and Cryer (2005) describe a score of 1.68 as "inadequate." Low scores on this item specifically pertain to point 1.3 of item 37: "no involvement of parents in helping staff understand children's needs or in setting goals for the children." According to López, Julio, Morales, and Rojas (2012), in Chile the responsibility for learning lies primarily with the resource teacher, who performs his/her work in an encapsulated manner. Regular teachers report that a child's progress in the educational system is very much related to the student's disability and family support but not to the school as a whole (López, Julio, Morales, & Rojas, 2012). Parents are not seen as a source of information and knowledge about their child and, therefore, are not consistently included in parents-staff meetings. This low score can also be linked with the ECERS-R significant difference on the "parents and staff" subscale between public and semi-public schools. Again, for the success of inclusion, it is critical to include parents as partners in the school system. At the school level, joint participation in planning, shared philosophies, shared "ownership" (i.e., responsibility for all children), communication, professional roles, stability of relationships and administrative support are beneficial for all children (Odom et al., 2011).

At baseline, the Specialink shows that the quality of inclusion in 31 Chilean preschool classrooms was found to be a less than minimum level of inclusion quality according to Irwin

(2009). Significant differences were found between the "practices" and "principles" subscales. While schools scored a less than minimum level of inclusion on the practices subscale averaged, they scored above 3.0 or a minimum level on the principles subscale. This suggests that schools are moving toward greater inclusion capacity and effectiveness but more work is still needed to match physical, material and human resources (i.e., practices) with the commitments (i.e., principles).

The results presented were expected for several reasons. First, this is the first time that inclusion quality has been measured in Chilean schools with a foreign instrument that has specific criteria to assess this outcome. Second, despite the recent efforts of the Chilean government to advance disability rights and education, and although in Chile the right to education is constitutionally protected (Constitución Política de Chile [Political Constitution of Chile], 1980), the implementation of the integration program is not compulsory for all schools. Inclusion is not mandated by the Chilean government to all schools receiving public subsidy and, as explained earlier, is largely limited to students with mild to moderate disabilities.

The differences between the different types of schools within Chilean system also entails a problem for the implementation of the integration program because, by law, only public schools are required to execute it. The implementation of the integration program in semi-public schools is decided by the sustainer/holder or the "owner" of that particular school and the set of values held by the school. Moreover, these sustainers have not only the right to choose whether they wish to implement the integration program, but also when (i.e., they may have it one year and not renew it for the next) and at what educational level (i.e., preschool, primary or secondary level). In Chile's system, this creates segregation as parents of children with disabilities cannot freely choose the school they may consider the most appropriate for their child. If parents enrol

their child in a school which does not have the integration program, the school is not compelled to have professionals and/or specialists, acquire specific teaching materials, pay for further teacher training, and make infrastructure improvements or modifications. Conversely, if a child is enrolled in a school which has the integration program, the policies and approaches that school may have may not suit the parents' expectations and child's interests and needs. Given the fact that in semi-public schools it is the sustainer who has the right to decide when to implement the integration program as well as at what educational level, parents of children with disabilities and children with disabilities themselves are not effectively served.

Clearly, the options for both parents of children with disabilities and children with disabilities themselves are limited in Chile. The division within the school system is also problematic. In Chile's educational system, 43% of schools are public, 48% are semi-public schools, and 8% are private (Elacqua, 2010). Again, these numbers do not benefit parents of children with disabilities and children with disabilities themselves because, by law, the integration program is optional and only public schools are compelled to implement it.

Three additional situations in relation to the integration program are important to note. First, by law and despite the total number of students enrolled in that particular classroom, inclusive classrooms are entitled to enrol up to five students with transitory disabilities and two with permanent ones. This fixed number does not respect the natural proportions (10% to 15%) or the child-caregiver ratio proposed by the *National Association for the Education of Young Children* (NAEYC) (Kontos & Dunn, 1993; Wolery et al., 1992). Given Chile's low birth rate of 14 per 1.000 ("Chile's birth rate…," 2014), Chilean classrooms are not reaching full enrolment. Therefore, it is possible that schools would have more the expected 15% of children with disabilities enrolled in an inclusive classroom. Second, those students classified as having a

transitory disability (i.e., language impairment, learning disorders, ADD and ADHD, and those who achieve range limit (70-79) on IQ tests and with significant limitations in their adaptive behavior) are subsidized only for up to two years. After that period, the subsidy is allocated to another student. This economic decision involves two difficulties: 1) it is unlikely that a student with any of these diagnoses will not still have his/her difficulty after two years, and 2) once the allocation is given to another student, the initial student risks losing adequate supports. Moreover, prior to 2014, more than 4 500 schools had implemented the integration program (MINEDUC, n.d). However, the number of schools that had implemented it at preschool level is unknown.

Despite these factors, Chile's recent governmental decisions and measures taken include the creation of a new ECE Superintendence Department whose mandate is increasing coverage and quality for young children ("Desafío principal [Main challenge]…," 2014).

Using the three indicators of inclusion quality proposed by the DEC and NAEYC (i.e., access, participation, and supports) (Cate, et al., 2010; Odom et al., 2011), this study documents valuable findings about the quality of inclusive education in the 31 Chilean schools assessed.

Access. This indicator "is a "defining feature" of high quality early childhood inclusion that results when modifications facilitate access for individual children and when programs utilize models such as the Universal Design for Learning (UDL) model to ensure that every child has access to learning environments, materials and activities" (Lero, 2010, p. 9). In the access indicator quantitative results revealed that there was a score difference between practice 1 (i.e., physical environment and children with special needs), and practice 2 (i.e., equipment and materials). This difference suggests that the physical environment is more inclusive than the equipment and material present in the classroom. Quantitative data is also supported by

administrators' information collected in the qualitative component of this study. According to these administrators, the lack of resources, including material ones such as specialized equipment and materials are one of the greatest challenges schools are facing as they are not equipped with these resources. Furthermore, administrators also stressed the need for specialized equipment and materials (as adapted material) in responding to the additional supports/resources/training qualitative category. This, again, confirms the challenges faced by schools in the provision of quality inclusive care. Furthermore, support to administrators' statements can also be linked to the fact that practice 2 (i.e., equipment and materials) obtained the lowest score of the Specialink scale. This score confirms the absence of specialized equipment and material (adapted, specialized, and assistive technology) in many schools. In particular, none of the schools assessed had specialized assistive technology available to children with more severe difficulties. Without evidence of at least one example of assistive technology, schools were unable to score above 3. However, the minimum score obtained on practice 2 by many schools (65%) also reflects the lack of knowledge by the school system of the different types of low-cost materials that can be adapted to better serve children with disabilities. Not all children with disabilities need to be provided with specialized material and assistive technology to have access to and success in learning environments. Therefore, there is need for further evaluation of the equipment and materials needed by schools based on an accurate assessment of children's needs. Nevertheless, low scores and administrators' concerns also need to be taken seriously.

Participation. This indicator "is enhanced when adults intentionally promote belonging, participation and the engagement of children with disabilities with their typically developing peers by using a variety of approaches including embedded routines and more explicit interventions to promote learning and social-emotional development" (Lero, 2010, p. 9).

There were three main findings for the participation indicator. Those principles which scored above the principles mean were principle 1: zero reject, principle 3: same hours/days of attendance available to all children, and principle 4: full participation. This indicates that schools are committed and are making efforts to include children with disabilities as much as possible. This finding is further supported by two practices (i.e., practice 7: individual program plans and practice 9: involvement of typical children) which scored above the practice mean subscale. Schools are making efforts to ensure that children with disabilities participate in the program through the implementation of curricular adaptations and modifications stated in the child's individual education plan. The fact that the subsidy is paid on the basis of school attendance and not school enrolment may facilitate participation. Also, by law, unless there is an explicit need for being pulled out from the classroom (except when the child needs to be assisted by the resource teacher and/or the specialist) or taken out from the school, the child must remain, as much as possible, in the school (Decreto #170 [Decree 170]). These two conditions have probably forced schools to create and implement strategies to both assure children's permanence in the school and, at the same, increase participation. Some qualitative data drawn from this study support the positive results shown by the quantitative component. In this regard, 32% of the administrators mentioned that school personnel is a fundamental resource that is helping them to provide inclusive care. Moreover, 39% of administrators stated that positive attitudes of personnel toward children with special needs were the main strength of the program. This is crucial as research has shown that, compared to those who have negative attitudes toward inclusion, teachers and staff who have positive attitudes practice more effective teaching methods and implement more proactive activities that involve both children with and without

disabilities (Bender, Vail, & Scott, 1995). Although more work is needed, this is promising in Chile's movement from integrative to inclusive practices.

Second, in contrast to previous results, principle 2: natural proportions, obtained the lowest score on the principles subscale and it is the only indicator of the participation component that scored below the mean. Reasons that may explain this low score are that, in Chile, this principle is unknown. Also, the integration program itself allows that, regardless of the number of children enrolled in a particular classroom setting, up to five children with transitory disabilities and up to two children with permanent disabilities may be included within the same classroom. Further work in regard to this principle and in the current legislation is necessary to truly enhance participation and engagement among children with disabilities and their typically developing peers within the classroom setting.

Third, for practice 8: parents of children with special needs, and principle 5: maximum feasible parent participation at parents' comfort level scored below their subscales means. As previously stated, this result is not surprising and is very much related to the results obtained on item 37 of the ECERS-R. In fact, 61% of the schools assessed scored at less than a minimum level on practice 8: parents of children with special needs and 41% of them scored at less than a minimum level on principle 5: maximum feasible parent participation at parents' comfort level. As previously stated, López and colleagues' study (2012) highlighted that, in Chile the responsibility for learning lies primarily with the resource teacher. Regular teachers as well as parents are still not involved in that process, although improvements are initially seen at some schools. Going back to the *Ecology of Inclusive Child Care* (1998) model, this situation affects institutions and dynamics (i.e., resource teachers, regular teachers, general staff, parents, community allies, etc.). Joint participation among institutions in planning, shared philosophies,

shared “ownership” (i.e., responsibility for all children), communication, professional roles, stability of relationships and administrative support are crucial (Odom et al., 2011). Further work to create and strengthen institutional relationships and alliances is necessary to not only better serve children with disabilities, but also to promote shared responsibilities and positive outcomes.

Supports. This indicator refers to “the system-level supports that are necessary to ensure that individual and program efforts are successful, including access to ongoing professional development, collaboration among key stakeholders (families, practitioners, specialists), program policies, and coordination with specialized services and therapists. Funding policies and quality frameworks/standards and guidelines are additional critical supports to ensure that EC professionals and programs can successfully address the needs of young children with disabilities and their families” (Lero, 2010, p. 9).

There were three main findings for the support indicator. First, practice 4 (i.e., staff support) obtained the highest score within the practices belonging to supports and scored much higher than practice 5 (i.e., staff training). This result reflects the positive organization schools have in regard to the requirements imposed by law to the implementation of the integration program. Each school had a coordinator of the integration program and at least three resource teachers under it. Yet, the segregated manner in which the integration program is being run discourages the regular staff from getting involved (López et al., 2012). Development of personal and professional abilities and competencies in the regular team are limited and threatens the success of inclusion. Research has shown that collaboration between regular and special educators and therapists which involves coaching, mentoring, co-teaching, and/or providing guidance and feedback about the inclusive childcare program is fundamental (Mitchel & Hedge,

2007). Teachers who have taken special education courses or received in-service training have more positive attitudes toward inclusion (Avramidis et al., 2000; Buell et al., 1999). Moreover, teachers show less resistance to implement inclusive practices when professional development has been put into place (Clough & Lindsay, 1991; Dickens-Smith, 1995). Qualitative data drawn from this study also supports this quantitative information. In fact, 81% of administrators mentioned that the lack of competencies/abilities among the personnel is one of the greatest challenges they are currently experiencing. Administrators themselves cannot be overlooked and this can be seen by both the low score on the practice 3 (i.e., director and inclusion) and as well by looking at the demographic information. Although the majority of administrators have had substantial experience in the educational area, only 9 administrators (29%) have had previous direct experience in the childcare education. This information is also reflected on practice 3 (i.e., director and inclusion) and identifies the need to evaluate administrators' concrete competencies and leadership in the childcare area. Administrators are fundamental to the success of inclusion (Carter & Hughes, 2006) as they are key players in creating a successful inclusive environment for students because they usually bridge governmental mandates with collaborative partnerships with other staff members in the schools (Irwin et al., 2004). Administrators' low scores are also related to principle 6 (i.e., leadership, proactive strategies and advocacy for high quality, inclusive childcare) which scored the lowest amongst the principles. In this regard, the isolated manner in which some aspects of the integration program are carried out and in which school teams are working seems to be not only an internal characteristic but also external. Ratification of this information can be seen through the fact that only 5 schools (16%) have participated in special initiatives to improve program quality or inclusion effectiveness. Qualitative data also suggest the need for strengthening collaborative ties within the community. Schools are not

exercising a leadership role in their community which, as the literature on inclusion has highlighted, is key for successful outcomes.

Second, practice 10 (i.e., board of directors and other similar units), scored higher than the practices mean subscale. Despite this result, in Chile, although it is mandated by law that the board of directors must meet four times per year, decisions and resolutions are ultimately taken by the school principal and staff which means that the board of directors' decision-making power is minimal. Returning to the *Ecology of Inclusive Care* (1998) model, this situation threatens the success of inclusion because, as the model highlights, dynamics between institutions are fundamental for the success of inclusion. Although formal aspects of practice 10 (i.e., board of directors and other similar units) have been carried out, in reality the board of directors does not have the power to make changes in the schools system.

Finally, practice 11 (i.e., preparing transition to school) scored lower than the practices mean subscale. Only five schools (16%) have implemented specific strategies for the transition of children with disabilities to Grade 1. As administrator of School 5 explained "if we implement specific strategies for children with disabilities, we would be discriminating and segregating children" (Principal, School 5). From the supports point of view this is disputable. Odom and colleagues (2011) state that supports are necessary to ensure that programs and program personnel are ready for children with a range of characteristics and needs, rather than children with disabilities having to meet entry prerequisites. The implementation of practice 11 (i.e., preparing transition to school) also challenges teachers' competency. Further, Recchia and Lee (2013) highlight six fundamental teachers' competencies in an inclusive classroom and explain the need for a different level of supports through their competency # 6. In particular, "an understanding that "equity" does not always mean "equality" in an inclusive environment;

because different people need different things (supports) to have “equal” access, treating children differently is acceptable” (Recchia & Lee, 2013, p. 76). This concept needs to be stressed with school stakeholders in Chile.

