



Jefflyn Grech

Inclusive Practices in Maltese Childcare Settings

Thesis submitted in partial fulfilment for the Master in Access to Education.

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Faculty of Education

University of Malta



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ABSTRACT

JEFFLYN GRECH

INCLUSIVE PRACTICES IN MALTESE CHILDCARE SETTINGS

This study investigates practices which support or hinder inclusion in Maltese childcare centres. A mixed-methods approach contributed to understanding supports and barriers to inclusion in local childcare settings while simultaneously identifying the role that local policies play. By utilising reflexive thematic analysis (Braun & Clarke, 2006), practices and challenges faced by parents and childcare educators were identified to examine how they contributed to children's experiences of inclusion. Interviews with parents of children with disabilities and responses to questionnaire data provided by childcare educators and managers reveal that despite exclusion of children with disabilities still being adopted by local childcare, other practices which support inclusion are utilised. Responses by parents and staff were similar, yielding themes identified by both stakeholders. Having positive beliefs and attitudes towards inclusion, a commitment for collaboration and an ability to effectively adapt learning opportunities were the main supports for inclusion. An inability to respond effectively to needs and systemic inequity presented challenges to inclusion. Although local policies reflect research findings, there seems to be a disconnect between the documentation and experiences of parents and staff. The experiences of the participants in this study suggest that the extent to which childcare settings embrace inclusion differs. This study concludes with several recommendations which aim to support inclusive practice further while reducing challenges and moving towards aligning childcare centres with local policy. The exploratory nature of this study offers insights which require further exploration especially research which presents the experiences of other stakeholders, including children and professionals working within the field.

Master in Access to Education

October 2025

KEYWORDS: EARLY YEARS, INCLUSION, CHILDCARE, DISABILITY, POLICY.

Declaration

I hereby certify that the material that is submitted in this thesis towards the award of the Master in Access to Education is entirely my own work and has not been submitted for any academic assessment other than part-fulfilment of the award named above.

Signature of candidate:

A black rectangular box redacting the signature. To the left of the box, there is a blue ink mark that appears to be the start of a signature, consisting of a vertical line and a small loop.

10th October 2025

DEDICATION

To my wife Nicole, my rock and inspiration. And to my children Katrina and Jack, for reminding me every day what truly matters.

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List of Abbreviations

CPD	Continuous Professional Development
CRPD	Commission for the Rights of Persons with Disability
DEC	Division for Early Childhood
DQSE	Directorate for Quality and Standards in Education
EI	Early Intervention
FES	Foundation for Educational Services
FREC	Faculty Research Ethics Committee
HOS	Head of School
IEP	Individualised Educational Plan
IFSP	Individualised Family Service Plan
MFE	Ministry for Education
MFEE	Ministry for Education and Employment
MEYR	Ministry for Education, Sport, Youth, Research and Innovation
MFHE	Malta Further and Higher Education Authority
MSPCR	Ministry for Social Policy and Children's Rights
SCE	Secretariat for Catholic Education
UM	University of Malta
US	United States

Chapter 1

Introduction

This research sought to investigate the practices which support or hinder inclusion in Maltese childcare centres. The increase in women taking up paid employment whilst juggling the demands and expectations at work and at home led to the rapid expansion of childcare services (Sollars, 2018). In 2022, approximately 43.1% of under three-year-olds in Malta were enrolled in childcare centres (Eurostat, 2024). However, data regarding the number of infants and toddlers at risk of or with known disabilities who are attending childcare centres in Malta are unavailable. In the absence of such information, monitoring inclusion in childcare or even identifying the challenges and difficulties encountered, present various hurdles.

Early support for children at risk of disabilities is key to future success (Clark et al., 2018; Feil et al., 2014; Lee et al., 2015). Considering the rapid development that children undergo in the early stages of life, early intervention contributes to supporting the potential of every child (Ngadni et al., 2023). Research has established the vital role of quality inclusive practices in childcare (Eredics, 2018; Henninger & Gupta, 2014; Kim et al., 2020; Lim et al., 2016). These quality supports facilitate participation that benefits both the child and their family; furthermore, they serve as a model for the wider society (Turner, 2019). Considering the influence that effective early years policy has on inclusive practices, an analysis into the policy structure of childcare and how these policies are supporting or hindering the inclusive potential of centres was considered crucial in the holistic understanding of inclusion (Schaub & Lütolf, 2023).

Research about inclusion of children with disabilities in childcare within the local context has not been addressed. Identifying challenges and developing an understanding of the support which is required to facilitate inclusion can provide a starting point for improving inclusive practices and policy. My experience working within the field for the last 10 years helped me understand first-hand the challenges that childcare staff and parents face within this sector. I have worked as a manager of two different government childcare centres and in various roles at the head office of the Foundation for Educational Services (FES). The FES

is the parastatal organisation responsible for non-formal education, which in Malta includes 14 childcare centres. For the past five years, I have been responsible for inclusion within all government childcare centres. From my experience, childcare settings which acted as a supporting structure for the child and the family led to successful inclusion of children with disabilities. On the other hand, various educators and families have shared with me their experiences of low-quality childcare and the barriers to inclusion. The negative repercussions left on all stakeholders are substantial, with some families also experiencing direct exclusion from the service. Negative experiences of exclusion at such an early age without effective intervention could result in difficulties throughout the schooling years (Lim et al., 2016).

This research aims to be a starting point for further inquiry, by exploring inclusive education in childcare settings from various perspectives, contributing towards the triangulation of experiences. Understanding what works within the current system would act as the starting point to develop quality inclusion. Understanding the challenges can help in the development of strategies and action to address intervention.

In the current study, the experiences of parents of children with disabilities and those of educators in childcare settings were collected and analysed to identify factors which support and which hinder inclusion. Local policies which are related to inclusion were analysed and compared to the experiences of parents and staff to help identify practiced concepts. The study was guided by three research questions:

- What inclusion policies and practices guide staff in local childcare settings to facilitate admitting children with disabilities?
- What support and challenges to inclusion have childcare staff experienced?
- What support and challenges to inclusion have children with disabilities and their families experienced within the childcare services in Malta?

This focus on childcare was given due to particularly distinct differences in childcare within the Maltese system when compared to other educational systems like kindergarten and primary schooling. Most supporting services in Malta for children with disabilities are connected to starting an assessment which results in a delayed response to the needs of the child, which would directly impact childcare services who feel that they are dealing with unknown factors and find little support to be able to effectively engage the child.

Inclusion is not just a notion related to different abilities but is pertinent in any diversity point (Karlsudd, 2017). To help keep focus within the research only disability was considered. Furthermore, participant groups consisted of parents of children with disabilities and childcare staff. Other stakeholders including professionals and the children were not considered because of time constraints. All childcare experiences of participants in this study were from Maltese childcare centres. At the time of the study, staff were all employed at a childcare centre. On the other hand, some parents were using services at the time interviews were conducted but others had stopped using the service a few years prior to data collection. Data were gathered between June and September 2024.

Background to the Study

Early Childhood Education and Care services for under three-year-olds in the local context are referred to as childcare services. By 2024, 199 childcare centres were licenced by the Directorate for Quality and Standards in Education (DQSE), 93% of which are privately owned (DQSE, 2024). As outlined by the childcare standards (MFE, 2021a), Childcare Educators are expected to be in possession of a MQF Level 4 Diploma in Childcare with a minimum 60 ECTS programme. Owing to the demands of the market and the rapid expansion of childcare services, students undergoing the childcare course can be employed. Childcare Managers are required to have a minimum Level 5 Diploma with at least 60 ECTS and three years of experience working as an educator (MFE, 2021b).

The National Inclusive Education Framework (MFEE, 2019) provides recommendations for all educational settings, including childcare centres, emphasising equity and respect for diversity. However, inclusion in childcare is rarely referenced within this policy. Although inclusion is referred to and even identified as an aim of childcare, practical guidance about addressing inclusion at such an early age is lacking, without any clear adherence to policy recommendations (Buhagiar, 2021). Malta prioritises early detection of difficulties through free assessments for children from six weeks to eighteen months and specific autism screenings for those aged eighteen to thirty months (MSPCR, 2023). Attention is given to early diagnosis, while supporting needs within the social environment of the child are rarely addressed, suggesting a heavy reliance on a medical model of understanding disabilities (Buhagiar, 2021; Ring et al., 2019).

An inclusion model based on a continuous process of community-building (Jansen et al., 2014; Prince & Hadwin, 2013) is the definition of inclusion endorsed by this study. Inclusion is a broad concept that underlines quality processes based on the experience of flexibility, reflection, positivity, good planning and collaboration (Finkelstein et al., 2021). Inclusion is a process that aims to make every person feel appreciated, valued and contributing to society (Turner, 2019).

In accordance with the University of Malta guidelines (UM, 2020), the term disability is being used in this study to refer to any limitation in ability resulting from an impairment. It is understood as a social construct because of the barriers that society puts up when serving what is usual or considered the norm. The person is referred to, to avoid depersonalising the individual (Botha et al., 2023; University of Malta, 2020).

Theoretical Framework

The research takes a constructivist stance with a focus on understanding the realities of participants shaped by their experiences (McPhail, 2016). This stance led to utilising a phenomenological approach to research where the experiences of participants were drawn

out to explain the variations in their understanding of inclusion (Marton, 1986). Using an interpretative approach my presence as the researcher is made clear throughout and that the stories of participants were analysed through my lens (McPhail, 2016). Through a mixed methods approach, quantitative data was gathered but this data was used to substantiate the experiences rather than with the aim of generalisability.

The research draws upon Bronfenbrenner's (1979) Bio-Ecological Systems Theory and Noddings' (2012) Ethics of Care to provide a comprehensive framework for understanding development and disability. The principles outlined in Bronfenbrenner's theory indicate that a child's development is shaped by the mutual action among various interconnected systems. These systems range widely, encompassing everything from contexts that are immediate to the child, such as the family, up to larger societal factors, including overarching laws and governmental policies (DEC, 2016; Puig & Evenson, 2022). This multi-layered perspective emphasises the importance of considering both the micro-level interactions within a child's immediate environment and the macro-level societal structures that shape these interactions.

Noddings' Ethics of Care further underscores the essential role of caring relationships in educational contexts. She posits that educators must cultivate meaningful connections with their students, as these relationships significantly influence learning outcomes and overall well-being (Sharma, 2018; Specht et al., 2022; Weglarz-Ward et al., 2019). By emphasising personal disposition and ethical decision-making in inclusive practices, Noddings advocates for an educational approach that prioritises empathy and compassion. This ethical framework not only enhances the educational experience but also fosters an environment where all students feel valued and supported.

Both Bronfenbrenner and Noddings highlight the significance of relational contexts in development, particularly in framing disability within a social context. They argue that disability should be viewed as a social construct, where the challenges faced by individuals are largely the result of existing social structures rather than inherent limitations (Li et al.,

2022). This perspective supports a social understanding of disability, advocating for an analysis that recognises the impact of societal norms and policies on individuals' experiences.

Overview of the Chapters

The next chapter will present an overview of international research on inclusion in the early years. Local research is used to provide some local perspectives. A focus is given to the level of knowledge of staff, staff belief systems and the role of leadership. By framing the understanding of disability from a social lens, a holistic approach is taken when discussing support and challenges.

Chapter 3 outlines the mixed-methods methodology followed by this study. I discuss my ontological and epistemological frameworks which formed the basis of this methodology, especially through the focus on the qualitative part of the study. The fourth chapter presents the findings and is discussed relative to research in the field. The data analysis helped illicit themes to help answer what support and challenges the participants experienced. Through these themes, I also analysed policies used by childcare centres to help determine which policies are used to support inclusion. The inconsistency of experiences highlighted the lack of application of policy.

The last chapter presents the findings and answers the research questions. I discuss the strengths and limitations of this research and discuss recommendations that can act as a way forward for inclusion in local childcare centres.

Chapter 2

Literature Review

International research specifically addressing inclusive practices for children aged 0–3 is limited, with most studies focusing on broader early years education (Sawyer et al., 2024; Williams et al., 2023). Within the local context, research on inclusive practices in early childhood education and care (ECEC) is scarce and typically forms part of broader reviews of European inclusion policies (Bartolo et al., 2016). Over the past two decades, the prevalence of out-of-home childcare for children under three has increased, driven by changing social norms and economic needs (Costanzo & Magnuson, 2024; Sollars, 2018). Historically, women were expected to leave employment upon marriage to assume family and childcare responsibilities until 1980 (Camilleri-Cassar, 2011). The expansion of childcare services has become essential for supporting working families, especially given the financial challenges posed by limited family-friendly measures (Borg & Camilleri, 2024) and the uneven distribution of caregiving responsibilities, particularly in families with children with disabilities (McCann et al., 2021; Saunders et al., 2015; Scott, 2018).

Persistent barriers to accessing inclusive services in early childhood are likely to continue into the school years, underscoring the critical need for early intervention (Lim et al., 2016). Ensuring high-quality, inclusive services is therefore essential, both for the economic rationale underlying childcare provision (Camilleri-Cassar, 2017; European Commission, 2022; UNESCO, 2020) and for supporting the well-being of children who utilise these services (Yamaguchi et al., 2018).

The literature review provides an understanding from research and aims to answer the following research questions:

- What support and challenges to inclusion have children with disabilities and their families experienced within the childcare services in Malta?
- What support and challenges to inclusion have childcare staff experienced?
- What inclusion policies and practices guide staff in local childcare settings to facilitate admitting children with disabilities?

This chapter briefly examines the concept of inclusion, reviews research highlighting practices that either support or impede inclusive approaches and outlines the research context and relevant policies guiding childcare centres on inclusion. Due to the absence of local studies on this topic, the discussion draws heavily on international research. Additionally, studies not directly focused on inclusion or children aged 0–3 were included for comparative purposes.

Defining Inclusion

Inclusion is a complex and often debated concept, characterised by its broad scope and multiple interpretations (Nilholm & Göransson, 2017). The diversity of definitions contributes to ambiguity surrounding its precise meaning (Finkelstein et al., 2021; Kim et al., 2020; Nilholm & Göransson, 2017). OneEducation and Manchester City Council (2023) define inclusion as “a continuous process of development, review and adjustment reflecting changes in our communities and the wider world, not as something to be achieved” (p. 8), highlighting its ongoing and adaptive nature. This perspective underscores that growth, learning, and change are essential elements of inclusion (Barton, 1997; Karlsudd, 2017; UNESCO, 2008;).

Inclusion in education settings

Varying definitions of inclusion lead to different educational practices being labelled as inclusive. For instance, when inclusion is viewed solely in terms of its potential benefits, special schools—characterised by specialised instruction, adapted resources, and highly trained educators—may be considered inclusive, particularly for students with challenging behaviours (Aquilina & Schembri, 2023; Beqiraj et al., 2022; Gutman et al., 2018; O’Hagan & Stiefel, 2024; Park & Hwang, 2024). However, such approaches often reflect a medical model of disability, focusing on individual intervention and potentially resulting in seclusion and mental health challenges for children (Finnvold & Dokken, 2023).

Conversely, research supporting a holistic, diversity-valuing approach to inclusion demonstrates that environments fostering growth for all students are more effective (Coogole et al., 2022). This social model emphasises interventions benefiting the entire school community and promotes sustainable societal change, not just individual adaptation. While these practices encourage therapeutic interventions within the child's social context (Garrote et al., 2017; Walker et al., 2018), they still require substantial support, as inadequate resources can undermine progress and perpetuate segregation (Byrne et al., 2018; Lashley, 2021).

Inclusive practices in early childhood education closely mirror those in other educational contexts. Research indicates that supporting children with disabilities in mainstream ECEC settings enhances social development for all children (Blackmore et al., 2016; Eredics, 2018; Henninger & Gupta, 2014;; Kim et al., 2020; Lim et al., 2016). Sustaining robust support systems during the early years is critical to successful inclusion in mainstream environments (Mavin & Chapman, 2019). The effectiveness of inclusion depends on multiple factors, including inclusive leadership (Weglarz-Ward et al., 2019), educators' beliefs about inclusion (Barton & Smith, 2015), collaboration among stakeholders (Lieb et al., 2023), flexible pedagogical approaches (Mereoiu et al., 2015), inclusive assessment practices (Kasprzak et al., 2020), and leveraging inclusion as a learning resource (Booth & Kelly, 2002).

Inclusion in Childcare: Supporting practices

Inclusive Leadership

Inclusive leadership significantly shapes all Early Childhood Education and Care (ECEC) practices and can drive systemic change across the sector (Mulholland & O'Connor, 2016). This leadership may involve managers trained in inclusive practices or designated leaders who serve as experts, guiding educators on effective inclusion (Barton & Smith, 2015; Weglarz-Ward et al., 2019). Inclusive leaders are pivotal in early identification of needs

and facilitating early intervention through collaboration among professionals, educational institutions, and families (DEC, 2014; US Department of Health and Human Services, 2016).

Qualitative research with six ECEC staff by Bipath et al. (2021) in a South African context highlights that inclusive leaders ensure the implementation of inclusive policies, reflect on practices, and communicate resource and training needs to relevant authorities. Similarly, Lynch et al. (2020) emphasise the central role of leadership in supporting inclusion, particularly in training, recruitment, collaborative planning, project evaluation, and participant support within early years' therapeutic models.

Educators' Belief System

Table 2.1 provides an overview of the relevant literature regarding beliefs on inclusion within the early years.

Table 2.1

Overview of Relevant Literature exploring Attitudes and Beliefs towards Inclusion within the Early Years

Author/s	Date	Research focus	Participants & Methodology	Location/Setting	Conclusions
Barton & Smith	2015	Quality inclusion in Pre-school	Review of research	US/Preschool	Beliefs posing challenges to inclusion: • Children with disability need substantial resources • Educators are ill-equipped to support children with disabilities • Hesitation to change pedagogies which are more flexible. • False beliefs of inclusive policies from misinterpretation of policy.
Turnbull et al.	2015	Collaborative approaches	Book	International research	Educator views on disability directly influence their belief for potential success of intervention.
Lee et al.	2015	Teacher characteristic which supports inclusion of children with disabilities.	Quantitative with preschool teachers	Hong Kong/Preschool	Within early years settings training has a correlation with inclusive attitudes. Attitudes of acceptance are also highly influenced by flexible staff ratios, collaboration, flexible pedagogies & availability of resources.
Majoko	2016	Educators' perspectives on inclusion.	Qualitative with 24 preservice teachers	Zimbabwe/Early years	Teachers believe that inclusion is the best way to work with children, but they believe it presents a lot of difficulties which makes inclusion counterproductive to all children.

