

From Special School to Resource Centre: Supporting Vulnerable Young Children in Central and Eastern Europe

A Guide for Positive Change

Lani Florian and **Dragana Sretenov**

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Table of Contents

1	Acknowledgements
2	Executive Summary
4	Section 1: Transforming Special Schools to Resource Centres— A Path to Inclusive Education
	Introduction
	Rationale for change
	Underpinning principle—an inclusive approach to change
23	Section 2: Sharing Knowledge and Expertise
	Individuals and teams working across key areas of practice
	How to use specialist support to promote inclusion
	Working with families
	Assessing Learning—a role for everyone
	Individualized planning
	Working collaboratively with others
43	Section 3: Change Management Strategies
	Person-Centred approaches
	The RACI matrix
	Force field analysis
56	Conclusion
57	Appendix: Additional resources
63	Endnotes

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Executive Summary

The Early Childhood Program (ECP) of Open Society Foundations (OSF) promotes the healthy development and wellbeing of young children through initiatives that emphasize parent and community involvement, professional development of the workforce, and government accountability. The ECP's rights-based approach and social justice framework places special attention on minorities, children at risk of developmental delays and those with disabilities, children with migrant or refugee status, and children living in poverty who have difficulties in accessing quality inclusive services and benefiting from them.

Over many years, ECP has supported projects that have encouraged collaboration between mainstream and special settings for young children. ECP believes that in order to fulfil rights, education systems must accept that all children belong and can learn—that learning varies, and it is a responsibility of education systems to meet the needs of all children in inclusive mainstream settings. To achieve this goal, ECP supported innovative approaches to collaboration between professionals working in systems traditionally set up to look after divided groups of children across Central and Eastern Europe (CEE). ECP's recent work on these issues in Ukraine, Armenia, Moldova, Georgia, the Czech Republic, Bosnia and Herzegovina, Bulgaria and Serbia encouraged professional training that introduced collaboration between professionals, mentors/supervisors, school administrators and policy makers; tested new approaches of joint working within mainstream settings and supported transformation of special schools to inclusive resource centres. Much has been learned about the possibilities and challenges associated with this work. In this guide, lessons learned from experience in the region are combined with successful practices of change management to provide an action oriented, solution focused approach to support all those involved in undertaking the transformative changes needed for special schools to become a resource for inclusive education.

The term “early childhood education and care” (ECEC) is used by the European Commission¹ to refer to “any regulated arrangement that provides education and care for children from birth to compulsory primary school age.” Across the CEE region, the education and care opportunities available for younger children and the age that children begin compulsory primary school varies. The transition into and including the early years of primary school are important because they lay the foundation for learning throughout compulsory schooling. While national regulations and arrangements vary across CEE and the European Union, a 2019 Council of the European Union Recommendation on High Quality Early Childhood Education and Care Systems affirms the value of ECEC provision that encourages participation, strengthens social inclusion and embraces diversity for children, families and society (p. 18).

This value drives the move across Europe to reframe the support provided by special schools as a *resource for inclusion*. In so doing, it sets an expectation that *the way* services are provided will change. This is the case in countries that have supported the transformation of special schools to become resource centres (RCs). This guide aims to support the transition underway in CEE countries from providing specialist centre-based services for vulnerable young children to delivering multidisciplinary services in mainstream settings.

The guide is designed to support a wide range of professionals working alongside parents and caregivers in both special and mainstream systems to manage and implement the ongoing transitions that affect how special and mainstream institutions are providing services and coordinating actions. This includes those who may be special educational needs teachers, special pedagogues, psychologists, teaching assistants or sign language interpreters. It also includes mainstream teachers and other school staff working to support improvements in provision, which promote quality inclusive education for all children at preschool and school level. The guide introduces the principles of inclusion along with ideas and strategies that can be used to manage change. These are embedded in three sections:

SECTION 1: TRANSFORMING SPECIAL SCHOOLS TO RESOURCE CENTRES—A PATH TO INCLUSION introduces the guide. It reviews broad concepts of early years provision and issues of inclusion linked to specific issues in the CEE region.

SECTION 2: SHARING KNOWLEDGE AND EXPERTISE reviews current ideas about substantive aspects of provision relevant to inclusion in education during the early years. These include the role of specialist support; working with families; assessment; individualized planning; and working collaboratively.

SECTION 3: CHANGE MANAGEMENT STRATEGIES examines two types of strategies; those that support individual children and those that support systems. Strategies that support children include person-centred strategies designed to support inclusion of disabled people. Process-oriented strategies support systems change in organisations. Based on lessons learned in the region from pilot projects supporting inclusion, both types of strategies are recommended for use in CEE contexts to enable ECEC professionals to initiate, facilitate, and manage change while retaining professional integrity and status.

Within the guide are case examples and strategies with advice on when and how to use them to manage change. By using the problem solving approaches to developing practice detailed in this guide, staff teams within RCs can develop practice that documents what works well and why things sometimes are not working as planned. In this way, the guide serves two purposes. First, it provides information and strategies that can help solve problems and manage change. Second, it facilitates self-directed professional development that helps empower staff to fulfil the leadership role expected of RCs.

Some of the strategies presented will be useful for other important purposes that are not addressed in this guide such as administrative changes in the status of special schools, changes in job descriptions of staff belonging to special schools, and changes in the way staff use their time. Other strategies focus on changes related to how the work of special schools is organized (to accommodate a shift from teaching to supporting functions) and changes in financing mechanisms to support these transitions.

An appendix with additional resources is also included.

Section I:

Transforming Special Schools to Resource Centres—A Path to Inclusive Education

Introduction

Facilitating an effective education for all children begins in the early years. The term *early childhood education and care* (ECEC) is used by the European Commission to refer to ‘any regulated arrangement that provides education and care for children from birth to compulsory primary school age.’ Although countries vary in how these arrangements are organized, their benefits are widely recognized and the Commission acknowledged the link between the ECEC and early childhood intervention (ECI). The link is an approach that views families and caregivers as key mediators for children’s acquisition of competences within natural environments that maximise child development and potential, and build strong and lasting relationships with important people in children’s lives.

Section 4 of the Council of the European Union Recommendation on High Quality Early Childhood Education and Care Systems² notes:

Participating in early childhood education and care is beneficial for all children and especially for children in a disadvantaged situation. It helps by preventing the formation of early skills gaps and thus it is an essential tool to fight inequalities and educational poverty. Early childhood education and care provision needs to be part of an integrated child-rights based package of policy measures to improve outcomes for children and break intergenerational cycles of disadvantage.

Inclusive education is a child-rights policy measure and an essential element of the international movement to ensure that all the world’s children have access to quality education. This is encapsulated in the United Nations Sustainable Development Goal (SDG) 4, ‘to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all’ and Target 4.2³ that encourages ‘the provision of at least one year of free and compulsory quality pre-primary education for all boys and girls,’ which should be delivered by well-trained educators, as well as that of early childhood development and care’.

Two important international conventions support SDG 4. The United Nations Convention on the Rights of the Child (CRC) reinforces ‘children’s right to survive, develop and be protected’.⁴ It is

often invoked to justify an investment in early childhood services at regional and national levels. The United Nations Convention of the Rights of Persons with Disabilities (CRPD) emphasizes the importance of equal participation and inclusion in society for everyone, including children at risk of developmental delays and disability. These international human rights treaties articulate the right to appropriate support and care for the most vulnerable and marginalized infants and young children. They also describe the standards by which all States Parties can be guided in the development of laws, programmes, and services necessary to comply with the Conventions.

This affirms the place of children with disabilities within the broader human rights framework. Article 24⁵ of the CRPD specifies that States shall ensure ‘an inclusive education system at all levels’ so that ‘persons with disabilities receive the support required, within the general education system, to facilitate their effective education’.

This support extends to ECI as the Committee on the Rights of Persons with Disabilities⁶ noted:

Early childhood interventions can be particularly valuable for children with disabilities, serving to strengthen their capacity to benefit from education and promoting their enrolment and attendance... If identified and supported early, young children with disabilities are more likely to transit smoothly into pre-primary and primary inclusive education settings. States parties must ensure coordination between all relevant ministries, authorities and bodies as well as Organizations of Persons with Disabilities with Disabilities and other NGO partners.

The opportunity to access high-quality ECEC is known to benefit all children but it is especially important within the CRPD because children with disabilities and special needs are among the most vulnerable in every region of the world. In the CEE region today, many children with disabilities and/or special needs, children living in poverty, having migrant or refugee status, and those from ethnic and linguistic minorities, are vulnerable to exclusion and some are still placed in special preschool and school facilities. The majority of very young children at risk of delays in development and social marginalization are not receiving services. Institutionalization remains a concern across the region for these groups of children as the theoretical concept of defectology, the study of defects, which underpinned the development of services in the region during the 20th century, continues as an academic discipline and leading paradigm in guiding the care and treatment of children with disabilities and special educational needs.

In addition, many young children with risk factors for their development are not identified early (during the first three years), or supported through a family focused strength-based ECI system approach. Services for young children at risk of developmental delays and those with disabilities tend to be inconsistent and uncoordinated between different sectors and with insufficient capacity to provide life changing early intervention provision for the increasing number of families in need of this support. In some countries, services are also failing to recognise the significance of caregivers in supporting the early development of children at risk.⁷

This guide is intended to support colleagues working in mainstream and special education settings in CEE to work collaboratively with families, caregivers and other professionals to implement new requirements to transform special schools into resource centres (RCs). These requirements are considered an important step in developing more inclusive education systems that align with SDG 4, the CRC, CRPD and the European Union Recommendation on High Quality Early Childhood

Table 1: Conceptualisations of approaches to provision in the early years

Early childhood care and education (ECCE)	The broad term used by UNESCO to signify that the period from birth to eight years old is one of rapid growth. The ECCE approach to care and education draws attention to the influence of the environment and interactions with others on a child's social, emotional, cognitive and physical needs. It calls for investment in provision to build the foundation for lifelong learning and wellbeing. ⁸
Early childhood education and care (ECEC)	A term used by the European Commission referring to regulated arrangements for children from birth to compulsory primary school age. The term is similar to ECCE but acknowledges that compulsory school age may vary between countries.
Early childhood development (ECD)	Defined by the World Health Organisation as encompassing physical, socio emotional, cognitive and motor development between birth and eight years old ⁹ . The age range is the same as ECCE but the focus places more emphasis on developmental outcomes.
Early childhood intervention (ECI)	A term used to explain the goal of ECI systems and programs in providing multi-sectoral and transdisciplinary professional services to the families of children from birth to three years old, and sometimes up to five years of age, with developmental delays, disabilities and those at risk of developmental delays due to biological or environmental factors. The services are provided by involving the formal and informal social support networks with capacity to improve the functioning of the child and the family as a whole through an intervention strategy that optimises learning opportunities for the child in his or her natural environment.

Education and Care Systems. The specific focus on early years draws attention to a critical time in life when the foundations for the child's future are established. Though the term ECEC is used in this document, it is important to note that there are other different, though similar, ways of conceptualising education and care in the early years. The differences generally reflect a degree of emphasis or focus. These are summarised in the table below.

Rationale for change

WHY INCLUSIVE EDUCATION?

In 2015, the World Forum on Education adopted the Incheon Declaration and the Education 2030 Framework for Action. These international policy documents emphasize inclusion and equity as foundational to quality education, consistent with United Nations Sustainable Development Goal (SDG) 4.

In 2018, the European Council recommendations on promoting common values, inclusive education and the European dimension of teaching noted that *'ensuring effective equal access to quality inclusive education for all learners ... is indispensable for achieving more cohesive societies'*.

This is important because efforts to help vulnerable children that depend on specialist facilities are considered a barrier to inclusion because separate forms of provision are thought to be a form of discrimination. For example, where special education provision is provided in special schools, children are segregated from others of similar age and may be served away from their local communities. This practice reinforces the idea that different groups of children need different types of provision and mainstream settings cannot provide for the needs of all children. Special schools provide services, but the children are marginalized from mainstream opportunities with other children. Notably, for young children, placement in separate forms of early childhood provision can lead to discrimination, family separation, and a trajectory of segregation for life. High-quality programs aimed at young children must be inclusive. Inclusive ECEC should stand for the values, policies, and practices that support the right of every infant and young child—regardless of their needs—to participate fully in their family and community life and to have the same choices, opportunities, and experiences alongside their non-disabled peers.¹⁰ Segregated, separate and/or parallel services for young children with disabilities, and those at risk of developmental delays, can compromise access to services and quality of provision they receive, and even increase stigma. The rights and needs of all children should be met through universal and accessible services such as health care, childcare, and education, coupled with more specialised services to address the specific rights and needs of children with disabilities, developmental delays, or children at risk of developmental delays.¹¹

Today, the assumption that separate facilities are needed to provide specialist support has been disrupted by the experience of inclusive education where specialist support is provided in mainstream facilities.

This idea is clearly expressed in the UNCPRD, which states that the availability of specialized support is an important aspect of inclusive education, and is especially relevant for young children at risk of developmental delays and with disabilities because of the social, academic, and developmental benefits that ECI and ECEC bring to these children. Intervention in the early years is known to influence language, socioemotional, and self-regulatory development, and these in turn enhance the child's readiness for formal schooling. Quality ECEC programs address children's developmental needs holistically by offering adequate nutrition, health care, consistent nurturing, protection, psychosocial support, and cognitive and social stimulation. They promote values, attitudes and behaviors, such as equality, social justice and respect for all. They also address specific cultural contexts, and support transitions to higher levels of inclusive education and lifelong learning opportunities.

Timely early intervention aimed at children at risk of developmental delays, due to biological and environmental factors, and young children with disabilities, are proven to lead to positive outcomes. These interventions also reduce the need for expensive rehabilitation services later in life. In 2014-2015, half of the children under age three who received ECI services in the United States, which is the only country with fully developed nationwide reporting system for key ECI outcomes, exited the program no longer needing services. Roughly, 70 percent of these children showed greater than expected growth on the three outcome areas (social relationships, use of knowledge and skills, and taking actions to meet needs). These children acquired skills at a faster rate than when they started the program. Children between the ages of three and five years old showed high levels of growth with almost 80 percent making faster progress than expected toward the three outcomes.¹²

However, transforming education, health, and social care systems so that specialist provision is available in mainstream settings is complicated work that requires changes to established policy and practice and support for those implementing these changes.¹³ For this reason, the guide developed to support the transformation of special schools to RCs draws upon a *process approach to practice* that is action oriented and solution focused. Process approaches to change are widely used in many fields including education, some of which have been developed specifically to support inclusion of people with disabilities in everyday life and others that are more general. This guide draws from several models to address specific issues in the region. References and additional information about these approaches is provided in Section 3 and in the appendix at the end of the guide.

REGIONAL CONTEXT

As noted above, a 20th century perspective on specialist compensatory and correctional types of provision based on the study of defects (defectology) in young vulnerable children remains salient in the CEE region. While this theoretical perspective is based on an integrated approach to care that includes aspects of clinical, social, economic, and rehabilitative care, the focus on remediating deficits in children as the basis for services has been challenged by the 21st century rights-based approach to inclusive education called for under the UNCPRD and SDG 4. This challenge has profound implications for transforming provision in the region. However, over the past 20 years there have been many progressive government-led reform initiatives, and pilot projects and exchanges supported by international and multilateral organizations to achieve international development goals such as education for all.

Transition of special education to inclusive education system in Lithuania

Between 2010 and 2013, the Open Society Early Childhood Program sponsored studies in five Central and Eastern European countries (Bulgaria, Latvia, Lithuania, Serbia, and Ukraine), to document the transition in structural elements of their early childhood development and education systems as they sought new approaches to support the inclusion of children with special educational needs (SEN). The studies document barriers and enabling factors that influence the effectiveness of systems to support inclusion of children with SEN and their families by focusing primarily on the countries' journeys to transform their finance and governance systems and make them more equitable despite the multiple challenges they faced. The studies also highlight a resource gap for inclusive systems and call upon governments, civil society, international agencies, and donors to address this issue as a matter of urgency.

The learning from Lithuania is a testament to the country's long-standing commitment to educational reform, including in the ECD sub-sector, and it illustrates its transformation process from special school-based special education to a largely inclusive system. Drawing on a number of primary and secondary sources, this case study reflects an accurate picture, at the time of the research, and offers an account of the development of inclusive education in kindergartens and

schools in Lithuania from independence in 1990 up to 2012. This period saw a major drop in the number of pupils attending special schools: most pupils with special needs would have been in special schools at the beginning of the period but fewer than 10 percent were in such schools by the end of 2012. Pupils attending special schools constitute 1 percent of the total school population. The governance of education and special education has been slowly decentralized, special schools have been closed, and substantial support has been provided for including children with SEN in regular classrooms. But this has been a slow process and after more than 20 years of reform there are still some children with SEN in special schools. Key features of the success have been long-term political commitment for reform, parental involvement, substantial inputs into training of professionals, the development of psychological medical centres in almost every municipality, the supply of adequate funding, and the recognition that different types of disability require different levels of funding.

Peter Evans & Seamus Hegarty, *Creating Financing and Governance Preconditions for Inclusive Early Childhood Development and Education Systems: Latvia, Serbia, Bulgaria, Ukraine, and Lithuania (2015)*, Open Society Foundations Early Childhood Program.