Limitations of the Present Study

There were a number of limitations in the present study. First, despite the efforts to include schools located in different regions of Chile, as each region has unique traditions, and thus, there may be regional variations, understandings and approaches to inclusion, this study is based on a limited sample size of preschool classrooms and does not have school regional representation. Therefore, the results cannot be generalized either to regions or to the entire school system. In order to provide a more accurate representation of inclusion quality, further studies should cover a larger sample size of preschools as well as consider the regional factor. Second, the sample was limited to schools located either in the capital region of each participating region or in a major city. Therefore, the urban-rural factor is not present in this study. Third, in order to fulfill the objectives of the study, the sample was non-probabilistic and non-randomized. Moreover, election of participant schools was done either by the researcher or by the EC and Special Education Regional Coordinators of the Ministry of Education of Chile. All of these characteristics force the reader to interpret findings with caution. Further studies should also pay attention to these limitations. Fourth, this study was limited to regular schools either public or semi-public, receiving public subsidy, licensed by the Ministry of Education of Chile and currently providing inclusive programs. Although the researcher acknowledges that childcare centres provide a significant contribution to ECE within Chilean society, the decision for including only regular schools was based on the fact that, childcare centres in Chile are not required to have a special license as schools do, the lack of connections between these centres

and the primary school system (Morales, 2013; Morales & Cortázar, 2012), and the fact that the current educational reform will primarily affect schools. Therefore, investigation of inclusion practices at childcare centres was beyond the scope of this study. It is recommended that future research will include them to gain further understanding of inclusion at the preschool level in Chile. Fifth, participating schools, either public or semi-public, had a social economic vulnerability rate which ranged between 45% and 95%. Therefore, all participating schools have vulnerable populations. Representation of other strata is not present in this study.

Another limitation is the researcher bias in that the researcher was the only person conducting all observations and interviews. To increase reliability in future studies, it would be desirable to include more than one person scoring and observing. An independent blind rater could be a good source for increasing reliability. Also, due to the time constraints of this study, it was impossible for the researcher to stay in each city for a prolonged period of time. Clearly, for schools, the willingness to participate is the first step to more toward greater inclusion capacity. Yet, the achievement of inclusive education is produced only when a number of factors are in place. Those include: additional training, availability of support services, collaborative relationships, positive teacher attitudes, and support from government and school administrators. For school personnel, getting to know the measures utilized in this study as well as the underlying theoretical models along with the opportunity to analyze their own practices may have been beneficial for further positive outcomes. In fact, although persuasion for school participation was initially given through receiving a report of their inclusion quality and areas of improvement, the researcher recognized that principals were able to identify how well they were doing in terms of their inclusion capacity and effectiveness while brainstorming and responding to the Specialink tool. The process gave them not only the opportunity to be heard by an external

third party but also to hear themselves. As such, the process of responding the Specialink scale by schools entails to be a concrete step to move toward greater inclusion capacity and quality.

There are also limitations with the measures used in this study. First, although the ECERS-R (Harms et al., 2005) is a widely utilized instrument within the research field, the tool has not been validated in Chile. In this study, the Spanish version of the ECERS-R was used. Second, concerns also arise with the Specialink scale, the tool used to measure the level of inclusion quality in EC environments and to help centres to move toward higher quality inclusion (Irwin, 2009). This measure is identified as a resource to measure quality of inclusive ECE programs (Cate et al., 2010); this is the first time that it was used in a non-English, non-French environment. Therefore, the Specialink's reliability and validity in Spanish is unknown. In order to minimize the effects of this, the translation of this questionnaire, done by the researcher, was tested in a pilot sample with a team of special resource teachers of a special school located in the VI Region of Chile before the study began. Further, adjustments were made by a third party, Mr. Carlos Ossa, Assistant Professor at University of Bío-Bío, Chile. Still, the appropriateness of the use of the Specialink within Chilean context cannot be determined and would require a proper validation of the scale in Spanish speaking countries.

Implications for Practice and Recommendations

Many recommendations can be drawn from the results of this study. First, this study calls for the need for a closer collaboration between institutions (i.e., school, parents, community) and the creation and promotion of key alliances and partnerships between them. In this regard, all school stakeholders (i.e., principals or administrators, regular and special teams as well as paraprofessionals) should be trained for this goal. Second, results obtained suggest that schools' philosophies and beliefs (i.e., principles) are moving toward quality of inclusion, a positive

progress toward inclusive education. Yet, the practice of inclusion still lags behind. This differential suggests the need for more training, further professional development, and support in the school community. Additional training provides stakeholders the opportunity to not only work in a high quality inclusive setting, but also would help them to gain confidence to teach in those inclusive classrooms (Leatherman, 2007). As such, governmental agencies should take this into consideration when mandating for further progress on the inclusion area. Provision of additional funding and higher quality of administration is also needed. This would help schools in the acquisition of appropriate equipment/materials, hire highly specialized personnel, and improve infrastructure. Different people need different supports to have equal access to a learning environment (Recchia & Lee, 2013) and that is to be kept into consideration when serving children with disabilities. Additionally, administrators themselves need to be affirmed in their leadership and advocacy role. Low scores on principle 6: leadership, proactive strategies, and advocacy for high quality, inclusive childcare as well as participation in further initiatives to promote inclusion and their understating of what inclusion is suggests the need for more work in this area. Considering their crucial role on the success of inclusion, this cannot be underestimated. Also, in addition to create alliances between the community, the school, and the parents, parents must be reassured not only in their parental role but also as advocates for their children. In this regard, the school setting is one of the multiple social institutions in which children are included. For the development of children's social competencies, which go beyond the school system, it is imperative to promote leadership abilities among their parents.

Conclusion

The present study sheds light on a number of current issues both at the preschool level and inclusive care at preschools in Chile. The lack of previous studies unfortunately precludes comparison with findings of this dissertation. Internationally, research focused on measuring inclusive programs and their quality is at its early stage of development (Wong, 2012). Still, there are a few published measures (see Cate et al., 2010) that provide more information about this topic. Information drawn from future studies may be used as a means to help school staff to not only identify both the school's strengths and needs, but also to evaluate the resources and conditions necessary to progress toward higher inclusion quality. At the same time, informed policy can be developed and knowledgeable funding decisions can be made.

The historical time Chile is passing through also requires further inquiry. Findings from López and colleagues' study (2012) reaffirm this statement. According to these researchers, Chile's inclusive educational policy is hybrid because its advocates operate from a human rights logic and perspective but the current model operates with a strong psycho-medical emphasis. This approach, in turn, leads school stakeholders to refer to these children as SIP children (School Integration Program children), labeling and segregating these children. From the inclusion point of view, these practices as well as the encapsulated manner in which the integration program is carried out in Chile create a cultural barrier that hinders the possibility of constructing an educational system with equity. Qualitative data drawn from this study also supports López and colleagues' (2012) transitional views. Different school stakeholders (i.e., principals, vice-principals for curriculum development, resource teachers and EC educators) hold different understandings, and in different proportions, about inclusion ranging from "integration" to "valuing diversity." Although principals or administrators showed the highest understanding

of inclusion as integration, data obtained indicates that there is a greater movement toward valuing diversity among other stakeholders.

The complexity of the Chilean school system as well as the regulations for the implementation of the integration program also involves some concerns. The lack of the implementation of the program as part of a mandatory/unitary guiding policy throughout Chile (i.e., semi-public schools are not compelled to implement the program) as well as the way in which the subsidy is allocated (i.e., children with transitory disabilities are subsidized for up to two years only) do not necessarily benefit children with special needs/disabilities in pursuing their long-term educational goals.

The present study entails a limited, but concrete and timely effort to evaluate inclusion at the preschool level before major political and organizational changes are implemented. It is hoped that these findings may assist sampled schools to improve the level and quality of inclusion within their ECE programs and encourage others to take action in this matter and, at the same time, for Chile, to support the commitment undertaken by the Chilean government to provide quality education for all its citizens.

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List of Tables

Table 1

Chile's School Types and Characteristics

	School Type		
	Public	Semi-public	Private
Sustainer or Holder	Municipalities or Councils.	Foundations or Corporations.	Foundations or Corporations.
Nature of the Sustainer/Holder	Public.	Private.	Private.
Receive Public Subsidy?	Yes.	Yes. Also, since 1994, semi-public schools are entitled to charge parents a co-payment. Not all semi-public schools charge a co- payment.	No. Funded solely by families.
Administration/ Administrative Decisions	Autonomous. Any decision is taken by the Municipality or Council (through their Educational	Autonomous. Any decision is taken by the Foundation/Corporation. The Ministry does not have any participation (or power) on this matter.	Autonomous. Any decision is taken by the Foundation/Corporati on . The Ministry does not have any

	Corporation). The Ministry does not have any participation (or power) on this matter.		participation (or power) on this matter.
Curriculum	Follows Ministry's curriculum.	Follows Ministry's curriculum. However, since the sustainer is private in nature, other guidelines are included. Guidelines depends on the individual school educational Project.	Following Ministry's basic curriculum is up to the individual school. Curriculum guidelines are written on the individual school educational project.
School Regulations	Follows any regulation written on the Constitution and or Laws.	Follows regulations written on the Constitution and or Laws. However, since the sustainer is private in nature, it also has the power to decide whether to integrate some optional programs (i.e., the integration program).	Since the sustainer is private, it follows its own criteria. Criteria are given through their individual school educational project.

Table 2

Schools' Regional Representation

	% of Chilean population	Participant region	N of participants schools	N of public schools	N of semi-public schools
Northern Chile	8.1%	XV	2	2	0
		III	2	1	1
Central Chile	78.01%	IV	3	1	2
		V	2	2	0
		MR-XIII	3	3	0
		VI	3	0	3
		VII	3	3	0
		VIII	6	3	3
Southern Chile	13.9%	IX	3	3	0
		XIV	2	1	1
		X	2	1	1
		Total	31	20	11

Table 3

Demographic Information: School Enrolment and Years in Operation

School (n=31)	N of students at preschool level	N of students at PK level	N of students at K level	N of students in a combined group (PK+K)	N of years preschool has been in operation	N of years preschool provides inclusive education
S1	53	30	23	0	42	7
S2	79	23	56	0	16	8
S3	85	32	53	0	52	6
S4	43	21	22	0	6	6
S5	120	60	60	0	5	1
S6	47	22	25	0	4	4
S7	54	27	27	0	10	6
S8	53	19	23	11	31	2
S9	33	12	21	0	50	2
S10	39	16	23	0	40	2
S11	61	24	37	0	10	5
S12	49	21	28	0	7	4

S13	39	18	21	0	45	4
S14	27	0	0	27	8	7
S15	25	0	0	25	14	12
S16	108	40	68	0	150	4
S17	32	0	0	32	5	5
S18	67	34	33	0	12	7
S19	45	17	28	0	32	11
S20	155	75	80	0	30	15
S21	120	60	60	0	12	7
S22	223	118	105	0	48	5
S23	163	72	91	0	41	8
S24	65	31	34	0	30	11
S25	72	32	40	0	14	10
S26	167	85	82	0	21	15
S27	46	0	28	18	52	4
S28	53	21	32	0	7	1
S29	49	24	25	0	33	18
S30	186	84	102	0	43	2
S31	60	33	27	0	30	5

Table 4

Enrolment of Students with Disabilities at PK Level, K Level, and Combined Group Level

School	N of students with disabilities	% of students with disabilities	N of students with disabilities at PK level	N of students with disabilities at K level	N of students with disabilities in the combined group
S1	10	19%	5	5	---
S2	15	19%	5	10	---
S3	19	22%	10	9	---
S4	10	23%	4	6	---
S5	14	12%	7	7	---
S6	8	17%	3	5	---
S7	9	17%	5	4	---
S8	18	34%	5	8	---
S9	10	30%	5	5	---
S10	10	26%	5	5	---
S11	10	16%	4	6	---
S12	8	16%	3	5	---
S13	1	3%	0	1	---
S14	3	11%	---	---	3

S15	7	28%	---	---	7
S16	20	19%	10	10	---
S17	6	19%	---	---	6
S18	7	10%	3	4	---
S19	6	13%	1	5	---
S20	17	11%	4	13	---
S21	5	4%	0	5	---
S22	30	13%	11	19	---
S23	17	10%	4	13	---
S24	11	17%	5	6	---
S25	9	13%	4	5	---
S26	25	15%	15	10	---
S27	9	20%	---	4	5
S28	3	6%	---	3	---
S29	11	22%	5	6	---
S30	11	6%	7	4	---
S31	2	3%	---	2	---

Table 5

Demographic Information about Administrators

Administrator	N of years of experience in education	N of years of experience at preschool level	N of years as an administrator	N of years as administrator at current school
S1	18	0	10	5
S2	28	2	7	7
S3	40	40	27	13
S4	18	0	2	2
S5	30	0	8	8
S6	15	2	3	3
S7	15	13	5	5
S8	32	0	10	7
S9	14	0	4	4
S10	8	0	2	2
S11	40	0	33	7
S12	30	0	7	1
S13	30	0	12	2
S14	12	5	1	1

S15	25	0	9	2
S16	40	5	8	4
S17	30	0	5	5
S18	25	0	9	5
S19	32	0	15	15
S20	27	11	14	3
S21	31	0	6	6
S22	26	26	6	6
S23	24	0	6	6
S24	11	0	1	1
S25	18	0	0	1
S26	20	0	1	1
S27	32	0	14	6
S28	20	0	5	1
S29	30	0	6	1
S30	26	9	8	2
S31	45	0	25	8

Quantitative Component

Table 6

ECERS-R Global Preschool Quality (n=31)

Subscales	Minimum	Maximum	Mean	SD
Space and Furnishings	1	7	3.24	1.14
Personal Care Routines	1	7	6.25	0.99
Language-Reasoning	1	7	5.06	1.42
Activities	1	7	2.87	0.77
Interaction	4	7	6.64	0.44
Program Structure	1	7	3.40	1.18
Parents and Staff	1	7	4.22	0.84
Average			4.23	0.80

Table 7

ECERS-R Global Preschool Quality among Public Schools (n=20)

Subscales	Minimum	Maximum	Mean	SD
Space and Furnishings	1	7	3.00	0.99
Personal Care Routines	1	7	6.20	0.93
Language-Reasoning	1	7	4.86	1.43
Activities	1	7	2.68	0.69
Interaction	4	7	6.57	0.45
Program Structure	1	7	3.11	1.03
Parents and Staff	1	7	3.94	0.62
Average			4.05	0.70

Table 8

ECERS-R Global Preschool Quality among Semi-Public Schools (n=11)

Subscales	Minimum	Maximum	Mean	SD
Space and Furnishings	1	7	3.69	1.29
Personal Care Routines	1	7	6.35	1.14
Language-Reasoning	1	7	5.43	1.40
Activities	1	7	3.22	0.82
Interaction	4	7	6.76	0.43
Program Structure	1	7	3.90	1.30
Parents and Staff	1	7	4.73	0.97
Average			4.60	0.89

Table 9

Differences on the ECERS-R Global Preschool Quality and its Subscales Between Public and Semi-Public Schools

	Public Schools		Semi-Public Schools		
	M	SD	M	SD	*t*-test
Space and Furnishing	3.00	0.99	3.69	1.29	n.s.
Personal Care Routines	6.20	0.93	6.35	1.14	n.s.
Language-Reasoning	4.86	1.43	5.43	1.40	n.s.
Activities	2.68	0.69	3.22	0.82	n.s.
Interaction	6.57	0.45	6.76	0.43	n.s.
Program Structure	3.11	1.03	3.90	1.30	n.s.
Parents and Staff	3.94	0.62	4.73	0.97	-2.76*
Global Preschool Quality	4.05	0.70	4.60	0.89	n.s.