Kim et al.	2020	Teachers' experiences, attitudes and perceptions of inclusion.	Mixed methods with teachers.	US/Early years (Urban settings)	Teachers believe that inclusion has potential to provide benefit but is a complicated process. Difficulties outweigh the positives.
Swart et al.	2021	Families changing ECEC	Mixed methods with parents.	US/ECEC	Valuing diversity helps educators to be flexible. If difficulties are viewed as an inherent aspect of the child, then educators feel helpless to intervene.
Karlsudd	2021	Promoting diversity and feelings of belonging	Quantitative study with 180 preschool teachers.	Sweden/Preschool	One third of participants believe that children lack the qualities needed to be inclusive which would lead to the failure of inclusion.
Yu & Cho	2022	Preservice teachers' attitudes towards inclusion.	Review of research with a focus on preservice teachers.	International research/Early years	Teachers have overall positive views on inclusion but lacked confidence to work within inclusive settings.

As outlined in Table 2.1 educators' belief systems significantly influence the effectiveness of inclusive education. Positive attitudes toward inclusion are shaped by both the level of inclusive training received and the perceived availability of support, as highlighted by Lee et al. (2015). Insufficient training and lack of support often sustain negative beliefs, prompting recommendations for collaborative efforts to establish robust support structures, develop inclusive leadership, and invest in comprehensive training programs, as advocated by Barton and Smith (2015), Pfeiffer et al. (2022), and Yu and Cho (2022).

When challenges are attributed to the child's inherent characteristics rather than environmental factors, educators' beliefs and practices may shift toward exclusion (Lalvani, 2015; Lim et al., 2016). Furthermore, Karlsudd (2021) and Lalvani (2015) found that parental

perspectives confirm that negative societal views on disability can shape educators' attitudes, thereby affecting their ability to support students with disabilities and undermining parent-educator relationships.

Educators' beliefs in the value of early intervention significantly influence their engagement in supporting children within childcare systems (Sharma, 2018; Specht et al., 2022; Weglarz-Ward et al., 2019). When educators recognise and celebrate each child's strengths, they empower themselves and others to provide appropriate support and adapt pedagogical approaches (Eredics, 2018; Schaub & Lütolf, 2023; Turnbull et al., 2015; Turner, 2019). Furthermore, a positive attitude toward working with children with disabilities fosters team and parent empowerment, enhances collaboration, and leads to better outcomes (DEC, 2014).

Working with Families

Many educators find it challenging to communicate concerns about a child's development to families, as parents often struggle with the implications of a disability label and may fear stigma or worry about their child's future (Gargiulo & Bouck, 2017; Lalvani, 2015; Lieb et al., 2023; McCrae & Brown, 2018; Turnbull et al., 2015). To support families effectively, educators should provide balanced and empathetic feedback when collaborating to identify the child's needs (DEC, 2016; Lieb et al., 2023; Turner, 2019). Family involvement is essential for recognising a child's strengths and planning appropriate interventions-a key aspect of quality early years provision (Breen et al., 2018; Lynch et al., 2020; Mereoiu et al., 2015; Peer & Hillman, 2014; Soukakou et al., 2024). However, fragmented services can increase family stress and undermine both family well-being and intervention outcomes, highlighting the importance of integrated, holistic support for children and their families (Coussens et al., 2021; Crnic et al., 2017; US Department of Health and Human Services, 2016).

Parents' experiences of societal adversity can undermine their inclusive beliefs, but positive collaboration with early years settings serves as an effective intervention, enhancing the impact of other support measures (De Clercq, 2021; Dieleman et al., 2019; Lieb et al., 2023; Turner, 2019; US Department of Health and Human Services, 2016). Close partnerships with families keep them informed about childcare activities and empower them to maintain optimal care at home (Booth & Kelly, 2002).

Flexible Pedagogy

The curriculum is central to fostering inclusion, serving as the foundation for equitable learning. When pedagogy fails to address individual needs, it can impede inclusion (Benjamin et al., Lalvani, 2015; 2017; Maguvhe, 2023b). Incorporating Universal Design principles ensures accessible environments that support all children's participation (Coogler et al., 2022; DEC, 2014). Research indicates that rigid, prescriptive curricula undermine the necessary flexibility for inclusion; instead, curricula should emphasise essential skills while allowing varied approaches to learning, accommodating individual strengths and preferences (Barton & Smith, 2015; ; Berryman & Woller, 2013; Mereoiu et al., 2015; Stenman & Pettersson, 2020; Turnbull et al., 2015). In their qualitative study gathering experiences of seven preschool teachers in Cypriot public schools, Symeonidou & Loizou (2023) found that play-based and naturalistic pedagogies further enhance inclusion by leveraging open-ended learning and adapting to each child's needs. Extending naturalistic instruction to occupational therapy within childcare settings can also increase engagement and maximise benefits for children (Lim et al., 2016).

Naturalistic instruction requires careful, collaborative planning among families, professionals, and educators to create effective and relevant Individualised Educational Plans (IEPs) (Azzopardi et al., 2019; Cameron et al., 2014; Elek & Page, 2018; Mereoiu et al., 2015; Polido et al., 2017; Voos, 2016). Such collaboration supports necessary adaptations within educational environments (DEC, 2014). A large-scale study was conducted with childcare educators and EI practitioners in the US by Weglarz-Ward et al.

(2019). The researchers explored the supporting structures helping inclusion in US childcare centres for babies with disabilities. They indicate that interventions embedded in a child's natural environment are more likely to succeed, yet educators often find it challenging to plan for and implement natural supports. Insufficient understanding of naturalistic instruction processes can cause miscommunication, leading parents to misinterpret educator actions as inaction (Rosati, 2021). The flexible nature of this approach, while beneficial, can also result in unclear or inconsistent implementation if educators are not adequately trained to communicate its processes to families (Snyder et al., 2015).

However, when educators are well-versed in naturalistic pedagogy, these challenges are mitigated, and the advantages-such as fostering an inclusive culture and benefiting all children-become more pronounced (Turner, 2019). Achieving this requires educators to reconsider traditional adult-child dynamics, promoting balanced relationships that encourage trust, self-expression, and engagement, which are crucial for equity and inclusion (Bipath & Theron, 2020; Cameron & Tveit, 2017; Coufal & Woods, 2018; Lang et al., 2016; Lieb et al., 2023; Nowak-Łojewska et al., 2019; Sollars, 2022; Swart et al., 2021; Turner, 2019).

Assessment

Kasprzak et al. (2020) developed a U.S. framework for early intervention (EI) and systems supporting young children with disabilities by conducting a literature review and collecting feedback from stakeholders across six states. A key element of the framework emphasised assessment procedures that foster reflective practice which support processes which improve pedagogy for all children. Naturalistic assessment methods, such as portfolios with photos or videos, were highlighted as particularly effective for young children and those with disabilities, offering flexibility and supporting reflective planning (DEC, 2014; DQSE, 2015). Prescriptive assessment procedures can sometimes hinder planning and reflection (Maguvhe, 2023b). To address this, educators should ensure assessments are holistic, age-appropriate, and drawing from multiple sources, including observations and family discussions. High-quality, adaptable assessment is foundational for effective planning

and successful inclusion, particularly when it identifies children's strengths as starting points for instruction (DEC, 2014; Turner, 2019; Yundt & Geddes, 2015).

Sheppard & Moran (2022) explored with 12 ECEC educators their role in early intervention (EI), they found that educators view qualitative assessment as a means to facilitate family engagement and gather feedback. Collaborative analysis during assessment streamlines the process and helps prevent repeated errors, saving time on corrections (Turnbull et al., 2015). However, Kuhn et al. (2017) noted that both parents and educators struggle with consistent qualitative assessment due to insufficient training in educator courses. As a result, educators tend to prefer quantitative methods such as checklists, which can hinder inclusive practices by being overly prescriptive and limiting the flexibility needed for effective reflection. This reliance on checklists perpetuates ineffective assessment processes, highlighting the need for further research in this area.

Other research presents differing views on the use of checklists in holistic assessment. Toe et al. (2019) conducted a systematic review on pragmatics assessments for children with hearing difficulties, finding that checklists are effective and organised for identifying communication needs. However, the studies reviewed were somewhat outdated, with the latest involving children aged 0–3 years from 2012, and the authors acknowledged that no single assessment fully captures communication complexity. Similarly, Howell et al. (2021) reviewed behavioural assessments for children with disabilities, identifying nine reliable and valid tests out of a total of 26 suitable for children aged 0–3, which can be completed by parents or educators. They emphasised the importance of recognising each test's limitations, as no single tool provides a comprehensive understanding of a child's situation. Ogino (2021) developed and validated a checklist for identifying developmental difficulties in 4-year-olds, prioritising ease of use and effectiveness. The tool risks simplifying a complex situation and did not address children's strengths or broader life aspects. Overall, all assessment methods have inherent strengths and weaknesses, and educators' training may influence their use. In this research, reflecting a social understanding of disability, no

particular focus was placed on specific tests, allowing participants to discuss any assessment methods they deemed appropriate.

Inclusion as a Resource

High-quality inclusion in early childhood education is beneficial for all children, fostering achievement, social development, and a sense of belonging (Booth & Kelly, 2002; DEC, 2014; Eredics, 2018; Hansen & Qvortrup, 2013; Henninger & Gupta, 2014; Karlsudd, 2021; Prince & Hadwin, 2013; Turner, 2019). Inclusive practices in ECEC not only support children with disabilities but also provide learning opportunities for their peers through modelling, collaboration and establishing high expectations for all (Henninger & Gupta, 2014; Lynch et al., 2020; Turner, 2019). Early inclusive environments lay the foundation for children's sense of belonging, which is central to their development and participation in society (Hansen & Qvortrup, 2013; Karlsudd, 2021; Prince & Hadwin, 2013).

Rakap (2023) in his large-scale study of attitudes of managers of ECEC centres in Turkey concluded that successful inclusion requires active support from educators. He indicated that while educators recognise the value of inclusion, they also face significant challenges in its implementation, highlighting the need to address these obstacles to achieve the intended positive outcomes.

Challenges to Inclusion in Childcare

The Inclusive Classroom Profile (ICP) was formulated by Soukakou et al. (2014). The function of the ICP is to evaluate the quality of inclusive practices that are implemented in early years environments. This includes its use in settings like childcare. In a pilot study across 51 North Carolina classrooms, the ICP demonstrated strong reliability and validity, with findings indicating that inclusive practice quality in childcare lagged behind other educational environments. The authors advocate for increased professional involvement and enhanced training in childcare settings. Additionally, research shows that children with disabilities participate less in childcare than their peers (Khetani et al., 2015) and display

particularly low engagement in activities (Lim et al., 2016; Taneja-Johansson et al., 2021). Using the ICP as an observation tool in Greek preschools, Fyssa and Vlachou (2015) identified significant barriers to inclusion, notably educators' feelings of inadequate preparation, which contributed to the exclusion of children with disabilities.

Challenges in implementing inclusion in childcare settings can leave children's needs unmet, potentially leading to behavioural difficulties (Hsieh, 2024). These behavioural concerns represent the primary barrier to engagement within ECEC settings (Benjamin et al., 2017; Botha & Kourkoutas, 2016; Koivula et al., 2020; Lim et al., 2016) and contribute to increased stress among both parents (Crnic et al., 2017) and staff (Nagase et al., 2021).

Lack of Skills and Training

A persistent barrier to inclusion in early childhood education is educators' insufficient skills and preparedness for inclusive practice (Barton & Smith, 2015; Bipath et al., 2021; Cefai et al., 2022; DEC, 2014; Fyssa & Vlachou, 2015; Kim et al., 2020; Kuhn et al., 2017; Maguvhe, 2023b; Schaub & Lütolf, 2023; Weglarz-Ward et al., 2019). This challenge is exacerbated by policymakers' assumptions that educators are adequately trained in inclusion (Bonança et al., 2023; DEC, 2014). Developing educators' skills, knowledge, and experience is essential for them to respond effectively to diverse needs and drive meaningful change (Barton & Smith, 2015; Cefai et al., 2022; Karlsudd, 2021; Maguvhe, 2023a; Mckoy, 2022; Riser, 2017; Schaub & Lütolf, 2023).

Parents have observed that many educators lack the ability to identify and address the root causes of children's challenges, leading to inaction (Dunst & Espe-Sherwindt, 2016). This deficit erodes parental trust, sometimes resulting in families seeking alternative childcare or experiencing service withdrawal due to behavioural difficulties (Blewitt et al., 2018; Coussens et al., 2021; Schindler et al., 2015). Consequently, parents feel that inadequate educator skills result in missed opportunities for support and improved service quality for children with diverse abilities (Mereoiu et al., 2015; Turner, 2019; Turnbull et al.,

2015), with some families even assuming responsibility for training staff themselves (De Clercq, 2021).

A study conducted by Bruder and Dunst (2015) examined parents' assessments of early years special education teachers' abilities and self-assurance concerning inclusive practices. The research concluded that parents felt the teachers demonstrated higher levels of confidence than competence in several key areas. Specifically, parents perceived this disparity between confidence and skill in, "family-centred practices, developing and implementing IEPs, using instructional practices, and including children with and without disabilities in the same activities" (p. 204). However, this assessment was solely based on parental perceptions and lacked information on teachers' training levels. The authors attributed these perceptions to parents' limited involvement in their children's education, which led to viewing teachers as less skilled in family-focused approaches. Ring et al. (2019) and Riser (2017) noted the challenge in addressing training gaps due to wide variability in early years educator courses recommending financial incentives to encourage further training. Weglarz-Ward et al. (2020) in their mixed-methods study exploring the collaboration between professionals and childcare educators found that collaboration between professionals and childcare educators in US centres serves as on-the-job training, helping to mitigate training deficiencies and support all team members.

Eredics (2018) emphasises that effective training programs should prioritise "sharing knowledge, shaping belief systems, mentoring, and providing actual classroom experiences" (p. 24). Engaging parents of children with disabilities in these programs is recommended, as their insights can inform effective strategies (Mereoiu et al., 2015). Linder et al. (2015), through a mixed-methods study in the US involving over 1,300 participants, found widespread dissatisfaction with early years training quality and advocate for involving educators in program development to better meet their needs. Petriwskyj et al. (2014) contend that true inclusivity in early years education requires specialised skills typically developed through university-level instruction.

Lalvani (2015), in a qualitative study with parents and teachers in a New Jersey primary school, found that years of teaching experience did not influence the use of exclusionary practices or labelling, suggesting that experience alone does not guarantee inclusive practice. Contrastingly, Schaub & Lütolf (2023) working in Swiss daycare centres identified a positive correlation between experience and inclusive beliefs among Swiss daycare educators. Given that most studies link both knowledge and experience to positive attitudes toward inclusion (Barton & Smith, 2015; Maguvhe, 2023a; Mckoy, 2022), both factors contribute variably to such attitudes.

Resource Limitations

In their study on exclusion in Ethiopian ECEC, Hirpa and Erwing (2021) found that parents of children with disabilities and ECEC managers identified insufficient training and financial constraints as key barriers to achieving IEP goals, emphasising the need for significant investment to implement inclusive policies effectively. Similar challenges have been reported in other contexts (Bipath et al., 2021; Lieb et al., 2023; Rahn et al., 2019). The absence of professional services at centres leads to long waiting lists for therapy, making these services inaccessible (Kurth et al., 2020; Marshall et al., 2020), while reliance on private therapies and equipment imposes financial burdens on families (Bhopti, 2017; Lim et al., 2016; Mitra et al., 2017; Seligman & Darling, 2017). Cate et al. (2017) developed a tool to support U.S. states in inclusive ECEC policy writing, arguing that effective policy is essential for guiding resource investment.

Difficulties in Collaboration

Accessing professional support and resources remains a significant challenge for many families (Lynch et al., 2020; Muthukrishna & Ebrahim, 2014; Shahat & Greco, 2021). Given the limited knowledge surrounding inclusive education, targeted professional intervention is essential (Langner & Fukkink, 2023; Miolo & DeVore, 2016). Increasing the presence of specialists in ECEC can support early identification and intervention for students' needs (Lim et al., 2016; Lynch et al., 2020). However, collaboration among

professionals is often hindered by perceptions of resistance and additional workload, leading to fragmented services and challenges in adapting curricula, ultimately reducing the effectiveness of interventions (Kim et al., 2020; Lieb et al., 2023; Mereoiu et al., 2015; Mulholland & O'Connor, 2016; Sheppard & Vitalone-Raccaro, 2016; Wong & Press, 2017;).

Barriers to effective collaboration with families often stem from emotional factors, with professionals sometimes distancing themselves to avoid crossing boundaries or confronting “the emotional realities” (Turnbull et al., 2015, p. 172) faced by children and their families. This detachment can hinder empathy and result in less effective support, particularly as families may experience grief and significant stress upon recognising a child's disability (Gallagher, 1995; Ryan & Quinlan, 2018; Turnbull et al., 2015).

Successful inclusion, however, requires a “collaborative climate” (Turnbull et al., 2015, p. 188) among all stakeholders. For example, Classen et al. (2019) conducted a case study with 16 parents who are in military and have children attending a preschool setting and are at risk of having a disability. They found that when IEPs are developed within a systems framework that values the input of all members, shared goals are more likely to be achieved, facilitating effective implementation.

Educators should prioritise building positive, trusting relationships with families by engaging in regular, face-to-face interactions rather than relying solely on written communication (Levickis et al., 2023; Lieb et al., 2023; Sisti & Robledo, 2021; Voos, 2016). Such relationships not only facilitate a smoother transition for children from home to the childcare setting but also help educators better understand each child (Turner, 2019). Strong family-educator partnerships support the achievement of shared goals and establish a network of support for families, providing assistance when needed (Kuhn & Higgins, 2020; Kuhn et al., 2017). Collaborative relationships empower team members, enhance appreciation, and lead to more effective decision-making (Turnbull et al., 2015; Bettini et al., 2022). Improved collaboration also fosters a learning environment where all stakeholders, including families, can develop their skills (DEC, 2014; DEC, 2016; Lieb et al., 2023).