INCLUSIVE EDUCATION POLICY REFORMS IN THE REGION

Many countries in the CEE region are actively involved in policy reforms to re-organise specialist provision towards inclusive education. These actions are aimed at educating more learners with special educational needs in mainstream settings at different levels of education, which requires redefining historical approaches of meeting the needs of children with SEN. These shifts are focusing on social inclusion and universal approaches to learning and are leading to systemic

reforms. Changing the role of specialist provision is a key component of these reforms, as specialists are seen in many countries as a resource for the whole system. The recent analysis of reform processes towards changing role of specialist provision in supporting inclusive education, conducted by the European Agency for Special Needs and Inclusive Education (Agency) in 2019¹⁴, has found that countries have identified a number of policy areas that can support such an improvement. The most common approaches utilised by the countries are attempts to eliminate parallel/separate systems of a special or remedial nature, prevention of unnecessary labelling of learners as needing an official decision of SEN, and support to change in attitudes and awareness about the benefits of inclusion and improved inclusive education opportunities for learners with SEN.

Some countries have made significant efforts to raise awareness about excluded groups of children, create tolerance and emphasise the value of inclusion. Many European countries have used targeted campaigns that present disability in a positive light to change attitudes and raise general awareness about the importance of inclusive education. Equally highlighted were approaches leading to improved collaboration between professionals from mainstream and specialist provision and those focused on an ongoing capacity development and mentoring of all stakeholders.

In the ECCE sub-sector, many countries are introducing changes in the curriculum and ECD standards, which require staff capacity development for implementing these changes. There are differences in the kind of standards /curriculum the countries have chosen. Albania and Kosovo* have found their inspiration in the United States and Montenegro and Bosnia and Herzegovina have opted for a Scandinavian, European curriculum. Recent Serbian curriculum reform¹⁵ is based on the contemporary curriculum theories, cross-national analysis of preschool curriculum framework documents and examples of good practices of high-quality preschool education programmes worldwide. The new curriculum emphasizes an integrated approach to learning by encouraging children to engage in the topics and projects that are meaningful to them and are challenged to explore through play, which is supported as the most natural way to learn. The importance of the physical space and collaboration with families and communities are also emphasised in this new curriculum. However, in some countries teachers have more autonomy to give their own interpretation of the new curriculum/standards, while in others they have to follow detailed set of indicators. There is therefore a need for manuals that translate detailed standards, or behavioural indicators, into inspiring and motivating tools for the teachers.¹⁶

INCLUSION AT THE ECEC LEVEL

There are many examples of inclusion practices in kindergartens and pre-school groups at special schools, day care centres and boarding institutions throughout the CEE region, but early childhood intervention and ECEC services are not universally available for all children.

Recent UNICEF data for the region shows that many young children do not have the best start in life. The transition countries of Central and Eastern Europe and the Commonwealth of Independent States still have groups of children, who are particularly disadvantaged, and face discrimination, segregation and stigma that affects their equal enjoyment of rights. Recent findings from the Rapid Review of Inclusion and Gender Equality in the region,¹⁷ conducted by UNICEF in 2016, has found that the majority of child rights violations and equity gaps are associated with disability, ethnic and linguistic identity, and migratory status. Vulnerability of these groups of children is further worsening with gender inequality, location and poverty factors.

Access of refugee and asylum-seeker children to early childhood education and care services in Greece

Seeking to better understand current policies and recent trends in the provision of high-quality early childhood education and care (ECEC) services to young children of refugees and asylum-seeker families by major host countries in Europe and North America, the Migration Policy Institute coordinated an international study in early 2018 of the situation up until that point. The research was supported by the Transatlantic Forum of Inclusive Early Years and a consortium of European and North American Foundations, including the Open Society Foundations.

A large number of families seeking asylum arrived across Europe and North America in recent years, often with young children, which challenged the host countries to address their basic needs and provide crucially important integration services. Many young children experienced significant trauma and stress during these transitions, which create serious risks for their overall development and well-being. ECEC programs can provide important means of mitigating these risks, while supporting their long-term development, integration, and positive life trajectories. Since parents typically engage with these services on behalf of their young children, these programs also provide important opportunities for promoting successful integration of refugee families more broadly.

Despite many well-known benefits for children and families, significant obstacles in accessing high-quality ECEC programs mean that refugee families are less likely than families from host communities to enrol their children mostly due to a lack of linguistically and culturally adequate programs, bureaucratic challenges, distance, and inflexible scheduling. Countries involved in the research have been developing their own unique strategies for

addressing these issues, depending on their overall capacities, capacities of their ECEC systems and civil society sector, existing policies and the international support provided.

Greece saw a dramatic increase in the arrival of asylum-seekers in 2014, with more than 873,000 migrants and asylum seekers arriving in 2015, accounting for 80 percent of all people to arrive irregularly in Europe that year. The Greek Ministry of Education has indicated that, while asylum-seeker children under the age of three will remain in the care of their parents, it aimed to include children ages four to six in the formal education system by establishing prekindergarten and kindergarten classrooms in campus. This plan did not happen during drafting of this research report due to a number of bureaucratic, administrative, and financial difficulties. A limited share of children ages three to six were provided with ECEC services offered by UNICEF and informal ECEC NGO providers. On the whole, asylum-seeker children's access to ECEC services in Greece remain highly inconsistent, with psychosocial support and services for children under the age of three being more limited. Important factors affecting this response are ongoing financial crisis in Greece and the severity of the humanitarian crisis, which led to difficulties in coordinating the efforts between national, international, and contracted actors.

However, while asylum-seeker children were not meaningfully included into the formal Greek preschool system, NGOs and some actors within the Greek Government did implement several promising practices. The Greek Ministry of Education has

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created a research committee to provide recommendation on the provision of formal ECEC to asylum-seeker children, with the intention of leading to a longer-term strategic approaches to improving access to ECEC services to this population. There are also examples of child-friendly spaces established by the NGOs in camps, which can provide a safe and stimulating environment and activities for young children and their families, in the usually stressful atmosphere of camps. The NGOs also developed programs that facilitated engagement of parents both in outreach efforts and ECEC activities, which can support the parent-child bond and

facilitate their trust and confidence. UNICEF, as part of its Blue Dots initiative, provided services with a focus on the psychosocial well-being of children and families, alongside educational and recreational activities to address critical developmental needs of young children and their families. NGOs and UNICEF efforts were also extended to pregnant and breastfeeding women, infants and toddlers under age three, who are often underserved in the context of the humanitarian crises.

Park, Maki, Caitlin Katsiaficas, and Margie McHugh (2018), *Responding to the ECEC Needs of Children of Refugees and Asylum Seeker in Europe and North America*. Washington, D.C.: Migration Policy Institute.

A systemic lack of data on these groups of children additionally hinders better responses to their situation, as they often do not appear in national statistics.

In the CEE region, all three groups face stark problems accessing quality inclusive education, compared with their peers. Structural discrimination and poverty play a big role. Families may lack resources to pay for transportation, clothes, books, and lunch. Schools may be missing the ramps, facilities or assistants needed to support children with disabilities. Language support for children with a different mother tongue may not be available. Direct discrimination can include protests by majority parents who do not want their children educated in the same classrooms, bullying by peers, and subjugation of children to teachers with low expectations.

Some challenges are specific to particular groups. Children with disabilities may not be able to access health or early learning services. Migrant and minority children, including Roma, without birth registration and proper documentation may be denied the right to enroll in school, perpetuating a circle of exclusion. Children who drop out of school early may face increased exposure to abuse and exploitation, early marriage and child labor. Migrant children are at high risk of rights violations, given that laws in most CEE/CIS countries do not treat migrant children as a category needing specific protection measures. Although some national legal frameworks guarantee basic rights and services for all children, it is not clear to what extent migrant children can freely enjoy these rights in practice. Finally, it is important to remember that children have multiple identities that can compound the challenges they face, for instance, a migrant child may also have a disability.

The European Agency for Special Needs and Inclusive Education 2018 data from 27 countries, focuses on children who are formally identified as having a special educational need and have an official decision of SEN, indicates that the number of children in this group, who are enrolled in all

formal early education settings, ranges from 0.22% to 19.63%. In the CEE region, the proportion of young children with SEN in preschool settings is very low and there is a lack of reliable data on this group of children.

CHANGES IN PROVIDING EDUCATION AND CARE FOR YOUNG VULNERABLE CHILDREN

This situation is additionally complicated by the well-established practise in the region of providing institutional care for the most vulnerable children. UNICEF's analysis of the situation of children with disabilities in the CEE and Central Asia region¹⁸ has found that the number of children in institutional care was the highest in the world and a child with a disability was almost 17 times as likely to be institutionalized as one who was not disabled.

During recent years, many countries have made significant progress in developing alternatives to institutional care and in reducing the number of young children in institutions by introducing the laws that prevent institutional placement of children under the age of three. One example of these positive changes are strategic goals developed by the Serbian government related to the development of the services that promote family preservation and support deinstitutionalization. The already mentioned Situation Analysis of Services for Infants and Young Children with Disabilities in the Republic of Serbia, conducted in 2017, found that since 2006, placement of children under age three in institutions has been prohibited, except in exceptional cases. Since this change, only 17 children between birth and three years of age have been placed in institutions. However, according to the Preschool Law, children with disabilities can still be enrolled to developmental groups if a preschool determines that a child may require additional educational, health, or social support.

Despite most countries from the region having recently extended the right to early childhood provision by introducing one compulsory preparatory year prior to starting primary education, systems are struggling to enrol very young children below the age of three. Provision for these younger children is frequently managed by health or social welfare systems, rather than by education ministries. Provision for children three to five years old from vulnerable groups can still be provided in developmental groups within mainstream kindergartens, or in preschool groups of special schools. This situation is still frequent across the region and it is viewed as justified when the recommendation for separate provision is made by an intersectoral committee and agreed to by the learner's parents.

The 2020 Global Monitoring Report on Inclusive Education (GMR)¹⁹ has found that this trend is also present globally and that policies are still not consistent across ages and education levels, leading to inequitable access to ECEC, which is additionally conditioned by location and socio-economic status. Different aspects of quality provision are inconsistent between and within the countries in the region, especially those related to teacher and student interactions, integration, child-centeredness, quality of learning environment, inclusive pedagogy and play-based teaching, which also determines inclusion. Early identification of children's needs is crucial to designing adequate responses, but labels of difference in the name of inclusion, still present in the region, can create additional barriers. Another big issue identified globally that applies to the region is disproportionately assigning some marginalized groups, particularly Roma students, to special needs categories.

TEACHING FORCE FOR INCLUSIVE EDUCATION

In the CEE region, there is currently a serious shortage of specialists available to support inclusive education settings. Highly trained professionals (psychologists and pedagogues), usually exist in preschools and schools but they are insufficiently involved in supporting students with special educational needs. The region has recently started to introduce teaching assistants but their role, training needs, professional recognition and remuneration are still to be fully addressed. Some countries have high expectations from teaching assistants and, in some cases, they are seen as teaching staff fully responsible for teaching the students with special educational needs, which questions the role of mainstream teachers in teaching all students.

This shortage of well-trained professionals can seriously affect access to educational settings for children with disabilities and special needs. Countries from the region surveyed for the GMR 2020, report an acute shortage of high-quality in-service training programs. Nine countries out of 22 surveyed report having teachers trained to teach inclusively and only four countries have pre-service teacher training programs that incorporate inclusive education as a specific skill component. UN agencies and international non-governmental organizations often sponsor these programs in the region, but they are rarely widespread or scaled up to a national level.

Teachers and education support personnel in the region are slowly transitioning to a position that all teachers are prepared to teach all students and that each student has the capacity to learn.

Teachers' attitudes often mix obligation to the principle of inclusion with concerns about their professional preparedness, and trust in the education systems to support them in their changing roles. This has a significant impact on their ability to promote and implement inclusive education reforms.

The experience of OSF in the CEE region has shown there are additional specific challenges related to inclusive early-years provision to be addressed:

- Preschool teachers need appropriate working conditions, professional recognition, opportunities for professional development and adequate remuneration. More than anything, they need support, including mentoring, for integrating new knowledge into everyday practice. In many countries, teachers struggle to apply child-centered pedagogy and key principles of inclusive teaching in a context of inadequate support, limited teaching resources, overcrowded classrooms, overambitious and rigid curricula, and a huge emphasis given to summative assessments and learning outcomes.
- Professional development for staff working across ECEC and primary levels in both special and mainstream settings is needed. Professionals in these settings are trained separately and are not typically prepared to work collaboratively. Cooperation can support them in addressing the challenges of diversity, and for resolving practical problems in classroom practice, especially in systems transitioning from segregation to inclusion. This collaboration is lacking even among teachers at the same setting and it is now needed between professionals working in the divided systems who are still developing their own capacities to support inclusion.

- Improved teacher diversity can support inclusion and needs to be recognized as a fundamental barrier. These are obstacles that must be addressed because they can prevent members of marginalized groups from training and working in teaching positions, and contributing to attitudinal changes.
- When a child with special needs is enrolled into mainstream provision, there can be confusion about who is responsible for which services and in many cases, parents are requested to be with the child in the group, or the child may be offered limited hours. Some parents are hiring teaching assistants to support the child in the setting, sometimes leading to misunderstanding regarding division of roles and responsibilities for the child. The additional support needed for some children sometimes has to be provided by staff outside of the system, which can bring new coordination challenges and sometimes a child has to be removed from the classroom to receive this support.
- The role of parents in deciding on the best provision for the child, and for keeping them involved in the provision during key decision making/review stages, needs to be improved in the region. Parents need opportunities to educate themselves on what is legally mandated and what choices exist, and opportunities created by settings that encourage and facilitate their active participation in the education of their children.
- Networking and advocacy movements of organized parents and civil society organizations that are demanding inclusive education services is a relatively new development in the region. The Open Society Foundations have been collaborating with parents and civil society organizations to support their development and initiatives, which can range from service provision to their members to large scale and well-organised national campaigns that demand changes in services and policies that regulate them. Major achievements in developing positive, family centred policies and services for young children in the region would have not been possible without civil society engagement, and in particular efforts of the united parent-led organizations that became the government's main partner in building the national inclusive system in some countries.

In addressing these issues, a growing recognition that these circumstances lead to lowered expectations and reduced opportunities for some children has led to the understanding that separate forms of provision are not equitable because they lead to segregation and discriminate against certain groups of children. For this reason, national requirements to provide specialist support in mainstream facilities by transforming special schools to RCs aligns policy in the CEE region with efforts across Europe that promote a rights-based approach to services by reshaping the relationship between mainstream and specialist provision.

Consequently, many countries are actively developing policies to reconceptualise and re-organise specialist provision towards inclusive education on the grounds that an integrated approach can support improvements in the lives of young children with disabilities and/or special needs and others vulnerable to exclusion and their families. The move to transform special schools to RCs creates an opportunity for specialist staff in the CEE region to provide leadership in developing support systems where expertise is shared between specialists and mainstream staff. The strategies in this guide show how the expertise of staff in RCs can contribute to the development high-quality services in mainstream settings.

The role of civil society in developing the national early childhood intervention (ECI) system in Georgia

Civil society organizations have been critical to the development of a national ECI system in Georgia over the past decade. The NGO Georgian Portage Association established the first early childhood intervention service in Georgia in 2006. In 2011, two other NGOs, First Step Georgia and the Association of Neurologists and Neurosurgeons, initiated a project to create early intervention service standards for all service providers in Georgia. This initiative was supported by OSF, which laid the foundation for the creation of the Georgian ECI Coalition for Early Childhood Intervention. The aim of OSF's engagement in the country was to enable connections across health, education, and social protection sectors in order to respond in a timely and holistic way to the needs of young children-at-risk of developmental delays and with disabilities and their families, leading to a phased development of a family-centred ECI system. The work included strengthening the capacities of civil society service providers, engagement with the ministries on ECI legislation, strategy and system development, and support to parent-led organizations to network, demand, and monitor services.

The ECI Coalition, created in 2015, is a collective body formed by 13 non-governmental organizations that has been instrumental in unifying ECI service providers, parents of children with disabilities and special educational needs, and other key stakeholders. Partnering with the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs (MoLHSA) has led to the elaboration of key elements of the ECI program.

Due to the exceptional quality of partnerships between international and national stakeholders, led by the ECI Coalition, and critical opportunities created by the deinstitutionalization reform, a shift in policy towards children who have been historically placed in the segregated institutions opened the door for the family centred ECI approach. This evidence-based approach challenged the prevalent medical rehabilitation model and brought about a significant shift in the paradigm and the organization of services to this post-Soviet country. The ECI Coalition is now a growing network of 25 civil society organizations, working in 16 municipalities as key ECI service providers, and the main government's partner in building the national system.

A number of initiatives were introduced to support the development of a comprehensive legislative framework for the national ECI system. The Law on Early and Preschool Education and Care was adopted in 2016, following the development of the ECI draft Strategy and Action Plan in 2015. In 2017, the Parliament of Georgia issued a resolution on ECI, and MoLHSA adopted ECI Program Service Standards and a certification program for the ECI workforce. In 2018, the ECI State Action Plan (2018-2020) was adopted, followed by a decree on establishing an inter-sectoral, inter-agency working group to oversee the implementation of the State Action Plan.