*$p < .05$

Table 10

ECERS-R Item 37: Provision for Children with Disabilities

	Mean	SD
General Score	1.68	1.11
Public Schools	1.55	1.10
Semi-Public Schools	1.91	1.14

Table 11

Specialink: Global Inclusive Preschool Quality (n=31)

Subscales	Minimum	Maximum	Mean	SD
Practices				
1) Physical Environment and Children with SN	1	5	2.06	1.39
2) Equipment and Materials	1	4	1.42	0.67
3) Director and Inclusion	1	6	1.84	1.46
4) Staff Support	3	7	4.16	1.04
5) Staff Training	1	6	1.81	1.25
6) Physiotherapy; Occupational Therapy; Speech and Language; Behavioural Consultation	1	6	2.61	1.59
7) Individual Program Plans (IPPs)	2	6	3.81	0.95
8) Parents of Children with Special Needs	1	5	2.16	1.37
9) Involvement of Typical Children	2	6	4.84	1.27
10) Board of Directors and other Similar Units	2	6	3.52	0.77
11) Preparing for Transition to School	1	7	1.61	1.54

Principles				
1) Zero Reject	1	6	3.81	1.22
2) Natural Proportions	1	5	2.42	0.89
3) Same hours/Days of Attendance Available to all Children	2	6	4.94	1.03
4) Full Participation	1	6	3.68	1.35
5) Maximum Feasible Parent Participation at Parents' Comfort Level	1	5	2.77	1.28
6) Leadership, Proactive Strategies, and Advocacy for High Quality, Inclusive Child Care	1	4	1.55	0.88
Global Average			2.88	0.79

Table 12

Specialink: Global Inclusive Preschool Quality: Practices (n=31)

Subscales	Minimum	Maximum	Mean	SD
1) Physical Environment and Children with SN	1	5	2.06	1.39
2) Equipment and Materials	1	4	1.42	0.67
3) Director and Inclusion	1	6	1.84	1.46
4) Staff Support	3	7	4.16	1.04
5) Staff Training	1	6	1.81	1.25
6) Physiotherapy; Occupational Therapy; Speech and Language ; Behavioural Consultation	1	6	2.61	1.59
7) Individual Program Plans (IPPs)	2	6	3.81	0.95
8) Parents of Children with Special Needs	1	5	2.16	1.37
9) Involvement of Typical Children	2	6	4.84	1.27
10) Board of Directors and other Similar Units	2	6	3.52	0.77
11) Preparing for Transition to School	1	7	1.61	1.54
Practices Average			2.71	0.82

Table 13

Specialink Inclusive Preschool Quality: Principles (n=31)

Subscales	Minimum	Maximum	Mean	SD
1) Zero Reject	1	6	3.81	1.22
2) Natural Proportions	1	5	2.42	0.89
3) Same hours/Days of Attendance Available to all Children	2	6	4.94	1.03
4) Full Participation	1	6	3.68	1.35
5) Maximum Feasible Parent Participation at Parents' Comfort Level	1	5	2.77	1.28
6) Leadership, Proactive Strategies, and Advocacy for High Quality, Inclusive Child Care	1	4	1.55	0.88
Average			3.19	0.81

Table 14

Specialink: Public Schools' Inclusive Preschool Quality (n=20)

Subscales	Minimum	Maximum	Mean	SD
Practices				
1) Physical Environment and Children with SN	1	4	1.95	1.32
2) Equipment and Materials	1	2	1.25	0.44
3) Director and Inclusion	1	5	1.50	1.15
4) Staff Support	3	6	3.80	0.70
5) Staff Training	1	4	1.55	0.83
6) Physiotherapy; Occupational Therapy ; Speech and Language; Behavioural Consultation	1	5	2.30	1.30
7) Individual Program Plans (IPPs)	2	6	3.70	0.80
8) Parents of Children with Special Needs	1	4	1.95	1.28
9) Involvement of Typical Children	2	6	4.55	1.36
10) Board of Directors and other Similar Units	2	4	3.40	0.60
11) Preparing for Transition to School	1	4	1.30	0.92

Principles				
1) Zero Reject	3	6	3.95	1.05
2) Natural Proportions	1	4	2.20	0.62
3) Same Hours/Days of Attendance Available to all Children	4	6	4.80	0.84
4) Full Participation	1	6	3.45	1.28
5) Maximum Feasible Parent Participation at Parents' Comfort Level	1	4	2.55	1.23
6) Leadership, Proactive Strategies, and Advocacy for High Quality, Inclusive Child Care	1	2	1.20	0.41
Global Average			2.67	0.55

Table 15

Specialink: Public Schools' Inclusive Preschool Quality: Practices (n=20)

Subscales	Minimum	Maximum	Mean	SD
1) Physical Environment and Children with SN	1	4	1.95	1.32
2) Equipment and Materials	1	2	1.25	0.44
3) Director and Inclusion	1	5	1.50	1.15
4) Staff Support	3	6	3.80	0.70
5) Staff Training	1	4	1.55	0.83
6) Physiotherapy; Occupational Therapy; Speech and Language; Behavioural Consultation	1	5	2.30	1.30
7) Individual Program Plans (IPPs)	2	6	3.70	0.80
8) Parents of Children with Special Needs	1	4	1.95	1.28
9) Involvement of Typical Children	2	6	4.55	1.36
10) Board of Directors and other Similar Units	2	4	3.40	0.60
11) Preparing for Transition to School	1	4	1.30	0.92
Public Schools Practices Average			2.48	0.56

Table 16

Specialink Public Schools' Inclusive Preschool Quality: Principles

Subscales	Minimum	Maximum	Mean	SD
1) Zero Reject	3	6	3.95	1.05
2) Natural Proportions	1	4	2.20	0.62
3) Same Hours/Days of Attendance Available to all Children	4	6	4.80	0.84
4) Full Participation	1	6	3.45	1.28
5) Maximum Feasible Parent Participation at Parents' Comfort Level	1	4	2.55	1.23
6) Leadership, Proactive Strategies, and Advocacy for High Quality, Inclusive Child Care	1	2	1.20	0.41
Public Schools Principles Average			3.02	0.60

Table 17

Specialink: Semi-Public Schools' Inclusive Preschool Quality (n=11)

Subscales	Minimum	Maximum	Mean	SD
Practices				
1) Physical Environment and Children with SN	1	5	2.27	1.56
2) Equipment and Materials	1	4	1.73	0.91
3) Director and Inclusion	1	6	2.45	1.81
4) Staff Support	3	7	4.82	1.25
5) Staff Training	1	6	2.27	1.74
6) Physiotherapy; Occupational Therapy; Speech and Language; Behavioural Consultation	1	6	3.18	1.94
7) Individual Program Plans (IPPs)	2	6	4.00	1.18
8) Parents of Children with Special Needs	1	5	2.55	1.51
9) Involvement of Typical Children	4	6	5.36	0.92
10) Board of Directors and other Similar Units	2	6	3.73	1.01
11) Preparing for Transition to School	1	7	2.18	1.23

Principles				
1) Zero Reject	1	6	3.55	1.51
2) Natural Proportions	2	5	2.82	1.17
3) Same Hours/Days of Attendance Available to all Children	2	6	5.18	1.33
4) Full Participation	2	6	4.09	1.45
5) Maximum Feasible Parent Participation at Parents' Comfort Level	1	5	3.18	1.33
6) Leadership, Proactive Strategies, and Advocacy for High Quality, Inclusive Child Care	1	4	2.18	1.17
Global Average			3.26	1.03

Table 18

Specialink: Semi-Public Schools' Inclusive Preschool Quality: Practices (n=11)

Subscales	Minimum	Maximum	Mean	SD
1) Physical Environment and Children with SN	1	5	2.27	1.56
2) Equipment and Materials	1	4	1.73	0.91
3) Director and Inclusion	1	6	2.45	1.81
4) Staff Support	3	7	4.82	1.25
5) Staff Training	1	6	2.27	1.74
6) Physiotherapy; Occupational Therapy; Speech and Language; Behavioural Consultation	1	6	3.18	1.94
7) Individual Program Plans (IPPs)	2	6	4.00	1.18
8) Parents of Children with Special Needs	1	5	2.55	1.51
9) Involvement of Typical Children	4	6	5.36	0.92
10) Board of Directors and other Similar Units	2	6	3.73	1.01
11) Preparing for Transition to School	1	7	2.18	1.23
Semi-Public Schools Practices Average			3.14	1.07

Table 19

Specialink Semi-Public Schools' Inclusive Preschool Quality: Principles (n=11)

Subscales	Minimum	Maximum	Mean	SD
1) Zero Reject	1	6	3.55	1.51
2) Natural Proportions	2	5	2.82	1.17
3) Same Hours/Days of Attendance Available to all Children	2	6	5.18	1.33
4) Full Participation	2	6	4.09	1.45
5) Maximum Feasible Parent Participation at Parents' Comfort Level	1	5	3.18	1.33
6) Leadership, Proactive Strategies, and Advocacy for High Quality, Inclusive Child Care	1	4	2.18	1.17
Semi-Public Schools Principles Average			3.50	1.06

Table 20

Differences between the Practices and the Principles of the Specialink (Within-Subjects Effects)

Source	*MS*	*df*	*F*	*p*	Sphericity Assumed	Greenhouse -Geisser
Subscale x Type of School	.123	1	1.274	.268	.123	.123
Subscale	2.920	1	30.173	< .001**	2.920	2.920
Error	.97	29				

*$p < .05$; **$p < .001$

Table 21

Differences between the Practices and the Principles of the Specialink (Between-Subjects Effects)

Source	*MS*	*df*	*F*	*p*
Type of School	4.613	1	4.613	.051
Error	.97	29		

*$p < .05$; **$p < .001$

Table 22

Specialink Overall Scores and Administrators' Ratings About Implementation of Inclusion

School	Administrator's Rating	Specialink Average Score
S1	4	2.35
S2	6	2.29
S3	6	2.06
S4	6	3.35
S5	5	3.47
S6	7	3.12
S7	5	3.12
S8	8	3.18
S9	5	2.18
S10	5	2.29
S11	8	3.82
S12	9	2.06
S13	8	2.35
S14	9	4.88
S15	8	2.29
S16	8	3.00

S17	9	4.59
S18	10	1.94
S19	7	2.35
S20	9	4.41
S21	4	2.12
S22	8	3.29
S23	5	2.88
S24	8	2.35
S25	6	2.47
S26	7	3.65
S27	6	2.88
S28	6	2.06
S29	4	2.12
S30	6	3.35
S31	10	3.00

Qualitative Component

Table 23

Main Themes Identified in Each Category

Category	Main Themes	Number of Administrators
Influences	• Identified Community Need(s)	18 (58%)
	• Social Sensitivity	11 (36%)
	• Law	5 (16%)
Conditions for Child's Acceptance	• Environmental Reason	18 (58%)
	• None	10 (32%)
	• Child Characteristics	3 (10%)
Strengths	• Resources	22 (71%)
	• Attitudes	12 (39%)
Challenges or difficulties	• Lack of Specialized Resources	16 (52%)
	• Lack of Competencies/Abilities	25 (81%)
Supports and Resources	• Government/Sustainer	22 (71%)
	• School Personnel	10 (32%)
	• Community	8 (26%)
Additional Supports/ Resources/ Training	• Further Professional Development	19 (62%)
	• Collaborative Ties with the Community	15 (48%)
	• Adapted Material/Adequate Infrastructure/ Specialists	8 (26%)

Table 24

Frequencies For Influences

School	Identified Community Need(s)	Social Sensitivity	Law
S1			*
S2	*		
S3			*
S4		*	*
S5		*	
S6		*	
S7	*		
S8	*		
S9	*	*	
S10	*		
S11		*	
S12	*		
S13			*
S14	*		
S15	*		
S16	*	*	

S17		*	
S18		*	
S19	*		
S20		*	
S21	*		
S22	*		
S23	*		
S24		*	
S25			*
S26	*		
S27	*		
S28	*		
S29	*		
S30	*		
S31		*	
Total	58%	36%	16%

Table 25

Frequencies For Conditions for Child's Acceptance

School	Environmental Reason	None	Child Characteristics
S1		*	
S2			*
S3	*		
S4		*	
S5		*	
S6	*		
S7		*	
S8	*		
S9	*		
S10		*	
S11			*
S12		*	
S13		*	
S14		*	
S15	*		
S16	*		

S17	*		
S18	*		
S19	*		
S20	*		
S21		*	
S22			*
S23	*		
S24		*	
S25	*		
S26	*		
S27	*		
S28	*		
S29	*		
S30	*		
S31	*		
Total	58%	32%	10%

Table 26

Frequencies For Strengths

School	Resources	Attitudes
S1	*	
S2		*
S3		*
S4	*	*
S5	*	
S6	*	
S7	*	
S8		*
S9	*	
S10		*
S11		*
S12		*
S13		*
S14	*	
S15	*	
S16	*	

S17	*	
S18	*	
S19	*	
S20		*
S21	*	
S22	*	*
S23	*	
S24	*	
S25		*
S26	*	
S27	*	
S28	*	*
S29	*	
S30	*	
S31	*	
Total	71%	39%

Table 27

Frequencies For Challenges or Difficulties

School	Lack of Resources	Lack of Competencies/Abilities
S1		*
S2	*	
S3	*	
S4	*	
S5		*
S6	*	*
S7	*	*
S8		*
S9		*
S10		*
S11		*
S12		*
S13	*	*
S14		*
S15		*
S16		*

S17		*
S18		*
S19		*
S20	*	*
S21	*	*
S22	*	
S23		*
S24	*	*
S25	*	
S26	*	
S27	*	*
S28	*	*
S29		*
S30	*	*
S31	*	*
Total	52%	81%

Table 28

Frequencies For Supports or Resources

School	Government/Sustainer	School Personnel	Community
S1	*		*
S2			*
S3			*
S4	*		
S5		*	
S6	*		*
S7	*		
S8		*	
S9			*
S10	*		
S11		*	
S12	*		
S13		*	
S14	*		
S15		*	
S16	*	*	
S17	*		
S18	*		

S19	*		
S20	*	*	*
S21		*	
S22	*		
S23	*		
S24	*		
S25	*		
S26	*		
S27	*		
S28	*		
S29	*	*	*
S30	*	*	*
S31	*		
Total	71%	32%	26%

Table 29

Frequencies For Additional Supports/Resources/Training

School	Further professional development	Collaborative ties with the community	Adapted material/adequate infrastructure/specialists
S1	*	*	*
S2		*	
S3			*
S4	*	*	
S5	*	*	
S6	*		
S7			*
S8		*	
S9		*	
S10	*		
S11	*		
S12		*	*
S13	*		
S14		*	
S15		*	
S16	*	*	
S17			*

S18			*
S19	*	*	
S20	*		
S21	*		*
S22			*
S23	*		
S24	*		
S25	*		
S26	*	*	
S27	*		
S28	*	*	
S29	*		
S30		*	
S31	*	*	
Total	62%	48%	26%

Table 30

Main Themes about Inclusion Identified among School Stakeholders

Category	Themes	N of stakeholders (n=44)
Principals	• Integration	7 (64%)
	• Valuing Diversity	4 (36%)
Vice-Principals for Curriculum Development	• Integration	4 (36%)
	• Valuing Diversity	7 (64%)
Special Educators	• Integration	2 (18%)
	• Valuing Diversity	9 (82%)
Regular Preschool Teachers	• Integration	3 (27%)
	• Valuing Diversity	8 (72%)

Table 31

Frequencies for Stakeholders' Beliefs about Inclusion

	S1	S7	S8	S11	S14	S17	S20	S23	S24	S27	S30	Total
Principals												
Integration		*		*		*		*	*	*	*	64%
Valuing Diversity	*		*		*		*					36%
Vice-Principals												
Integration	*		*			*				*		36%
Valuing Diversity		*		*	*		*	*	*		*	64%
Resource Teachers												
Integration				*				*				18%
Valuing Diversity	*	*	*		*	*	*		*	*	*	82%
ECE												
Integration			*					*			*	27%
Valuing Diversity	*	*		*	*	*	*		*	*		72%