Research consistently affirms the value of collaborative efforts within a systems framework, highlighting how connections between systems ultimately influence the child.

Early Years Inclusion in Malta

Despite Malta signing the Salamanca Statement in 1994 (UNESCO, 1994), significant inclusion of children with disabilities into mainstream schools only began in 2000 with the introduction of a statementing process and Learning Support Assistants. However, this support targeted children with disabilities and risked reinforcing segregation (Calleja, 2014). Buhagiar (2021), in her doctoral thesis, conducted a year-long longitudinal case study incorporating action research in a local early years school, providing an in-depth understanding of inclusion and school-based occupational therapy within the Maltese educational context.

Buhagiar (2021) found that most educators and professionals feel inadequately prepared for inclusive education, often adopting a “wait and see” (p. 316) approach that delays early intervention. While collaborative efforts exist, particularly during the IEP meetings involving all stakeholders, collaboration is generally limited and inconsistent, with educators struggling to coordinate both with peers and parents. Transition periods between educators and services are especially problematic, leaving new educators feeling unprepared to support children effectively (Buhagiar, 2021).

Azzopardi et al. (2023) conducted a mixed-methods study exploring the experiences of individuals with autism and ADHD in Malta, revealing that access to services heavily depends on obtaining a formal diagnosis, which is often delayed despite an early screening program at age two that flags potential difficulties but does not guarantee a diagnosis. These delays, compounded by long waiting lists for public services, force many families to seek costly private support, with 65.6% of children receiving a diagnosis by age five. However, diagnosis does not ensure adequate support, as 81% of parents reported receiving little information post-diagnosis and 55% expressed dissatisfaction with available services.

Furthermore, 68% of parents were dissatisfied with the level of collaboration between services, highlighting systemic fragmentation and a medical approach in disability understanding (Azzopardi et al., 2019; Azzopardi et al., 2023).

Policymakers have also begun to emphasise the developmental benefits of high-quality childcare for children (MSPCR, 2021). However, parental perceptions of quality remain focused on observable factors such as structural aspects and children's happiness, with less attention given to pedagogy or educational methods (Sollars, 2020). This limited view constrains the potential of childcare as an early educational intervention, reinforcing its perception as an economic support rather than a child-centred service.

Sollars (2022) also explored the notion of quality from the perspectives of 436 early years educators within the local context. She found that early years educators in Malta often equate quality with basic, observable aspects of the learning environment, while giving limited attention to reflective practices, pedagogical methods, or their own professional development (Sollars, 2022). Fardoe (2023), using grounded theory with educators and children in childcare, observed that while educators prioritise emotional relationships with children, they place less emphasis on cognitive engagement, which can elevate the risk of burnout if adequate support systems are lacking. Additionally, high demand for childcare has led to minimal qualification requirements for staff and managers (Schreyer et al., 2024), with Sollars (2022) highlighting the absence of mandatory ongoing training in Malta.

The National Occupational Standards for Childcare in Malta (MFHE/JobsPlus, 2022a; MFHE/JobsPlus, 2022b) detail the essential knowledge and skills for both Childcare Centre Managers and Educators. Childcare Centre Managers are expected to be inclusive leaders who collaborate with all stakeholders to guarantee a high-quality learning environment, possess expertise in Maltese childcare policies and relevant legislation, and understand when continuous professional development is necessary, particularly after internal reviews (MFHE/JobsPlus, 2022a). Concurrently, Childcare Educators must collaborate with and support families, while implementing a pedagogy that respects every child by considering

their individual interests, skills, and challenges, thereby ensuring the service's adaptability (MFHE/JobsPlus, 2022b).

All these points are imperative to consider, especially when framing potential difficulties in inclusion in childcare. Childcare settings are instrumental in early identification of developmental difficulties, as most parents report that issues are first flagged in these environments (Azzopardi et al., 2023). Although inclusion is a prominent theme in policy, practical guidance for implementing inclusive practices remains limited.

Local Policies informing Inclusion in the Early Years

Effective policies serve as a crucial foundation for guiding service providers toward meaningful change in inclusive education (Schaub & Lütolf, 2023). Research-based policies have a higher likelihood of successfully promoting inclusion, as they are informed by evidence and best practices (Fonsén & Vlasov, 2017). Moreover, fostering genuine inclusion demands innovative approaches to policy development that challenge traditional perspectives (Coussens et al., 2021; Fyssa & Vlachou, 2015). Central to this transformation is the need to move away from ableist language, which often frames disabilities negatively and emphasises medical 'cures.' Adopting more inclusive language within policies is key to reshaping educators' beliefs and enhancing their capacity to implement inclusive practices effectively (Eilers, 2023). Table 2.2 summarises the relevant policies examined in this research.

Table 2.2

Summary of Policies considered as informing Inclusion.

Title of Policy	Reference	Relevance to Inclusion
National Standards for Early Childhood Education and Care Services (0-3 years)	(MFE, 2021a)	• Recognises that every child has a right for inclusive education. • Acts as a guide for high-quality equitable care.
Early Childhood Education & Care: National Policy Framework for Malta & Gozo	(MFE, 2021b).	• Emphasises collaboration. • Underpinned by Systems theory. • Using Universal Design concepts to make services more equitable.
National Action Plan for a Child Guarantee 2022-2030	(MSPCR, 2021)	• Guide to reduce risks associated with social exclusion. • Childcare is highlighted as a form of Early Intervention. • Childcare can act as a hub for collaboration between services.
Educators' Guide for Pedagogy and Assessment: Using a Learning Outcomes Approach.	(DQSE, 2015)	• Supporting holistic development while recognising the child's strengths. • Pedagogy is successful within the context of collaboration with all stakeholders. • Children are encouraged to explore, educators celebrate unique capabilities, promote collaborative play and respect, inspire communication through various means and support active participation. • All children are to receive the assistance they need to succeed.

As shown in Table 2.2, Maltese ECEC policy is grounded in inclusive theoretical frameworks but faces significant implementation challenges (Azzopardi et al., 2023; Buhagiar, 2021). Research underlined that inconsistent ECEC settings, delayed disability identification, diverse child needs, and inadequate educator training may lead to this divide in policy and practice (Fardoe, 2023; Figueiredo et al., 2023; Siller et al., 2021). Negative attitudes among parents and staff further impede inclusivity, underscoring the need for societal change and enhanced professional development (Watson, 2022). Moreover, difficulties in policy interpretation by ECEC leadership can exacerbate implementation gaps, as misinterpretations by centre leaders may undermine effective practice (Bipath et al., 2021; Figueiredo et al., 2023).

Gaps in Research

Most international research in early childhood education focuses on children over three years old (Sawyer et al., 2024; Williams et al., 2023). Despite some progress, there remains a lack of research on local childcare, particularly regarding inclusive practices in Maltese childcare centres (Fardoe, 2023). Given recent policy reforms in Malta and robust evidence on the benefits of high-quality early intervention (Bipath et al., 2021; Breen et al., 2018; Cefai et al., 2022; Fonsén & Vlasov, 2017; Kuhn et al., 2017; Petriwskyj et al., 2014; Sabela, 2023; Schaub & Lütolf, 2023; UNSDG4, 2015), this study is timely and necessary to clarify the current landscape and identify effective practices.

Conclusion

Understanding and implementing inclusive practices in Maltese childcare settings requires a holistic approach that considers both the individual circumstances of each child and the broader dynamics within educational environments. While Malta has made progress in inclusive education (Ministry for Education and Employment, 2019), significant challenges remain, particularly in early childhood settings. Inclusive leadership is crucial to this process (Barton & Smith, 2015), and ongoing support and training for educators are essential, as these factors shape their beliefs and attitudes towards diversity and directly affect the

adoption of inclusive strategies (Maguvhe, 2023a). Policymakers and educators must develop a comprehensive understanding of inclusion to ensure that the experiences of all children are valued, moving beyond simplistic interpretations of this complex concept.

Chapter 3

Methodology

This chapter details the methods and research tools employed to explore inclusive practices in Maltese childcare settings, utilising a mixed-methods approach. Data collection involved semi-structured interviews with parents and online questionnaires for childcare staff. The chapter also discusses the ontological and epistemological beliefs that underpin the chosen methodology. The study is framed within Bronfenbrenner and Morris's (2006) Bio-Ecological Systems Theory and Noddings' (2012) ethics of care theory, which emphasise the importance of social context in child development and highlight the central position of the child when it comes to decision-making.

Research Questions

This study examined inclusion experiences in childcare settings in Malta by focusing on the perspectives of staff and parents, while looking at local policies which guide staff interactions with children and families. Three primary research questions were addressed:

- What inclusion policies and practices guide staff in local childcare settings to facilitate admitting children with disabilities?
- What support and challenges to inclusion have childcare staff experienced?
- What support and challenges to inclusion have children with disabilities and their families experienced within the childcare services in Malta?

Theoretical Underpinning

Understanding the ontological and epistemological frameworks is crucial for shaping research methodologies (Al-Ababneh, 2020). Ontology refers to the nature of reality and what is considered true (St. Pierre, 2016). Two primary ontological perspectives are objectivism and constructivism. Objectivism posits that reality exists independently of the learner, who merely observes it (Brown, 2009). In contrast, constructivism views reality as multifaceted, shaped by the learner's experiences and interactions (McPhail, 2016). This distinction is particularly relevant in inclusive fields, where an objectivist approach is challenging due to inclusion aiming to celebrate the diversity of experiences and realities.

Constructivism recognises the existence of multiple realities and emphasises the researcher's influence in shaping these realities (McPhail, 2016). Given the exploratory nature of this study, which aims to understand inclusive experiences in childcare from various stakeholder perspectives, a constructivist approach was adopted.

Epistemology, the study of knowledge acquisition processes (Lincoln et al., 2011), acknowledges multiple constructed realities within a constructivist framework. This perspective asserts that learners actively engage with knowledge, thereby shaping it through their interactions. An interpretive approach further emphasises the researcher's role in understanding the experiences gathered during the research process (Pulla & Carter, 2018).

This research aimed to understand the inclusive experiences of families and childcare staff. An inductive, interpretive approach allowed flexibility during interviews, enabling parents to guide discussions and the researcher to explore their experiences in depth. Staff questionnaires included open-ended questions, encouraging personal responses that enriched the data. This focus on individual experiences shifts the research away from hypothesis testing.

Theoretical Framework

This study applies Bronfenbrenner's (2005) bio-ecological systems theory and Noddings' (2012) ethics of care to frame child development within societal contexts. Bronfenbrenner's model highlights the dynamic, reciprocal relationships between children and their environments, using the Person, Process, Context, Time (PPCT) framework to explain how these interactions shape developmental outcomes (Bronfenbrenner, 1995). The child (Person) is central and actively influences and is influenced by their environment. Processes such as relationships and interactions are crucial for learning and development (Bronfenbrenner, 1999). The Context includes:

- Microsystem: immediate settings like family and childcare (Bronfenbrenner & Morris, 2006).

- Mesosystem: connections between microsystems, affected by cultural and economic factors (Mantilla et al., 2022).
- Exosystem: external influences like parental employment that indirectly impact the child (Bronfenbrenner, 1995).
- Macrosystem: broader societal values, laws, and policies (Bronfenbrenner & Morris, 2006).

Time (chronosystem) considers how life events and historical changes, such as the pandemic, affect development (McLinden et al., 2018). This approach underscores that child development is shaped by multiple, interacting systems and the evolving role of the individual within these contexts.

Noddings' (1986) ethics of care theory emphasises the significance of interpersonal relationships and care as a fundamental human need. Through these relationships, individuals can experience and understand care. Noddings (2012) posits that care is foundational to education; effective caregiving fosters a nurturing environment essential for inclusive practices. This theory promotes holistic development, where the educator-child relationship is mutually enriching, prioritising the child's well-being in decision-making (Noddings, 1986). Noddings also discusses a care culture, which is vital for societal well-being and can foster further acts of care (Delaune, 2017).

The roles of educators and parents were critical to this research. Their beliefs and attitudes significantly shape inclusive practices through the environments they cultivate. The study examined how educators' relationships with children impacted inclusion. By exploring the experiences of parents and educators, this research investigated the culture of care within childcare settings as experienced by the participants.

This study investigated inclusion in childcare through a comprehensive approach that considers the active role of children within the systems that surround them and the reciprocal influence of those systems on children. It highlighted the complexities of childcare and

inclusion, emphasising the contributions of major stakeholders with staff and families (Lieb et al., 2023), while investigating the role of national policies.

The Research Design

Mixed Methods Approach

This research employed a mixed-methods approach, informed by ontological and epistemological considerations, to address the research questions effectively. Mixed methods integrate both quantitative and qualitative methodologies, leveraging their respective strengths to compensate for weaknesses and enhance the understanding of social phenomena (Turner et al., 2017). Defining this approach can be complex due to the diversity in research designs (Creswell & Plano Clark, 2018). The variability in mixed methods research stems from the degree of integration between approaches, the timing of different research phases, and the relative emphasis on each methodology (Timans et al., 2019).

This research employed qualitative methods to gain an in-depth understanding of parental experiences with inclusion in childcare. Semi-structured interviews provided participants the flexibility to express their views, enabling the researcher to explore relevant themes. Quantitative methods were utilised to protect staff anonymity and through open-ended questions gave staff the opportunity to provide their experiences of inclusion.

Data collection for both the qualitative and quantitative components occurred concurrently. Interviews were conducted in June and July 2024, while the online links to the questionnaire were shared simultaneously. These remained accessible until September 2024 to maximise participation. Despite the use of questionnaires with the staff in childcare settings, the emphasis was placed on the qualitative aspects of their responses.

The research utilised a phenomenological approach to qualitatively analyse participants' experiences. This framework seeks to understand phenomena as they are lived, emphasising the relationships and connections inherent in those experiences (Vagle,

2018). Maintaining openness to participants' narratives was crucial (Pazurek & Koseoglu, 2022), especially during semi-structured interviews, where participants were encouraged to begin with what they deemed significant. While the interview script provided some guidance, it remained flexible to ensure relevance to the study's focus.

Qualitative Data Collection

Qualitative research seeks to understand social phenomena by providing in-depth insights and meanings (Denny & Weckesser, 2022; Flick, 2014). Common methods typically employed in this field include interviews, focus groups, and observations. Open-ended survey questions are considered as a lighter technique within the spectrum of qualitative methods (Moser & Korstjens, 2017). Interviews are particularly effective for capturing participants' experiences and perspectives on phenomena (Bonevski et al., 2014). The researcher is integral to the process, actively engaging with participants and adapting the research approach based on their input (Braun & Clarke, 2019; Braun et al., 2019; Rahman, 2016).

The qualitative aspect of this research was central, guided by the researcher's epistemological understanding. A set of questions was developed for semi-structured interviews addressing the research objectives. The research involved interviews with five parents of children with disabilities and had used childcare services during the five years immediately before the study took place. The data collection method included audio-recording the interviews, which was done with the full consent of the participants. Following the recording, the interviews were then transcribed verbatim. Qualitative research has inherent limitations:

- Emphasising individual experiences may overlook the broader contexts in which these experiences occur (Wilson, 2014).
- Smaller sample sizes limit generalisability, potentially affecting credibility (Lam, 2015).

- The complexities of qualitative research render it time-consuming to conduct and analyse (Rumsey et al., 2016).

Quantitative Data Collection

Quantitative research focuses on measurable aspects of human behaviour, relying on numerical data and statistical analysis to test hypotheses. Rooted in positivist philosophy, it employs deductive reasoning to draw inferences about variable relationships (Rahman, 2016). This methodology often utilises large sample sizes, enhancing the generalisability of findings and allowing for statistical proof of causality. The depersonalised nature of data collection minimises researcher bias, ensuring that results remain objective (Leahey, 2007). In this study, quantitative methods facilitate the expression of childcare staff perspectives while maintaining participant anonymity.

A questionnaire was developed based on the researcher's experiences and relevant literature to address the research questions. Utilising Google Forms ensured participant anonymity. Four versions targeted Childcare Managers and Educators, differentiating between those with and without experience working with children with disabilities. Reflexive thematic analysis was employed to analyse open-ended questionnaire responses.

While gathering quantifiable data is essential for statistical significance, it often limits the depth of exploration into the social aspects of the research topic. Detachment between the researcher and participants may hinder deeper inquiry (Fidalgo et al., 2014). For instance, quantitative findings included staff comments that could have been more thoroughly examined through interviews, enhancing the understanding of the research questions.

Research Instruments

Two research instruments were used for this study: a set of semi-structured interviews and an online questionnaire. The below sections outline the format of these instruments.

The Interviews

A semi-structured interview script was developed after reviewing the literature. It consisted of ten main questions with additional prompts to facilitate conversation and enhance responses to research questions. The focus was on exploring the entire childcare experience, including finding childcare, transitioning from home, collaboration, observing changes in children, and overall satisfaction with the service. Distinctions were made in the script for parents whose children had transitioned to Kindergarten (Appendix 1) versus those still using the service (Appendix 2). Although the same base script was used, participants were encouraged to start at any point they deemed relevant, allowing for a more personalised discussion of their experiences (Buys et al., 2022). In a phenomenological approach, the researcher engaged in dialogue, prompting discussions while showing empathy and clarifying as needed. The script served as a guide, with questions adapted based on participant responses to maintain conversational flow (Høffding & Martiny, 2016; Zahavi, 2015).

Five interviews were conducted—four online and one in-person at the participant's home—lasting between 45 and 60 minutes. All interviews were audio-recorded and transcribed verbatim. Four interviews were conducted in Maltese; these transcripts were later translated into English for analysis and presentation of results. The analysis utilised NVivo 14 software.

The Questionnaires

Questionnaires facilitate the collection of a vast number of responses, making them a valuable tool for generating generalisable data (Yongqi Gu, 2016). The incorporation of Likert scales simplifies the quantification of concepts, thereby enhancing the clarity of statistical significance in analysing relationships (Broca, 2015). In designing the questionnaires, the gathering of unnecessary demographic data was excluded and participants were instructed to refrain from providing identifying information in open-ended questions.

Additionally, online questionnaires were employed to mitigate the risk of social desirability bias in participant responses (Czarnota-Bojarska, 2021). Considering that inclusion is often viewed as a socially desirable attitude, particularly when participants perceive the researcher as pro-inclusion (Tempel, 2022), maintaining anonymity was crucial for obtaining valid results (Czarnota-Bojarska, 2021). Online formats also streamline implementation, especially with branching questions where specific answers direct respondents to different question sets (Dursun et al., 2022), as utilised in this research.