Since 2011, these complementary efforts have resulted in a significant increase in the number of children served. The number of state funded vouchers for children at risk issued by the MoLHSA increased from 40 in 2011, to

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more than 1,750 in 2019. Twenty-five service providers are now operational in seven out of ten regions of Georgia. This development has been supported by a huge increase in the state budget for ECI since 2011.

Early Childhood Workforce Initiative (2019) Country Brief Georgia, Training Early Childhood Intervention Workers to Close a Workforce Gap, Results for Development (R4D) and the International Step by Step Association (ISSA).

Underpinning principle—an inclusive approach to change

This guide is based on the principle that the specialist support demanded by inclusive education can be provided without perpetuating the exclusionary practices associated with segregated forms of provision. The insight that segregated forms of provision are discriminatory because they exclude some children from what is available to others, does not mean that staff in specialist facilities no longer have a role to play. Their expertise can make a valuable contribution to high-quality services in mainstream settings but some changes to the way that specialist staff work are needed.

The term **change management** refers to a process of transformation that helps people and organisations move from one situation to another. It involves using structured methods to support movement from the current situation to one that is envisaged by reform—in this case the transformation of a special school to an RC. Adopting a process of change management improves the chances that special schools can achieve the policy goal of transformation into RCs. This move is an important part of developing inclusive education in the CEE region and in countries that have a long history of operating separate systems of special schools and specialist facilities for different categories of children.

As special schools move from an existing service delivery model of separate provision to an envisaged model of inclusive provision, staff will have to adapt to new policy goals and make changes to their ways of working. While many adaptations will be supported by professional development opportunities where they are available, other adaptations will be developed as the reforms are implemented. Professional development is important but when it is not available it must not become a barrier to change. Improved practice often comes as a result of in depth thinking as a team within a school or kindergarten and not from an external training provider. For this reason, the approach taken in this guide focuses on change management process that can help teams navigate complex institutional change and service expansion. It acknowledges the professional and emotional reactions that people experience during times of transition and presents strategies that can help staff in RCs solve local problems that create barriers to participation in education for young children. Although there is a specific focus on ECEC because intervention in the early years supports learning during later years, the processes recommended in the guide can be applied to support the development of inclusion that meets the needs of vulnerable children of all ages.

The role of the recently established inclusive resource centres in Ukraine

Recent changes towards the new educational paradigm in Ukrainian legislation have been introduced by focusing on quality education for all, and with the expectation that support of various services, institutions, and specialists belonging to different sectors, will be provided to children and their families in need. As part of this process, the new Regulation on Inclusive Resource Centres (IRCs) was developed. The Regulation of the Cabinet of Ministers of Ukraine announced in July 2017, established the legal framework and key operating principles for creating IRCs. The IRCs are designed to ensure systemic competent support to secure the rights of children with special educational needs (ages 2–18) to acquire preschool and general education. This recent legislative reform in Ukraine reflects a political commitment to providing education to all children of all ages, and at all educational levels, in accordance with the international conventions.

This shift in legislation, coupled with key objectives of the IRC strategy that focuses on teachers' education for inclusion, have started to empower teachers for their changing role within the inclusive education system. However, many 'new' approaches in Ukraine still perpetuate segregating practices, with the best intentions to give access to quality education to children with diverse needs, including with special educational needs. Challenges with the interpretation of the current approach to inclusive education, and attributes of the medical model related to correctional focus of services, still exist in the new legislation. Availability of statistical data on children of different ages, and with diverse risk factors, is still limited due to absence of the official database. Children who are accommodated in the residential institutions, managed by the Ministry of Social Policy, do not receive education and educational support. In the education sector, the number of inclusive schools, inclusive classes and

children with SEN who attend them, as well as the number of teaching assistants, is growing rapidly. Less is known about inclusive education progress in the preschool sector.

Special services for children with developmental delays, disabilities, and with special educational needs are provided by a wide range of institutions in Ukraine. The Situation Analysis of Service Provision for at risk children and children with SEN under inclusive education reform, conducted in 2019, has found that special services for children with SEN are still mainly focused on health care, 'correctional' and social issues. Recently established IRCs, despite their clearly defined new mission, predominantly offer correctional developmental services for children. In addition, early childhood intervention services for very young children at risk of developmental delays and with disabilities are available only to children in four regions: Kiev, Kharkiv, Lviv, and Uzhgorod.

The analysis argues that the IRC model of service provision for children at risk and with SEN should shift from the current focus on providing all services within IRC, towards networking and a cooperation-based model that promotes shared responsibilities between service providers. Services need to be offered in the child's natural environments and should be family centered. Assessment of children with SEN should be an ongoing process aimed to inform the intervention. Support to families, teachers and schools/kindergartens, and coordination of service provision, should be the main roles of IRCs, rather than 'correctional' support to a child outside the school.

Stefanija Alisauskiene, Marianna Onufryk with consultancy of Lani Florian (2019), *Service Provision for At-Risk Children under Inclusive Education Reform in Ukraine*. Report, Open Society Foundations

A CHANGE MANAGEMENT APPROACH TO ADDRESSING CONCERNS

While professional development often occurs as a result of training that is provided by others, it can also be self-directed by adopting problem solving strategies. For example, ‘design thinking’ is an organisational approach to problem solving that follows a staged approach involving: (1) empathising with others, (2) defining the problem, (3) developing ideas to address the problem, (4) developing practical solutions to test the ideas; and (5) testing the ideas. Although it was developed as a problem-solving tool for businesses, engaging with the steps of design thinking by staff teams within RCs can help to document what works well and why things sometimes are not working as planned. The five steps provide an action plan to guide change.

THE FIVE STEPS ACTION PLAN

1. Empathising with others

It is important to recognize that people often resist change because it represents a shift in organizational culture, in other words, the way that people do things. The ways that people do things are more than what they do and involves many overlapping processes that have developed over time. For this reason, it is anticipated that many staff in RCs and in mainstream settings will have professional and emotional reactions to change. Taking the time to understand what other people are feeling or experiencing during times of change is an important first step. As special facilities change to become RCs, staff will undoubtedly have many different feelings. Some may worry that their jobs may be at risk or that they will not be able to adjust to new ways of working. Being sensitive to how others feel about change affirms their professional identity, integrity, and status. It also enables people to participate in a collaborative process of change. The person-centred planning tools presented in section 3 provide some strategies for taking an empathetic approach to change.

2. Defining the problem

The transformation of special schools to RCs involves complex system change that is not easy to accomplish. It involves complex changes to longstanding policies and practices, the ways that professionals work and work together, as well as the coordination of relevant ministries, authorities and bodies. No one individual can bring about the change but each professional has a role to play. Reforming special schools into RCs will involve redesigning people’s jobs and the way that they do them in very significant ways. These changes can be unsettling and uncomfortable for many people, including families, those in mainstream settings and the wider community.

3. Developing ideas to address the problem

The transformation of special schools to RCs is more than the sum of its parts. The primary question to address is what role can individuals play in the transformation. By working collaboratively with families and colleagues in mainstream settings, newly designed RCs can provide indispensable support to providers and children. But how do staff in RCs and mainstream settings begin to work together? What resources are needed and how can these be provided?

The move from special school to RC is complicated but it does not render specialist knowledge obsolete. To the contrary, it establishes a sustainable future for specialist knowledge in an era of inclusion. Specialist knowledge is a relevant and necessary support for the development of good quality education in alignment with the international policy imperative of SDG 4. Effective collaboration and coordination makes use of evidence-based interventions by both mainstream and specialist providers, and coordinates services between families and professionals working in education, health, and social welfare services. Current information on key areas relevant to collaboration and coordination are presented in section 2.

4. Developing practical solutions to test the ideas

To be part of an inclusive education system, RC staff are challenged to think differently about their roles and to act differently by changing the way they do their work. Using the strategies presented in this guide can help teams to develop practical solutions to test in different contexts. The issues affecting provision for vulnerable young children vary widely across the CEE region. Using a problem solving approach supports those who use it to draw on local expertise and context specific national policies governing preschool, primary, and special schools to develop practical solutions in alignment with national, regional, and international policy goals.

For example, a speech therapist may see children in mainstream schools—a change of setting—but the therapist also may work supporting class teachers and teaching assistants to implement strategies designed to address speech and language difficulties. The therapist may provide detailed strategies to mainstream staff to help them enhance phonological awareness for children who are at risk for reading difficulties. This change to the way of working—from providing specialist support directly to children in specialist settings—to working collaboratively with school staff to implement specialist support—develops over time as RC staff think differently about how they provide support.

5. Testing the ideas

As noted, there are existing examples of inclusive practice where children with disabilities and others identified as having difficulties in learning have access to good-quality provision in every country, but the practices are variable and often not very widespread. Therefore, a key strategy for developing practice is to identify and develop more examples of good-quality practice by testing the ideas that others have trialed. This activity establishes a leadership role for RCs. Identifying good practice and developing a process to manage the broadening of those practices to reach a greater number of children is key to implementing policies that are equitable and inclusive of everyone.

The design thinking method described above, along with the activities and change management practices included in this guide, are designed to help RC staff to redefine their main roles, identify the competences of staff that need to be developed or improved, and meet the criteria by which good practice can be judged. The projects of the European Agency for Special Needs and Inclusive Education (<https://www.european-agency.org/>) address topics specific to inclusion for vulnerable children at all levels. Member countries of the agency include many CEE countries (Bulgaria, Croatia, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Serbia, Slovakia, and Slovenia), and these countries participate in the projects undertaken by the Agency. Key findings of three projects of particular relevance are summarized below. The full reports are available online in Agency member country languages.

Changing Role of Specialist Provision in Supporting Inclusive Education Project

<https://www.european-agency.org/projects/CROSP>

This project provides up-to-date information about what other countries are doing and how they are addressing the complex practical problems that arise as they reform their systems. This review of specialist provision in 26 European countries including 8 CEE countries identified four types of service:

- In-school provision, which ensures assistance to learners who are in mainstream classrooms, or in mainstream schools that have partially mainstream classrooms and/or partially special classes, or units, programmes, inclusion classes, and parallel support, such as one-to-one provision by specialised staff.
- External provision to schools aiming to empower them to act inclusively (resource centres, networks of special schools, networks of mainstream and special schools).
- External provision to schools through individualised support to learners enrolled in mainstream settings (physiotherapists, speech therapists) with the support of education, health or welfare authorities.
- External provision to learners, such as special schools dedicated to learners requiring intensive support, under the responsibility of education, health or welfare authorities.

These services involve various groups of specialists covering special education, social and welfare services, as well as rehabilitation, health, early intervention, personal development and transition pathways within the education system.

Inclusive Early Childhood Education

<https://www.european-agency.org/projects/iece>

The Inclusive Early Childhood Education (IECE) project describes the main characteristics of quality IECE for all children that meets the academic and social learning needs of all children from the school's local community (from the age of three to the start of primary education (five to seven year olds). Quality is assessed in terms of child centred approaches that address structural quality (how systems are designed), process quality (how people work together), and outcome quality (benefits to children, families and society). These measures of quality cover five themes identified by the European Commission Thematic Working Group on Early Childhood Education and Care. These themes are:

- Access/transition procedures—sufficient places for all children to access ECEC services and make a successful transition to mainstream schools
- Workforce—staff/child ratios, staff competence, professional training and development
- Curriculum/content—focus on child development and active learning across key areas: cognitive development, communication and language, social and emotional development and physical health

- Governance/funding—develop collaboration among all stakeholders and concerted efforts to make early childhood education affordable for education systems, communities, and families.
- Monitoring/evaluation—applied to seven common areas of evaluation identified by the OECD²⁰
 1. Child development
 2. Staff performance
 3. Service quality
 4. Regulation compliance
 5. Curriculum implementation
 6. Parent satisfaction
 7. Workforce supply and working conditions.

Organisation of Provision to Support Inclusive Education

<https://www.european-agency.org/projects/organisation-provision-support-inclusive-education>

The main findings of this report call for:

- Conceptual clarity regarding inclusive education.
- Legislation and policy that recognises the synergy between the UNCRPD and the United Nations Convention on the Rights of the Child (UNCRC–United Nations, 1989) in prioritising the rights of children with disabilities and ensuring consistent policy and practice at all system levels.
- A systemic view that focuses on developing the inclusive capability of the education system as a whole and encourages strong links, collaboration and support between and within all levels (i.e., between national and local policymakers and education and school leaders, teachers, other professionals, learners and families).
- Inclusive accountability that involves all stakeholders, including learners, and informs policy decisions to ensure the full participation and achievement of all learners, but in particular those vulnerable to under-achievement.
- Strong, shared leadership to effectively manage change.
- Teacher education and continuing professional development for inclusion to ensure that teachers develop positive attitudes and take responsibility for all learners.
- A clear role for specialist settings to develop as RCs to increase the capability of mainstream schools and ensure quality provision and well-qualified professional support for learners with disabilities.
- School organisation, teaching approaches, curriculum and assessment that support equivalent learning opportunities for all.
- Efficient use of resources through collegiality and co-operation, developing a flexible continuum of support rather than allocating funding to specific groups.

Section 2

Sharing Knowledge and Expertise

Individuals and teams working across key areas of practice

In the development of RCs, specialists are called upon to share their knowledge and expertise by taking their work into mainstream settings where they work collaboratively with staff in these settings. Sharing knowledge and expertise is a key part of professional collaboration and ensures that vulnerable children are included and can participate in activities that are available to other children. This role is essential to successful inclusion.

Good practice for thinking about how specialists can contribute to inclusion by changing the way they work with others is provided in five sections that cover current information about substantive aspects of ECD provision of direct relevance to inclusion in education:

- (1) How to use specialist support to promote inclusion
- (2) Working with families
- (3) Assessment
- (4) Individualized planning
- (5) Working collaboratively

The information in these sections can be used to support problem solving or strategic planning about how RC staff might redesign how they deliver services. Each section includes step-by-step examples of change management across these central aspects of inclusive ECD provision.

As staff familiarize themselves with the content and strategies in the guide, it is anticipated that additional strategies may be identified through deeper professional development or engagement with the strategies in section 3 and the resources providing additional information and support for developing practice that are included in the appendix. As with the strategies used in the guide, these resources can be used to suit the particular circumstances of different providers.

The activities that are included focus on two key areas of development: (1) the lessons that are being learned from the study of good quality practices already existing in the region and elsewhere, and (2) how these lessons can be shared in ways that lead to improvements in situations where the provision is less well developed. While there are many possibilities for learning from the examples and activities in the guide, there is also a need for those using the guide to take account of their own country context to ensure developments in policy and practice are not directly ‘borrowed’ from examples but developed to suit the particular situation in the national context.

One of the key lessons from good quality practice strongly promotes the idea that the best way to develop inclusive education is to work in teams. Teams are groups of people who work on common projects or goals. Often members of teams have different skills and provide different kinds of expertise and take on different tasks and activities in support of the common project or goal. For example, a recent project in Armenia,²¹ supported by the Open Society Early Childhood Program, showed how child-centered, inclusive teaching along with strategies to support smooth transitions for kindergarten children as they enter school could be developed through teamwork. Bridge of Hope in Armenia, a national NGO provided training on inclusive practices, and monthly mentoring visits to support the implementation of inclusive teaching. The NGO established a team of trainers to become experts in inclusive, child-centered teaching methods such as formative assessments and individualized education plans (IEPs). This team communicated with kindergarten teachers via social networks and telephone. The teachers and the NGO staff also worked as teams reflecting on lessons learned and plans for activities. In this way staff from different organisations with different types of expertise worked together to support a common goal to provide quality services in mainstream settings.

Many kinds of teams will be needed to support the transformation of specialist facilities to RCs and for RCs to support the transformation of mainstream settings to inclusive settings. Staff in RCs may work together in multidisciplinary teams or in service based teams. As they will work with staff in mainstream settings to support inclusion of vulnerable children, they may find that the expertise they offer also supports other children and builds capacity for more children to benefit from their services.

While these transformations are positive developments, it is important to acknowledge that people often resist change because it represents a shift in the way that people do things. The ways that people do things are more than what they do. Ways of working involve many overlapping aspects of work and intersect with one's professional identity that has developed over time. Providing a bridge between previous ways and working and developing new approaches helps staff to make connections and feel more confident about change. It is important to acknowledge change is complex and difficult to manage and as noted above, people will have many different reactions to it. Remembering to empathise with others before defining a problem or developing solutions to test is always helpful for teamwork.

The role of school leadership practice is a crucial element in gearing education systems towards inclusive values and bringing about sustainable change. The role of leadership in supporting transformations towards inclusive cultures needs to address the necessary organisational conditions in order to bring about such developments. This includes support to staff for the creation of a shared commitment to gradual changes in their roles. Senior staff in schools must provide effective leadership by addressing key challenges in a way that helps to create a supportive climate within which teacher professional learning and transformation can take place.²² The 2018 European Agency for Special Needs and Inclusive Education project, Supporting School Leadership²³ has developed a model of inclusive school leadership that integrates elements of widely distributed transformational and instructional leadership to support school development efforts. These ways of working also enable staff to acquire leadership skills that will allow them to enhance their roles in promoting the development of inclusive practices.