List of Figures

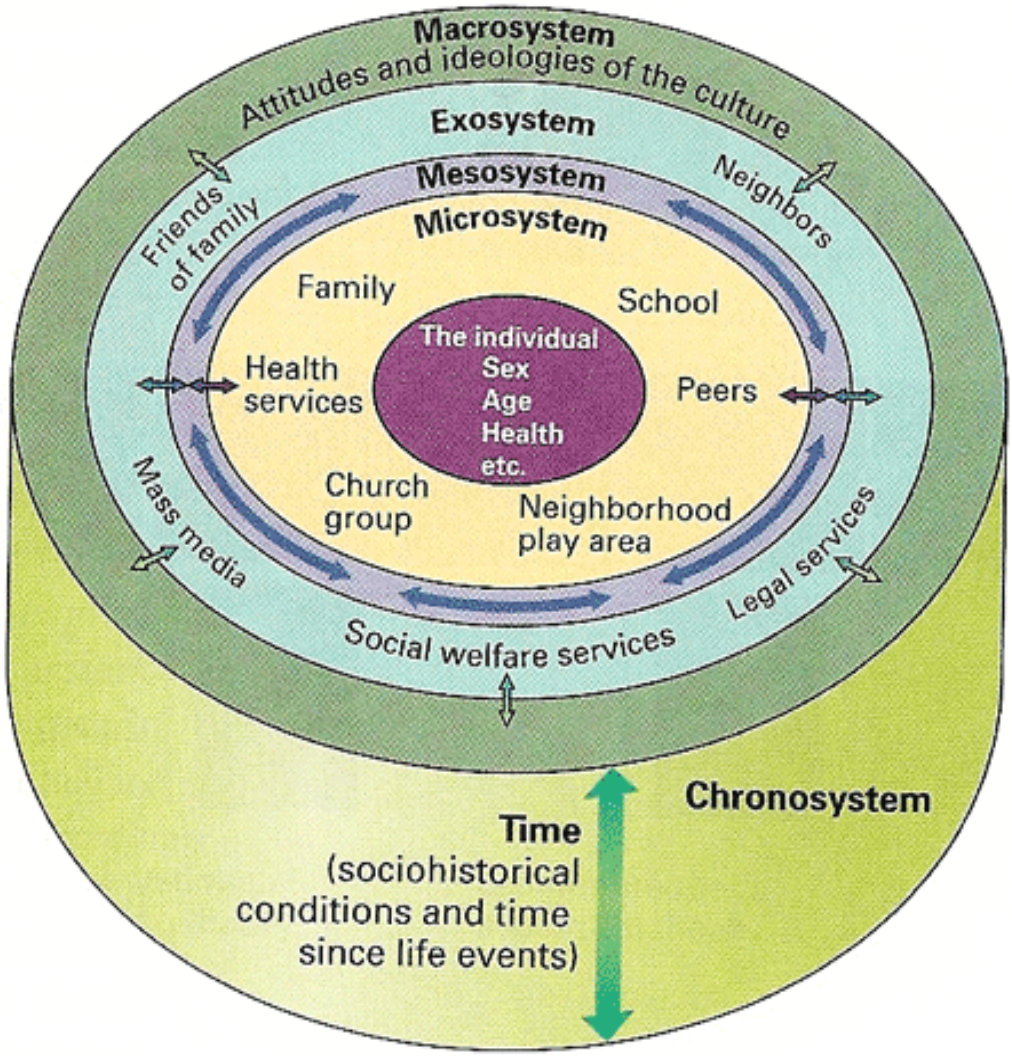


Figure 1: Bronfenbrenner's Ecological Systems Theory (1979)

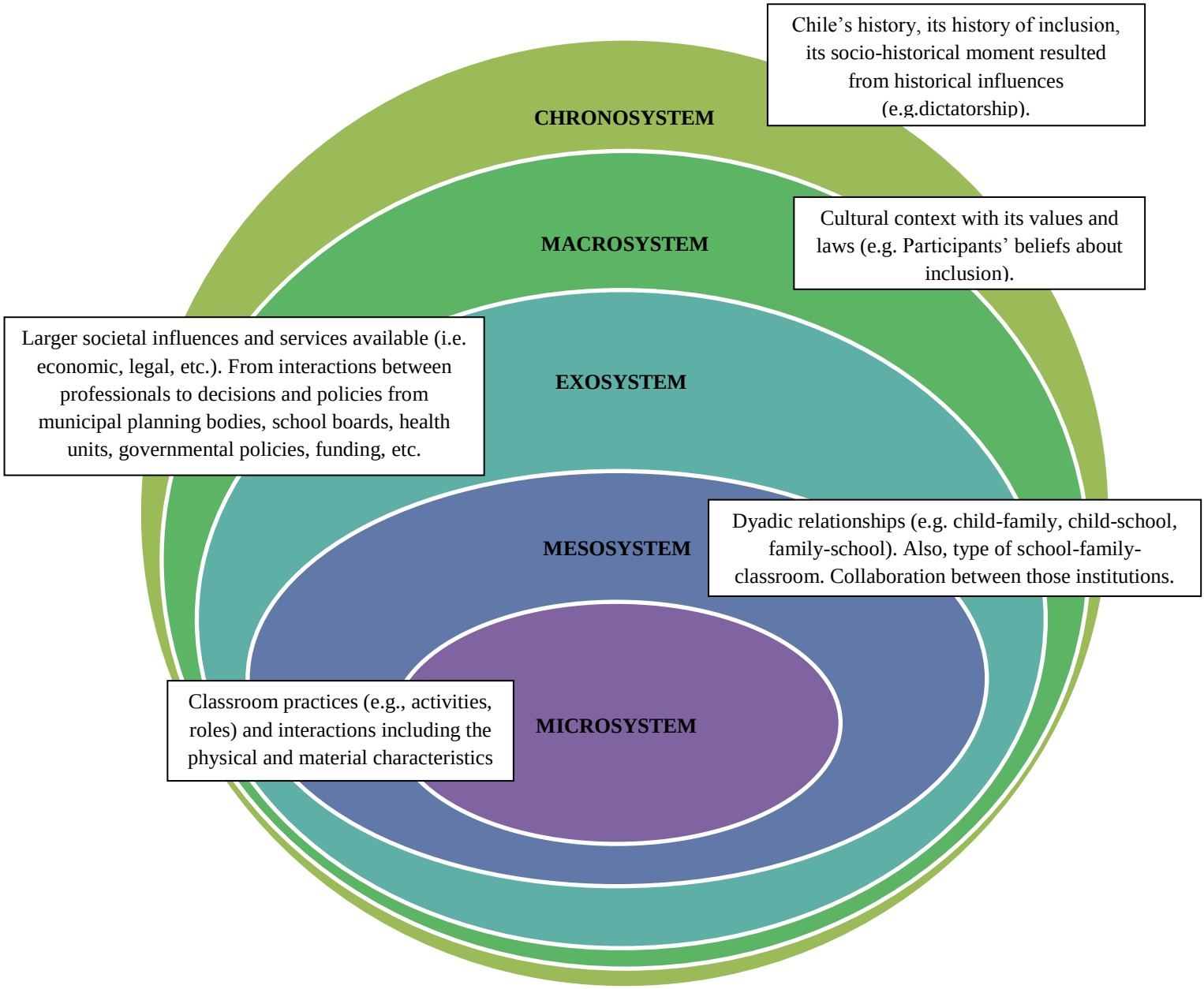


Figure 2: Ecological Model of Inclusive Child Care (1996)

(Adapted from Odom, Peck, Hanson, Beckman, Kaiser, Lieber, et al., 1996, as cited in Irwin, Lero, and Brophy, 2000)

Figure 3

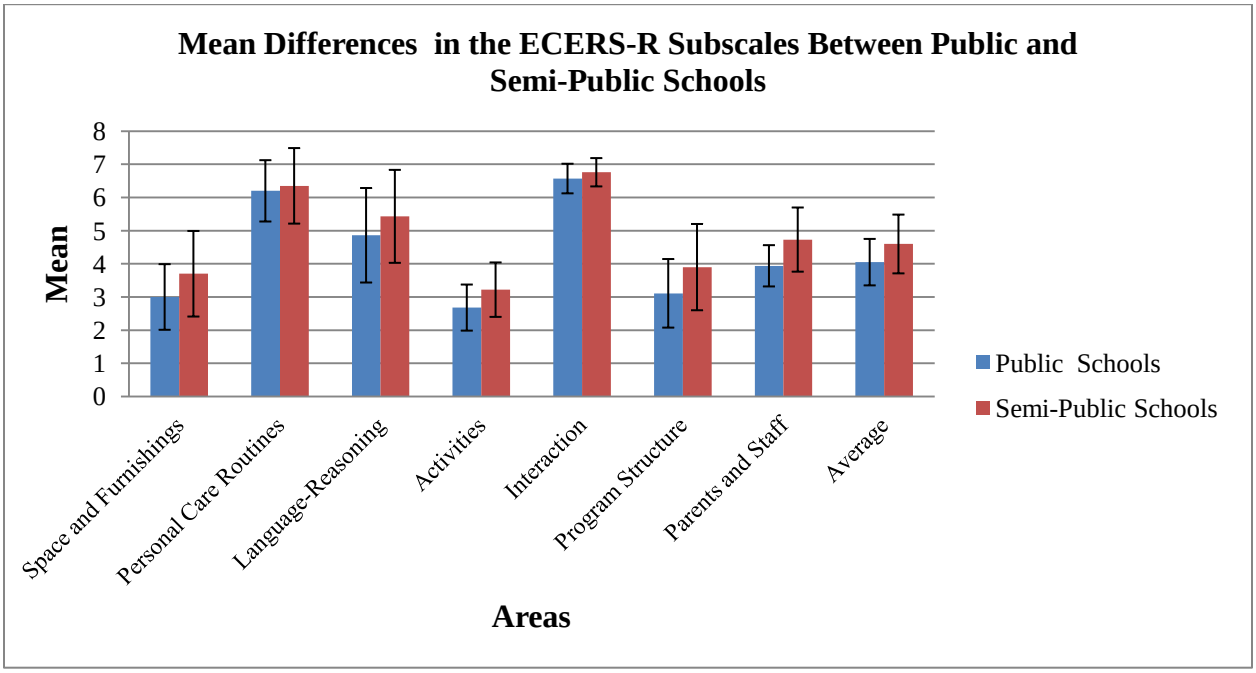

Mean Differences in the ECERS-R Subscales Between Public and Semi-Public Schools
Mean
0
1
2
3
4
5
6
7
8
Space and Furnishings
Personal Care Routines
Language-Reasoning
Activities
Interaction
Program Structure
Parents and Staff
Average
Areas
Public Schools
Semi-Public Schools

Figure 4

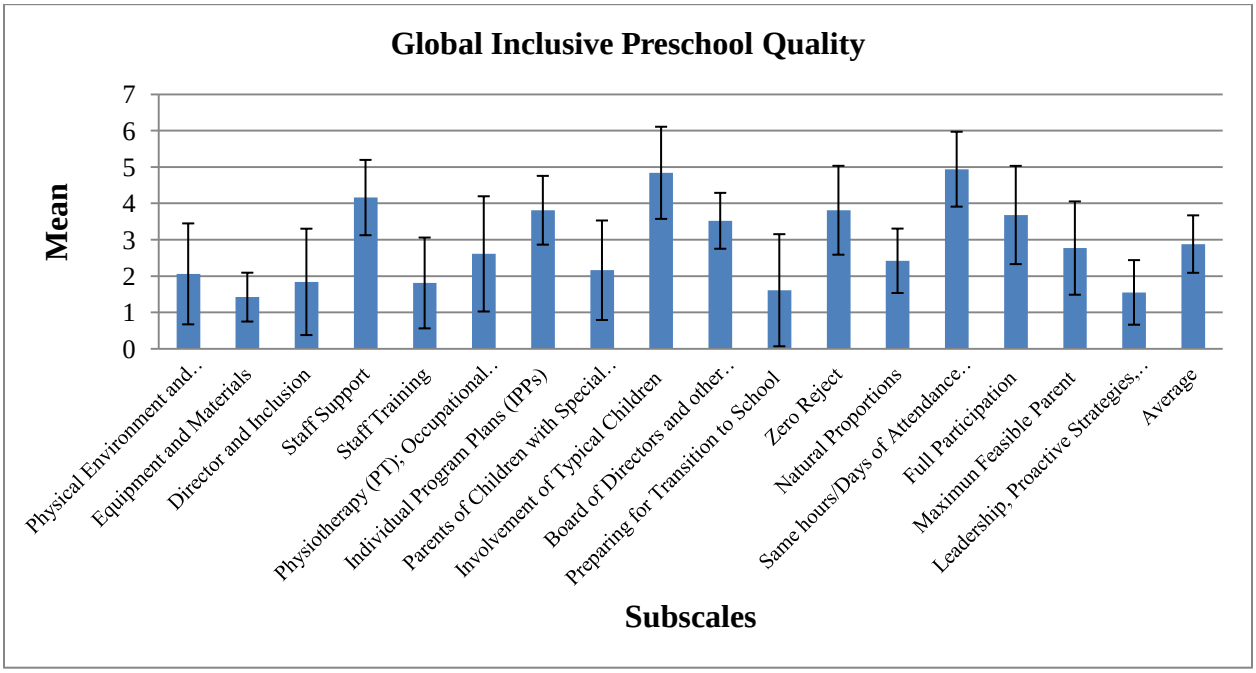

Global Inclusive Preschool Quality
Mean
7
6
5
4
3
2
1
0
Physical Environment and...
Equipment and Materials
Director and Inclusion
Staff Support
Staff Training
Physiotherapy (PT); Occupational...
Individual Program Plans (IPPs)
Parents of Children with Special...
Involvement of Typical Children
Board of Directors and other...
Preparing for Transition to School
Zero Reject
Natural Proportions
Same hours/Days of Attendance...
Full Participation
Maximun Feasible Parent
Leadership, Proactive Strategies,...
Average
Subscales