One significant disadvantage of online questionnaires is that they primarily gather data from individuals who are computer literate and have internet access, potentially leading to discriminatory sampling (Dursun et al., 2022). Additionally, response rates for online surveys tend to be lower than those of other formats, often due to factors such as lack of internet access, technical issues across devices, and missed online invitations (Dursun et al., 2022; Van Mol, 2016). These limitations likely contributed to the low response rate observed in this research.

In response to the research questions outlined in the literature review, four distinct questionnaires were developed. These targeted specific groups: Managers with experience working with children with disabilities (Appendix 3), Managers without such experience (Appendix 4), Educators with experience in this area (Appendix 5), and Educators lacking this experience (Appendix 6).

The questionnaires comprised three sections focusing on demographics, personal and professional preparation, and policy knowledge and application.

Questions 1-7: Collected general demographic information, including age, years of employment, professional qualifications, and specific training for working with children with disabilities.

Question 8: A follow-up to Question 7, this question prompted participants who answered "Yes" to reflect on how their studies prepared them for this work.

Questions 9-11: Assessed the level of preparation by inquiring about CPD, confidence levels, and procedures for admitting children with disabilities into childcare settings.

Questions 12-20: Explored emotional experiences, reflections on support and challenges, perceptions of inclusion, successes, family relationships, and the preparedness of other staff members.

Questions 21-27: Focused on policy-related queries, including details about their centre's inclusion policy and familiarity with four Maltese policies affecting childcare inclusion.

Questions 28 & 29: Requested reflections on the benefits of childcare for children with disabilities and allowed space for additional comments.

Differences between questionnaires from experienced staff and those without experience primarily related to wording. Experienced staff were asked to reflect on actual experiences, while inexperienced staff considered hypothetical scenarios. Some minor differences were found between the questionnaire used for Managers and the one used for educators.

Question 11: Managers' questionnaires focused on the experience of admitting children with disabilities while educators' questionnaires focused on the planning procedure.

Question 24: Managers' questionnaires focused on the procedure followed to introduce an inclusion policy while educators' questionnaires focused on the ability to give recommendations on the subject.

Seven friends with prior experience piloted the pen-and-paper versions of the questionnaires. Two managers and one educator with experience and three managers and one educator with limited/no experience participated in the piloting.

Participants in the pilot study completed the questionnaire at their convenience and provided feedback. Following the pilot, extremely negative emotional options were removed, and an "other" option was added. Additionally, question 25 was clarified based on participant

input. The piloting participants indicated that completing the questionnaire took approximately 30 to 45 minutes. Three of the seven participants found the open-ended questions challenging to answer. The updated questionnaires were converted into Google Forms, with online links created for each version. Rea et al. (2022) highlight Google Forms as a leading platform for international research. This platform was selected due to the researcher's prior experience and its user-friendly interface.

All registered childcare centres with DQSE were contacted via email, accompanied by an information letter detailing the research. A Facebook campaign was also launched, providing links to the questionnaires. Due to a low response rate from email outreach, non-responding centres were subsequently contacted by phone or visited in person. Upon receiving confirmation of participation via email, centres were sent the questionnaire links. The links remained active for three months, after which data was downloaded from Google Forms in Excel format. Given the low response rate, only a simple frequency analysis was performed on the collected data. Open-ended responses were coded and analysed using NVivo 14.

Sampling of Participants

After obtaining ethical clearance, participant recruitment commenced through multiple channels due to the simultaneous nature of interviews and questionnaires. Approval was secured from the Foundation for Educational Services, the Secretariat for Catholic Education, and the Ministry for Education, Sport, Youth, Research and Innovation. Each registered private childcare centre and private school was contacted individually via email, phone, or in-person visits. A total of 23 childcare centres chose to participate in the study, comprising 12 state-owned and 11 privately owned centres. The Heads of ten schools - four state schools, four church schools, and two private institutions – agreed to disseminate the information letter and request for participation among parents .

Childcare centres were invited to participate in interviews and questionnaires. For the interviews, they were asked to distribute an information letter to families of children with disabilities, encouraging them to contact the researcher via email. Additionally, staff links were provided for dissemination among all centre employees. Schools were only involved in the interviews, with heads requested to share an information letter with parents of children with disabilities in Kindergarten and Year 1, also inviting interested participants to reach out via email. A total of six parents expressed interest in participating in the interviews; however, due to time constraints, only the first five who contacted the researcher were included. Information about these participating parents is presented in Table 3.1.

Table 3.1

Information about the Parents who took part in the Study.

	Tess	Caroline	Lucy	Alice	Maria
Sex	Female	Female	Female	Female	Female
Number of family members	5	5	5	4	3
Number of children with disability	2	2	3	1	2
Children with a disability who attended childcare in the last 5 years	2	1	2	1	1
Age of child with a disability	4	4	4	5	2
Type and number of childcare Centres attended	1 State	1 Private	1 Private	2 Private	1 Private & 1 State
Status of attendance	Left for Kindergarten	Left for Kindergarten	Left for Kindergarten	Left for Kindergarten	Currently attending

A total of thirty-three questionnaires were completed, comprising eleven from managers and twenty-two from educators, all of whom were female. Among the managers, nine had experience working with children with disabilities, while two did not. Of the educators, thirteen had experience with children with disabilities, and nine did not.

Data Analysis

Data Analysis of Interview Transcripts

Interviews were analysed using NVivo 14 through a reflexive thematic analysis approach, which highlights the researcher's role in interpreting data. This method acknowledges that the researcher's subjective perspective and theoretical framework shape the understanding of experiences. Reflexive thematic analysis is flexible, accommodating various qualitative data forms and theoretical backgrounds, making it particularly suitable for new researchers due to its thorough yet user-friendly nature (Yanto, 2023). Figure 3.1 illustrates the reflexive thematic analysis procedure applied to the interviews.

Figure 3.1*Interview Data Analysis Procedure*

Familiarisation • Listening to the audio recording of interviews and transcribing the data in the original language (Appendix 7). • Reading transcripts and open-ended responses and writing initial thoughts. • Translating Maltese transcripts into English (Appendix 8).
Coding • Sorting all data in initial codes by giving simplistic labels to data chunks.
Initial Themes • Identifying common ideas within the initial codes can help group codes together to create initial themes.
Review • Initial themes are reviewed and compared to the original transcripts and initial codes. • A thematic map is created.
Finalise Themes • Give a clear definition and name each theme.
Write the Results • Present the final themes concerning the research questions.

Note. The data analysis procedure was adapted from the seminal work done by Braun & Clarke (2006). Substantiated by Braun & Clarke (2019) and Terry & Hayfield, (2021).

Data Analysis of Questionnaire Responses

The questionnaire data was analysed using Microsoft Excel, with each question examined individually and visualised through graphs. Due to a low response rate, further

statistical analysis was not feasible, hindering the identification of causal relationships. The declining response rates in research, particularly exacerbated by the design focusing on open-ended questions and the reluctance of private centres to participate, contributed to this issue. Additionally, the lack of random recruitment methods may introduce bias into the data collected (Rindfuss et al., 2015). Despite these limitations, the experiences shared in the questionnaires remain valuable. The researcher acknowledges that bias is an inherent aspect of qualitative research and accepts it to some extent based on the ontological and epistemological stance. These insights provided sufficient depth to address the research questions effectively.

The open-ended responses from the questionnaires were analysed using a procedure like that for the interview data. However, unlike interviews, transcription was unnecessary since the answers were already typed. Figure 3.2 illustrates the reflexive thematic analysis procedure applied to the questionnaire data.

Figure 3.2*Questionnaire Data Analysis Procedure*

Familiarisation • Reading multiple times of the open-ended responses and writing initial thoughts.
Coding • Sorting all data in initial codes by giving simplistic labels to data chunks.
Initial Themes • Identifying common ideas within the initial codes can help group codes together to create initial themes.
Review • Initial themes are reviewed and compared to the original responses and initial codes. • A thematic map is created and incorporated into the thematic map created for the interview responses.
Finalise Themes • Give a clear definition and name each theme.
Write the Results • Present the final themes concerning the research questions.

The analysis employed was well-suited for the diverse data formats collected from both tools, as it allowed for flexibility despite following a structured procedure. Initial steps of the data analysis were conducted separately for each dataset, but upon identifying comparable results from both participant groups, a convergence of analysis was achieved during the creation of the thematic map.

Data Analysis of Childcare Policies

The analysis of staff responses regarding the inclusion centre policy was conducted using NVivo 14, which facilitated the identification of key themes associated with these policies. After coding the key points, a word cloud was generated to highlight the primary terms used in the descriptions. Staff familiarity and perceived influence concerning major national childcare and related to inclusion policies were quantified in Excel and visualised through graphs.

To assess the guidance provided by these policies on inclusion in childcare, a thorough review was undertaken, cross-referencing them with analyses of parent and staff experiences. The points related to inclusion were categorized into three distinct groups:

- Followed: Points consistently reported by participants as practised in childcare.
- Work in Progress: Points that participants experienced inconsistently.
- Not Followed: Points either unmentioned by participants or contradicted by their outlined practices.

During the research, particularly in the data analysis phase, an inductive reasoning approach was employed, utilising a ground-up method. The gathered data and experiences formed the foundation for knowledge presentation, which was then compared to existing theories for theory building. This approach is characteristic of qualitative research (Hayes & Heit, 2017).

Credibility and Dependability Measures

To enhance the credibility and dependability of this research, three methods were employed for data triangulation. Parent interviews provided in-depth insights into inclusion experiences, while questionnaires offered experiences from the perspective of staff. Additionally, analysis of major policies contributed to this triangulation. Piloting the

questionnaires allowed the researcher to make the necessary updates to better address the research questions.

Ethical Considerations

Ethics act as moral guidelines that determine research behaviour (Khatri & Bansal, 2023). They ensure the protection of participants (Yaw et al., 2023). This study received approval from the UM FREC, which reviewed the research outline and methodology. During the FREC application process, approvals were obtained from the MEYR, the SCE, and the FES (Appendices 9–11). HOSs were subsequently informed (Appendix 12), while private schools and childcare centres were contacted separately for approval, which was then submitted to FREC for confirmation (Appendix 13).

HOSs received an information letter detailing the study and their role (Appendix 14), while childcare managers were provided with a separate letter, including research details and online questionnaire links (Appendix 15). Completing the questionnaire implied consent to participate in the study.

HOSs and childcare centre managers distributed information letters to potential participants, who then contacted the researcher via email. Parental consent was obtained before each interview. Interviews were scheduled at convenient times and locations, with participants briefed on the research and allowed to ask questions. They were also informed of their right to withdraw and that interviews would be audio-recorded.

Four parent interviews were recorded via Zoom, while one was recorded using the researcher's laptop. All recordings were transferred to an encrypted, password-protected external hard drive and deleted from the laptop. Transcriptions were anonymised, with identifying details removed or replaced with pseudonyms, and securely stored on an encrypted external hard drive and cloud folder. The external hard drive was kept securely at the researcher's home. Data will be retained until the completion of the master's program

and then securely deleted, including all participant emails. Online questionnaires ensured participant anonymity, with any identifying details in responses renamed for confidentiality. Acknowledging potential conflicts of interest due to the researcher's employment at the FES, all necessary measures were taken to safeguard staff participants' identities.

Conclusion

This research is grounded in Bronfenbrenner's (1979) bio-ecological systems theory and Noddings' (2012) ethics of care, emphasising a social understanding of disability. It explores the role of policies and procedures in the inclusion of children with disabilities through the experiences of parents and staff in Maltese childcare settings. The study's ontological and epistemological foundations inform its methodological choices.

Parents were interviewed to gain in-depth insights, while online questionnaires ensured staff anonymity, addressing ethical concerns related to the researcher's role. Limitations, particularly the low response rate affecting generalisability, were acknowledged. However, the combination of interviews and open-ended questions provides valuable insights into the complexities of inclusion. These findings will be examined in the next chapter.

Chapter 4

Data Analysis and Discussion of Results

This study presents an analysis of findings using reflexive thematic analysis, drawing on data from five parent interviews, alongside open-ended questionnaire responses from eleven managers and twenty-two childcare educators. The research was designed to address three core questions:

- What inclusion policies and practices guide staff in local childcare settings to facilitate admitting children with disabilities?
- What support and challenges to inclusion have childcare staff experienced?
- What support and challenges to inclusion have children with disabilities and their families experienced within the childcare services in Malta?

Challenging concerns raised by Purper et al. (2016) regarding a disconnect between research and practice in early years education, this study identified evidence of some effective and other less effective inclusive practices. Given the global prevalence of exclusion of children with disabilities (Zeng et al., 2021), the findings associated with effective inclusive practices offer valuable insights into successful strategies in childcare.

Overview of the Main Themes

The analysis of parents' and staff's experiences resulted in the identification of key themes that support or challenge inclusion. Similar issues and themes were reported by both groups although "Working collaboratively as a team" and "Inclusive planning" were exclusively discussed by staff. A notable finding is the discrepancy between policy documents and the practical realities within childcare centres.

Figure 4.1: Enablers of Inclusion in Childcare

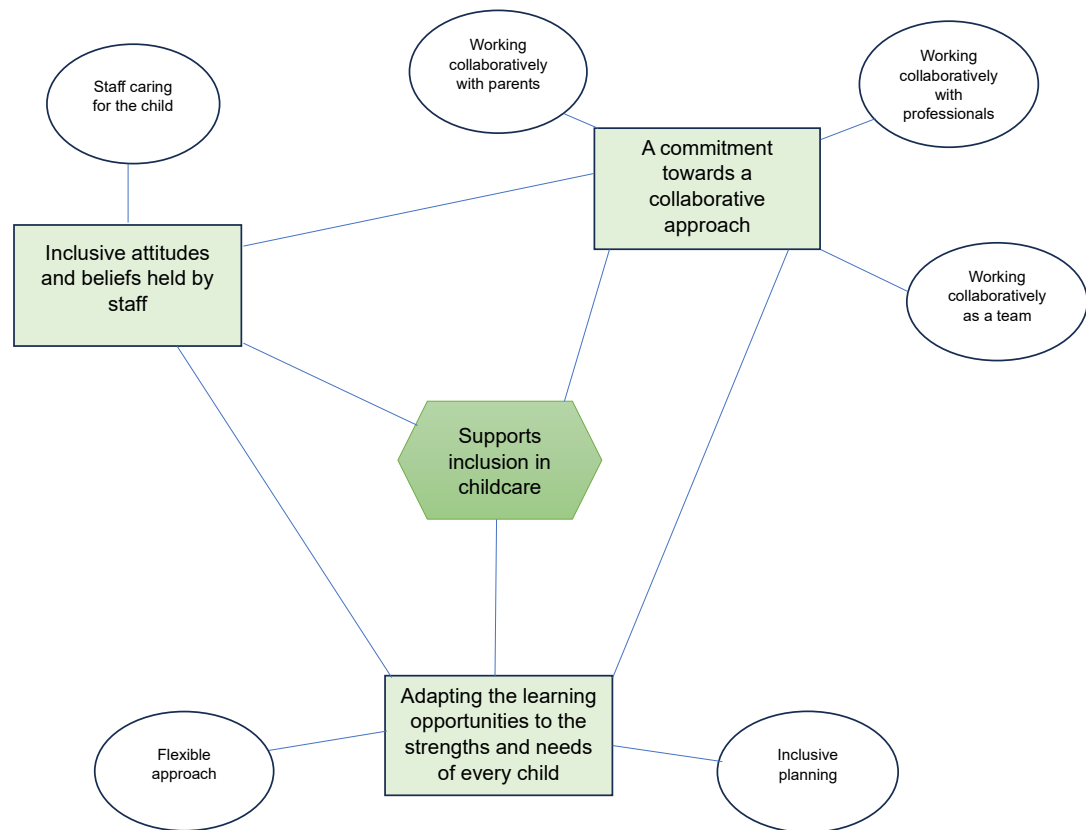
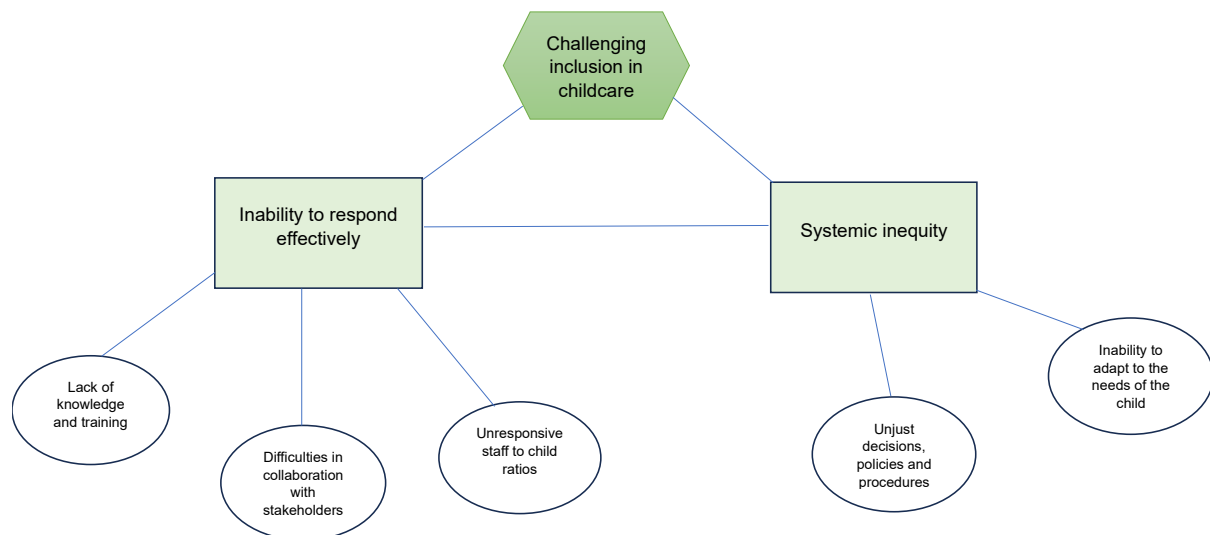


Figure 4.2: Challenges to Inclusion in Childcare



Parents Experiences of Inclusion in Childcare

Table 4.1 shows an overview of the experiences of inclusion outlined by parents.