(1) HOW TO USE SPECIALIST SUPPORT TO PROMOTE INCLUSION

Ideally, teams include families to ensure a collaborative, comprehensive approach to services that can meet the complex and varied needs of vulnerable young children. This helps to ensure that services and interventions are child-centered and focused on a child's strengths and needs as well as the family's own expertise, knowledge, priorities, and concerns. Child-centred services tend to be strengths-based as opposed to deficit-based. Although specialists may be called upon to address a problem that is associated with a deficit, they can use a strengths based child-centred approach to working with staff in mainstream settings and families. This is important because intervention efforts based on individualized approaches to inclusion can sometimes reinforce the idea that ECEC settings and schools can only provide for all by differentiating for some. This reinforces a deficit-based approach where the teacher or specialist leads in addressing an individual need in isolation. When differentiation and individualised approaches are teacher led, teachers use different strategies with different children to determine what each one will learn, how they learn it, and how they demonstrate what they have learned. The idea is that differentiation supports learning for individuals within the class as a whole. However, this can lead to challenges.

Although differentiation of the curriculum or a learning task is often recommended as a way of meeting diverse individual needs and the practice of differentiation is a sound one, it can be implemented in ways that do not support inclusion. For example, if a child is working on a task that is different from the one assigned to other children, then the child is present in the classroom but excluded from the lesson. For this reason, how specialist strategies are applied in mainstream settings are of equal importance to the strategy that is used.

Child-friendly school approaches to classroom instruction based on the principles of universal design for learning, collaborative learning, formative assessment, inclusive pedagogy, and the use of adaptive technology, all strengthen the practice of inclusive education schools. These practices are described in the examples below and in the appendix that also includes links to additional information about them. It is important to note that the practices have been shown to support the learning of all, an important consideration because learners with special needs are not the only children who benefit from such approaches in the classroom. Over time, as staff in RCs develop expertise in the use of these strategies, they will play a key role in supporting staff in mainstream provision to use them. These strategies and links to resources that support the use of these strategies are included in the appendix.

As this guide shows, implementing these approaches involves more than following the steps in the strategies. In an inclusive system, the emphasis is on how to make provision/support services available without stigmatising 'some' children as different.

It is important to remember that many specialized supports can be mobilized to improve outcomes for everyone. For example, specialist teaching related to particular impairments such as the teaching of sign language to children who are deaf is an essential aspect of inclusive education for deaf children. Yet, it has also been shown to improve the language skills of hearing children in classrooms using sign language instruction compared to those in classrooms who did not receive such instruction.²⁴ This outcome, where a specialised strategy brings benefits to everyone, is at the heart of inclusion. In this case, it demonstrates how including children with hearing impairments relied on specialist knowledge to address the specific needs of these children but also brought

specialist knowledge into the mainstream. This sharing of expertise and working with teams of specialist and mainstream teachers helped everyone.

If the specialist takes a team approach, so that a child with a disability is not isolated by the presence of an additional adult who works with the child individually, then the additional support is inclusive. To the extent that the specialist teacher works collaboratively with mainstream providers to include vulnerable children, rather than separately with only the vulnerable child, benefits for everyone are possible. This way of working is described as an inclusive pedagogical approach.²⁵ Specific strategies for planning inclusive provision collaboratively with mainstream providers, parents, and children are presented in section 3.

In summary, an inclusive approach assumes that every person is a unique individual. Individual differences between children are to be expected and each child's characteristics, preferences, and experiences are aspects of who they are as individuals. While effective intervention depends on responding to the particular and very different circumstances of individuals and groups of children, it can be difficult to match specific strategies to categorical differences between children in mainstream settings in the same way it is done in a specialist setting.

For example, in diverse mainstream settings, two children, both of whom are experiencing what appear to be similar difficulties, may have very different individual needs. In this case, the differences between the children means that the nature of a difficulty in learning may be different. For example, in a lesson aimed at improving reading comprehension, a teacher might introduce a story via a language board aimed at sharing information about a topic in support of the child who does not speak, as recommended by a language therapist. The teacher might also use graphic organizers, a visual representation that shows how things are related to support the child on the autistic spectrum as recommended by a defectologist. By using a language board and a graphic organizer in a group activity, the teacher can be confident that the needs of a diverse range of learners are met. The idea is that the individualised strategies can also support other students as well.

When mainstream providers encounter individual children who are having difficulties, they need responses that work for everybody. Strategies that are matched to the purpose of the learning but adapted to the differences between learners are needed. This is a key problem that mainstream specialists can help solve by sharing knowledge and expertise. But how RC staff share this knowledge is also important because the recommendations they make can be inclusive or they can exclude by marginalizing some children. The case example below of how technology is used in learning offers a good model of how this process can work either way. It also provides insights into how specialists can work in mainstream settings.

Case example: assistive technology

Assistive technology (AT) refers to equipment, devices, or services that help to compensate for a disability or difficulty in learning. Yet technology can be used to include and exclude. A child engaged at a computer terminal may be involved in an interactive activity (inclusion) or marginalised by being set a task to do at his or her 'level' (exclusion). A child who is sitting alone at a table may have chosen this as a legitimate activity (inclusion), or he or she may be experiencing 'time-out' (exclusion).

Table 2: Contrast of ‘additional needs’ and inclusive pedagogical approaches

Additional needs approach to Inclusion	Manifest in terms of inclusion	Manifest in terms of exclusion	Inclusive pedagogical approach
	Most and Some		Everybody
<p>A child with autism uses a specialist app on an iPad to communicate. The iPad was provided by an international charity specifically supporting children with disabilities to access ECEC services. The app enables a visual approach to communication that is thought will reduce the ‘processing burden’ of verbal communication for the child because he can use it to select a sequence of symbols/ icons/pictures, which represent words and/or phrases to communicate. The staff at the RC have recommended that the iPad can also be used to take photos and record videos of activities. They recommend teachers facilitate the use of these functions to enhance the student’s learning in mainstream settings.</p>	<p>With the specialised app on an iPad, the child is able to participate in mainstream preschool alongside peers.</p> <p>The child participates in a lesson that involves telling a story about visiting the zoo. He selects some photographs that the teacher helped him take to tell a story about the trip while the other children draw pictures using paper and crayons.</p> <p>The teachers feel that everyone has been able to participate in the visit to the zoo and in the follow up lesson.</p>	<p>Other children complain it is unfair that they are not allowed to use digital tools such as iPads.</p> <p>The child with autism is marked as different because he is getting special treatment.</p>	<p>Focus is on everybody in planning for the visit to the zoo and the follow up learning.</p> <p>In this case, all children are involved in planning how to document the trip to the zoo. Teachers help the children to understand that a visual approach is supportive for some children, but generating a drawing will be more relevant for others.</p> <p>Together the teachers and children decide what types of information they can record during the visit and how they might do it.</p> <p>Children then plan how this data could be collected, what tools they might need and how they can be sure everyone can participate. They negotiate who would be responsible for the different tasks (such as drawing pictures, counting animals, taking photographs, making models of animals, singing songs, and so forth).</p> <p>Returning from the trip the class collate their different forms of data to generate stories about the event and develop a shared product such as decorating a bulletin board or adding to the school’s webpage.</p>

Sometimes the idea of matching an assistive technology device to a specific difficulty drives the decision to use a device. However, when a so-called inclusive practice is based solely on an individual (or personalised) response to an individual need, it overlooks the important fact that children learn and grow as individuals through shared activity in the social context of a preschool or classroom.

The example provided in the table above shows how assistive technology is currently conceptualised in terms of an individual needs approach to difference. This is contrasted with how it can be used as an aspect of inclusive pedagogy that supports everybody.

Note how in this approach, individual differences are acknowledged but the individualised response is part of the planning for everybody.

Inclusive pedagogy assumes that individual differences between learners do not have to be construed as problems inherent within learners that are outside of the expertise of mainstream providers. For ECEC provision, the approach requires a shift in thinking away from the idea of specialist provision as a response to individual difficulty, towards one that focuses on extending what is ordinarily available to everyone in the learning community as the example shows. The importance of participation in activities is privileged over judgments about what children cannot do.

An inclusive approach puts the focus on the needs of individuals in the context of participation, interactions, and relationships between members of the ECD community, including families. As providers engage and reflect on how to respond when children have difficulties, they create the conditions for inclusive education to flourish. This is brought to fruition by ways of working that are collaborative and strategic. The force field analysis technique in section 3 can be a powerful tool for determining how staff from the RCs and mainstream provision can change their practice to accommodate this shift away from individual needs based on deficits to a strength-based approach.

(2) WORKING WITH FAMILIES

International policies such as the United Nations Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities confirm and support the rights of children to grow up in families. These policy frameworks affirm the important role of family involvement in the referral, evaluation, and planning processes for children at risk of developmental delays, children with special needs, and children with disabilities.

Many national legal and policy frameworks increasingly promote the importance of specific roles for families in multidisciplinary planning and placement decisions. Yet, many families do not participate in the process as partners and collaborators.

Parental school choice affects inclusion and segregation and some parents of children with disabilities and other marginalised children often find themselves in a difficult situation when they have to make a decision about best services for their children. Well-informed families can make better choices and they are less likely to feel under pressure to accept the opinion of the professionals if they disagree with it. Parents of young children need support in early identification and management of children's developmental and behavioural needs. Some parents need support

Empowered parenting to support the early development of Roma children in Serbia

Almost 6 percent of the population in Serbia—close to half a million people—identify as members of Serbia’s Roma population. Marginalized and often discriminated against, Roma communities experience higher rates of poverty and poorer access to health, sanitation, infrastructure, and educational opportunities. Disparities between Roma families and the general population of Serbia start early and are difficult to overcome. Only 6 percent of children living in Roma settlements attend early childhood education, compared to 51 percent of the general population; and only 64 percent of Roma children go on to complete primary school compared to 93 percent of non-Roma Serbians. This situation is preventing Roma children and families from reaching their full potentials and requires urgent and coordinated actions.

The Program for Children and Families, **Strong from the Start—Dam Len Phaka**, initiated in 2017, was implemented in 15 Roma communities across Serbia, reaching a total of 450 families with approximately 750 children from infants to age seven. The program was supported by the Open Society Foundations and implemented as part of the wider initiative of national partners, the Centre for Interactive Pedagogy and Romanipen. Strong from the Start aimed to facilitate the development of stimulating and safe family settings for young children from Roma families living in informal settlements. The program worked to enhance parents’ skills and abilities, so they could give their children the best start in life possible. The program curriculum spanned three thematic areas: family and community roles and responsibilities for raising children; child and family health protection; and encouraging child development. These topics were covered in a series of community-based workshops for families with infants to children seven years old.

The impact of this program was externally evaluated in 2018 by research partners Results for Development (R4D), the University of Belgrade, and DEEP DIVE using a sample of 900 families, including a comparison sample. The evaluation’s findings suggest that parenting and holistic early childhood development programs can support families and young children to overcome some common obstacles faced by Roma communities. Parents reported using more positive (like singing songs to the child), and fewer harsh practices (like hitting, spanking, and criticizing), and while Roma parents suggested they had heard most of the information before, they continued to make modest gains on knowledge and attitude indicators. They also reported greater confidence in their ability to support their child’s development. The program did not have a significant effect on parents’ aspirations for children, awareness of their child’s disabilities, the home environment, or health practices.

Children who participated in the program demonstrated higher levels of socio-emotional development, as well as total school-readiness. Children who attended more workshops had higher scores, even when adjusted for variables like age and education level of the mother. Children in the program gained an additional 7.4 months of socio-emotional development, and these gains held even after children enrolled in preschool, which suggests the program was an important building block to school readiness.

Children’s gains in socio-emotional development were also positively correlated with their parent’s increased use of developmentally supportive activities,

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suggesting increased parent engagement is an important pathway to improved child socio-emotional development and school readiness.

The impact evaluation, qualitative evaluation, and costing study provide many lessons for improving, adapting, and scaling the program that should be considered not only in the context of the Roma in Serbia, but in the broader region.

***Empowered Parenting in Serbia* (June 2019)**
Impact Evaluation Research Brief, Results for Development and Open Society Foundations
https://r4d.org/wp-content/uploads/v3_SFTS_PolicyBrief.pdf; Consolidated Final Evaluation Report: https://r4d.org/wp-content/uploads/OSF-Roma-Serbia-Consolidated-Final-Report_revised-26-May-2019.pdf.

of different services, which tend to be fragmented and complex to access, but they primarily need support to understand their situation, and develop confidence in their own capacities to support development of their children through partnership with relevant professionals. Well-coordinated multi-sectoral early intervention and ECEC programs can provide them with necessary information to help them access inclusive support services. They can also support them to link up with other parents in similar situations who can provide additional information about their rights and services. These programs, if accessed early, can prevent early exclusion and family separation of young children with SEN and those belonging to marginalised groups. The programs also provide parents with confidence to support their children's development through family routines and to fight for inclusive primary education provision later on.

However, as professionals in many countries increasingly understand the importance of family/school/community linkages and how these linkages can enhance service provision, they are also seeing the importance of taking time to listen and learn from each other. Many service providers now accept that it is their responsibility to consider families' priorities for their children when making decisions about provision. As service providers, RC staff can help to make sure that parents have enough information to make informed decisions.

Importantly, engagement with families is more than transmitting information. It involves establishing relationships, and ongoing interaction between everyone who has knowledge about the child. In this way, family members and professionals are partners in creating provision.

Dianne and Philip Ferguson²⁶ have studied family/professional interactions for many years. Their work suggests that while professionals have important expertise, families are also experts about the abilities and needs of their children, especially in the early years. They suggest that one of the ways professionals can initiate better linkages is by listening to what families have to say about their experiences. It is similar to the design thinking methodology step of empathising because empathy requires listening and listening is the first step in formulating a response.

The Fergusons and their colleague, Amy Hanreddy, developed the framework for family/school/community linkages presented in the following section. This framework can be used by

RC outreach teams to establish strong family/school linkages. It helps to develop practice that is collaborative rather than relying on the expert model of partnership where the family is the recipient of information.

This is important because providers rely on a professional knowledge that often dominates communication with families. They use the language of policy and programme; goals and outcomes; rules and procedures. Families knowledge is often communicated in the form of stories. This mismatch in the ways that providers and parents communicate can make it difficult to listen and hear what each other have to say. However, if professionals take the family perspective seriously, communication becomes more responsive to the needs of the child.

What the Fergusons' research on family/school interaction suggests is not a recipe or model but three key principles to consider. They argue that these principles should be part of any overarching framework for shaping authentic partnership with families: (1) a relational approach to disability and special needs; (2) a commitment to cultural reciprocity in all family/provider interactions; and, (3) a commitment to embed responses to families and children within the general social structure rather than recreate specialized versions of those responses. Each of these is seen as a crucial element in improving family/school collaboration. These principles should be adopted by staff in all settings providing services to young children and their families.

Relational approach to disability. A central feature of this approach is an emphasis on a 'social model' of disability. The social model makes a distinction between the physiological impairment of an individual and the socially constructed disability that explains the impairment. The implication is that a child's disability does not reside so much within the child as in the relationship between the child and society.

This type of approach is considered a 'diversity-based' approach to disability that emphasizes difference rather than defect and creates a context for inclusion that values difference. It is based on a social model of disability that replaces the medical model, which views differences between some children and most others as deficits. The medical model has been in use for a long time and many decisions about services and forms of provision have followed this model. Nowadays, the rights-based perspective discussed in section 1 promotes the reform of services based on a social model of disability that focuses on removing barriers to participation in the environment instead of a medical model of disability that focuses on impairments inherent in individuals.

Cultural reciprocity. It is important to recognize the cultural assumptions that underpin forms of provision in the national context. Cultural assumptions are hard to see but just as disability is socially constructed, culture is shaped by long held assumptions about difference and the ways in which differences matter. For example, the presence of a disability in a family is often seen as a tragedy or a source of shame. Recognizing the role that cultural assumptions play in developing family/provider linkages can generate insights that lead to changes in practice.

Embedded responses. The tendency of specialists to define a problem so as to require the services of similarly trained specialists for the solution has been long noted. This tendency is reflected in the stance that specialized services are superior to embedded support within mainstream settings. 'Embedded responses' are family/school linkages that are pursued with the families of all children, turning to specialized interventions only as a last resort.

Three Strategic Approaches to Family/School Linkages

The question for anyone interested in improving the partnership of providers and families in support of inclusion is how to develop strategies that will put principles into action. Experience suggests that flexible strategies are needed that allow local context and culture to shape specific actions and initiatives rather than detailed prescriptions and checklists that seem to offer a recipe for implementing change. A more helpful strategy is to develop case scenarios to see what strategic responses might build on the core principles of family/school linkages described above.

This relational approach allows individual responses to specific families. Exploring ways to reshape the way support is embedded in general education settings can change the dialogue from one of how best to remediate educational deficits to how best to create inclusive settings for teaching and learning with all types of diverse children. The focus is not so much on ‘fixing’ children but connecting with their families to create environments for success. The table below provides an example of how this might work in practice. It also includes a stimulus for RC staff to discuss and complete.