Figure 5

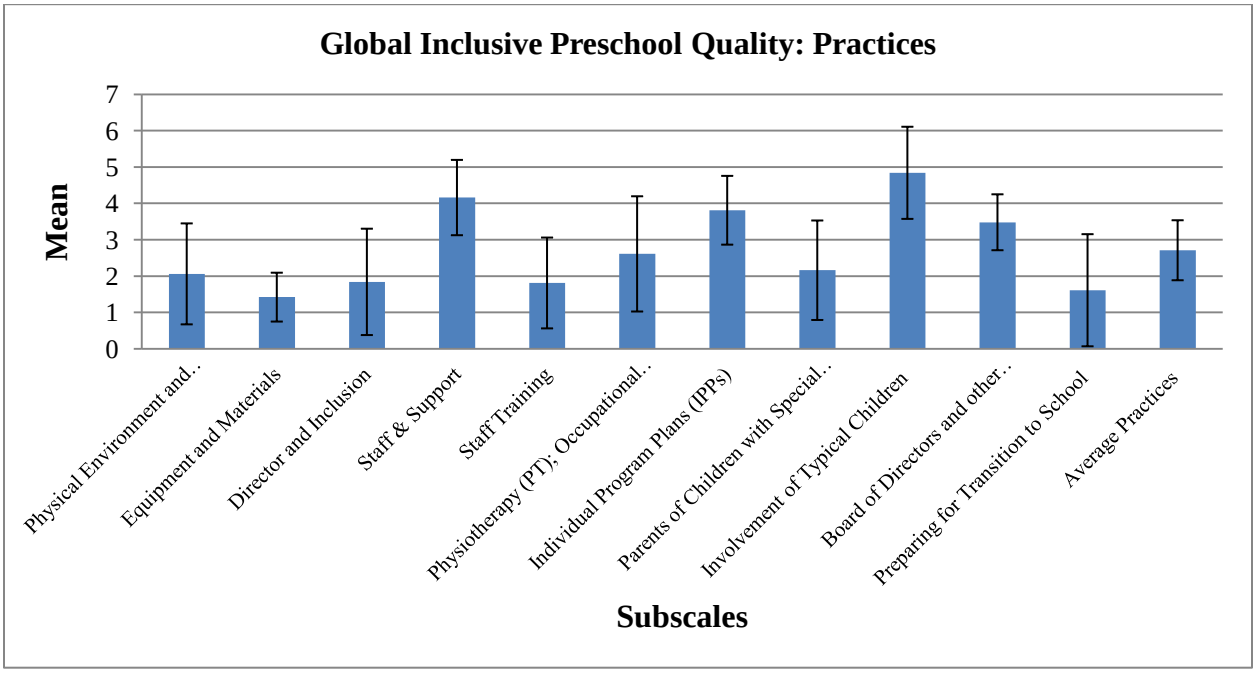

Global Inclusive Preschool Quality: Practices
Mean
7
6
5
4
3
2
1
0
Physical Environment and...
Equipment and Materials
Director and Inclusion
Staff & Support
Staff Training
Physiotherapy (PT), Occupational...
Individual Program Plans (IPPs)
Parents of Children with Special...
Involvement of Typical Children
Board of Directors and other...
Preparing for Transition to School
Average Practices
Subscales

Figure 6

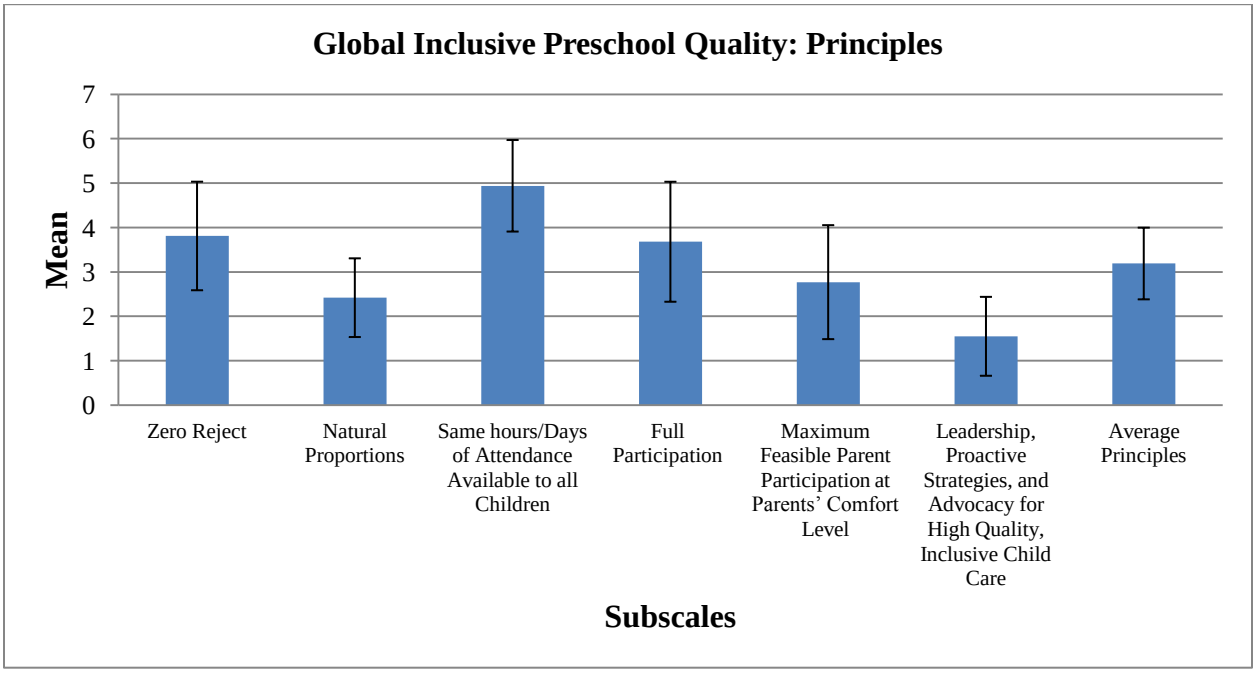

Global Inclusive Preschool Quality: Principles
Mean
7
6
5
4
3
2
1
0
Zero Reject
Natural Proportions
Same hours/Days of Attendance Available to all Children
Full Participation
Maximum Feasible Parent Participation at Parents' Comfort Level
Leadership, Proactive Strategies, and Advocacy for High Quality, Inclusive Child Care
Average Principles
Subscales

Figure 7

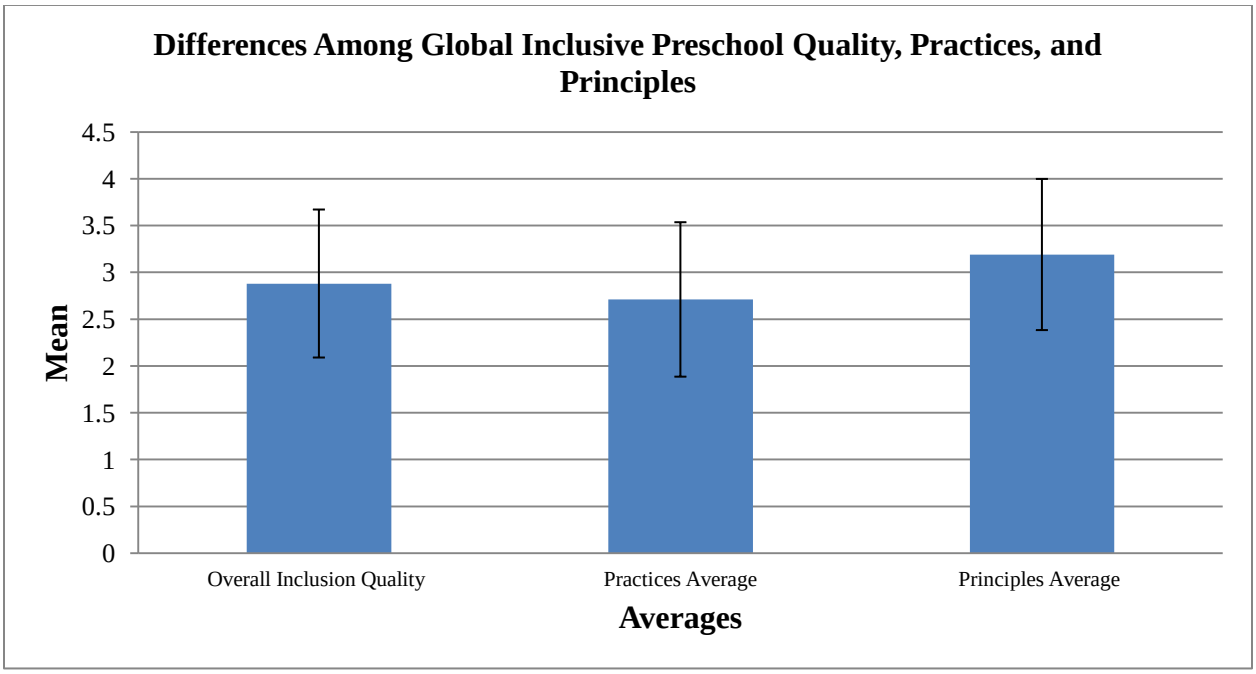

Differences Among Global Inclusive Preschool Quality, Practices, and Principles
Mean
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
Overall Inclusion Quality
Practices Average
Principles Average
Averages

Figure 8

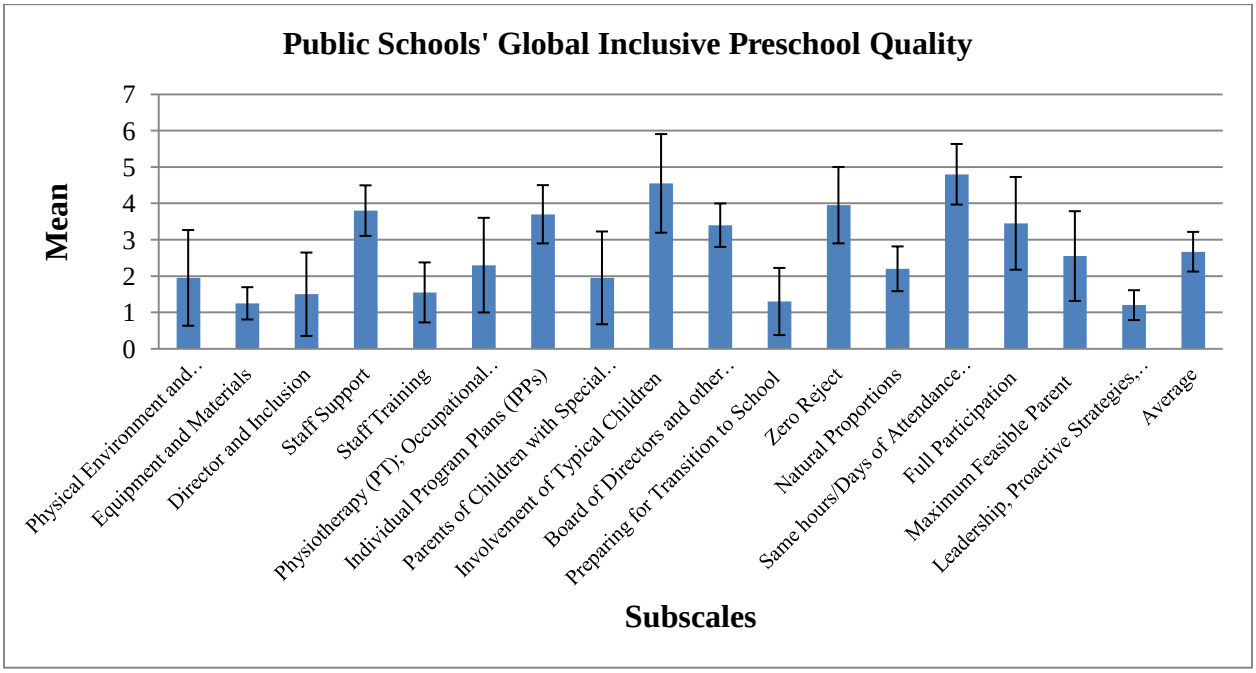

Public Schools' Global Inclusive Preschool Quality
Mean
7
6
5
4
3
2
1
0
Physical Environment and...
Equipment and Materials
Director and Inclusion
Staff Support
Staff Training
Physiotherapy (PT); Occupational...
Individual Program Plans (IPPs)
Parents of Children with Special...
Involvement of Typical Children
Board of Directors and other...
Preparing for Transition to School
Zero Reject
Natural Proportions
Same hours/Days of Attendance...
Full Participation
Maximum Feasible Parent
Leadership, Proactive Strategies,...
Average
Subscales

Figure 9

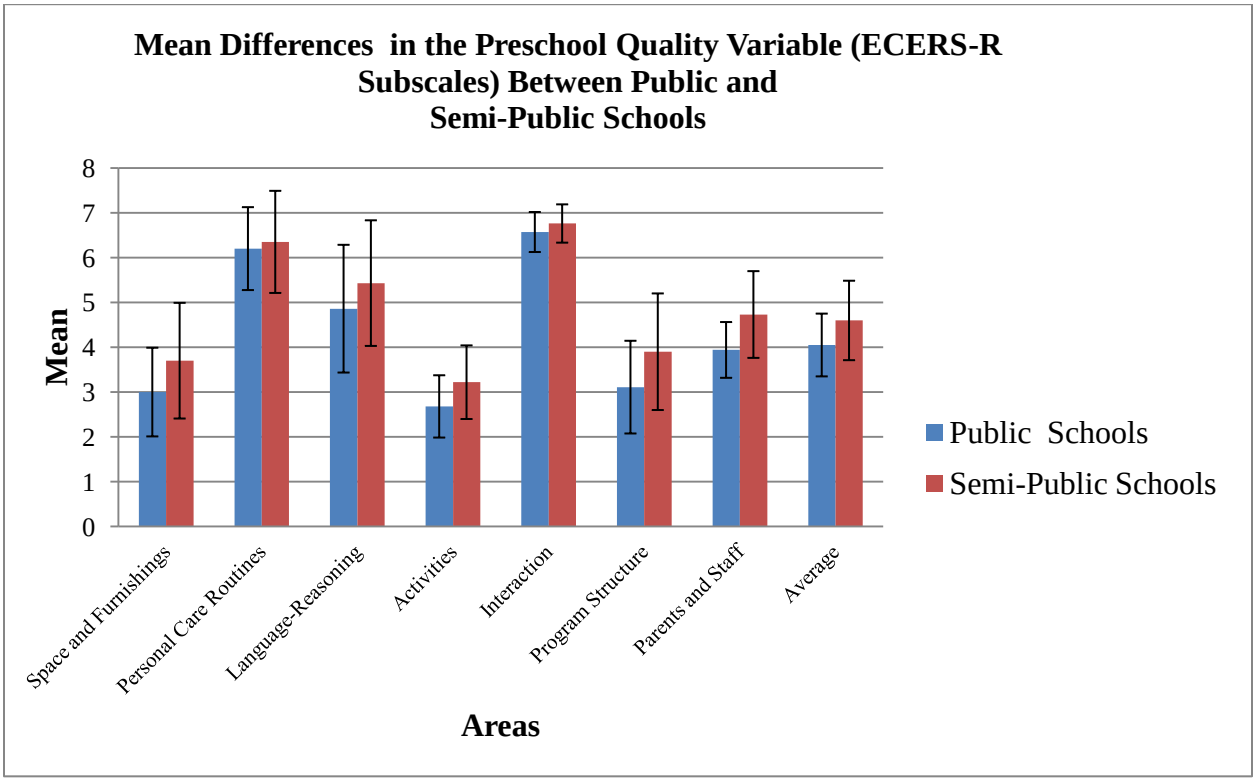

Mean Differences in the Preschool Quality Variable (ECERS-R Subscales) Between Public and Semi-Public Schools
Mean
8
7
6
5
4
3
2
1
0
Space and Furnishings
Personal Care Routines
Language-Reasoning
Activities
Interaction
Program Structure
Parents and Staff
Average
Areas
Public Schools
Semi-Public Schools