Table 4.1

Parental experiences of Inclusion in Childcare

Research Question	Tess	Caroline	Lucy	Alice	Maria
Support to inclusion	- Following an incident at the centre, Tess complained with one of the leaders. She perceived this leader as supportive and understanding. She felt that the communication at the centre improved drastically. - A private psychologist supported with her daughter's behaviour. He observed and provided feedback to staff. Tess reported that no other behaviour concerns were reported following this intervention. - Tess felt that the staff showed more care towards her daughter once the disability was labelled.	- Experienced a supportive educator who was particularly caring towards her son. The educator worked hard to build a positive relationship with Mason and took an interest towards his wellbeing. - The experience helped Caroline to feel peace of mind when Mason was at childcare and supported a positive relationship with the educator. - Staff were consistent and worked collaboratively with the family and between themselves. Caroline felt that this was key in supporting her son to be toilet trained.	- Felt that because of childcare family income improved drastically. This income was invested in therapies. - Parents provided an adapted chair to support engagement.	- The centre showed an interest into understanding from the family Audrey's routines and interests. - The centre was flexible in the time that Audrey was attending supporting a smoother transition from home.	- The educators at her centre were perceived to take an interest and actively engaged David. - This perceived interest by Maria supported a positive relationship with staff. - Staff were committed to work with the parent and the professionals supporting David. - Educators worked together to keep parents in the loop about what is happening at the centre. - Educator took the time to plan ahead for any adaptations needed for all learning opportunities, for example using spoons to avoid touching of messy materials or utilising outdoor play more because David was calmer outside.
Challenges to inclusion	- Tess felt that the lack of understanding by the centre about various labels contributed to the staff's lack of empathy and lack of action. This led staff to believe that the mouthing of materials was a bad habit. - Felt that the centre's	- Felt that the centre did not feel responsible when Caroline was noticing difficulties. - Caroline feared that there could be adverse repercussions if the parents informed their centre that a Speech and Language Therapist was supporting Mason.	- Lucy felt that it was her duty to fight against an unjust system. She felt that the lack of resources was seriously delapidating to inclusion. - Lucy felt that because of the difficulties that families face to make use of childcare, the parents are unjustly being	- Felt that a lack of understanding of early development led the manager to downgrade the parents' concerns. This led to a lack of action. - Alice feels that getting the support from professionals required persistence. She felt that the	- Maria felt that the first centre took an approach which does not challenge David. She felt that this was done so that the educator avoids responsibility. - Maria felt guilty for using the childcare service because she felt that David endangered others.

	excessive use of time outs exacerbated biting behaviours. • Often felt in the dark and uninformed of what was going on at the centre. • Tess attempted to keep the centre updated but she felt that this was not reciprocated. Daily feedback was provided, but this feedback was considered to be basic.	• Caroline did not feel supported by the ECEC about the ongoing assessments. As a result, the family did not include the centre as part of the professional team supporting Mason.	taxed for having children with a disability. • Lucy felt that Aaron was unsafe if he is not provided one-to-one support. The family refused to use the ECEC service if this support is not provided. • The centre made no effort to support the family when they tried to get one-to-one support, despite acknowledging the safety and engagement concerns.	individual professional supported within their field but no attempt was done to collaborate between themselves and guide the family into available services. • Alice felt that the process with professionals was laborious often with long waiting periods. She felt that her daughter's diagnosis process was flawed because of the lack of observation at different settings. No attempts to collaborate with the centre was reported.	
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Themes supporting Inclusion in Childcare

Inclusive Attitudes and Beliefs held by Staff

The educators work with a passion, demonstrating empathy...to help the child feel included. [Manager 3]

Fostering inclusive beliefs among education staff is critical for quality inclusion. Four parents specifically highlighted the importance of staff upholding inclusive beliefs and reacting positively to all children. The majority of both parents and staff emphasised that demonstrating a caring disposition towards all children and consistently making decisions based on the child's best interest are imperative for quality interactions. Research corroborates this, indicating that an inclusive belief system among educators significantly impacts their ability to adapt learning opportunities (Eredics, 2018; Schaub & Lütolf, 2023; Turner, 2019; Turnbull et al., 2015).

Staff Caring for the Child

Quality care in educational settings is multifaceted, conceptualised as encompassing emotional connection, sustenance, and reflective decision-making processes (Stake & Visse, 2023). This understanding is further enriched by the emphasis on empathetic listening and emotional responsiveness (Noddings, 2012), qualities deemed essential for achieving high standards in education.

Inclusive practices within childcare are characterised by:

- Awareness
- Effective communication
- Adaptability to meet diverse needs

These attributes are supported by Berryman & Woller (2013), Noddings (2012) and Stenman & Pettersson (2020), and were specifically identified by parents and staff as key indicators of quality inclusion in childcare environments.

Knowing that one of my students has a disability makes me want to do everything in my power to support and include them. [Childcare Educator 5].

A caring disposition, conceptualised as "a certain love...that feeling of family" [Maria, July, 2024] is a core attitude that underpins successful interventions. Manager 8 emphasised that being "dedicated and caring" forms the foundation for effective practice. Such attitudes are instrumental in facilitating initiatives like staff training, as they cultivate a conducive environment for behavioural change, thereby increasing the success of training sessions, particularly short-term ones (Sharma, 2018; Specht et al., 2022). Staff perspectives corroborate the influence of care on training efficacy.

Furthermore, the ethic of care promotes an individualised approach in education, enabling educators to respond effectively to children's needs. This involves treating each child as an individual, rather than solely focusing on their condition or disability. By attributing

challenges to environmental factors and positioning the child as central in the decision-making process, educators are better equipped to develop an effective predisposition to act (Lalvani, 2015; Lim et al., 2016). Beyond individual interactions, the ethic of care is crucial for advancing social justice and inclusion, achieved by "recognising differences, valuing interdependence, and redefining what it means to be a valuable citizen" (Wood, 2015, p. 265).

Educator empathy and an inclusive mindset are foundational to fostering quality relationships with parents and children, which in turn enhances collaborative efforts and informs planning within childcare settings (Cameron & Tveit, 2017). An "inclusive mindset and a positive attitude" are considered vital for "effective collaboration and communication within the team" [Manager 11].

The role of disability labelling in childcare is complex and contentious (Gargiulo & Bouck, 2017; McCrae & Brown, 2018). However, as Tess explains, labelling can paradoxically improve staff understanding and facilitate access to necessary support (Alzahrane, 2023; De Schauwer et al., 2023; McCrae & Brown, 2018). This impact is significantly influenced by the educator's conceptual framework of disability:

- A medical model leads to an overreliance on diagnosis as the primary pathway to services, viewing the diagnosis itself as the key to change.
- Conversely, a social model of disability, which acknowledges that societal barriers create disablement, empowers educators to proactively address these disabling aspects. Adopting a social understanding coupled with an ethics of care may also reduce the necessity for formal labels altogether (Rees, 2017).

Despite potential benefits, the fear of adverse repercussions can lead parents to withhold information about their child's needs (Lalvani, 2015; Turnbull et al., 2015).

Furthermore, the current system's dependence on often lengthy and expensive diagnoses to

access services can contribute to systemic injustice (Azzopardi et al., 2019). These points will be discussed further in subsequent sections of this chapter.

A Commitment towards a Collaborative Approach

An admission meeting will be held with the parents, the Inclusion Programme Coordinator, the child's educator, and the professionals involved in the child's care. This meeting aims to identify the child's needs and gather recommendations, enabling us to collaborate effectively to support the child's holistic development. [Manager 4].

... fostering a culture of inclusivity goes beyond policy, necessitating empathy, understanding, and proactive communication with families ... to create a nurturing environment for all children. [Manager 2].

Collaboration is fundamental to fostering inclusive environments, a principle underpinned by systems theory and extensively supported by research (Bartolo et al., 2019; Bricker et al., 2022; Buhagiar, 2021; Cameron & Tveit, 2017; Clapham et al., 2017; Classen et al., 2019; DEC, 2014; DeSpain & Hedin, 2022; Lieb et al., 2023; Singh & Keese, 2020; Turnbull et al., 2015). Managers identified it as essential for inclusive processes, particularly in service planning and knowledge acquisition. Having said that collaboration requires considerable time, commitment, and energy to establish effective opportunities for interaction (Kim et al., 2020; Wong & Press, 2017).

At first I felt scared because I didn't know the disability, but still I did my best to understand the disability... ask questions to the parents and if possible to their professionals and our inclusion programme coordinator, so then I feel prepared ... [Educator 2].

Several key benefits of a collaborative approach were reported with Educator 2 saying that her understanding of the child increased and Manager 6 highlighted the invaluable insights gained from parents and other professionals. This approach

acknowledges parents as experts on their children and respects the expertise of professionals, providing staff with crucial knowledge and practical understanding for child support (Buhagiar, 2021; Eredics, 2018; Lieb et al., 2023; Turner, 2019;). Manager 4 confirmed that collaborative work enabled her centre to develop effective support plans by integrating contributions from all stakeholders. Joint meetings between parents, supporting professionals, and staff are crucial for ensuring comprehensive support. Collaboration inherently strengthens relationships among all involved parties. It improves decision-making and ensures consistent support across various environments, significantly increasing the likelihood of achieving shared goals (Buhagiar, 2021; Cameron & Tveit, 2017; Classen et al., 2019; DeSpain & Hedin, 2022; Fukkink & Lalihatu, 2020; Lieb et al., 2023; Singh & Keese, 2020; Turnbull et al., 2015). This consistency positively impacts children's behaviour by providing uniform feedback (Lang et al., 2016), as exemplified by Caroline who noted that consistent communication with staff supported her son's progress in toilet training.

Working Collaboratively with Parents

Reflecting prior research (Guralnick, 2020; Kuhn et al., 2017; Lieb et al., 2023; Sheppard & Moran, 2022; Soukakou et al., 2024), both parents and staff emphasised parents' essential role in promoting inclusive childcare. Table 4.2 presents staff perceptions of their relationships with parents.

Table 4.2

Staff Perceptions of their Relationship with Parents of Children with Disability.

	Positive Relationship	On and off Relationship	Negative Relationship	Did not comment
Managers N=11	6	2	1	2
Educators N=22	9	4	0	9
TOTALS	15	6	1	11

Staff described their relationship with parents as positive and collaborative, facilitating shared goals at the centre—a finding consistent with Buhagiar (2021), Eredics (2018), Lieb et al. (2023) and Turner (2019).

...we get updates and always check how they are doing. [Manager 1].

Parents were doing their best to understand the situation and to better their child's life. [Educator 3].

The relationship I had with the parents of the child with disabilities was collaborative and supportive. We maintained open and honest communication, regularly discussing the child's progress and any concerns. I listened to their insights and feedback, valuing their expertise about their child's needs. This partnership built trust and ensured that we were all working together to provide the best possible care and support for their child. [Manager 8].

Regular team meetings and daily parent interactions were consistently identified as effective for promoting inclusion. Childcare providers collaborate with parents and professionals to create personalised transition plans, gathering detailed feedback on each child's routines and preferences. Frequent parental presence at the centre strengthens staff-parent relationships and increases staff confidence in supporting children, especially those with disabilities, reducing anxiety and fear (Lang et al., 2016).

When a family with a child with a disability showed interest in registering at our centre, we began by scheduling a meeting to understand the child's needs and discuss expectations. We conducted a thorough assessment with input from healthcare providers and specialists to develop a personalised care plan...Throughout the transition, we maintained open communication with the family to address concerns and refine the care plan as needed, ensuring a smooth integration into our centre's programs. [Manager 8].

Effective communication and welcoming environments with parents are vital in early years settings, fostering responsiveness and inclusion (Dunst & Espe-Sherwindt, 2016; Lang et al., 2016; Puig & Evenson, 2022). According to Noddings' care theory (2012), care is reciprocal, with childcare educator motivation enhanced by parental feedback, as reflected in educators' experiences (Lang et al., 2016). Frequent team meetings and daily interactions during drop-off and pick-up, alongside written feedback, build trust and support collaboration among stakeholders (Cameron & Tveit, 2017; Levickis et al., 2023; Lieb et al., 2023). This trust facilitates knowledge exchange and smooth transitions for children and parents, who are recognised as key experts on their child (Purper et al., 2016; Turner, 2019; Swart et al., 2021).

Childcare is supportive of Family Needs. Participants acknowledged the crucial role of childcare in enabling families to remain in employment. However, childcare support extends beyond mere child-minding services. Manager 1 emphasised the importance of engaging with parents to tailor support effectively. This support encompasses several dimensions, including offering respite to parents, facilitating networking opportunities between services and parents, and providing a platform for informal discussions. Childcare services contribute towards provision of an emotional support system for parents.

Parents providing Resources. Beyond providing information about their children, some parents were also asked to supply physical resources. For example Educator 6 explained that parents were asked to provide an adapted chair to help the child engage better in learning opportunities which were table top.

This practice was initially categorised as a supportive practice during the data analysis because participants perceived the practice as such, particularly among staff. However, it can also pose challenges to inclusion, as will be explored in subsequent sections (Bipath et al., 2021; Kurth et al., 2020; Lim et al., 2016; Marshall et al., 2020; Mitra et al., 2017; Rahn et al., 2019). For instance, it could potentially lead to exclusion, as seen in Lucy's case.

Working Collaboratively with Professionals

Research highlights the pivotal role of professionals in childcare (Anderson & Lindeman, 2017; Hong & Shaffer, 2015; Moran & Sheppard, 2023; Weglarz-Ward et al., 2020), particularly their impact on team development and support for both educators and parents (Lynch et al., 2020; Miolo & DeVore, 2016; Snyder et al., 2018). Managers emphasised that professionals provided essential coaching and hands-on expertise to staff and families, which significantly enhanced confidence among both groups. Professional support enhances the overall quality of care and educational experiences, thereby contributing to the creation of a more effective and inclusive environment (Polido et al., 2017; Voos, 2016).

A collaborative model enables quicker responses from staff and professionals, leading to faster initiation of referrals for further assessments. Research consistently shows that the involvement of multiple professionals enhances early identification of needs (Buhagiar, 2021; Clapham et al., 2017; Lim et al., 2016; Lynch et al., 2020). When professionals are integrated into the educational community, they are more inclined to support early identification and provide early support to families and educators. This is built upon the trust built with stakeholders, the ability to observe the child in their natural context, and the sharing of knowledge with educators (Buhagiar, 2021; Clapham et al., 2017; Lynch et al., 2020).

Effective management necessitates professionals to be present in multiple contexts where the child resides, particularly within childcare settings (Sisti & Robledo, 2021; Voos, 2016; Yundt & Geddes, 2015). Meeting regularly supports professionals to act as a supporting structure within the team, which is essential for guiding successful interventions (Bricker et al., 2022; Weglarz-Ward et al., 2019).

Working Collaboratively as a team

Participating childcare educators emphasised the value of collaborative teamwork, especially with their managers. Such collaboration enhanced planning and knowledge acquisition provided support and alleviated fears when working with children with disabilities. Leaders facilitated open communication, allowing staff to express concerns and address them collectively. Additionally, leaders like Manager 5 explained that she played a crucial role in fostering effective teamwork between staff and parents by acting as a point of reference for both, while also identifying and providing necessary training to ensure staff competency.

First the child has to be observed, by the childcare educator. She will talk to the centre coordinator about her concerns and her observations. The coordinator then consults with the head manager of inclusion. He will observe the child himself, and through his observations, he will discuss a plan with the childcare educator and the centre coordinator to help the child with disabilities. Sometimes the child will be referred to the CDAU unit. [Educator 7].

Collaboration among educators is crucial for offering mutual emotional support and serves as a vital platform for deep pedagogical reflection (Bettini et al., 2022; Mulholland & O'Connor, 2016). Leaders who actively cultivate and ensure collaborative spaces can provide essential support and guidance, empowering educators to effectively adapt to the dynamic and evolving needs of children and the childcare setting (Singh & Keese, 2020; Turnbull et al., 2015).

Adapting the Learning Opportunities to the Strengths and Needs of Every Child

...children are free to express themselves and any activities...are planned to make sure all the children are included and take part. [Educator 20].

A sense of excitement to create an inclusive environment and contribute positively to the child's development and learning experiences. Strong

determination to provide the best possible support and to adapt the environment and curriculum to meet the child's unique needs. This would also include planning and seeking resources to ensure the child feels included and valued...A sense of responsibility to ensure that the nursery is a safe, supportive, and enriching place for the child. This includes staying informed about the best practices and continuously reflecting on and improving my approach. [Manager 2].

Adapted pedagogy and curriculum are identified as crucial components of the inclusive process, often regarded by parents and staff as the pinnacle of inclusion and a primary tool for achieving it. Adaptations are necessary across all facets of an educational setting, including the physical environment and policy. Effective collaborative planning is recognised as the foundation for adapting pedagogy, demonstrating a direct link between robust collaboration and successful service adaptation through thorough planning (Azzopardi et al., 2019; DEC, 2014).

Inclusive childcare environments are characterised by their ability to adapt to the diverse needs of children, ensuring all children feel valued and supported. Staff implemented various levels of adaptation, such as adjusting daily routines, allowing children to progress at their own pace, and acquiring additional resources to meet individual requirements. Educators specifically modified learning opportunities to enhance accessibility and tailored challenges to align with the child's zone of proximal development (Aubert et al., 2017). Furthermore, fostering close relationships with children was essential for effectively responding to their needs. A strong commitment to inclusive practices was evident, with staff avoiding exclusionary methods related with the wrong use of one-to-one support (Calleja, 2014). This commitment ensures children with disabilities remain part of the broader group, fostering a sense of belonging and equity. Parental involvement was also emphasised, with consultation ensuring the effectiveness of implemented plans.

Flexible Approach

Childcare centres utilise naturalistic assessment methods, primarily observations and team discussions, which align with flexible planning principles (DEC, 2014; Turner, 2019). Manager 8 described the initial assessment process which involved parent interviews and collaboration with various professionals to develop comprehensive plans for children with disabilities, mirroring successful programs like “Kids Together” that foster flexible planning through transdisciplinary assessments and ongoing reflection (Clapham et al., 2017; Hsieh, 2024).