Table 3: Case scenarios on creating environments for success

Core principles of linkages	Relational approach to disability	Cultural Reciprocity	Embedded Responses
Actions RC staff could take:	Create a context for inclusion that is accepting and tolerant of difference.	Dispel the idea that the presence of a disability in a family is often seen a tragedy or a source of shame.	Ensure family/school linkages that are pursued with the families of all children.
Example:	Invite parents of disabled children to participate in school engagement activities (volunteer, parent network organising school fair, etc.).	Display positive images of and about disabled children in the community.	Include children with disabilities and their families in social activities (before and after school events, holiday activities, etc.).
Other linkages:	Parents as the most important supporters of their children. Guide parents involvement in children's learning. Empower parents to follow their child's progress.	Involve parents in discussions about their child's learning both at home and at early years settings.	Encourage a view of <i>all</i> parents as experts on their own child.

(3) ASSESSING LEARNING—A ROLE FOR EVERYONE

Today, the idea that many kinds of assessment information are needed and can be used to inform learning is firmly in place. The traditional idea of assessment as the responsibility of the Psychological Medical Pedagogical Commissions (PMPC) has broadened to include assessment activities that take account of the learning context (e.g., home, school, etc.) and the curriculum. This is especially important in the early years as assessment of children's development can help to ensure that targeted support is available to vulnerable children prior to formal schooling.

Assessment draws on a wide variety of methods and tools to evaluate, measure and document development, progress, the acquisition of skills, and/or the needs of children. Assessments may be formative or summative. On-going assessment for learning is formative while summative assessments are used to 'sum up' learning at the end of a period. These two forms of assessment do not always have firm boundaries. As shown in the table below there are many different purposes and uses of different types of assessment data.

It is important that the different purposes and types of assessment are understood. It is also important to understand that assessment practices can be used in ways that are not supportive to child-centred inclusive practices. For example, formal assessment practices often involving standardized tests used to identify children in need of additional support can lead to an overrepresentation in the identification of disabilities or special educational needs for children in minority groups such as Roma children who are disproportionately represented in special needs statistics in some countries in the region. The associated labelling of children as deficient or less able perpetuates a cycle of disadvantage because the labels lead to placement in special settings or special classes. The placements further stigmatise the children as lacking readiness for learning in mainstream schools. Children can also be labelled by peers, which can prompt stereotyped behaviours towards labelled students and encourage low expectations and exclusion. Some countries, like Portugal, have recently legislated a non-categorical approach to determining special needs. The 2020 GMR summary report²⁷ on Inclusive Education found that in Europe, the share of students identified with special education needs ranged from 1 percent in Sweden to 20 percent in Scotland. Learning disability was the largest category of special needs in the United States but was unknown in Japan. Such variation is mainly explained by differences in how countries construct this category, which has numerous implications for policies, funding, and services available for children belonging to traditionally excluded or marginalized groups. Large-scale, international summative assessments tend to exclude students with disabilities or learning difficulties. A shift in emphasis from these assessments at the end of the education cycle, to formative assessments over the education span, can support efforts to make assessment fit for the purpose of inclusive education, including for students with impairments to demonstrate their learning. The emphasis of assessment tests should be on how the assessment can support students with SEN to show their learning and progress.

Staff in RCs are key members of assessment teams. They will conduct formal assessments as required by national policies, but they also have an important role to play in facilitating informal assessments that will support colleagues in mainstream settings and families to facilitate children's learning. A major issue is to balance the need for assessment practices that support learning and development while avoiding the damage of labelling children. RC staff can support mainstream kindergarten, preschool, and primary school teachers to undertake assessment practices such

Table 4: Examples of assessment activities in early years settings

Purpose	Type (should be linked to purposes)	Examples of assessment evidence and strategies	Questions: How often? By whom?
<p>To assess current knowledge, skills, and development of children in key developmental domains (Physical, cognitive or social/emotional).</p> <p>To identify children who might need additional support.</p>	<p><i>Diagnostic:</i> to evaluate strengths and weaknesses.</p> <p>To help plan interventions.</p>	<p>Checklists, rating scales.</p> <p>Often commercial and culturally specific.</p> <p>Deficit focused.</p> <p>Medically focused.</p>	<p>Occasional (sometimes only once)</p> <p>PMPC</p> <p>Doctors</p> <p>Psychologists</p> <p>RC Specialists</p>
<p>Help with planning based on children's strengths and needs.</p> <p>To motivate and improve.</p>	<p><i>Formative:</i> assessment for learning.</p> <p>Linked to curriculum.</p> <p>Linked to behaviour.</p>	<p>Teacher based assessment.</p> <p>Sometimes known as curriculum-based assessment.</p> <p>Quick, brief, narrative observation, accurate and regular feedback with information on how to improve.</p>	<p>Frequent Teachers</p> <p>Continuous</p> <p>Everyone</p>
<p>To measure progress of individuals over time.</p> <p>Accountability</p>	<p><i>Summative</i> assessment</p>	<p>End of course/ programme tests and evaluation.</p>	<p>Occasional</p> <p>Preschools/ kindergartens</p> <p>RC specialists</p> <p>Education authorities and Ministries</p>
<p>To make comparisons with others of similar age</p>	<p><i>Norm-referenced</i> assessment</p>	<p>Standardised tests or checklists of developmental norms</p>	<p>Occasional</p> <p>Preschools/ kindergartens</p> <p>RC specialists</p> <p>Education authorities and Ministries.</p>

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Table 4: Examples of assessment activities in early years settings

Purpose	Type (should be linked to purposes)	Examples of assessment evidence and strategies	Questions: How often? By whom?
<p>Evaluate children's learning and progress over time.</p> <p>To develop children's metacognition skills (learning to learn).</p>	<p><i>Personally referenced</i> assessment.</p> <p>Performance compared to an individual's previous levels of attainment.</p> <p>Self-assessment.</p> <p>Peer assessment.</p>	<p>Journals kept by children, families and teachers containing narrative descriptions.</p> <p>Audio, video and digital records.</p> <p>Portfolios of evidence kept by children and teachers.</p> <p>Drawings, writing, photographs, artwork, computer-based work—all dated to illustrate progress.</p>	<p>Frequent</p> <p>Teachers and Children</p>
<p>Evaluate effectiveness of teaching and relevance of curriculum.</p>	<p><i>Criterion referenced</i> (performance compared to pre-specified criteria).</p>	<p>Teacher based.</p> <p>Observations of individual or groups of children's responses.</p>	<p>Continuous</p> <p>Teachers</p>
<p>Improve communication with parents, teachers, and other education professionals.</p>	<p>EC specialists often use <i>authentic assessment</i> based on evidence from home and everyday classroom activities and interactions.</p>	<p>Work samples from any content area showing growth and progress over time.</p> <p>Details from interviews with children and/or parents.</p>	<p>Frequent</p> <p>Everyone</p>

as observations, recording and planning, as well as progress monitoring based on observation findings. These practices do not require labelling. They are important activities that can be used to support inclusion in ECEC settings and in transition to primary levels. The examples provided in the table above show the kinds of practices used in inclusive settings to support learning. They are not intended to explain clinical assessment practices.

Assessments in the early years

It is useful to consider how assessment practices gather information at different levels that can be used for a range of different purposes. High-quality assessments are a fundamental part of an inclusive education system. Assessment can inform teachers about student needs so they can provide targeted support. Assessments of very young children, from birth to age three aim to recognise the concerns, priorities, and resources of the family, as well as to identify the functional skills and the characteristics of the context. They are designed to understand the family's perspective and gather information, which will enable decision making in a family centred approach, leading to a support plan that responds to their concerns. Assessment in ECI should be useful for planning interventions and monitoring the progress. Assessment should be based on how different people perceive the child; authentic in terms of the choice and use of tools that are appropriate for the child and the family; fair and sensitive to individual differences and characteristics of the family; and done in cooperation with different professionals from the ECI team and the parents. Assessment should take place in a child's natural setting, such as child's home or the preschool setting, so it can reflect everyday relationships and experiences.²⁸

For children attending educational settings prior to the start of primary education, early childhood assessment is a tool used to collect information and provide parents and educators with critical information about a child's development and growth. Many governments across Europe require all state and licensed early childhood service providers to include a childhood assessment component in their programs. Childhood assessment is a process of gathering information about a child, reviewing it, and then using the information to plan activities that are at a level the child can understand, enjoy and is able to learn from. Assessments of young children need to be an ongoing process based on observing and documenting a child's work and performance over the course of a year. This allows an educator to accumulate a record of the child's growth, strengths, and possible challenges. With this information, educators can begin to plan appropriate curriculum and effective support for each child within the context of an inclusive classroom. Parents need to be involved in these assessments and the assessment record developed by the setting should be shared with parents so they can follow their child's progress and plan how they can support the learning in their homes.

Methods of child assessment can be informal and based on natural observations, children's work for portfolios, or on teacher and parents' ratings and can be made on a regular basis with minimal or no interference into children's activities. When formal assessment tools, such as questionnaires and standardized tests are used, the purpose of this type of assessment, and the use of assessment results, needs to be clarified in advance. Tests need to be performed by qualified staff and based on parents' consent. It is also important that assessment tools have been tested and standardized for the use in the specific country and are accepted as a credible source in assessing children's development. Staff working in ECD settings in the region rarely do these assessments.

Assessments are important because they provide educators and parents with critical information about a child at the stage of life when development is rapid. Assessment can identify numerous opportunities to nurture development at home and in the educational settings that should not be missed. Assessments can also identify children who may need additional support and determine the type of support needed so that possible early delays in development can be prevented or mitigated. They help educators identify the strengths and weaknesses within a program and provide information on how well the program meets the goals and needs of all children. Through these functions, assessments can extend learning opportunities and make them available for everyone. They also provide a common ground between educators and parents to use in collaborating on a strategy to support their child.

These range from formal to informal and they involve many different people including different types of professionals, families and children. There are many forms of assessments and associated tools, including standardized tests, screening instruments, and criterion performance assessments. Overall, the focus of assessment is on learner progress. Additional resources on assessment practices are included in the appendix.

(4) INDIVIDUALISED PLANNING

An individualised education plan or IEP is a valuable tool that supports provision for children with disabilities. The IEP is created when teachers, parents, and other important people in the child's life such as pedagogues, speech therapists and other professionals work together to plan for children with disabilities. Informed by assessment data, IEPs often follow a process of meeting the individual needs of children by setting objectives and specifying how the objectives will be met and by establishing criteria by which progress can be measured.

The commonplace presumption that certain individuals need something different or additional to what is provided to others of similar age has had profound implications for the development of provision and interventions. Under this presumption, it was often assumed that separate provision would inevitably be needed for children with disabilities or patterns of behaviour commonly associated with difficulties in learning. Hence, the use of IEPs has followed the practice of specifying provision that is 'additional to' or 'different from' what is ordinarily provided to others of similar age.

Similar thinking has underpinned other targeted interventions such as programmes for 'disadvantaged' children, for example, Roma or migrant children. Consequently, a large body of research on learning has focused on how children vary and the implications of such variances, including identifying and matching interventions to learning differences. This intuitive idea has remained popular in policy and practice in many countries, but has also limited the development of more inclusive practices. This is because when an intervention is based solely on an individualised response to impairment, or a specific difficulty in learning, important contextual requirements may be overlooked. Thinking about learning as a shared activity where a single lesson is a different experience for each participant is key to developing inclusive provision.

The focus of the IEP is on practice that is inclusive of all children by recognising and addressing individual differences while simultaneously avoiding differential treatment leading to exclusion or marginalisation. The example in table 2, which contrasts 'additional needs' and 'inclusive

pedagogical approaches' provides an example of how to use this approach in developing an IEP. In the section below, guidance is provided on how to use the approach in situations where an IEP is not in use or has not been developed.

EXTENDING WHAT IS GENERALLY AVAILABLE

There is a perception that an IEP is the only way to support a child and while there can be no doubt that a written plan can form the foundation of good quality provision, it is also possible to provide services without waiting for the IEP. The approach to inclusive pedagogy described in this guide can be used in situations where children have IEPs, it can be incorporated into IEPs that are being developed or it can be used in situations where children need additional or specialist support but do not have IEPs.

Whether or not every child with a disability needs an IEP is a matter of local policy. National guidance generally specifies when an IEP is needed and who should develop it. However, there is also a general international understanding that an IEP should be developed by a multidisciplinary team that includes the parents. This team considers the assessment information and goals that have been established (using person centred planning tools described in section 3) to develop an action plan that is reviewed regularly. Staff in RCs can play an important role in the development of IEPs by facilitating the gathering of assessment information, ensuring that parents are included in the development of the plan, and advocating for the use of person-centred approaches to determining goals and objectives. They can also take a leadership role in facilitating the involvement of mainstream providers (preschool/school staff) and families to co-develop the plan.

When planning for an inclusive approach, early childhood practitioners build opportunities in early childhood programs for children to interact with their environments using a combination of child-directed, guided, and intentional adult support to help children interact with other children, their environment, and ECI professionals to extend learning. Inclusive pedagogies move children from their present level of understanding to make learning engaging, meaningful, and relevant to their lives and social contexts.

The inclusive pedagogical approach does not ignore individual differences between children but follows the idea that inclusive education is about extending the scope of ordinary provision to include a greater diversity of children. This does not rule out the use of specialists or specialist knowledge. As discussed in section 1, it is the way that support is provided that is important. It is in the ways that providers respond to individual differences, the *choices* they make, and *how* they utilise specialist knowledge that differentiates inclusive practice from other approaches. The inclusive pedagogical approach has the advantage of incorporating the relational aspects of the learning environment in an individualised approach to meeting needs.

While the additional needs approach to inclusion focuses only on the student who has been identified as in need of additional support, the inclusive pedagogical approach focuses on the children's *relationships* in the community of the classroom. In this way, learning opportunities are made sufficiently available for everyone, so that all learners are able to participate in the community of the classroom. The lesson plan below provides an example of a lesson that is responsive to individual needs in the context of relationships with others in the learning environment. In this case, children are learning about colours.

Table 5: Lesson plan using an inclusive pedagogical approach

Activities	Inclusive Pedagogical Approach
<p>Whole Class: Teacher begins by presenting the colour words to the whole class using powerful visuals with lots of repetition and reinforcement.</p> <p>Whole Class: Learn a simple poem (or, if preferred, a simple song) together using different colours visually supported by the colours on display. During the song or poem, all learners are asked to point to/pick up a colour counter each time the colour is mentioned as an engaging activity.</p> <p>In small groups created randomly through distribution of colour cards: each group is given the name of a colour. Members choose objects (real ones, pictures or drawings), which have that colour using key phrases such as: <i>'This is red, the cat is black' or 'my pencil is blue'</i>.</p> <p>Each small group carries out a matching game (object to colour) with teacher input to encourage members to use thumbs up/down and if possible accompanied by 'I agree'/'I disagree' or 'yes'/'no' (teacher can add some deliberate errors themselves while going round the groups)</p> <p>Whole Class: Children have the opportunity to begin to learn about primary/secondary colour concepts, through hands-on exploration with paints. Teacher asks children to look at which colours combine and which are primary/secondary colours. Using an engaging piece of video/cartoon that shows primary colours and colour combinations, the teacher and children play a game of questions and answers to guess what the colours are and which ones combine to make another colour. Core phrases are used constantly by the teacher: e.g., 'I wonder what colour red and blue make?'</p> <p>In pairs: Children select two colours they want to combine. Teacher encourages the children to explore, experiment and try things out. The children may invent a 'new' colour combination, or replicate some of the colour combinations they have already learned about—the choice is theirs.</p> <p>Interest groups: Choices: artists, scientists, musicians, poets or quizzer (e.g., working with flags)</p>	<p>Activities that include all children to provide confidence building and enjoyment.</p> <p>Focus teaching and learning on what children can do rather than what they cannot do.</p> <p>Rejection of ability grouping as main or sole organisation of learning groups.</p> <p>Finding opportunities for learners to choose the level with which they engage in lessons.</p> <p>Use of formative assessment.</p> <p>Finding opportunities for learners to co-construct knowledge.</p> <p>Interdependence between teachers and learners to create new knowledge, which in turn links into notions of participation.</p> <p>Essential for all learners to feel valued, build confidence and experience success.</p> <p>Differentiation achieved through choice of activities for everyone.</p>

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Table 5: Lesson plan using an inclusive pedagogical approach

Activities	Inclusive Pedagogical Approach
<p>Interest Groups: Children can choose from within their classroom, in the wider school or outdoors to explore and document 'colours in our environment'.</p> <p>Learners select their preferred group according to which part of the environment they wish to explore.</p> <p>In all groups, the type of activities are creative and differentiated but also open-ended so that learners can bring with them their own sense of successful learning. There will be 'share time' for each group to showcase what they have achieved, in a variety of ways that the children can choose from, for example, through photographs they have taken, through their drawings, from a song or story they have made up.</p> <p>Plenary: ask the children to share what they feel they have learned. Children can do this in a range of ways, for example verbally; through sharing a painting or drawing; by playing a colour game.</p> <p>Ask the children to share their own favourite colour by bringing a favourite object from home. Children can also find out the favourite colour of other people in their families and create an image or bring objects to illustrate these.</p>	<p>Use of different forms of communication, which expresses the value of different ways of expressing knowledge.</p> <p>By creating different opportunities for children to demonstrate their learning, everyone can participate and share their learning.</p>

(5) WORKING COLLABORATIVELY WITH OTHERS

The demands of transforming practice as staff in RCs move from providing direct services to support can be a source of stress for RC staff because the new ways of working that are required are unfamiliar.