Figure 10

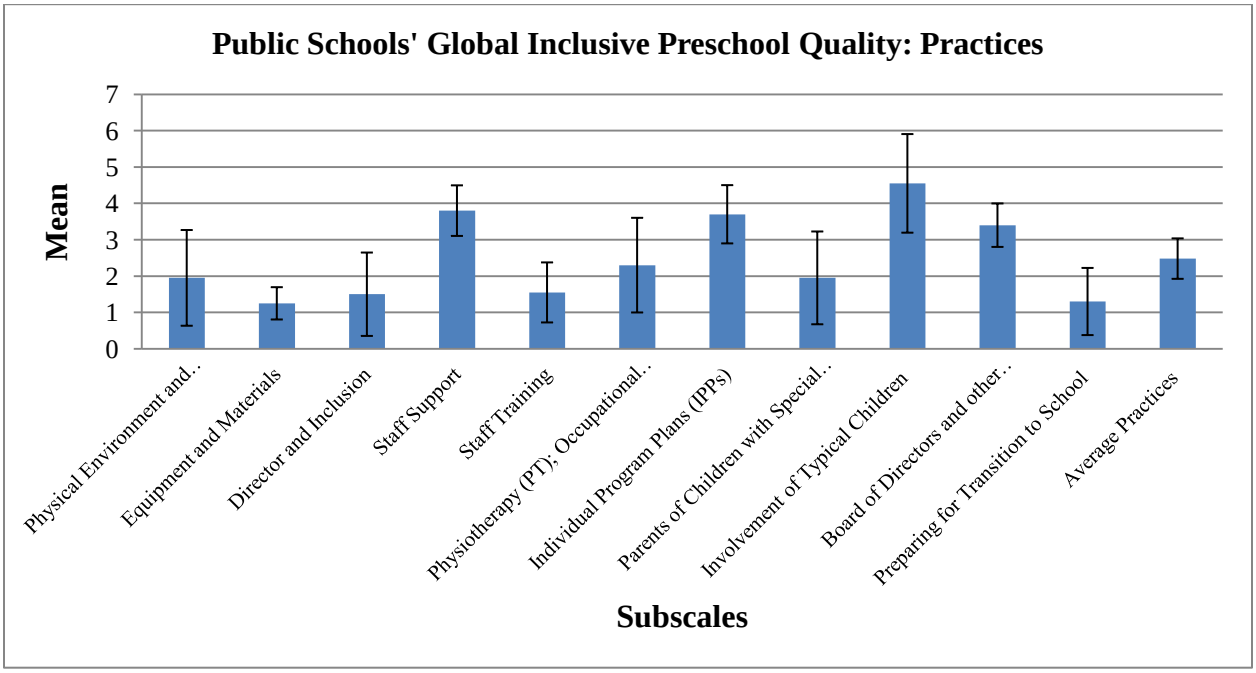

Public Schools' Global Inclusive Preschool Quality: Practices
Mean
7
6
5
4
3
2
1
0
Physical Environment and...
Equipment and Materials
Director and Inclusion
Staff Support
Staff Training
Physiotherapy (PT), Occupational...
Individual Program Plans (IPPs)
Parents of Children with Special...
Involvement of Typical Children
Board of Directors and other...
Preparing for Transition to School
Average Practices
Subscales

Figure 11

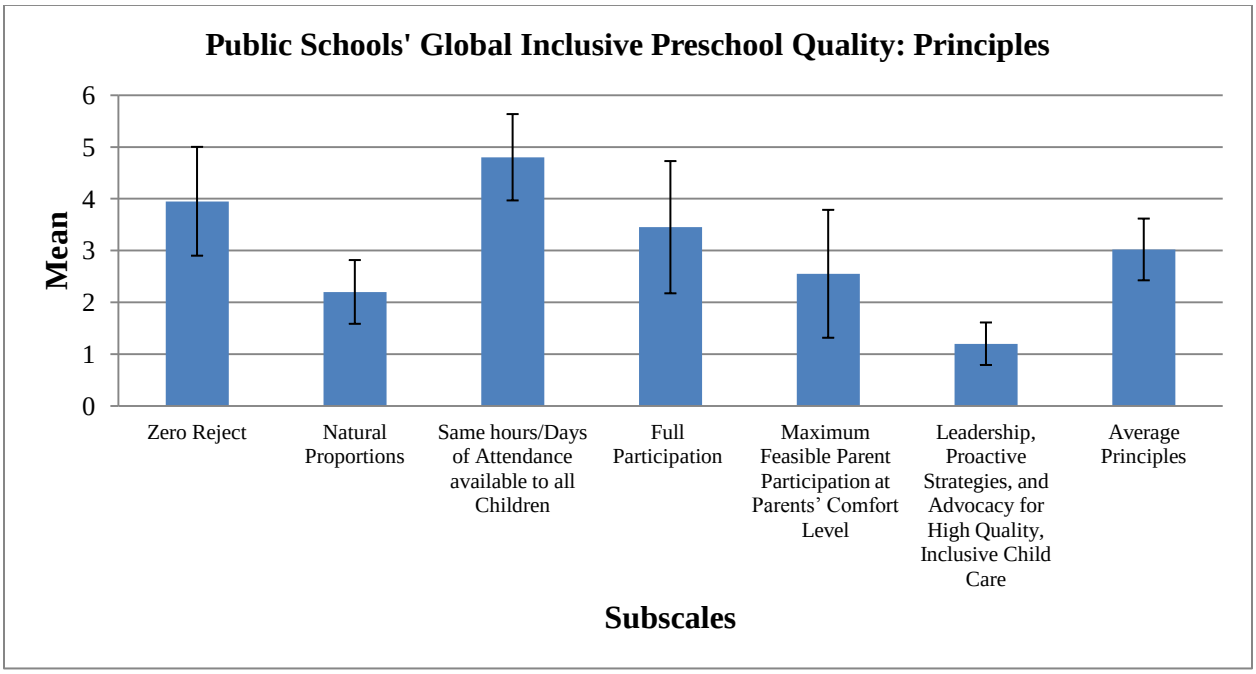

Public Schools' Global Inclusive Preschool Quality: Principles
Mean
6
5
4
3
2
1
0
Zero Reject
Natural Proportions
Same hours/Days of Attendance available to all Children
Full Participation
Maximum Feasible Parent Participation at Parents' Comfort Level
Leadership, Proactive Strategies, and Advocacy for High Quality, Inclusive Child Care
Average Principles
Subscales

Figure 12

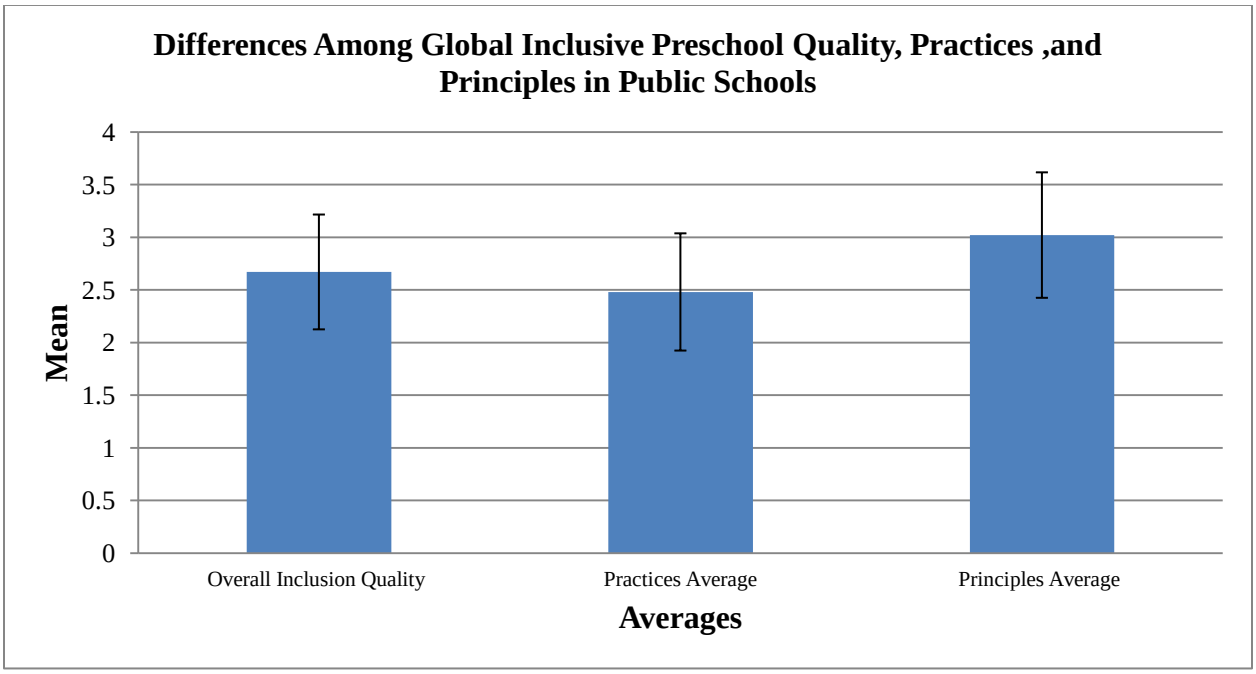

Differences Among Global Inclusive Preschool Quality, Practices ,and Principles in Public Schools
Mean
4
3.5
3
2.5
2
1.5
1
0.5
0
Overall Inclusion Quality
Practices Average
Principles Average
Averages

Figure 13

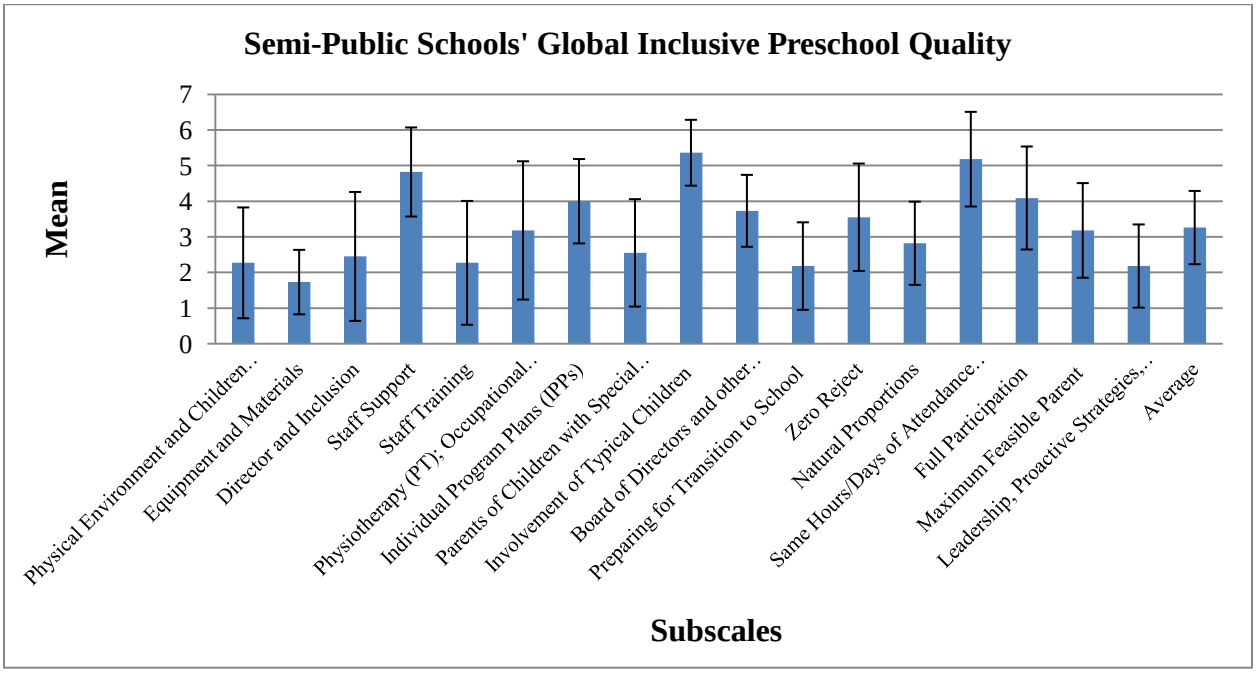

Semi-Public Schools' Global Inclusive Preschool Quality
Mean
0
1
2
3
4
5
6
7
Physical Environment and Children...
Equipment and Materials
Director and Inclusion
Staff Support
Staff Training
Physiotherapy (PT); Occupational...
Individual Program Plans (IPPs)
Parents of Children with Special...
Involvement of Typical Children
Board of Directors and other...
Preparing for Transition to School
Zero Reject
Natural Proportions
Same Hours/Days of Attendance...
Full Participation
Maximum Feasible Parent
Leadership, Proactive Strategies,...
Average
Subscales

Figure 14

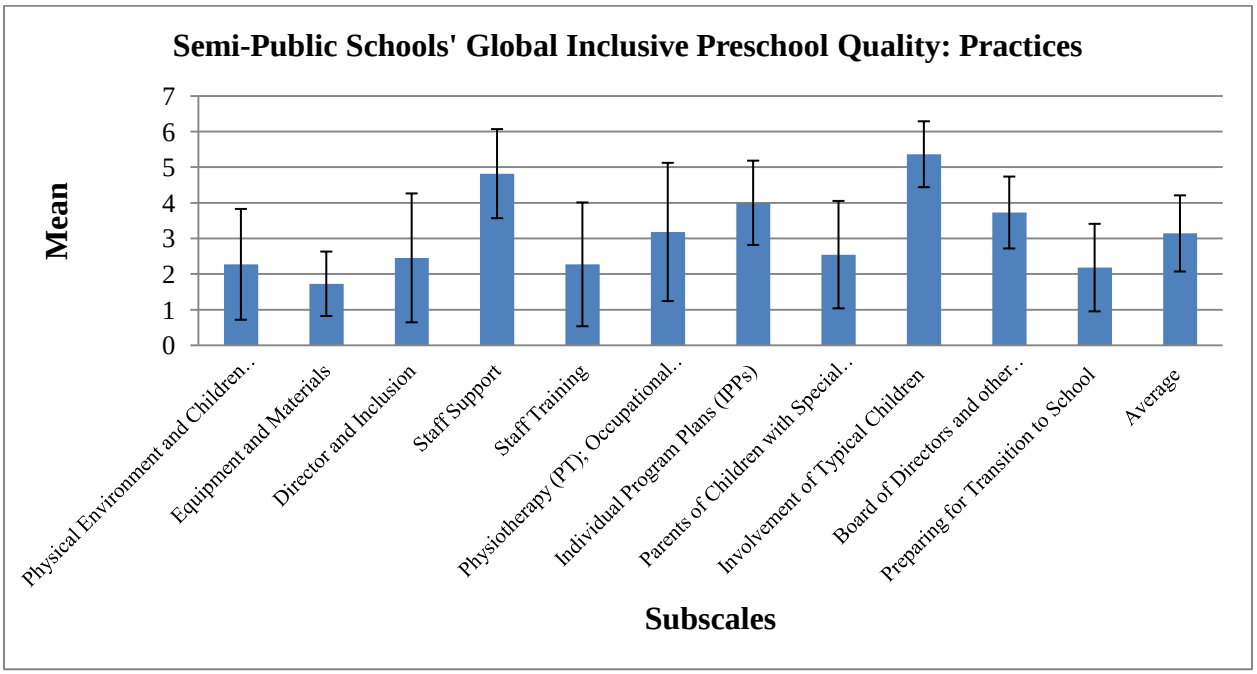

Semi-Public Schools' Global Inclusive Preschool Quality: Practices
Mean
7
6
5
4
3
2
1
0
Physical Environment and Children…
Equipment and Materials
Director and Inclusion
Staff Support
Staff Training
Physiotherapy (PT); Occupational…
Individual Program Plans (IPPs)
Parents of Children with Special…
Involvement of Typical Children
Board of Directors and other…
Preparing for Transition to School
Average
Subscales