According to parents and staff, flexibility is implemented through:

- Logistical adjustments, such as flexible entry and exit times, which help children transition smoothly in the initial stages of their childcare experience.
- Pedagogical adaptations, involving tailoring teaching methods to meet individual needs, such as providing structure and routine when required for Maria's son.
- Adaptive learning opportunities are created by engaging children's interests, as highlighted by Manager 4, enhanced inclusion.
- Environmental changes and resource acquisition, with staff demonstrating a willingness to modify layouts and acquire additional resources to meet specific requirements.

Flexible pedagogies foster an environment conducive to experiential learning, placing children at the forefront and ensuring their engagement within the social environment (Finkelstein et al., 2021; Prosper, 2017). This open-ended approach, leveraging inherently flexible and child-centred mediums like play (Benjamin et al., 2017; Blewitt et al., 2019; Lalvani, 2015; Maguvhe, 2023a; McLean, 2016; Prosper, 2017; Turner, 2019), aligns with principles of universal design that emphasise accessibility and inclusivity (Coogee et al.,

2022; DEC, 2014). Parents and staff observe that varied learning opportunities and hands-on activities significantly enhance children's motivation and engagement. Unlike findings by Taneja-Johansson et al. (2021), where participants struggled to engage children with disabilities, the staff in this study actively sought to engage all children, with parents reporting positive outcomes from their observations.

Inclusive Planning

Inclusive planning for children with disabilities necessitates a multifaceted and holistic approach that extends beyond an IEP. Effective planning involves several critical stages. Educators must first establish a strong relationship with the child and conduct observations. This enables an understanding of the child's interests, strengths, and needs, allowing for a more personalised plan (Artman-Meeker et al., 2021).

A crucial collaborative stage involves consulting various stakeholders. These include parents, managers, inclusive leaders, and other professionals. This consultation ensures the plan is comprehensive and is regularly updated based on feedback and assessments (Azzopardi et al., 2019; DEC, 2014; Mereoiu et al., 2015; Soukakou et al., 2024; Weglarz-Ward et al., 2019). While Educator 5 recognised assessments for evaluating the plan's success, specific details on these assessments were not provided.

The plan involves conducting comprehensive assessments, collaborating with the child, parents, and professionals, implementing daily instructional practices, monitoring progress, and making necessary adjustments. [Educator 5].

I looked at the child's strengths and worked with them... [Educator 6].

Challenges to Inclusion in Childcare

Inability to Respond Effectively

Working with children with disabilities can cause feelings of fear, anxiety ... Fear arises from the responsibility of meeting their unique needs, anxiety about effective strategies ... [Educator 5].

It is a huge responsibility and ensuring we meet the child's needs in the best way possible can be very hard within the current ratio. [Manager 10].

A significant obstacle to achieving inclusive childcare is the inability of centres to effectively respond to the needs of children and their families. This helplessness not only hinders addressing immediate needs but also prevents proactive measures to avoid future challenges. Parents highlighted instances where childcare centres failed to identify and address issues, such as behavioural difficulties and developmental concerns. For example, Alice noted that a manager dismissed her child's behavioural issues, which persisted over time. Similarly, Maria's concerns about her child's developmental difficulties were minimised with assurances that the child would "grow out of it." [July 18, 2024].

This inaction contributed to feelings of hopelessness and limited the families' ability to take action. For instance, Alice questioned her observations and delayed seeking help from other professionals. Unlike Sheppard & Moran's (2022) findings, where centres actively collaborated, Caroline's centre never sought information from other professionals.

Tess reported feeling isolated in managing her daughter's challenging behaviours, often finding that support from the centre was either absent or delayed. This aligns with Hsieh's (2024) observation that clear-cut difficulties, such as risky behaviours, receive more immediate attention than less overtly dangerous behaviours. In Tess's case, tangible action was only taken after her daughter was hurt during an incident.

Manager 6's approach to enrolling a child with a disability involved following standard procedures, akin to those for any child. This approach reflects a belief in equality over equity,

which can lead to inadequate support for children with diverse needs. While the intention may be inclusive, it results in a one-size-fits-all approach that fails to address individual requirements, ultimately leading to inaction within the centre.

In line with systems theory, the inability to respond effectively to children with disabilities can be problematic. It disrupts the close systems surrounding the child, negatively impacting the family and other professionals involved. This issue is echoed in research by Taneja-Johansson et al. (2021), who found similar challenges in Indian schools. A primary cause of this inaction they found was a deficit-focused approach to disability, which assumes inherent difficulties when working with children with disabilities. This approach can lead to negativity, as seen in this study where parents receive negative feedback about their child, fostering feelings of hopelessness. Such negativity can undermine team and family efficacy, hinder teamwork, and prevent goal achievement (Lang et al., 2016; Lieb et al., 2023; Turnbull et al., 2015; Turner, 2019).

The lack of a positive approach can also lead to frustration among team members, as observed in the case of Tess, who felt the need to constantly guide her team due to a perceived lack of knowledge among staff. This imbalance can skew responsibilities and perceptions of proficiency among team members (Cameron & Tveit, 2017; Lang et al., 2016). While some parents like Maria opted to change centres due to inaction, others, such as Alice, Tess, and Caroline, remained due to other perceived positive aspects, despite expressing uncertainty about their centres. Unlike studies where participants actively critiqued systems and advocated for improvements (Sheppard & Moran, 2022), this research found that staff rarely criticised the system, an area identified for further research to address educator passivity.

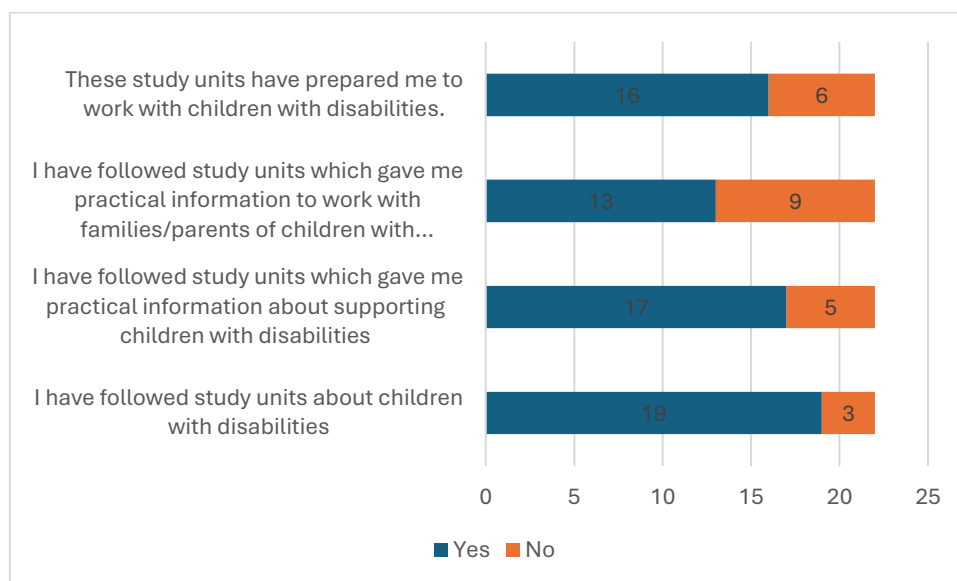
Lack of Knowledge and Training

All staff participants in this study reported compliance with the Ministry for Education's standards (2021b), with educators holding a minimum of Level 4 training and managers at Level 5. Figure 4.3 illustrates educators' descriptions of their courses related to

supporting children with disabilities. Despite the policy focus on inclusion, the training offered does not fully align with these goals, highlighting a gap between policy and practice.

Figure 4.3

Skills related to Supporting Children with Disabilities acquired from Courses as described by educators.



A notable discrepancy was observed in Managers' courses. Seven out of 11 managers reported that their course lacked practical information for working with children with disabilities. Additionally, six managers felt ill-prepared and noted that the course provided no guidance on supporting the admission of children with disabilities. This aligns with international research (Kuhn et al., 2017; Lieb et al., 2023; Ring et al., 2019), which suggests that despite the need for such skills as per regulatory standards (MFHE, 2022a; MFHE, 2022b), many courses fail to adequately prepare staff.

When we study childcare one gains a general knowledge about different disabilities. But in practice it is different. We do not study children with disabilities but children as a whole and disabilities are one topic among many. [Educator 7]

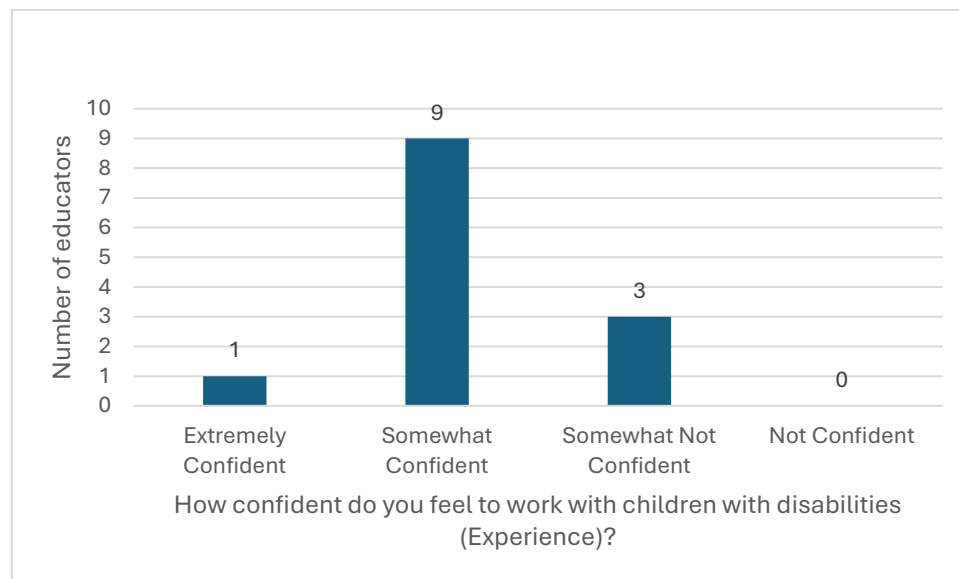
Unfortunately, the level 4 and 5 qualifications of Malta that the majority of the staff have are inapt and leave the staff unprepared for many things. [Manager 1]

The literature highlights a significant lack of training on inclusive practices in childcare settings, which can hinder a centre's ability to foster inclusivity (Barton & Smith, 2015; Cefai et al., 2022; Fyssa & Vlachou, 2015; Maguvhe, 2023b; Schaub & Lütolf, 2023; Weglarz-Ward et al., 2019). Without adequate training, staff may perpetuate negative attitudes or false beliefs about inclusion (Weglarz-Ward et al., 2019). In this study parents experienced beliefs such as attributing a child's difficulties to personal habits or assuming disabilities will be outgrown. These beliefs can lead to inaction and remove educators' agency to address environmental changes that could support children better (Sheppard & Moran, 2022).

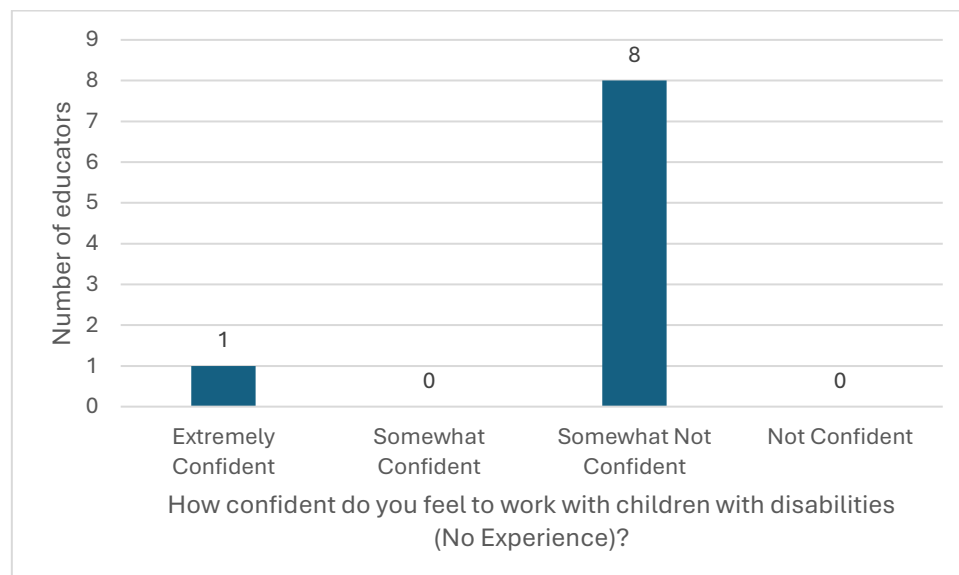
Even when educators have positive attitudes towards inclusion, perceived failures in implementing inclusive practices can erode confidence and reinforce false beliefs about the effectiveness of inclusion (Majoko, 2016). This can lead to decreased confidence levels and negatively impact educators' performance and attitudes towards inclusion (Barton & Smith, 2015; Cefai et al., 2022; Karlsudd, 2021; Maguvhe, 2023b; Mckoy, 2022; Riser, 2017; Schaub & Lütolf, 2023). This deficit can impede early intervention opportunities and foster a cycle of negative attitudes among both educators and children, shaping their foundational beliefs about their social environment (Kim et al., 2020; Kwon et al., 2017; Mereoiu et al., 2015; Turner, 2019; Turnbull et al., 2015). The impact on educators' confidence is further illustrated in Figures 4.4 and 4.5.

Figure 4.4

Educators with Experience: Confidence Supporting Children with Disabilities

**Figure 4.5**

Educators with no Experience Confidence to Work with Children with Disabilities.



The absence of proper training directly hinders educators' ability to address children's diverse needs, leading to significant parental frustration and a deterioration of trust

(Coussens et al., 2021). This parental distrust often resulted in withholding crucial information about a child's needs or external support, which subsequently limits the centre's effectiveness and exacerbated managerial frustrations. Turnbull et al. (2015) agreed to this notion. Consequently, childcare educators are frequently excluded from collaborative teams comprising parents and other professionals, often due to perceptions that their lack of training renders them inessential in supporting children. Educators themselves acknowledge feeling underprepared compared to other professionals (Sheppard & Moran, 2022).

Variations in educator training programmes also contribute to disparities in research findings concerning inclusion (Kuhn et al., 2017; Lieb et al., 2023; Ring et al., 2019). Not consistent with Sollars' (2022) findings, staff often reflected on the limitations of their training, particularly when confronted with the complexities of inclusion and working with children with disabilities. While formal studies may be perceived as inadequately preparing educators for practical challenges, direct experience with children with disabilities is highly valued and correlates with higher confidence levels, contrasting existing research (Barton & Smith, 2015; Kwon et al., 2017; Lalvani, 2015; Maguvhe, 2023b; Mckoy, 2022). This indicates a belief that practical experience is crucial for developing educators' confidence and skills in supporting children with disabilities.

Consistent with findings by Nagase et al. (2021), low confidence, coupled with feelings of being unprepared and unsupported, commonly elicited negative emotional responses among educators, such as anxiety, fear, and frustration. Encountering challenging behaviours was identified as a primary source of this stress. These negative emotions can lead educators to distance themselves from families as a self-protection mechanism, thereby obstructing vital collaboration efforts (Turnbull et al., 2015). Such emotional responses may also indicate a broader negative perception towards disability among some staff members (Bolt, 2018). Figures 4.6 and 4.7 illustrate the emotions educators reported upon learning they would work with a child with disabilities.

I felt anxious, panicked & scared during certain moments. [Educator 8]

I feel somewhat anxious because I haven't specialised in children's disabilities...

[Manager 6]

Staff let panic and frustration take over at times. [Manager 9]

Figure 4.6

Reported Emotions when Educators with Experience find that they will be working with a Child with Disability.

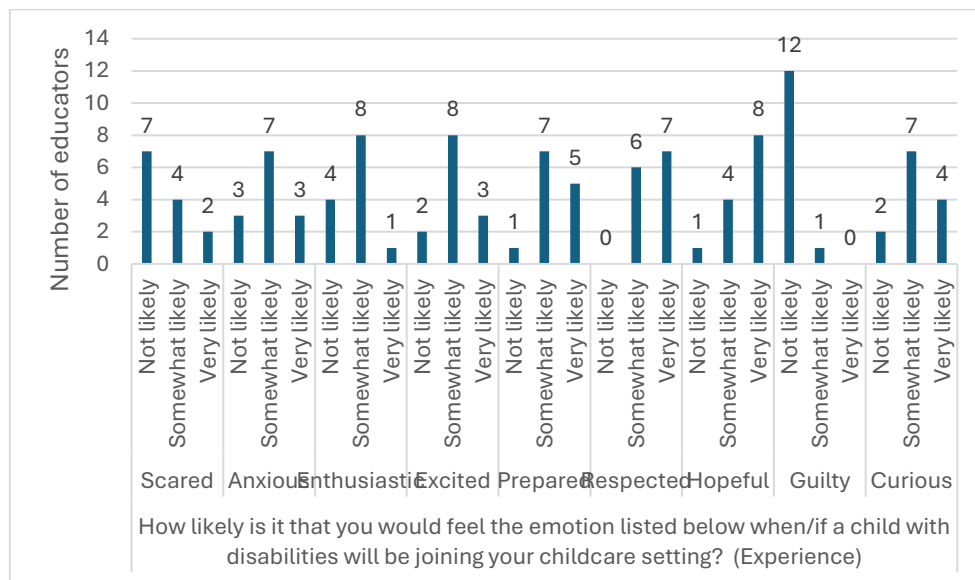
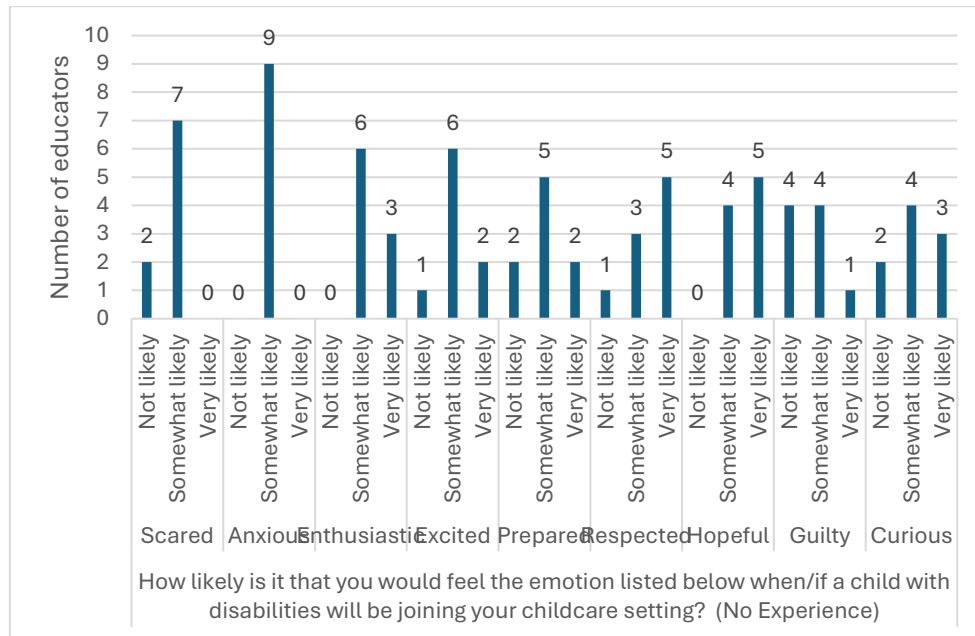


Figure 4.7

Reported Emotions when Educators with no Experience find that they will be working with a Child with Disability.