Providing education and care for young children through ECEC policy is an integral part of many national policies. Many ECEC policies are justified as important investments in ensuring school readiness and an educated workforce. In today's globalized world, international competition places a premium on high academic standards and the skills thought to produce economic advantage but the international drive to improve standards through competition also encourages rank ordering of performance that can contradict a policy of inclusion. This contradiction creates tension between the competing policy demands of education for everyone (equity) and high standards of performance (excellence). For this reason, inclusive education has been described as a complex endeavour, characterized by tensions between competing policy demands.

A common approach to mediate these tensions in many countries has involved implementing the individualized approaches to meeting student needs developed in specialist facilities in mainstream schools. In the CEE region, the role of psychological pedagogical medical

commissions (consultations) is very influential in assessment of individual needs and placement decisions. While the individualized approach has been helpful to some extent, it also has been problematic because including *all* children by differentiating for the individual needs of some can reproduce exclusion rather than facilitate inclusion. When the focus is on the individual needs of *some* children the individual child is assumed to be deficient because the commissions diagnose a disability or other difficulty. This can lead to lowered expectations about what it is possible for the child to achieve and placement in specialist facilities is sometimes seen as the best option. While it is important to acknowledge, understand, and respond to differences between children, important questions about which differences matter and how one should respond must also be addressed.

Many RCs will operate outreach activities together with centre-based activities and both functions are important. Outreach activities involve such things as home visits and working with staff in mainstream settings. Centre-based activities may involve therapy or specialised assessment. For example, a centre may also be the location for purpose built specialist equipment such as a hydro-pool or sensory room. In this case centre-based activities would include forms of physiotherapy that cannot be provided at home or in schools that do not have hydro-pools. In this case the physiotherapists who staff the RCs may spend part of their time in centre-based activities and part of their time working in outreach teams to provide physiotherapy services to children in mainstream schools. In both cases, it is important to consider *how* the services can be provided in ways that meet the standard of inclusion which privileges participation with others and avoids separating, isolating or excluding children for any reason.

Using the activities in this guide, staff in RCs, families and mainstream providers can work together to consider the ways that specialist support can be provided in mainstream settings. However, they must expect that there will be difficulties along the way. Not everyone will agree with the rights-based approach to inclusive education. Professionals may not agree that families are equal partners in planning for the child's education. Staff in mainstream and special settings will differ in their understanding of what children need and how they learn best. It is important to understand what these difficulties are and how they arise so that staff can deal with them constructively. As in the first section of this guide—the task begins with empathy and seeking to understand the perspective of others by listening carefully to their experiences, fears, and hopes.

To achieve this shift in practice while retaining professional integrity, RC staff, teachers in mainstream kindergartens, schools and other specialists supporting the child and family are urged to work *together* to view children's areas for support in their learning as professional dilemmas. The dilemmas can be addressed using the problem-solving activities, assessments and person-centred tools described in this guide. Together, these activities support a solution—focused approach to inclusion that works on overcoming barriers to participation. Developing collaborative ways of working together to support the learning of all children is an essential element of an inclusive pedagogical approach that shifts the way that professionals approach their work.

For example, in the CEE region, the tradition of defectology supports a multi-disciplinary approach that brought together professionals from different disciplines to diagnose, educate, and rehabilitate people with mental and physical disabilities. Psychological Medical Pedagogical Commissions (PMPs) can be viewed as teams formed to assess the degree of deficiency in children and develop plans for provision based on established psychological, medical, and pedagogical measures. This focus on assessment underpins what can be called a 'diagnostic-

prescriptive approach’ and this has been a historical hallmark of special education provision in many parts of the world that led to greater differentiation within the broader categories of disability and the creation of sub-groups with the aim of devising more focussed educational provision. However, because the diagnostic-prescriptive approach has not produced much evidence that educational interventions are differentially effective with different categories of learners, the emphasis on educational provision has shifted towards learning process models of provision that emphasise the relationship between teaching and learning. In this model, teachers encourage active engagement in learning, and innovative approaches to grouping and organising activities. They make learning meaningful by keeping it enjoyable, interesting, student-centred, and goal-oriented.

The differences between the PMPC and the RC outreach team are best understood as the difference between a diagnostic-prescriptive approach and a learning-process approach. The diagnostic-prescriptive approach is based on a medical model of disability that identifies deficits in learners (discussed in the section on assessment), while the learning process approach is based on an open-ended view of learning that is mediated by the environment and the things that others do to facilitate learning. Both serve important but different purposes that are described in the table 2 on assessment above. In addition, as outlined in the section on families, the work of RC teams is guided by a social model of difference rather than a deficit model of disability. Families are viewed as partners with valuable expertise that contributes to assessment and provision planning.

COPING WITH UNCERTAINTY

Research²⁹ has shown that the stress of coping with uncertainty can be managed through negotiation that leads to professional learning. Some of the sources of stress that will be encountered might include:

- Making decisions about the purpose of support (direct or indirect)
- How support can be provided (individual, group, curriculum adaptations)
- How support staff time is deployed (working with children or other adults or both)
- How teaching decisions are made (who is responsible for the child’s learning?)
- How children’s difficulties in learning are understood (will you use a deficit or social model?)
- Determining what experiences are required to support children’s learning (activities, resources, curriculum, pedagogy, behaviour management, etc.).

Clearly, these areas of uncertainty illustrate the complexity of the changes that are required as special schools become RCs. In many fields, teams often use the ‘design thinking methodology’ introduced in section 1 as a practical approach to problem solving that can help resolve professional dilemmas. In the following section, more specific change management strategies that can be used in conjunction with a design thinking approach are presented. Some of these strategies are widely used in many different fields while others are specific to supporting vulnerable children.

Section 3

Change Management Strategies

This section of the guide aims to help meet the challenge of change by providing practical information on how to initiate, facilitate, and manage change while still retaining professional integrity and status. As experts in speech therapy, physical therapy, occupational therapy, psychology, paediatrics, defectology and other specialist fields, RC staff have specialist knowledge about vulnerable young children that needs to be shared with colleagues and with families in mainstream settings.

Person-Centred Approaches

The European project, ‘New Path to Inclusion Network’ provides resources for achieving changes in services for people with disabilities³⁰. This project developed modules that use a ‘person-centred planning’ approach to working collaboratively with interagency stakeholders, people with disabilities, and their families. Person-centred planning is part of a family of planning and practice approaches that support change on personal, institutional and regional levels. The modules have been used by countries in the CEE region.

Person-centred tools and methods are described in step-by-step detail in many publications. They were developed at the Marsha Forest Centre, a Canadian charity founded in 1989 by inclusion pioneers Marsha Forest and Jack Pearpoint. The centre has created materials designed to ensure that everyone belongs. Through a framework of Person-Centred-Planning, these materials are solution focused in that they support problem solving. Inclusion Press³¹ provides many free downloadable resources developed from the pioneering work of The Marsha Forest Center and some of them are included below. More detailed resources and links to Russian translations are included along with other useful websites in the appendix.

Person-centred approaches can be used by staff in special schools to support the transformation of practice as they shift their focus away from a child’s deficits to his or her strengths. The key principles involved in using the tools successfully are listening, sharing decision-making, and responsive action.

- *Listening* involves an intention to understand what a person is saying about what is important to them. Listening to young children must not be overlooked and needs to be understood in the broadest sense, for example listening to the unspoken as well as to the spoken. Children and their families can, and should, be consulted about what is important to them. It is their right.
- *Sharing decision-making* involves making decisions collaboratively with children and families rather than on their behalf.

- *Responsive action* assumes that the family is the expert on the child and professional expertise lies in helping to solve problems and overcome barriers to inclusion.

Here again, it is clear that these steps align with the overall problem solving approaches and design thinking methodology recommended in this guide. Below are two concrete person-centred strategies from Inclusion Press that use these principles.

(1) MAPS

The Marsha Forest Centre advocates using the concept of a map as a way to begin planning provision by listening to a person's dreams and acknowledging their nightmares. By asking a series of questions, the MAPS process builds a picture of person's gifts and talents that help providers to determine how to support the person to achieve their dreams.

MAPS is a six-step process involving the family, friends and professionals who know the child. This usually involves between six and ten people and the group generally needs about 90 minutes to 2 hours to develop a MAP.

The steps and the questions associated with MAPS are:

1. **What is the story so far?** This step asks for the story of the child and their family from the beginning to the present. This step documents the key moments- milestones, turning points, highs and lows- of the person's life so far. It is a step that invites the group to reflect on what the past can teach us about child's gifts and capacities. The story so far may reveal things that may need to be done differently in the future. It documents what has, has not worked in the past, and gives a sense of the present situation.
2. **What is the dream?** This step invites the child and family to express what they would like for the future. What will give their life purpose, meaning and direction? What does the dream reveal about the child's gifts?
3. **What is the nightmare?** This step asks what would make the child or family feel trapped and powerless. What is the worst-case scenario for the future? The purpose of this question is to acknowledge the nightmare, not to dwell on it but to show what to avoid.
4. **Contribution.** This step considers strengths. When is the child at their best? In what ways do they make a positive contribution in other's lives? What supports and opportunities does the child need from others in order to make this contribution?
5. **What will it take?** This step asks the group what is needed to move away from the nightmare and towards the dream. This step also asks the group to identify what they will need to begin this move. The needs may include making connections with the group; finding the know-how the group needs to discover, or the resources it needs to attract.
6. **Action agreements.** This step asks for specifics. What will our next steps be? Who will take them? When will they be done?

The MAPS process ends with an opportunity for each participant to offer a reflection on the process. The completed MAP can be photographed, and the family often keeps the original. The following examples highlight how MAP can be applied to real life scenarios.

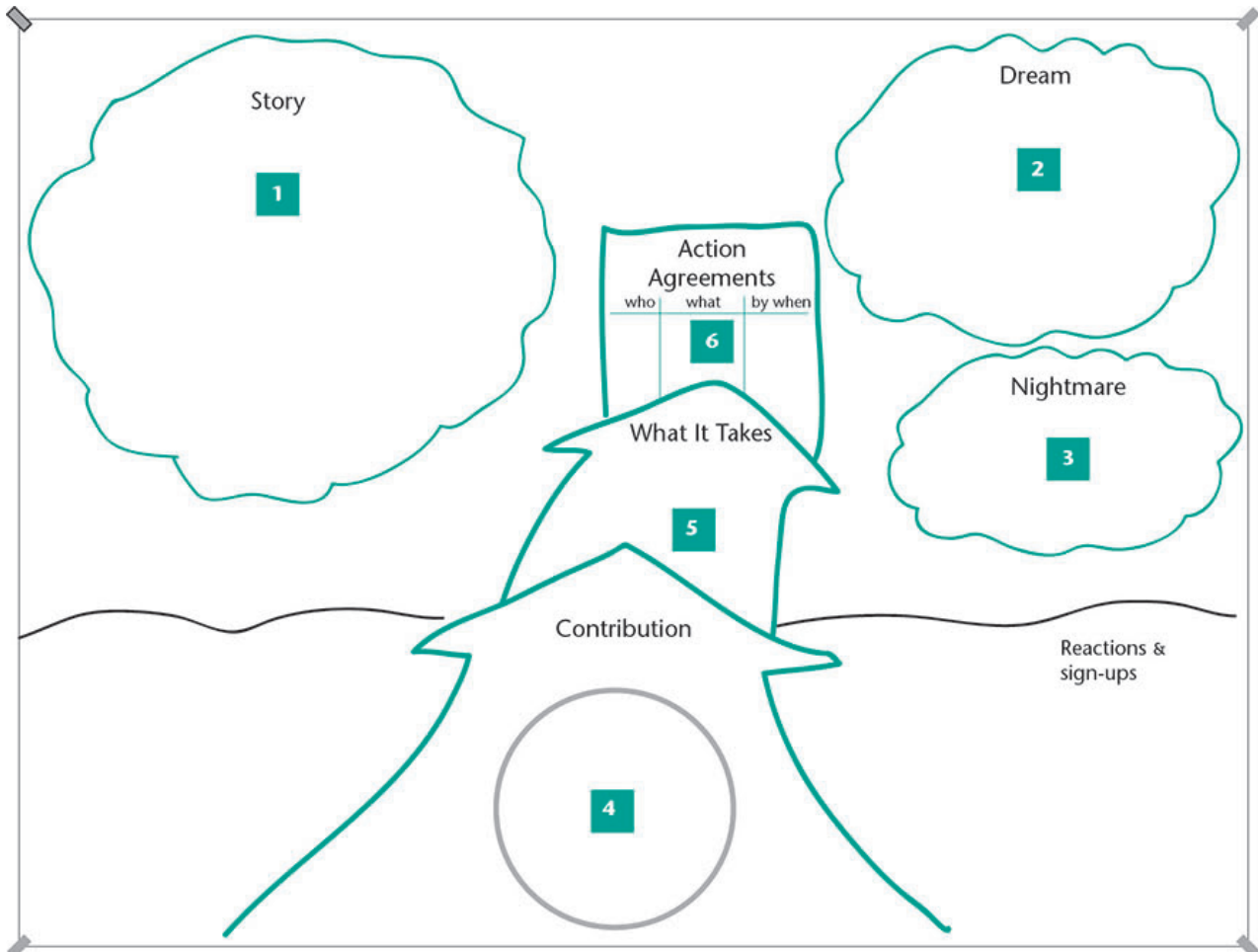
Problem/Solution Example:

Problem: David is four years old and lives at home with his parents and two younger siblings. He appears to be a happy child who enjoys music and the company of his brother and sister. David was born with multiple disabilities, has not been assessed and does not receive services, as there are no specialist facilities near his home. As his family live in poverty, they cannot afford to take him to the nearest municipality for assessment. The preschool head teacher has said that David can attend the preschool but only if the mother accompanies David, which she cannot do because she has to take care of the younger children. The family would like the local preschool to provide services even if David's mother is not able to attend but they worry about how David will fit in, whether staff are able to support him, and if he will make friends.

Solution: In this situation, the RC staff draw on the principles of listening, shared decision-making, and responsive action, using the person-centred approaches in MAPS. It is a tool that can be used at times of transition, in this case from home to preschool. It works best if the MAPS is developed with the family and staff at the receiving setting (preschool) since this increases the chances that the staff will be committed to the plan.

Using the MAPS for David, the team would start with who the Map is for by listing who will be involved in the transition. Then someone in the group would tell the story (step 1) as described in the problem. The next step is to describe the dream (step 2). In this case, the family wants the school to change its policy. Next, the team describes their fears and worries (3). What happens if David has a seizure or falls while at school? After listing all of the dreams and nightmares, the team considers David's strengths and gifts (step 4). In this case, David is able to tell people when he feels unwell. In considering his needs (step 5), someone on the staff would need to be trained in first aid. The action (step 6) would be to ensure that there was someone qualified in first aid to assist David if he had a fall or a seizure. This might involve sending someone from the staff for first aid training. It would also allow the school to enrol David without requiring his mother to come with him because having a trained member of staff means that the school is safe for David. In this way, everyone is able to express their concerns and find a solution for the problem.

A template for the MAP is provided below. This can be used during the meeting to facilitate the planning.



Source: Inclusion Press, <https://inclusion.com/>

(2) PATH

Another similar planning tool, PATH (Planning Alternative Tomorrows with Hope) can also be useful in complex situations where the action plan will need to be in place over a longer period of time. PATH builds on imagining different futures and then working backwards to determine the steps to achieve the future goal.

Problem/Solution Example:

Problem: Emily is a gentle child who is always helping others. Emily's teacher noticed that Emily was lagging behind her peers in some areas of her development. She was not gaining many early literacy skills or making much progress with her fine motor skills. The teacher was concerned that Emily would not be considered ready for mainstream school and would be placed in a special school instead. The kindergarten has referred Emily to the RC for assessment.

Solution: In this situation the RC staff draw from formative and summative assessment data about Emily's developmental progress using the person-centred tool, PATH, to work out a plan for Emily. This tool was developed by the same team as MAPS. When used in person-centred planning, the focus person and the people he or she wants to participate in process are invited to the meeting. Two facilitators are chosen to guide the process. PATH works best when the members of the team want to see change. The process helps them to take control of the situation.



Source: Inclusion Press, <https://inclusion.com/>

Step 1–The North Star

One of the facilitators (a teacher or specialist from the RC) asks Emily's mother to describe a vision for Emily (the North Star). This could be anything that comes to mind. While Emily's mother begins to describe her wish for Emily to go to the local school with her brother and sister, a second facilitator draws this on a board as the person talks. The dream provides a focus for the rest of the meeting.

Step 2– Generating a vision of a positive possible future

The next step asks the participants to imagine that a year has passed and that they are back in the same room reflecting on what has happened. In this case, Emily has gone to the local school with her siblings and she has been making steady progress. Although she is still not at the same level as other children in the class, she is happy at school and has friends to play with. In this case, the goals—that she is making steady progress, is happy, and has friends are positive and realistic.