Figure 15

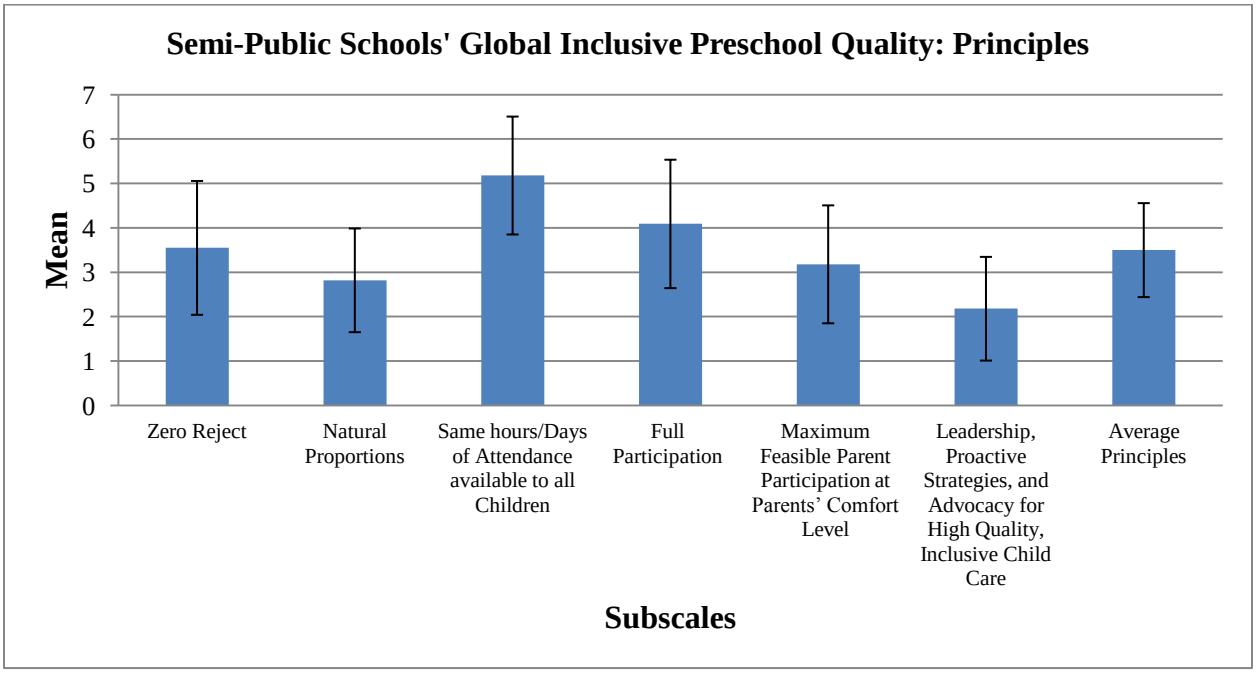

Semi-Public Schools' Global Inclusive Preschool Quality: Principles
Mean
7
6
5
4
3
2
1
0
Zero Reject
Natural Proportions
Same hours/Days of Attendance available to all Children
Full Participation
Maximum Feasible Parent Participation at Parents' Comfort Level
Leadership, Proactive Strategies, and Advocacy for High Quality, Inclusive Child Care
Average Principles
Subscales

Figure 16

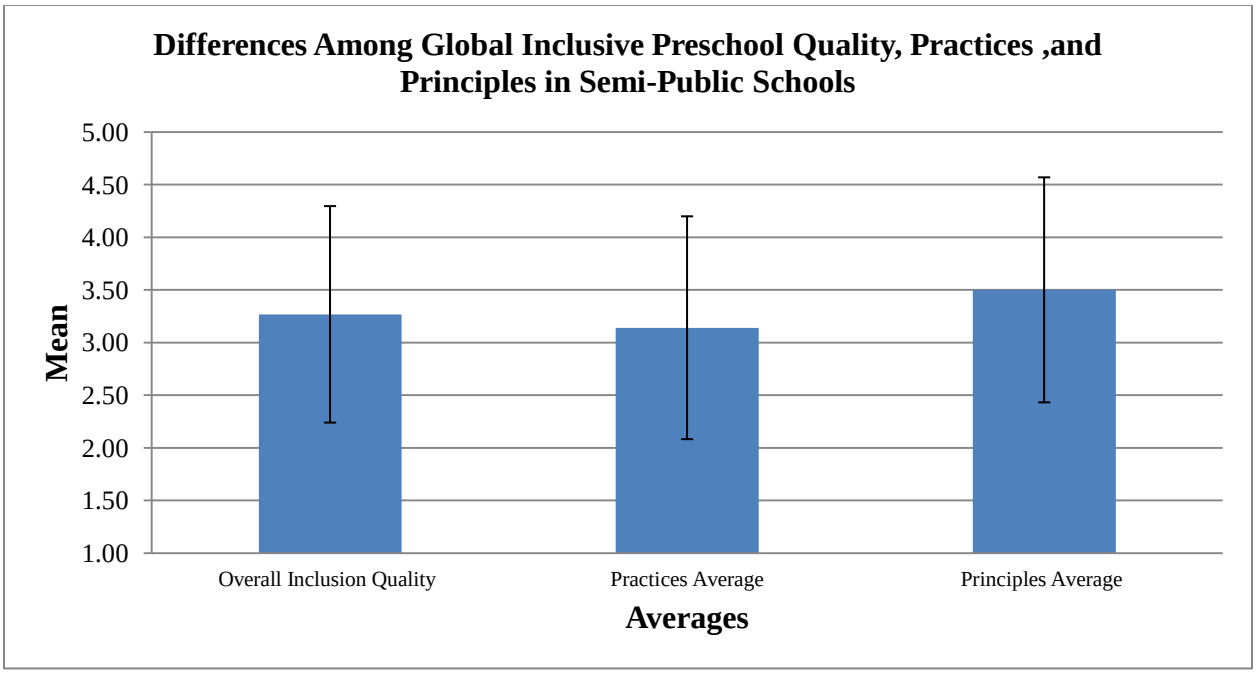

Differences Among Global Inclusive Preschool Quality, Practices ,and Principles in Semi-Public Schools
5.00
4.50
4.00
3.50
3.00
2.50
2.00
1.50
1.00
Mean
Overall Inclusion Quality
Practices Average
Principles Average
Averages

Figure 17

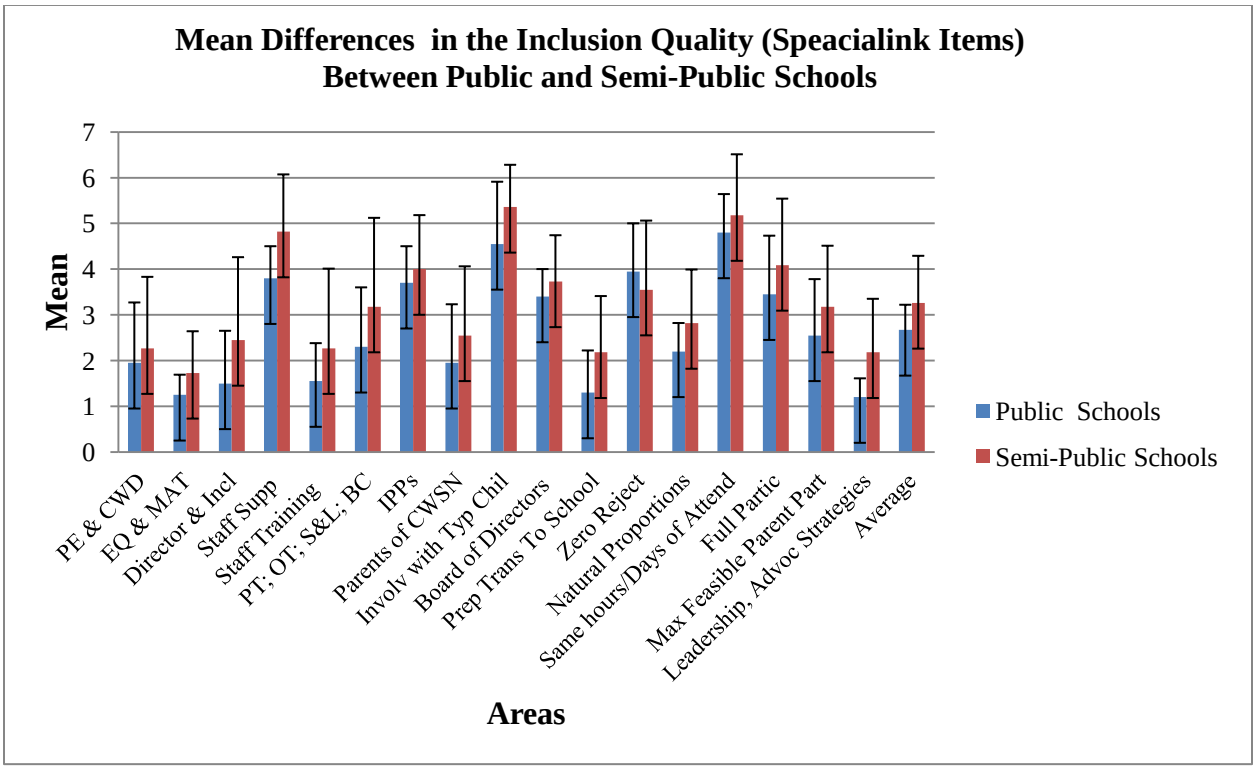
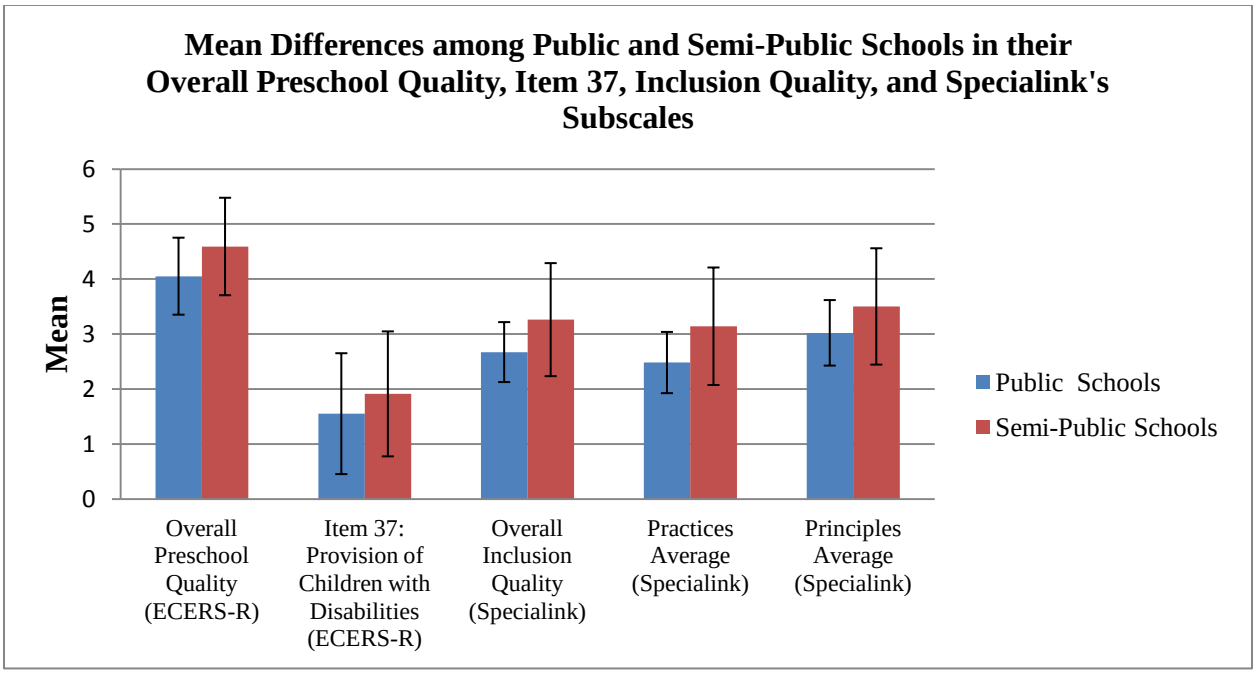

Mean Differences in the Inclusion Quality (Speacialink Items)
Between Public and Semi-Public Schools
Mean
0
1
2
3
4
5
6
7
PE & CWD
EQ & MAT
Director & Incl
Staff Supp
Staff Training
PT; OT; S&L; BC
IPPs
Parents of CWSN
Involv with Typ Chil
Board of Directors
Prep Trans To School
Zero Reject
Natural Proportions
Same hours/Days of Attend
Full Partic
Max Feasible Parent Part
Leadership, Advoc Strategies
Average
Areas
Public Schools
Semi-Public Schools

Figure 18


Mean Differences among Public and Semi-Public Schools in their Overall Preschool Quality, Item 37, Inclusion Quality, and Specialink's Subscales
Mean
6
5
4
3
2
1
0
Overall Preschool Quality (ECERS-R)
Item 37: Provision of Children with Disabilities (ECERS-R)
Overall Inclusion Quality (Specialink)
Practices Average (Specialink)
Principles Average (Specialink)
Public Schools
Semi-Public Schools

List of Appendices

Appendix A. Research Description and Consent Form

(In English and Spanish)

McGill

Research Description

Marisol Marfull Jensen, a Ph. D. student at McGill University, Montréal, Canada is conducting a study to measure educators' beliefs about inclusion in Chilean preschool classrooms. This research entails having the participants fill out demographic information and two scales, as well as to respond to an interview with qualitative information. Both of these research measures and the interview will take a maximum of one hour to complete with Miss Marfull who is Chilean and Spanish-speaking.

This research will inform us about inclusive practices within regular preschool classrooms at the present time, as well as participants' beliefs about inclusion at the preschool level. It will also give an opportunity for principals, vice-principals for curriculum development, regular preschool teachers and special educators to share and explain their beliefs and believes about inclusion. This information will be helpful for those schools and educators who will be implementing inclusion in their schools. The supervisor for this project is Dr. Tara Flanagan from McGill University whose contact information is given below.

We greatly appreciate your participation in this study. If you agree to participate in this project, please fill out the attached consent form. Please be advised that the information collected in this study will be held in the strictest confidence. Research results will be presented only as general summaries.

If you have any questions, please contact Marisol Marfull Jensen at 514- 398 2765 or 438- 828 1067.

Sincerely,

Marisol Marfull
Research Assistant
Ph.D. Candidate
Department of Educational and Counselling Psychology
McGill University, Montreal, Canada
e-mail: marisol.marfull@mail.mcgill.ca

Tara Flanagan, Ph.D.
Assistant Professor
Director of Social Policy, Advocacy, Research, Community (SPARC)
Department of Educational and Counselling Psychology
McGill University, Montreal, Canada
e-mail: taradawn.flanagan@mcgill.ca

McGill

Informed Consent

This research study is intended to: measure the level and/or quality of inclusive programs of Chilean preschool classrooms; and, to explore and determine the beliefs about inclusion which are held by principals, vice-principals for curriculum development, regular preschool teachers and special educators in selected Chilean preschool classrooms.

Participants must be 18 years of age or older and must be the personnel (i.e. principal, the vice-principal for curriculum development, a regular preschool teacher and/or a special educator) of a Chilean regular school, either public or semi-public, implementing an inclusive program.