Effective leadership in inclusion is critical for addressing challenges within childcare centres. A shortage of well-trained leaders in inclusion exacerbates existing difficulties, as it hinders managers from proactively identifying and resolving issues (Barton & Smith, 2015; Breen et al., 2018; Rahn et al., 2019; Riser, 2017; Schaub & Lütolf, 2023; Weglarz-Ward et al., 2019). Without strong leadership, staff may lack crucial support, leading to increased frustration. Alice acknowledged that a deficit in understanding disability impeded the provision of timely support and resulted in inaction from childcare providers, delaying the necessary involvement of professionals. This echoes findings by Kwon et al. (2017), where insufficient disability knowledge led to delayed professional engagement.

In early years education, naturalistic assessment methods are advocated for their flexibility and accessibility (DQSE, 2015). However, current practices largely depend on observations and team discussions, with limited incorporation of portfolios for reporting. Educators frequently rely on traditional, closed-ended assessment tools, such as tests. This

preference poses a significant challenge for inclusive education, as effective assessment is crucial for planning and reflection (Maguvhe, 2023b). A key impediment is the lack of educator training in naturalistic assessment, which contributes to implementation difficulties and a continued preference for closed-ended approaches (Hsieh, 2024; Kuhn et al., 2017). Consequently, closed-ended assessment often focuses on identified obstacles rather than highlighting children's strengths, indicating a clear need for broader adoption of open-ended assessment techniques.

Alice expressed concerns surrounding closed-ended assessments, illustrated by instances where checklists led to undesirable comparisons among children, a notion which was perceived as disrespectful labelling. While Malta's policy champions open-ended assessments, it contrasts with some recommendations for using closed-ended methods for initial understanding of children (Clapham et al., 2017; Hsieh, 2024). The fundamental issue resides not in the tools themselves, but in how these assessment tools are employed and communicated to parents.

Inadequate assessment practices substantially impede a childcare centre's capacity for effective planning (Kasprzak et al., 2020). Staff have reported a lack of intentional planning, often aiming to treat all children equally regardless of disabilities. This absence of strategic planning, coupled with insufficient knowledge, can lead to children's needs remaining unmet, subsequently manifesting as frustration and challenging behaviours (Benjamin et al., 2017; Botha & Kourkoutas, 2016; Koivula et al., 2020; Lim et al., 2016). Furthermore, insufficient training for educators exacerbates these issues, creating considerable stress for both families (Crnic et al., 2017) and staff (Nagase et al., 2021).

Similar to research (Cate et al., 2017; Purper et al., 2016; Swart et al., 2021), parents emphasise the importance of educators possessing skills in adapting the curriculum, effective communication, and collaboration. Tess aligns with findings by De Clercq (2021), where she felt a sense of responsibility in educational training of staff. Collaboration is crucial for both immediate and long-term solutions, with professionals playing a key role in

supporting skill development and forming a supportive structure (Breen et al., 2018; Lynch et al., 2020; Rahn et al., 2019; Riser, 2017; Schaub & Lütolf, 2023). This study supports Lee et al. (2015) in highlighting that while training level impacts inclusive practices, other factors also contribute to success, as evidenced by positive experiences reported by staff and parents despite limited specialised training.

Difficulties in Collaboration with Stakeholders

Collaboration is fundamental to achieving inclusive education, yet it frequently encounters substantial obstacles. Literature consistently identifies a lack of collaboration as a primary difficulty (Barton & Smith, 2015; McConachie et al., 2018; Singh & Keese, 2020). This study's participants (both parents and staff groups) highlighted logistical challenges, such as COVID-19 restrictions and language barriers with families, as specific hindrances. Despite these difficulties, most participants acknowledged the importance of collaboration and demonstrated a willingness to engage, with only one educator reporting no interaction with other stakeholders.

A significant finding was the mismatch between staff and parents' perceptions of collaboration. Staff generally reported positive collaborative experiences, whereas parents presented mixed views or perceived collaboration as absent. This discrepancy can be attributed to systemic imbalances, where educators are traditionally viewed as holding higher esteem than parents, often leading to passive contributions from parents (Lang et al., 2016). Furthermore, even when educators believe they are soliciting information, they may fail to communicate these requests clearly to parents, thereby creating perceived gaps in collaboration. This suggests a deeper issue beyond merely logistical hurdles or willingness to collaborate.

Moreover, disagreements regarding goal attainment are common within teams and can significantly impair future relationships, with feelings of being undermined proving particularly detrimental (Lang et al., 2016). While this study noted overall agreement between parents and educators, differences emerged in how some centres managed these

disagreements. Crucially, parents frequently reported feeling uninformed and disengaged from issues, a finding that aligns more closely with De Schauwer et al. (2023) than Lang et al. (2016).

Team disagreements, while intrinsic to collaborative work, are often perceived negatively by staff as disrespectful, potentially leading to feelings of questioned expertise and reduced participation (Lang et al., 2016). This contrasts sharply with parent reactions, as they reported no changes in their relationship with staff following feedback. This disparity in responses may be attributed to differences in participant backgrounds and the absence of a trained inclusive leader skilled in effective conflict management (Singh & Keese, 2020; Turnbull et al., 2015). Consequently, improved preparation in team dynamics is crucial for enhancing a team's capacity to handle disputes constructively.

The relationship with the mother was strenuous at times because she was not cooperative. [Manager 3].

It was challenging to have parents that do not communicate and cooperate.
[Manager 2]

Honesty is fundamental in collaborative relationships, as its absence can compromise trust and strain interactions (Cameron & Tveit, 2017). This is exemplified by Tess where a lack of transparency regarding her daughter's injury led to a rift with educators, which was later resolved through improved communication facilitated by an inclusion leader and a psychologist. Effective leadership is crucial for fostering a collaborative environment that supports a shared vision of inclusion (Cameron & Tveit, 2017). Leaders are responsible for guiding team members and ensuring the availability of necessary resources (Barton & Smith, 2015; Bettini et al., 2022; Weglarz-Ward et al., 2019). However, achieving this collaborative climate presents challenges, particularly in coordinating time among stakeholders (Buhagiar, 2021; Turnbull et al., 2015).

Collaboration among stakeholders often faces significant obstacles. Parents report feeling rushed during interactions with the team, while others are compelled to assume leadership roles and conduct their own research due to a lack of knowledge about the subject. This echoes findings from other studies (Mulholland & O'Connor, 2016; Sheppard & Vitalone-Raccaro, 2016). Difficulties in collaboration can impede the team's ability to reflect effectively (Voos, 2016).

Like the findings of Sheppard & Moran (2022), transdisciplinary collaboration was not reported by any of the participants in this study. Alice expressed that she was unfamiliar with the services available for her daughter and felt isolated throughout the process. Similar to other parents, she perceived the processes undergoing with professionals as separate from childcare, with no collaboration going on between the two. Neither childcare providers nor professionals suggested collaboration, agreeing with research (Azzopardi et al., 2023; Kurth et al., 2020; Lieb et al., 2023; Muthukrishna & Ebrahim, 2014; Singh & Keese, 2020; Turnbull et al., 2015), Alice believed that collaboration would have led to better-coordinated actions, improved developmental outcomes for her daughter, and reduced financial strain.

Alice also highlighted the need for improvement in labelling disabilities. She noted that assessments conducted in clinical settings, away from the child's natural environment, could lead to skewed results, echoing concerns raised by Weglarz-Ward et al. (2019). This suggests that a more integrated and contextually sensitive approach to assessment and service delivery might be beneficial.

Reflective practice is facilitated by open access to information from various contexts of the child, which can be effectively managed through collaborative efforts (Voos, 2016). However, both parents and staff in this study did not mention transitions to Kindergarten or other services as significant. Instead, they highlighted the transition from home to the childcare centre as the primary transition point. This contrasts with research recommendations that emphasise the importance of addressing transitions to Kindergarten and beyond to ensure continuity (Buhagiar, 2021; Petriwskyj et al., 2014). Notably, Buhagiar

(2021) and Petriwskyj et al. (2014) conducted their studies within the Maltese Kindergarten system, focusing on children transitioning from childcare, which may explain why these transitions were seen as crucial from the perspective of the new service.

Unresponsive Staff to Child Ratios

A central concern is the perceived inadequacy of current staff-to-child ratios, which parents and staff agree limits the progress of children with disabilities and fosters a non-inclusive environment. This aligns with findings by Petriwskyj et al. (2014) and Rahn et al. (2019) regarding the difficulties caused by inflexible ratios. Manager 1 noted that parents of children with disabilities frequently opt out of the service due to perceived insufficient support stemming from the absence of a one-to-one ratio.

Exclusion of children with disabilities from childcare is a significant issue, with long-lasting negative effects on both the child and the family (McCann et al., 2021). Lucy's son faced early exclusion, which she believed disadvantaged him compared to his siblings and created additional challenges when he later entered kindergarten. Such exclusionary experiences can normalise and perpetuate negative attitudes toward inclusion among stakeholders (Cologon, 2014).

Parents experience significant emotional and financial burdens. Like the findings of McCann et al. (2021), Lucy's situation highlights the financial strain caused by reduced working hours she was forced to take due to her son's exclusion from childcare, impacting access to therapy. This scenario can force families to consider exclusionary services when mainstream options are unavailable, reflecting a "culture of exclusion" (p. 379) where exclusive practices become normalised (Cologon, 2014).

Like the findings of Lee et al. (2015), educators and managers emphasised the need for additional support in childcare centres to better accommodate children with disabilities. Staff found supporting children with disabilities alongside their peers within existing staff-to-child ratios as challenging and exhausting. This often led to feelings of hopelessness and

frustration, as educators felt they were unable to adequately support their groups effectively. Staff highlighted a lack of systemic support for childcare centres, which often results in centres being unable to accept children due to financial constraints related to maintaining reduced staff-to-child ratios.

Staff and parents advocated for reduced ratios to facilitate individualised care, provide emotional support to children, enhance learning engagement, and mitigate behavioural issues. Parents drew comparisons between the current statementing system used in schooling and early childhood education. Lucy noted that providing support based solely on academic needs was insufficient, particularly during early years when children develop foundational skills crucial for holistic development (Black et al., 2017; Clark & Kingsley, 2020).

A critical flaw highlighted by staff is the practice of awaiting a diagnosis to provide support, as many disabilities take years to be formally identified (Azzopardi et al., 2023; McManus et al., 2020; Ring et al., 2019). In line with research (Cologon, 2014; Hirpa & Ewing, 2021), despite policy in Malta advocating inclusion (DQSE, 2015; MFE, 2021a; MFE, 2021b), the inaction of childcare centres sometimes results in a child's rejection, underscoring the concerning reality of exclusion being accepted as a solution.

...children in childcare are not diagnosed, and thus do not have a statement of needs, thus assistance is very limited since centres need to follow child-to-carer ratios, and private centres cannot normally afford to have a lower child-to-carer ratio in order to cater for a 'special needs' child, especially if not known at the registration stage. [Manager 1]

Reducing educator-child ratios can strategically enhance individualised attention and educational access (Rahn et al., 2019; Petriwskyj et al., 2014). However, this approach demands careful implementation to mitigate potential counterproductive outcomes. Inappropriately applied strategies, such as poorly designed one-to-one support models, risk

segregating children with disabilities and isolating students from peer interactions, thereby undermining the core principles of inclusive education (Calleja, 2014).

Systemic Inequity

I wholeheartedly agree with and support inclusion. For it to be done well, we need the proper tools and support for the child and ourselves. Each child needs different tools and equipment. We must make sure they have what they need. Otherwise, we shouldn't offer this service. It exerts the carer herself and the centre as a group, to cater for someone whose needs can't be met. The carer responsible for the child while at the centre, needs physical and emotional support. ...depending on the severity of the child's disability and attendance. [Educator 5].

...not every member of staff is able to adapt to having a child with a disability in their class. Normally very few feel very comfortable in that situation. [Manager 7].

Fostering inclusion within childcare encounters significant systemic barriers and resistance. Lucy highlights the pervasive influence of societal systems and philosophical frameworks that normalise exclusion, which profoundly impact childcare centres. This is similar to research findings (Karlsudd, 2021; Lavani, 2015; Ngadni et al., 2023; Turnbull et al., 2015). She critically notes that support for inclusion is often viewed as an "expense, not an investment" [Lucy, July 5, 2024], despite adequate investment being crucial for societal progress and children's foundational development.

Lucy identified key practical challenges hindering inclusion efforts which included:

- Limited visibility and communication regarding available services for parents.
- Insufficient resource allocation, which precipitates professional shortages and lengthy waiting lists, echoing findings from research (Azzopardi et al., 2023; Buhagiar, 2021; Kurth et al., 2020; Marshall et al., 2020; Muthukrishna & Ebrahim, 2014).

Similar to Ryan & Quinlan (2018), other parents echoed these challenges which led to considerable parental stress as they navigate complex systems while adjusting to their child's disability. The resultant exclusion from childcare and the ongoing struggle for necessary support subsequently created substantial obstacles for children transitioning into kindergarten.

Unjust Decisions, Policies and Procedures

The absence of inclusive practices from an early age can lead to feelings of exclusion and lack of belonging (Hansen & Qvortrup, 2013; Karlsudd, 2021; Prince & Hadwin, 2013). Lucy highlighted the undervaluation of disability, expressing frustration at being treated as a "charity case." She shared that her past criticisms of decisions were met with remarks like, "You're lucky we gave them to you. What if we take them away?" (Referring to disability benefits) [Lucy, July 5, 2024]. She argued that framing benefits as donations implies, they can be revoked, rather than recognising them as rightful entitlements.

Häyry and Vehmas (2015) describe societal support for disability as a key measure of justice, noting that society's response reveals its commitment to social justice. The challenges of inclusion in childcare and society highlight a lack of progress in embracing a social view of disability. In Maltese society, justice theories often fail to prioritise the well-being of groups with least voice, contradicting the principles of care ethics (Häyry & Vehmas, 2015). A just society should aim to dismantle socially constructed barriers and address needs equitably, rather than perpetuating a charity-based perspective.

Viewing necessary resources as a burden rather than essential limits their provision. While policies imply support for fully inclusive childcare centres, no structures exist to deliver the required support. Similar to findings of De Schauwer et al. (2023) and Hirpa & Ewing

(2021), Lucy's son faced exclusion due to safety concerns or could only access services under restrictive conditions.

Like other research (Buhagiar, 2021; De Schauwer et al., 2023) managers in centres reported feeling unprepared to address the needs of children lacking a formal disability label, citing limited knowledge and the time-consuming process of securing necessary support. This is compounded by procedural delays in obtaining resources, impeding inclusive operations.

Educators also highlighted that delays in formal disability labelling are a key cause, as they hinder effective planning and delay access to crucial support. They referred to a lack of managerial support, which contributes to feelings of exhaustion, fear, and team conflict, agreeing with findings by Bipath et al. (2021). Corroborated by studies (Hirpa & Ewing, 2021; Lieb et al., 2023), centres face significant financial constraints, making specialised resources (e.g., chairs for children with Cerebral Palsy mentioned by staff and parents) too costly to afford. Consequently, parents are sometimes asked to provide these resources themselves.

Families often experience substantial financial strain after a disability label, primarily due to reduced work hours or job resignation by caregivers (Saunders et al., 2015; Scott, 2018). This burden is further increased by the high costs of professional services, equipment, and medical procedures (Bipath et al., 2021; Lim et al., 2016; Mitra et al., 2017; Rahn et al., 2019). For instance, Lucy reduced her working hours to manage care and therapies for her three children with disabilities, while Alice turned to private services due to long government waiting lists, incurring significant expenses.

Inability to Adapt to the Needs of the Child

This study agrees with Pfeiffer et al. (2022), where a significant impediment was the lack of adequate educator training, which hindered effective adaptation for children with diverse needs. This issue is exacerbated by limited support from various stakeholders,

including parents, childcare owners, and policymakers (DEC, 2014; Lieb et al., 2023). When planning for children with disabilities, educators tended to focus primarily on addressing deficits rather than identifying and leveraging strengths, leading to limited preparation strategies (Eredics, 2018; Schaub & Lütolf, 2023; Turnbull et al., 2015; Turner, 2019;).

Specific pedagogical approaches, such as the Montessori system, can be perceived as insufficient when their principles of structure and self-directed play (Rosati, 2021) are misapplied or not clearly communicated. For instance, Maria found that the Montessori approach in her son's childcare limited his need for structure, with learning opportunities being either too challenging or too simple, coupled with inconsistent adult intervention, ultimately leading her to seek alternative care.

A critical barrier to inclusive practices highlighted by staff was the lack of necessary resources, including individualised items (e.g., a suitable chair for a child), adequate staffing levels and physical environment modifications to ensure accessibility. Delays in acquiring these resources directly hinder effective planning and adaptation for children's needs. The importance of both tangible and human resources aligns with Prosper's (2017) findings on the use of UDL in childcare. While educational leaders are often assigned responsibility for resource provision (Bettini et al., 2022), this is particularly complex in systems like the Maltese childcare system, where support structures and funding for significant investments are notably lacking.