Source: Inclusion Press, <https://inclusion.com/>

Step 3–Now

This step considers the current situation. It identifies any tension between how things are and where Emily and her family wants to be in a year's time. For Emily's goal, the tension is identified in the concern that because she lags behind, the other children might tease her and helping her might be too much work for the teacher. Identifying these tensions is important because it gives the team a chance to address how the concern will be addressed. In this case, the teachers agree to provide opportunities for all of the children to have some kind of recognition for attainments across different areas. The also agree that Emily's class teacher would need support.

Step 4–Enrol/Who's on board?

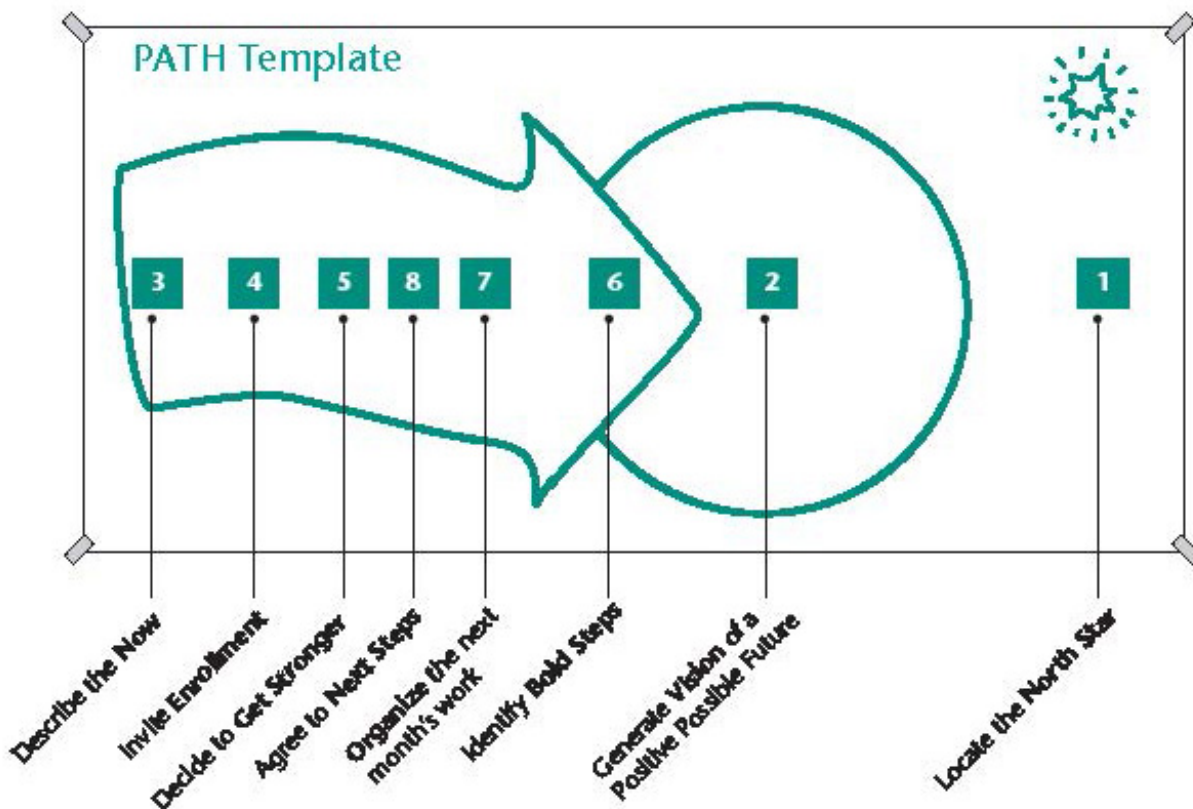
This step identifies who needs to help. In Emily's case, daily one on one instruction time for more intensive literacy requires that a specialist teacher become involved. However, this teacher did not want to go to the mainstream school to provide one on one support. She felt that Emily should receive this at the RC. The team discussed how to convince the specialist teacher to give the plan a chance. They felt that the RC teacher had much to offer in supporting other children in the school. They asked the RC teacher to help them to choose some games, tactile materials, and books that would help Emily specifically based on the assessment data that had been generated by the formative and summative procedures done by the RC specialists. The games and other materials would also be something that could be enjoyed by the whole class.

Step 5–How are we going to build strength?

This is an important step in identifying what the group needs to maintain strength and commitment to their goals for Emily. They decided to support each other with a round of phone calls each week.

Step 6–Identify Steps

This step sets out what the first steps are and who will take them. In Emily's case, the first step was to enlist the help of the specialist teacher. The assessment coordinator of the RC centre was identified as the person to take this step.



Source: Inclusion Press, <https://inclusion.com/>

Step 7 – Organize the next month’s work

At the end of the meeting, the facilitator asks the group to set goals, identify who is doing what and when to review progress.

The MAPS and PATH templates provide good illustrations that the ways that people do things are more than what they do. As discussed in section 2, they involve overlapping processes that have developed over time, and the professionalized and bureaucratic nature of provision can make change difficult. Therefore, a first step in managing change is to establish ways of working collaboratively with others involved in service provision. Some ideas for how to establish collaboration between types of special and mainstream settings are provided below.

Appropriate support—the contribution special schools can make to inclusive education

In many parts of the world, the role of special schools in an inclusive education system have evolved from separate facilities to outreach centres that provide specialist support to mainstream schools.

These forms of support are defined as:

Co-location: The situation where preschools, kindergarten, special schools and mainstream schools share space. This can include a campus or community setting where a wide age range of children and families receive services.

Dual enrolment: Children placed in special setting spend part of their time in mainstream schools and are officially counted in the enrolment of the mainstream school.

Reassignment of specialist teachers: Special school teachers and RC staff work in outreach teams providing services in mainstream facilities

For RC and school collaboration, there are specific steps that can be taken to help teams begin to work together. To get started, it is useful to follow the steps in the table below. These steps involve making a list of tasks or activities, specifying who will be involved (stakeholders), who will have overall responsibility (accountability) and how to ensure that each stakeholder understands their role. The table provides two examples.

Table 6: Getting started

Steps	Example 1	Example 2
What is the activity?	Dual enrolment	Co-location of services
Identify stakeholders	Identify relevant staff from special school and kindergarten; parents (add others, e.g., PMPC staff).	List relevant staff from special school (teacher, speech therapist, etc.) and kindergarten (teacher, head teacher, pedagogues).
Specify stakeholder accountability (one per task)	RC director and head teacher confirm enrolment with relevant officials.	Each team member activity is reflected in an RACI matrix (see below).
Ensure each stakeholder understands their role.	Meet with municipality administrators and relevant ministry officials.	Team meeting to discuss logistics for implementing the new service.

Meeting to clarify or determine shared goals and values of ECD can help to establish collaborative relationships. In taking a leadership role in the development of inclusive services, there are additional person-centred resources to draw upon.

Getting started—working in teams

The Solution Circle activity is another problem solving activity developed by Jack Pearpoint, Lynda Kahn and John O'Brien at Inclusion Press International and the Marsha Forest Centre. This activity offers a structured way for RC staff to initiate discussions with colleagues in mainstream schools and with families about inclusion. It helps to establish a collaborative teamwork approach and identify key issues for the development of local practice. The Solution Circle is a short and powerful tool that takes no more than a half an hour. It is effective in getting 'unstuck' from a problem in life or work. Solution Circles are tools of 'community capacity.' It assumes and demonstrates that nearby people—in any community or work place—have the

capacity to help—if asked. It requires a person to ASK—not an easy thing in our culture of privacy and ‘do it alone.’ This tool puts all the values we espouse into practice and demonstrates that ‘together we are better’.

The Solution Circle can help address many different issues such as:

- Children are in special schools because a decision has been made that they need individualised interventions provided by specialists. How is it possible to provide these interventions in mainstream schools?
- The additional support needed for some children is not available in the school and has to be provided by staff outside of the system. How can RC and school staff work together to identify the support that is needed? How can it fit into the school day?
- Parents should have a role in deciding the best provision for their child but parents often are asking professionals for advice about what is best. How can parents be involved in making decisions when they do not know what services their child needs?
- The head teacher says that children with special needs require too much attention from the teacher and will hold back the progress of other children. How can we make sure that every child is learning?
- The influence of medical and social models view problems and solutions in different ways. This can create sources of conflict for specialists who are trained in one tradition but may be working in a context that is promoting a different model. How can staff work together to determine what constitutes a good quality education?

In undertaking this activity there are a few steps and some guidance:

- One person is the group facilitator.
- One person agrees to be the problem presenter.
- One person agrees to be the process facilitator (e.g., keep time, manage team).
- One person agrees to take notes or record the session.
- Time required: No more than 30 minutes.
- People per Solution Circle: Best with five to nine participants.

Explain the steps to the team in detail:

Step One:

(six minutes) The **problem presenter** will have six uninterrupted minutes to **outline the problem**. The job of the process facilitator is to keep time and make sure no one interrupts. The recorder takes notes. Everyone else listens. If the problem presenter stops talking before the six minutes elapse, everyone else stays silent until the six minutes pass. This is crucial—the problem presenter gets six **uninterrupted** minutes.

Step Two:

(six minutes) This is a brainstorm. Everyone chimes in with ideas about creative solutions to what they just heard. It is not a time to clarify the problem or to ask questions. It is not a time to give

speeches, lectures or advice. The process facilitator must make sure this is a brainstorm. Everyone gets a chance to give their ideas. No one must be allowed to dominate. The problem presenter listens without interrupting. He/she must not talk or respond. We often give the person masking tape to facilitate their listening.

Step Three:

(six minutes) Now the group can have a dialogue led by the problem presenter. This is a time to explore and clarify the problem. Focus on the positive points only and not what cannot be done.

Step Four:

(six minutes) The First Step. The focus person and the group decide on first steps that are doable within the next three days. At least ONE step should be initiated within 24 hours. This is critical. Research shows that unless a first step is taken almost immediately, people do not get out of their established patterns and routines. A coach from the group volunteers to phone or see the person within three days and check if they took their first step.

Finally, the group just does a round of words to describe the experience and the recorder gives the record to the focus person. If in a large group, the teams return to the main group, debrief and continue.

The Marsha Forest Centre staff have found that people love this exercise and find that it **generates action**. It does not guarantee a solution, but it usually gets people 'unstuck' and at least points to the next logical step. They also note that the Solution Circle often evolves into Circles of Support where all the participants listen and learn together over the years.

For example, in transforming special schools to RCs, the problem may be how to transfer specialist support to a child from the special facility to a mainstream setting. The people who may be involved in the activity would include the relevant RC staff, one or two people from the mainstream setting and someone from the family (one or both parents). A staff member from the RC could present the problem and the group members would follow the steps above.

The RACI Matrix

An RACI matrix is a flexible tool used in management situations to define the roles and activities assigned to each team member. It is a useful tool to use when services are being reorganized because it shows how duties are redistributed and shared between groups and individuals. It provides a forum for discussion and resolving conflict as well as a simple method for documenting who does what. RACI stands for responsible, accountable, consulted and informed management, defined as follows:

Responsible: Who is completing the task (doing the work).

Accountable: Who is making overall decisions (making sure all responsibilities are assigned and managed).

Consulted: Who will be consulted with regarding decisions and tasks (who has expertise and/or experience?).

Informed: Who will be updated on decisions and actions during the project (how will he or she keep everyone else informed?).

The example below shows how an RACI matrix can be used to establish co-location of services between RCs and kindergartens. In this example, the chart indicates who is responsible (R), accountable (A), consulted (C), and informed (I) for each activity.

Asking questions about what is important about the task, or what is important to others, forms the foundation upon which services can be improved and extended.

Table 7: Co-location of services

Task (Name/role)	Select children for dual enrolment	Develop IEP	Plan service delivery	Co-teach
RC Director	A		A	I
Head Teacher	I		I	A
PMPC	C	C		
Special School teacher	R	A	C	R
Speech Therapist	C	R	CI	
Kindergarten Teacher	R	R	C	R
Parent	C	R		
Other—specify				
Other—specify				

Questioning is an important element of communication and a good way to gather information that can be used to understand what is important to others, solve problems, and make decisions.³² For this reason, it is important that meeting agendas include opportunities to ensure that stakeholders have time to discuss these questions, establish common understanding about activities and clarify roles and responsibilities. Using the co-location example above, the task of developing an IEP for those who need them would involve a meeting of the special schoolteacher, speech therapist, kindergarten teacher, and parent. The members of this team would meet to discuss their understanding of the child's needs based on their particular expertise and assessment that can be formal (for example based on speech and language assessment) or informal (based on parent's knowledge of the child or teacher's observations). At this stage, another RACI chart could be developed to focus on the steps in developing an IEP.

FORCE FIELD ANALYSIS

Before change can be managed, it is helpful to understand the contextual factors that may enable or constrain change. Force field analysis can be used to establish this understanding.

Force field analysis was developed by the psychologist Kurt Lewin in the 1950s to examine the factors that influence a social situation. Today it is used as a management tool to inform decision-making based on deep understanding of the situation that is undergoing change. There are many free online tools that support the use of force field analysis. The step-by-step technique described below is one example (<https://www.odi.org/publications/5218-management-techniques-force-field-analysis>) that can be used with a small group (about six to eight people) using a flipchart or overhead projection so that everyone can see the same information.

1. The first step is to agree on the area of change to be discussed. This might be written as a desired policy goal or objective and it is placed in the middle of the page.
2. The forces in support of the change are then listed in a column to the left (driving the change forward).
3. The forces working against the change are listed in a column to the right (holding it back).
4. The driving and restraining forces should be sorted around common themes and then be scored according to their 'magnitude', ranging from one (weak) to five (strong).

Table 8: Co-location of special school services

Driving forces	Magnitude of driving forces	Area of change	Restraining forces	Magnitude of restraining forces
5	New legislation mandating inclusive education		Teachers do not feel qualified to teach diverse groups of children.	5
3	Parental support	To establish collaborative co-teaching teams in kindergartens	Children require specialist support	4
5	Funding for pilot projects		Provision is not offered in accessible buildings	4
	Other?		Other?	

Using this process will generate debate about the pros and cons for change. This is an important part of the exercise and time needs to be given to debating concerns, problems, symptoms, and solutions. The goal is to make the most of the driving forces and try to minimise the restraining forces. Force field analysis can be used to debate the challenges faced by staff in RCs, schools, and other services. It can be used by staff in RCs and in mainstream settings—separately or in collaboration with each other. It can be used with families to identify key enabling and restraining forces that will impinge on the planning process.

Conclusion

Today, the assumption that separate facilities are needed to provide specialist support has been replaced by the idea that specialist support can and should be provided in mainstream settings to the benefit of all children and to better promote truly inclusive approaches. Over the years, international and national projects, initiatives, and policy reforms have promoted the development of inclusive education in the CEE region and there are examples of projects and initiatives in every country. The strategies provided in this guide can be used to expand inclusive practices to a wider group of children. Specifically, they aim to support restructuring special schools to become RCs that provide leadership and support to mainstream providers. Support to mainstream providers extends professional practice from activities associated with operating a special school to outreach activities that support all children so they can be educated in mainstream settings.

Transforming practice is a complex task that involves many different forms of teams and partnerships. As RC staff take on responsibility for implementing the national legislative reforms and regulations that have been passed or are under development in many countries in the CEE region, they will be required to make changes in practice without knowing for certain how to enact or manage the change. To help navigate these complex changes, this guide suggests that collaborative ways of working together with families and other professionals can be supported through a *process management* approach to change. Process management allows teams to plan, organise, lead, and control change. In other words, the processes or steps in the strategies provide a structure to help navigate uncertainty and solve problems.

It can be daunting to initiate a process management approach with teams when it is not always clear who should take the initiative and who should lead the process of change. Leadership is not always directed from the top. Sometimes change is initiated by a family member or by a staff member who is interested in developing their practice. Sometimes a group of staff may decide to undertake a reform and they work together to gain experience and they learn from successes and from mistakes. The key is to have an open mind to try something different.

Appendix: Additional resources

This appendix provides additional information and links to selected key resources that support the implementation of the guide. These resources are among many and are offered as a starting point to encourage further professional development and learning.