Participation for principals and/or vice-principals for curriculum development involves filling out some demographic information and two scales, as well as to respond to an interview with qualitative information about inclusive practices within the regular preschool classroom and your beliefs about inclusion. For these participants the approximate time needed to complete the study procedures is 40 to 60 minutes. Participation for regular preschool teachers and special educators involves only their responses to the same interview principals and vice-principals for curriculum development will be interviewed about. For these participants the approximate time needed to complete the study procedures is 20 to 30 minutes. Participants responding the qualitative interview are asked to give their permission for audio-recording. This recording will only be used to provide an accurate transcript and will be destroyed following transcription. These tasks present no known risk and have been used before with educators in other, similar schools. You may decide to discontinue participation at any point.

By signing below, you agree that you understand the purpose of this study and know the benefits and inconvenience that this research entails. All information about you will be kept confidential and your name and/or the name of your school will never be included in any journal, article or other presentation. Similarly, no information that you provide to the main researcher will be available to anyone else and no school staff will know your answers. The school will only be provided with a report which will contain its inclusion quality average and suggestions for

improvement. All of the information you provide will be stored in a locked cabinet, at McGill University, Montréal, Canada.

The data will be used for research purposes only. You consent to the published reporting of this study so long as the results are reported as group averages and/or a summary of ideas and beliefs about inclusion and that your name and your other personal information will never be used in these reports.

If you need more information about this study and/or have any questions, please contact the main researcher: Marisol Marfull Jensen, Research Assistant and Ph.D. Candidate, Department of Educational and Counselling Psychology, McGill University, Montréal, Canada, marisol.marfull@mail.mcgill.ca.

You can also contact the main researcher's supervisor: Dr. Tara Flanagan, Assistant Professor, Director of SPARC (Social Policy, Advocacy, Research, & Community), Department of Educational and Counselling Psychology, McGill University, Montréal, Canada, taradawn.flanagan@mcgill.ca.

If you have any questions or concerns regarding your rights or welfare as a participant in this research study, please contact the McGill Ethics Manager at 514-398-6831 or lynda.mcneil@mcgill.ca.

I HAVE CAREFULLY STUDIED THE ABOVE AND UNDERSTAND THE TERMS OF MY PARTICIPATION IN THIS AGREEMENT. I HAVE BEEN INFORMED THAT I, WITH ALL INFORMATION PROVIDED, CAN WITHDRAW FROM THIS STUDY AT ANY TIME. SIMILARLY, I HAVE BEEN INFORMED THAT I CAN REFUSE TO ANSWER ANY QUESTION FOR ANY REASON. I VOLUNTARLY AGREE AND FREELY CONSENT TO PARTICIPATE IN THIS STUDY.

McGill

Permission for audio-recording:

YES ☐ NO ☐

Name: _____ Date: _____

Reseacher's Name:_____ Date: _____

McGill

Presentación y Descripción de la Investigación

Marisol Marfull Jensen, estudiante de Doctorado en la Universidad de McGill, Montréal, Canadá y supervisada por la Dra. Tara Flanagan está llevando a cabo una investigación para medir la calidad de los programas inclusivos a nivel preescolar y explorar las ideas y creencias de lo(a)s directore(a)s, lo(a)s jefe(a)s de Unidades-Técnico Pedagógicas (UTP), lo(a)s educadore(a)s de párvulos y lo(a)s educadore(a)s especiales en relación a la inclusión en este nivel de educación. El proceso envuelve la participación de los distintos actores educativos tanto en la parte cuantitativa como cualitativa de la investigación lo que incluye el responder información demográfica, una escala que mide el nivel de prácticas inclusivas dentro de la escuela y una entrevista personal. Todo el proceso de recolección de datos tomará un máximo de una hora.

La presente investigación informará acerca de la calidad de las prácticas inclusivas en el aula preescolar y las creencias de los participantes en torno a la inclusión en este nivel de educación. La información recolectada podría ser utilizada para fomentar mayores y mejores prácticas inclusivas a nivel preescolar.

Apreciamos su interés y participación en este estudio. Si Ud. está de acuerdo en participar en el mismo por favor llene y firme el consentimiento que está en la siguiente página. Por favor tenga conocimiento que la información recolectada en este estudio será guardada confidencialmente y será sólo utilizada con propósitos de investigación. Los resultados serán presentados en términos de promedios grupales y/o resumen de ideas principales y los resultados no le afectarán a Ud. de ninguna manera.

Si Ud. tiene alguna pregunta, por favor no dude en comunicarse con Marisol Marfull en el fono 85127865.

Atentamente,

Marisol Marfull
Psicóloga
Candidata a Doctora en Psicología Educacional
Depto. de Consejería y Ps. Educacional
Universidad de McGill, Montréal, Canadá
marisol.marfull@mail.mcgill.ca

Dra. Tara Flanagan
Profesor Asistente
Directora de SPARC: Política Social, Conserjería, Investigación y Comunidad
Depto. de Consejería y Ps. Educacional
Universidad de McGill, Montréal, Canadá
tara.flanagan@mcgill.ca

McGill

Consentimiento Informado

Esta investigación apunta medir el nivel de la calidad de los programas inclusivos de las clases preescolares chilenas (con niveles de transición 1 y 2) y explorar las ideas que los directore(a)s, jefe(a)s de UTP, educadore(a)s de párvulos y educadore(a)s especiales tienen en relación a la inclusión.

Los participantes deben ser mayores de 18 años y tienen que ser parte del personal (director(a), jefe(a) de UTP, educador(a) de párvulos y educador(a) especial) de una escuela/colegio de enseñanza regular, pública o particular-subvencionada, de educación con programa de integración implementado.

Para lo(a)s directore(a)s y/o jefe(a)s de de UTP, el proceso envuelve: información demográfica y la aplicación de dos escalas. Además de estas dos escalas, los directores y jefes de UTP serán invitados a participar de una entrevista anónima semi-estructurada. Dicha entrevista será grabada (voz) y responde sólo para los propósitos de esta investigación. El proceso de recolección de datos para estos participantes tomará entre 40 y 60 minutos.

Para los educadore(a)s de párvulos y educadore(a)s especiales la participación involucra la entrevista anónima semi-estructurada solamente. El proceso de recolección de datos para estos participantes tomará como máximo 30 minutos. La entrevista será grabada (voz) y responde sólo para los propósitos de esta investigación. La grabación de la entrevista será solamente usada para proveer una transcripción acabada de las opiniones del/la participante y la misma será destruida una vez que la transcripción sea hecha. Un servicio profesional que cuente con un acuerdo de confidencialidad será contratado para la transcripción de la misma.

Todas las tareas aquí descritas han sido ya aplicadas a otro(a)s agentes educativos en similares condiciones y no presentan riesgo conocido. Sin embargo, Ud. puede descontinuar su participación en cualquier punto y momento si así lo determina.

Si Ud. firma este consentimiento, Ud. entiende el propósito de esta investigación, accede a participar en la misma y sabe los beneficios e inconvenientes que esta investigación envuelve.

Toda la información que tenga que ver con Ud. y su persona será guardada confidencialmente y ni su nombre ni el nombre de su escuela será jamás revelada en ninguna revista de divulgación científica, artículo y/o presentación. Asimismo, cualquier información que Ud. provea estará disponible más que para la investigadora principal de esta investigación. Sólo

se presentará un reporte escrito a la escuela/colegio que reportara la calidad de la inclusión de la(s) clase(s) preescolar(es) y, en caso que haya, recomendaciones para su mejora. Toda la información que Ud. provea aquí será guardada en una sala cerrada con llave en la Universidad de McGill, Montréal, Canadá.

Los datos obtenidos serán utilizados para los propósitos de esta investigación solamente. Asimismo, Ud. expresa su consentimiento con la publicación de los mismos sólo mientras ellos sean reportados en forma de promedios de grupo y/o resumen de ideas principales acerca de la inclusión. Su nombre y sus datos personales no serán nunca utilizados en estos reportes.

Si Ud. desea obtener más información acerca de este estudio y/o tiene alguna pregunta, por favor no dude en comunicarse con la investigadora principal: Marisol Marfull Jensen, asistente de investigación y Candidata a Doctora en Psicología Educacional, Departamento de Conserjería y Psicología Educacional, Universidad de McGill, Canadá: marisol.marfull@mail.mcgill.ca.

Ud. también puede contactar a la supervisora de la investigadora principal: Doctora Tara Flanagan, Profesor Asistente, Directora de SPARC (Política Social, Conserjería, Investigación y Comunidad), Departamento de Conserjería y Psicología Educacional, Universidad de McGill, Canadá: taradawn.flanagan@mcgill.ca.

Si Ud. tiene alguna pregunta o duda en relación a sus derechos y bienestar como participante de este estudio, por favor comuníquese con Lynda McNeil, supervisora de la Comisión de Ética de McGill en el siguiente teléfono: 1-514-398-6831 o en el e-mail: lynda.mcneil@mcgill.ca.

HE LEIDO ATENTAMENTE ESTE CONSENTIMIENTO INFORMADO Y ENTIENDO LOS TERMINOS DE PARTICIPACION. HE SIDO INFORMADO(A) QUE PUEDO DEJAR DE PARTICIPAR EN ESTE ESTUDIO EN CUALQUIER MINUTO Y QUE TANTO YO COMO TODA LA INFORMACION OTORGADA POR MI PERSONA NO SERA INCLUIDA EN LA MISMA. HE SIDO INFORMADO(A) QUE PUEDO REHUSAR CONTESTAR CUALQUIER PREGUNTA POR CUALQUIER MOTIVO. VOLUNTARIA Y LIBREMENTE ACCEDO A PARTICIPAR EN ESTA INVESTIGACION.

McGill

Permiso para grabar la entrevista:

SI ☐ NO ☐

Permiso para utilizar un servicio profesional de transcripción de entrevistas:

SI ☐ NO ☐

Nombre: _____ Fecha: _____

Nombre de la Investigadora:_____ Fecha: _____

Appendix B. Invitation Letter to Administrators

(In Spanish)

Department of Educational & Counselling Psychology
Département de Psychopédagogie et de Counseling

Faculty of Education
McGill University
3700 McTavish
Montreal, Quebec, Canada H3A 1Y2

Faculté des sciences de l'éducation
Université McGill
3700 rue McTavish
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Santiago, Abril 2014

Sr. Director(a)
Presente

De nuestra consideración:

La Universidad Canadiense McGill a través de la Psicóloga Marisol Marfull, Candidata a Doctora en Psicología Educacional y bajo la supervisión de la Dra. Tara Flanagan, se encuentra desarrollando una investigación cuyo propósito es 1) medir la calidad de los programas regulares e inclusivos a nivel preescolar y 2) explorar las ideas y entendimiento de lo(a)s directore(a)s, lo(a)s jefe(a)s de Unidades-Técnico Pedagógicas (UTP), lo(a)s educadore(a)s de párvulos y lo(a)s educadore(a)s especiales en relación a la inclusión en este nivel de educación.

La investigación involucra a distintos actores educativos (directore(a)s, jefe(a)s de Unidades-Técnico Pedagógicas (UTP), educadore(a)s de párvulos y educadore(a)s especiales) de colegios y/o escuelas regulares de enseñanza pública y/o particular subvencionada, que impartan los niveles de transición 1 y/o 2 y que cuenten con programa de integración escolar (PIE) implementado.

Para lo(a)s directore(a)s y/o jefe(a)s de de UTP, el proceso envuelve la aplicación de:

1) *The Early Childhood Environment Rating Scale-Revised (*ECERS-R) de Harms, Clifford, & Cryer, 2002, traducida por C. Dueñas: *Escala De Calificación Del Ambiente De La Infancia Temprana - Edición Revisada.* Esta escala mide la calidad de los programas preescolares regulares de educación.

2) *The SpecialLink Early Childhood Inclusion Quality Scale* (Irwin, 2009). Este instrumento apunta a la medición de la calidad de las clases inclusivas preescolares y las prácticas y principios que la guían dentro de la institución educativa. Esta escala ayuda a los colegios/escuelas en su proceso de mayor adquisición y/o mejoramiento de la calidad del proceso de inclusión de estudiantes con discapacidad tanto dentro como fuera de la sala de clases. Dicha escala será específicamente traducida para los propósitos de esta investigación.

3) Además de estas dos escalas los directores y jefes de UTP serán invitados a participar de una entrevista anónima semi-estructurada. Dicha entrevista será grabada (voz) y responde sólo para los propósitos de esta investigación.

El proceso de recolección de datos para estos participantes tomará entre 40 y 60 minutos.

Para los educadore(a)s de párvulos y educadore(a)s especiales la participación involucra la entrevista anónima semi-estructurada solamente. El proceso de recolección de datos para estos participantes tomará como máximo 30 minutos.

La presente investigación informará acerca de la calidad de las prácticas inclusivas en el aula preescolar y las ideas y entendimiento de los participantes en torno a la inclusión en este nivel de educación. La información

recolectada podría ser utilizada para fomentar mayores y mejores prácticas inclusivas a nivel preescolar. Específicamente, para los colegios participantes, dicha investigación proporcionará una retroalimentación acerca de las áreas exploradas y recomendaciones orientados a la mejora de la calidad del proceso de inclusión.

La importancia final de este estudio radica en su colaboración con el proceso de implementación de la obligatoriedad de la enseñanza preescolar a partir del 2015 y de la ley igualdad de oportunidades e inclusión social para las personas con discapacidad.

En síntesis, buscamos la participación de los actores educativos (directore(a)s, jefe(a)s de Unidades-Técnico Pedagógicas (UTP), educadore(a)s de párvulos y educadore(a)s especiales) de:

- Colegios y/o escuelas regulares de enseñanza
- Públicos y/o particulares subvencionados
- Localizados en capitales regionales
- Que tengan niveles de transición 1 y/o 2
- Que cuenten con programa de integración escolar (PIE) implementado y,
- Que deseen voluntariamente participar en este estudio

A los directore(a)s y/o jefe(a)s de Unidades-Técnico Pedagógicas (UTP) se les pedirá contestar:

- La escala: *Calificación del Ambiente de la Infancia Temprana-R* (Harms, Clifford, & Cryer, 2002).
- La escala: *The Specialink Early Childhood Inclusion Quality Scale* (Irwin, 2009).
- Una entrevista anónima semi-estructurada.

A los educadore(a)s de párvulos y educadore(a)s especiales se les pedirá contestar:

- Una entrevista anónima semi-estructurada

Apreciamos su interés y participación en este estudio. Se enfatiza, por favor tenga conocimiento que la información recolectada en esta investigación implica la firma de un consentimiento informado en el cual se especifica la confidencialidad de los datos y que la información entregada será sólo utilizada para los propósitos de la misma, no afectándole a Ud. de ninguna manera. Asimismo, y para resguardar el anonimato de los participantes, sólo la investigadora principal de este proyecto hará la recolección de los datos.

Si Ud. tiene alguna pregunta, por favor no dude en comunicarse con Marisol Marfull en el fono 85127865.

Sin otro particular lo saludan muy atentamente,

Marisol Marfull, MA
Psicóloga
Candidata a Doctora en Psicología Educacional
Depto. de Consejería y Psicología Educacional
Universidad de McGill, Montréal, Canadá
marisol.marfull@mail.mcgill.ca

Dra. Tara Flanagan, Ph.D.
Profesor Asistente
Directora de SPARC (Política Social, Conserjería, Investigación y Comunidad)
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