Policy

- Council Recommendation of 22 May 2018 on *Promoting Common Values, Inclusive Education, and the European Dimension of Teaching* (2018/C 195/01), Brussels. Available at: [https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32018H0607\(01\)](https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32018H0607(01))
- **The European Agency for Special Needs and Inclusive Education:** The agency serves as a platform for cross-national work and collaboration for the ministries of education in member countries across Europe. It is an excellent resource for information and strategies that address specific issues related to inclusion of vulnerable children with disabilities and others. Information about national policies, country data for member countries, and details about specific projects can be found at: <https://www.european-agency.org/>
- **The Global Education Monitoring Report (GMR):** GMR is the mechanism for monitoring and reporting on Sustainable Development Goal 4 (SDG) and on education in the other SDGs with the responsibility to capture the implementation of national and international policies and strategies to help hold all relevant partners to account for their commitments as part of the overall SDG follow-up and review. It is prepared by an independent team hosted by the United Nations Educational, Scientific and Cultural Organization (UNESCO). GMR reports are thematic and the latest report, published in 2020, is on inclusive education: *Inclusion and Education: ALL MEANS ALL* <http://bit.ly/2020gemreport>. All GMRs are open sources and they are accessible in different languages. The UNESCO website also hosts a number of useful resources on inclusion in education, including those developed to support the International Forum on Inclusion and Equity in Education—Every Learner Matters, jointly hosted by UNESCO and the Government of Colombia in 2019 <https://en.unesco.org/themes/inclusion-in-education/international-forum-2019>
- **The Nurturing Care Framework for Early Childhood Development:** A framework for helping children SURVIVE and THRIVE to TRANSFORM health and human potential was launched by the World Health Organization, UNICEF and the World Bank Group, in collaboration with the Partnership for Maternal, Newborn & Child Health and the Early Childhood Development Action Network, during the 71st World Health Assembly on 23 May 2018. The framework was developed through a period of extensive consultation with partners and interested parties from all regions of the world. It builds upon state-of-the-art evidence of how child development unfolds and of the effective policies and interventions that can improve early childhood development. It provides a roadmap to governments and key stakeholders for ensuring

attainment of the Sustainable Development Goals and for transforming the goals of the Global Strategy on Women's, Children's and Adolescents' Health. Details about specific projects and resources developed within this framework can be found at: <https://nurturing-care.org/about>

Practice

- **Child-friendly Schools:** A concept and approach developed by UNICEF to promote safe and effective schools for everyone. A manual to support practice can be found at: https://www.unicef.org/publications/files/Child_Friendly_Schools_Manual_EN_040809.pdf
- **Step by Step Program:** Initiated in 1994 by the Open Society Foundations, the program grew out of the belief that democratic education in the earliest years—child-centered, inclusive, individualized, responsive, community-based—can prepare an adult population that will be ready to take active, informed roles in civil society. The program was a vision, a network, and a series of program initiatives to make quality early childhood education accessible to all children by responding to the decline in social service systems supporting families and children in Central and Eastern Europe. Through implementation of quality ECD programming, the Open Society Foundations sought to improve chances for target groups such as Roma communities and other minorities, children with disabilities, and children living in poverty to participate actively and equally in democratic societies. Designed to implement child-centered reforms and community engagement in preschools and systems that train preschool teachers, the initiative has grown to encompass a wide range of interventions that serve children from birth through age 10 and their families in 29 countries. More about Step by Step can be found at: <https://www.opensocietyfoundations.org/voices/first-steps-brief-history-step-step-program#:~:text=In%201994%2C%20the%20Open%20Society,in%20Central%20Europe%20and%20Eurasia>
- **International Step by Step Association (ISSA):** ISSA was established in 1999 by the NGOs created through the Step by Step Program, and it has grown into the leading early childhood association linking European and Eurasian professionals bringing together over 90 member organizations based in over forty countries. ISSA is an international learning community, which unites and supports professionals and partners to deliver high-quality early childhood services equitably. ISSA has a growing knowledge hub of excellent resources, which challenge existing knowledge and practice and co-construct new approaches and early childhood models. In addition, ISSA advocates for effective systems and services, especially for the most vulnerable, promoting equitable and integrated services for children, families and practitioners. More information about ISSA can be found at: www.issa.nl.
- **Universal Design for Learning:** Universal design for learning (UDL) refers to a framework for curriculum design that provides flexibility in instructional goals, methods, materials, and assessments in order to optimize learning opportunities for all individuals. The concept of UDL is important because it helps to shift attention from the problem of the child (medical model based on deficit thinking) to the problem of the school (social model based on removing barriers to learning), an important development for promoting inclusion. Detailed information can be found at: <http://www.cast.org/our-work/about-udl.html>

- **Formative Assessment:** This approach gathers evidence about children's learning and development that is used to determine the starting point for learning. There are many excellent resources about formative assessment. See: <https://www.european-agency.org/projects/assessment-inclusive-settings/phase1>; <https://www.education.vic.gov.au/Documents/childhood/providers/edcare/pracassess.pdf>
- **Adaptive Technology:** This practice, also known as assistive technology, refers to technology that enables people with disabilities to live and learn. There are many applications and uses of adaptive technology for providing early childhood development services. The Novak Djokovic Foundation provides excellent resources: <https://novakdjokovicfoundation.org/project-categories/development-programs/>
- **Collaborative Learning:** This practice involves groups of children working together. There are many different kinds of groups of varying sizes and many tools that can be used. It should be noted that not all collaborative learning strategies are inclusive. Those that encourage ability grouping or competition between students should not be used exclusively. They should be used cautiously along with other grouping and learning strategies, if at all. The Care and Learning Alliance in Scotland provides detailed information about collaborative learning in early years settings at: <https://www.careandlearningalliance.co.uk/about/vision-aims-values/>
- **Inclusive Pedagogy:** This approach is a way of working that is underpinned by the three principles that guide practice
 1. Differences between learners are to be expected. This requires a shift in focus from differences between learners, to learning for all and the idea of EVERYBODY (not something different just for some).
 2. A belief that the capacity to learn is open-ended. Ability is not fixed but can be enhanced by opportunities to learn.
 3. Providers work in ways that respect the dignity of learners as full members of the community of the classroom.

These principles do not suggest that specialist knowledge is irrelevant or unnecessary. Instead, they guide the practice of RC staff working in outreach teams in mainstream provision. Specifically, RC staff are encouraged to make use of specialist knowledge to show that it is in the ways that providers respond to individual differences, the choices they make about group activities and how they utilise specialist knowledge that makes provision inclusive. Some key references are available at: <https://www.ed.ac.uk/files/atoms/files/electionbriefing7-inclusive-pedagogy-15-05-16.pdf>, <https://www.sciencedirect.com/science/article/abs/pii/S0742051X15000566>

- **Early Childhood Intervention (ECI):** The goal of ECI systems and programs is to provide multi sectoral and transdisciplinary professional services to families with children up to the age of three who have developmental delays, disabilities and/or are at risk of developmental delays due to biological and /or environmental factors. Services are provided by actively involving the formal and informal social support networks that have capacity to influence and improve the functioning of the child and the family as a whole. ECI aims to support and improve child development through an intervention strategy that optimises learning opportunities for the child in its natural environment, which is typically the child's home or the preschool setting where other typically developing children can be found. The programs with the greatest impact are

those that enhance the capacities of parents to support the development of children through interventions that improve child–parent interactions and their emotional attachment. Eurlyaid, the European Association on Early Childhood Intervention, is an association of people interested in issues of early childhood intervention as well as a working party made up of representatives of parents’ associations, professionals, and researchers, from various countries of the European Union. More information about Eurlyaid can be found at: <https://www.eurlyaid.eu/>

- **Listening to Young Children:** the MOSAIC approach, was developed wanted to ensure that the voices of young children were heard by researchers. A set of tools have been developed to use with young children. The approach is widely used by practitioners. More information can be found at: <https://learningaway.org.uk/wp-content/uploads/RL56-Extract-the-Mosaic-Approach-EARLY-YEARS.pdf>
- **Listening to Young Disabled Children:** This leaflet from the UK’s National Children’s Bureau provides information on listening to young disabled children. It provides information on how adults can enable children’s right to express their views on matters that affect them, and to have their views taken into account. The leaflet is one of eight in the Listening as a Way of Life series and is free to download at <https://www.ncb.org.uk/resources-publications/listening-young-disabled-children>
- **Reaching the Hard to Reach: Inclusive Responses to Diversity through Child-Teacher Dialogue, 2017-2020** Funded by the European Union, Erasmus+, Key Action 2, School Education Strategic Partnerships, Development of Innovation, this three-year project developed effective strategies for including all children in lessons, particularly those who might be seen as ‘hard to reach’. The ideas from the project will be useful to teachers, students, school leaders, policymakers and researchers who want to promote inclusive education. For more information go to: https://rehare533167368.files.wordpress.com/2020/06/inclusive-inquiry-guide-rehare-final-pages_english.pdf
- **The Enabling Education Network, UK:** This is a 68-page special edition of the largest *Enabling Education Review* ever, written entirely by young people under the age of 25. It places the voices of young people centre stage. Their stories offer an exploration of their views and attitudes towards issues such as bullying and inclusivity, their reflections on teaching staff and their own actions as young advocates. Importantly, they highlight the need to listen to young voices when trying to create an educational environment that is truly inclusive. For more see: <https://www.eenet.org.uk/enabling-education-review/enabling-education-review-7/eer-7/editorial/>
- **The Yard:** An excellent example of a specialist facility that meets a high standard of inclusion is a playground in Scotland called The Yard . The Yard is not a resource centre but it is a facility that offers a safe, purpose-built environment for young children with disabilities that encourages them to explore their environment and take risks. At The Yard, children with disabilities are free to direct the course of their activity under the supervision of skilled staff who observe from a distance to make sure they are safe. Although the focus is on the needs of children with disabilities, The Yard welcomes siblings, family, and friends to come along and join the fun. In this case, the facility is specialist but the practice is inclusive. See more information at: <https://www.theyardscotland.org.uk/>

Publications

- *What Really Works in Special and Inclusive Education: Using Evidence-based Teaching Strategies*, David Mitchell: https://www.routledgetextbooks.com/textbooks/_author/mitchell-9780415623230/
- Open Society Foundations and partners publications that document organisational efforts in supporting policy and practise changes to facilitate inclusion of young children from marginalized groups in the CEE region:

ECD and Early Learning for Children in Crisis and Conflict (2018), <https://movingmindsalliance.org/wp-content/uploads/2019/03/ecd-and-early-learning-for-children-in-crisis-and-conflict.pdf>

Roma Early Childhood Inclusion Report Series (2009 - 2020), <https://www.reyn.eu/reci-home-page/reci-about/>

#Costing Equity, The Case for Disability-Responsive Education Financing (2017), <https://www.iddeconsortium.net/resources-tools/costing-equity>

Leave No Child Behind: Invest in the Early Years (2020), https://www.light-for-theworld.org/sites/lfdw_org/files/download_files/global_summative_report_leave_no_child_behind.pdf

Change Management

- **Theory of Change**

Theory of Change describes a flexible process whereby teams identify goals and then work backwards to determine the steps that need to be taken to achieve the goal. It is especially useful for managing changes that respond to emerging issues and decisions made by partners and other stakeholders such as families. A useful manual was produced by UNICEF and is available at: https://www.unicef-irc.org/publications/pdf/brief_2_theoryofchange_eng.pdf

- **The U Process–Dialogue Interviews**

The U Process offers another framework for supporting teams to work collaboratively. It was developed by Otto Scharmer at the Massachusetts Institute of Technology Sloan School of Management. His work is being used by NGO and civil society organisations as a tool to help think about the challenges of the future. A step by step guide to a practice called ‘dialogue interviews’ is provided below, and it is clear that this procedure uses many of the same suggestions for empathy and listening that are recommended in the guidance. Detailed information about the U Process framework can be found at: <https://www.ottoscharmer.com/consulting/coaching>

Websites

The European Association on Early Childhood Intervention (EURYLAIID), Europe

<https://www.eurlyaid.eu/>

Early Childhood Development Action Network (ECDAN)

<https://www.ecdan.org/>

International Step by Step Association (ISSA), Europe and Central Asia

<https://www.issa.nl/>

Romani Early Years Network (REYN), Europe

<https://reyn.eu/>

Enabling Education Network (EENET), UK

<https://www.eenet.org.uk/>

New Paths to Inclusion Network (EU funded project Europe and Canada)

<http://inkluzija.hr/eng/projects/new-paths-to-inclusion-network/>

Inclusive Solutions

<https://inclusive-solutions.com/person-centred-planning/maps/>

Helen Sanderson Associates

<http://helensandersonassociates.co.uk/person-centred-practice/one-page-profiles/one-page-profile-templates/>

Early Childhood Development Task Force (ECDtf), Global

<http://ecdtf.org/>

Council for Exceptional Children, (USA)

<https://exceptionalchildren.org/>

Inclusion Network (Canada)

<http://www.inclusion.com/trainingtools.html>

University of New Hampshire Institute on Disability/UCED (USA)

<https://iod.unh.edu/projects/center-inclusive-education-cie>

Inclusive Education in Action (IEA) (UNESCO and the European Agency for Special Needs and Inclusive Education)

<http://www.inclusive-education-in-action.org/>

Inclusive Education Canada

<http://inclusiveeducation.ca/>

Endnotes

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- 2 Council of the European Union Recommendation on High Quality Early Childhood Education and Care Systems (2019), p 3 Retrieved 28 November, from: https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CONSIL%3AST_9014_2019_INIT&from=EN
- 3 UNESCO (undated) Unpacking Sustainable Development Goal 4: Education 2030. Retrieved 28 November from: <https://www.campaignforeducation.org/docs/post2015/SDG4.pdf>
- 4 Britto, P. R., & Gilliam, W. S. (2008). Crossing borders with Head Start: Commonalities and differences between Head Start and early childhood programs in developing countries. *Infants and Young Children*, 21, 82–91. doi: 10.1097/01.IYC.0000306375.25167.3d
- 5 United Nations Department of Economic and Social Affairs (Disability) (undated) Article 24 Education §1. Retrieved 28 November 2020 from: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-24-education.html>
- 6 Committee on the Rights of Persons with Disabilities (2016) General Comment No. 4, Right to inclusive education, §65. Retrieved 28 November 2020 from: https://www.right-to-education.org/sites/right-to-education.org/files/resource-attachments/CRPD_General_Comment_4_Inclusive_Education_2016_En.pdf
- 7 EURLYAID (undated) EURLYAID welcomes you! EURLYAID. Retrieved 19 November 2020, from <https://www.eurlyaaid.eu/>
- 8 UNESCO (undated) Early childhood care and education. UNESCO. Retrieved 19 November 2020, from: <https://en.unesco.org/themes/early-childhood-care-and-education>
- 9 World Health Organization (undated) Child Health. World Health Organization, Retrieved 19 November 2020, from: <https://www.who.int/topics/early-child-development/en>
- 10 DEC/NAEYC (2009) *Early Childhood Inclusion: A Joint Position Statement of the Division for Early Childhood (DEC) and the National Association for the Education of Young Children (NAEYC)*. Chapel Hill: The University of North Carolina, FPG Child Development Institute Development Institute; Lapham, K & Payikan, H (2012) *Special Schools as a Resource for Inclusive Education*, New York: Open Society Foundations.
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- 12 See for example, *Situation Analysis of Services for Infants and Young Children with Disabilities in the Republic OF SERBIA, Development of Early Childhood Intervention Services: Opportunities and Challenges* (2017), Belgrade: Open Society Foundations & UNICEF Serbia (published in Serbian)
- 13 See for example, European Agency for Special Needs and Inclusive Education, (2019). *Changing Role of Specialist Provision in Supporting Inclusive Education: Mapping Specialist Provision Approaches in European Countries*. (S. Ebersold, M. Kyriazopoulou, A. Kefallinou and E. Rebollo Piriz, eds.). Odense, Denmark, Retrieved 8 December 2020, from <https://www.european-agency.org/projects/CROSP>
- 14 *ibid.*
- 15 Years of Ascent Preschool Curriculum Framework (undated) retrieved on December 7, 2020, from <https://ecec.mpn.gov.rs/wp-content/uploads/2020/02/Godine-uzleta-ENG-fin-Edited.pdf>
- 16 Please see Dr. Jan Peters (2018) *Quality of ECE Services Albania Bosnia and Herzegovina Kosovo* Montenegro*, Ghent University; *Years of Ascent Preschool Curriculum Framework*, Serbia, 2020 <https://ecec.mpn.gov.rs/wp-content/uploads/2020/02/Godine-uzleta-ENG-fin-Edited.pdf>)
- 17 United Nations Children's Fund (2016), *Rapid Review on Inclusion and Gender Equality in Central and Eastern Europe, the Caucasus and Central Asia*, UNICEF, Geneva.
- 18 UNICEF(2012) *The Right of Children with Disabilities to Education: A Rights-Based Approach to Inclusive Education*. Geneva: UNICEF Regional Office for Central and Eastern Europe and the Commonwealth of Independent States (CEEICIS).
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- 25 Florian, L. & Black-Hawkins, K. (2011) "Exploring Inclusive Pedagogy," *British Educational Research Journal*, 37(5), 813-828. DOI: 10.1080/01411926.2010.501096
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- 27 UNESCO, (2020). *Global Education Monitoring Report Summary: Inclusion and Education—All Means All*. Paris, UNESCO.
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- 30 New Paths to Inclusion Network (undated) Retrieved 28 November 2020 from: <http://www.newpaths.eu/>
- 31 The examples used in this guide are with permission from Inclusion Press & the Marsha Forest Centre, 47 Indian Trail, Toronto, ON Canada M6R 1Z8 <http://Inclusion.com>
- 32 There are many types of questions and easily accessible online resources that provide helpful information on questioning (for example, see: SKILLSYOUNEED (undated) Questioning skills and techniques, SKILLSYOUNEED. Retrieved 19 November 2020, from: <https://www.skillsyouneed.com/ips/questioning.html>)

From Special School to Resource Centre: Supporting Vulnerable Young Children in Central and Eastern Europe: A Guide for Positive Change (2021), Lani Florian and Dragana Sretenov:
<https://www.issa.nl/content/special-school-resource-centre>