Inclusion Policies and Procedures Guiding Local Childcare Settings

The adherence to local policies and procedures varies, influenced by several factors previously discussed. Most staff participants noted the presence of inclusion policies at their centres, with only one reporting the absence of a written policy. Figure 4.8 presents a word cloud highlighting key terms used by staff to describe these inclusion policies.

Figure 4.8

Key Words used to Describe the Inclusion Policies by Staff



The inclusive policies reviewed are grounded in sound inclusion theory, emphasising positivity, collaboration, flexibility, planning, and reflection (Fonsén & Vlasov, 2017; Kurth et al., 2020; Turner, 2019; Zeitlin & Curcic, 2014). Participants highlighted these policies' focus on combating discrimination and ensuring access to the centre. However, a notable issue is the lack of supporting structures to effectively implement inclusion (Barton & Smith, 2015; Bipath et al., 2021). In terms of national policy, four additional national policy documents were considered but excluded from this research, with reasons detailed in Table 4.3.

Table 4.3*National Policies which Were not chosen for the Research*

Policy Title	Reference	The reason why it was not Chosen
The Freedom to Live: Malta's 2021 – 2030 National Strategy on the Rights of Disabled Persons	(Ministry for Inclusion and Social Wellbeing, 2020)	Childcare centres were not mentioned in the policy.
Respect for All Framework 2014	(Ministry for Education and Employment, 2014)	Childcare centres were not mentioned in the policy.
National Inclusion Policy and Framework 2019	(Ministry for Education, Sport, Youth, Research and Innovation, 2022)	Does not offer any specific guidance to childcare centres. No examples of childcare centres are provided. Best practice indicators are based on formal schooling. Childcare is mentioned once in the document. Research used to inform policy is not early years specific.
National Curriculum Framework	(Ministry of Education & Employment, 2012)	Childcare is not mentioned in the document. It specifies that the Early Years are from Kindergarten.

Research analysing childcare inclusion policies, primarily those guiding childcare centre operations, revealed significant implementation challenges. While existing literature often assumes staff possess the necessary skills for policy implementation (Bonança et al., 2023), this study found parent and staff participants reported otherwise, identifying this as a key barrier to policy adherence. A notable policy gap is the absence of guidance on supporting structures for inclusion, which necessitates resource investment (Bipath et al., 2021; Rahn et al., 2019). As explained by Bonança et al. (2023), the frequent unavailability of resources to centres and this lack of specific direction may explain why some policies were perceived as having limited influence on staff practices.

Nevertheless, these policies offer a strong foundation for initiating change, particularly as their language is shifting away from a medical model (DQSE, 2015; MSPCR,

2021; MFE, 2021a). This linguistic shift is recognised in the literature as supporting inclusive change (Eilers, 2023; Schaub & Lütolf, 2023). Despite policies not explicitly outlining exclusionary practices, both staff and parents reported encountering them, aligning with Symeonidou et al. (2023). Staff familiarity with national policies and their perceived influence on daily work are further illustrated in Figures 4.9 and 4.10 respectively.

Figure 4.9

Staff's familiarity with National Policies related to Inclusion in Childcare.

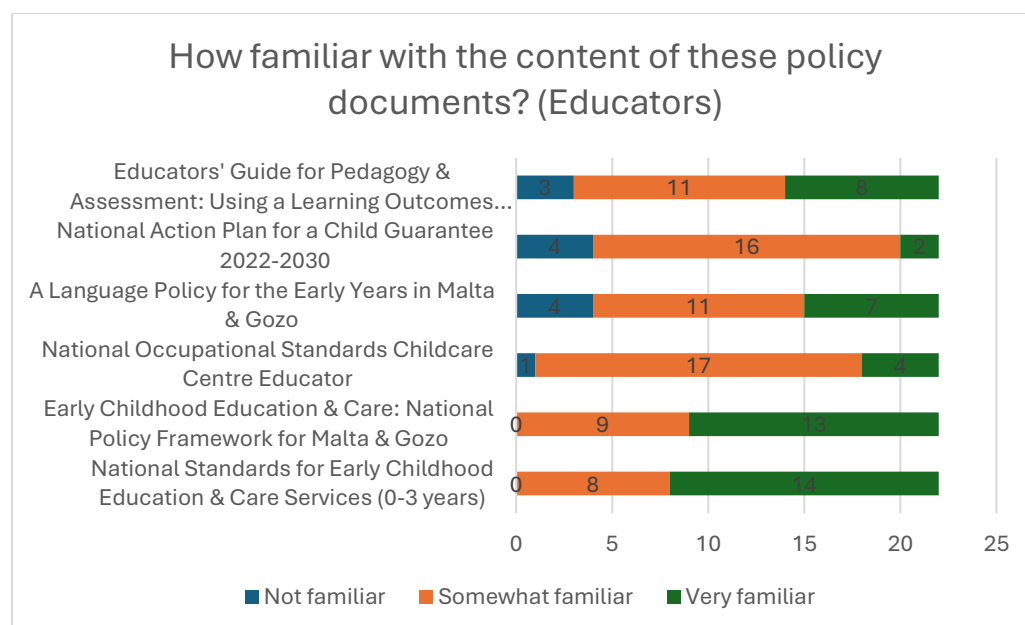
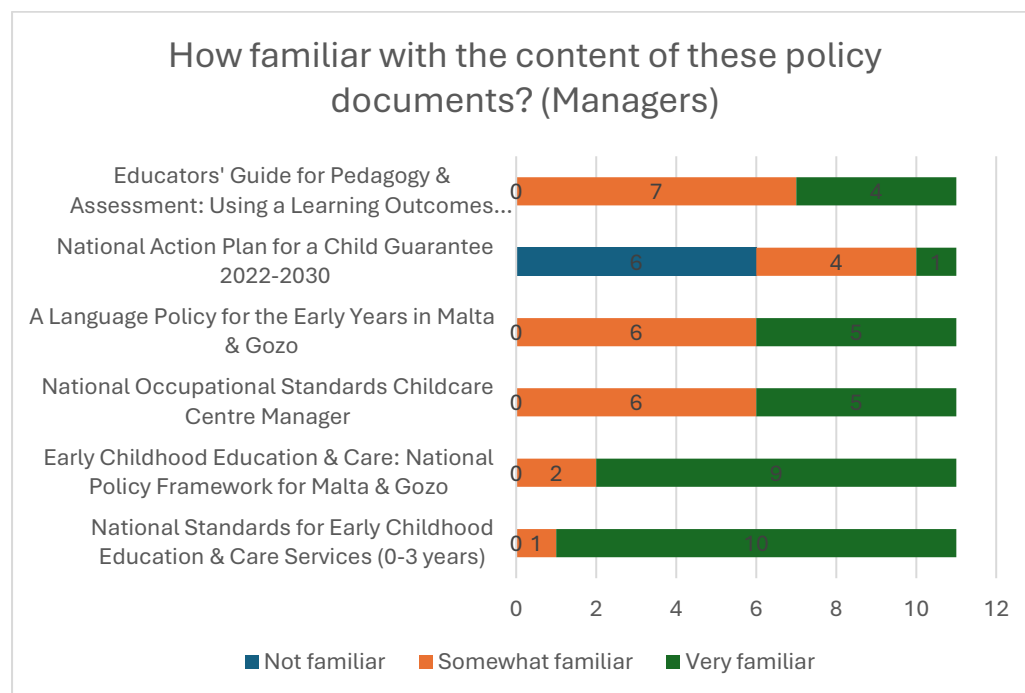
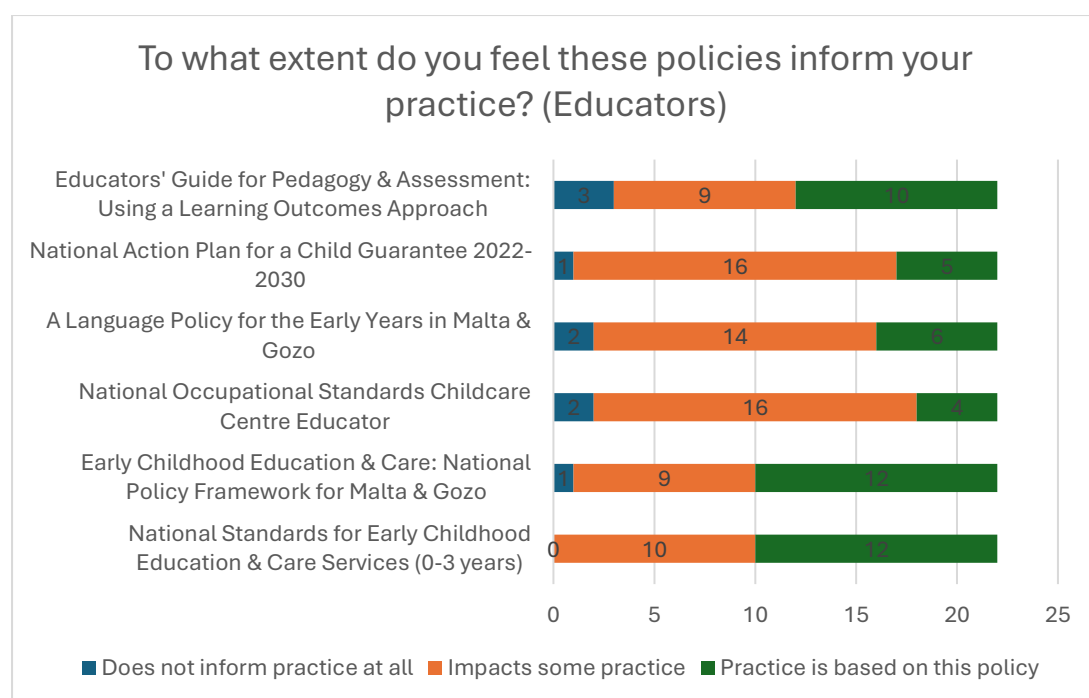
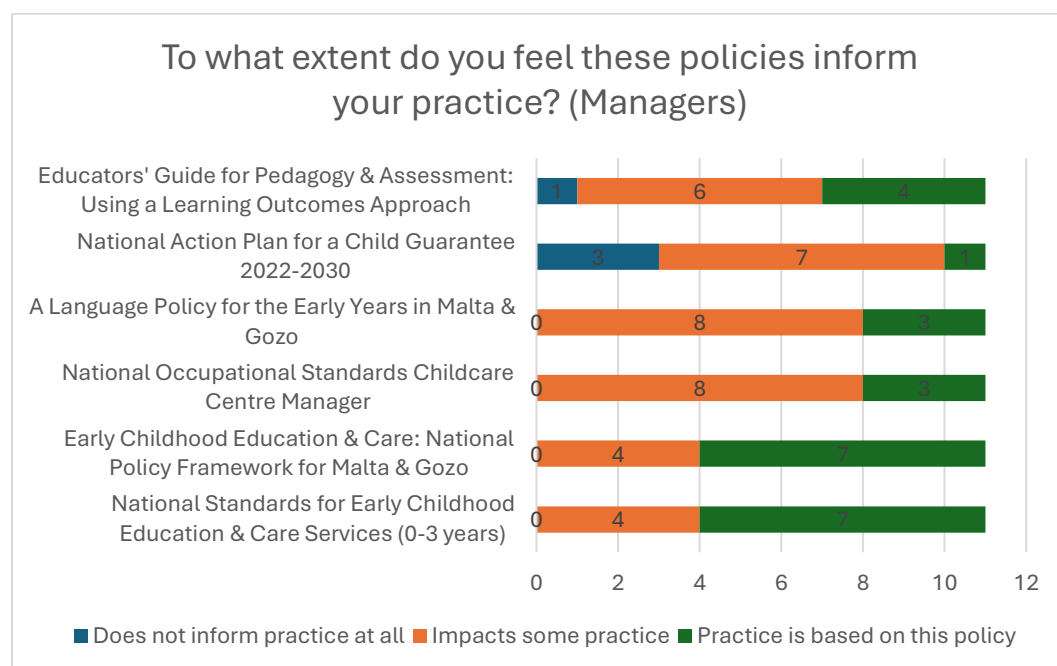


Figure 4.10

Staff's gauge of Policies influencing their Work.

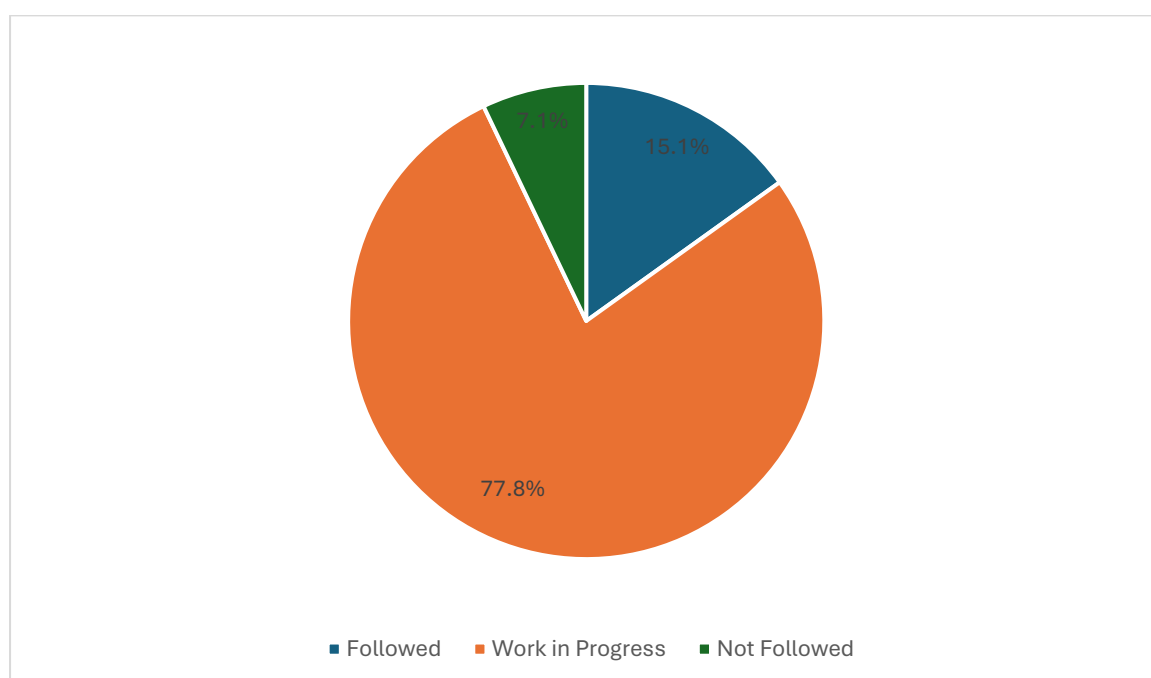


National Standards for Early Childhood Education & Care Services

Given that the standards are the most frequently consulted policy document, it is unsurprising that staff identified them as familiar and highly influential in their work. Figure 4.11 illustrates the extent to which inclusion-related sections are being implemented.

Figure 4.11

Parts of the National Standards which are followed according to Participants' Experiences



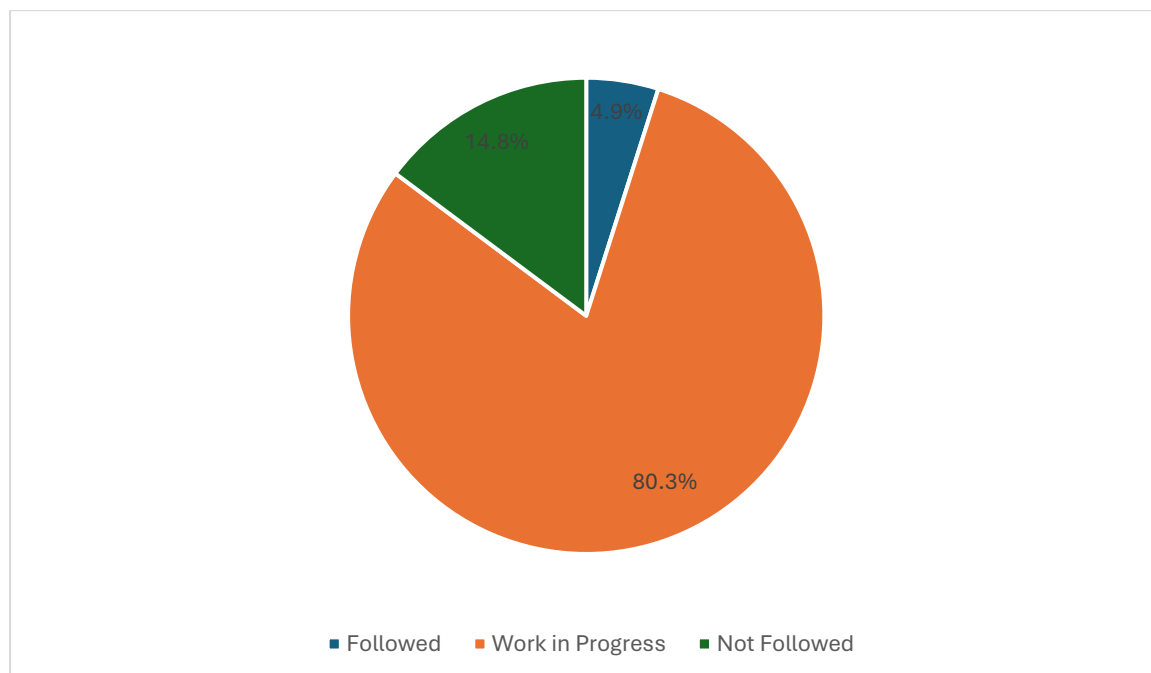
The findings indicate significant inconsistencies in the implementation of childcare policies, with many sections identified as "work-in-progress". Specifically, holistic assessment methods are not being consistently applied as reported by both parents and staff, leading to a failure to follow several policy sections. Despite these challenges, positive learning experiences based on children's interests and adherence to Universal Design principles were frequently reported. However, the study highlights that exclusion remains prevalent in childcare centres, even though standards emphasise universal access (MFE, 2021a). Additionally, there were inconsistencies in practice regarding standards aimed at reducing challenging behaviours and providing consistent feedback to parents.

Early Childhood Education & Care: National Policy Framework for Malta & Gozo

Figure 4.12 shows how much of this policy related to inclusion was experienced by parents and staff.

Figure 4.12

Parts of the ECEC National Policy which are followed according to Participants' Experiences



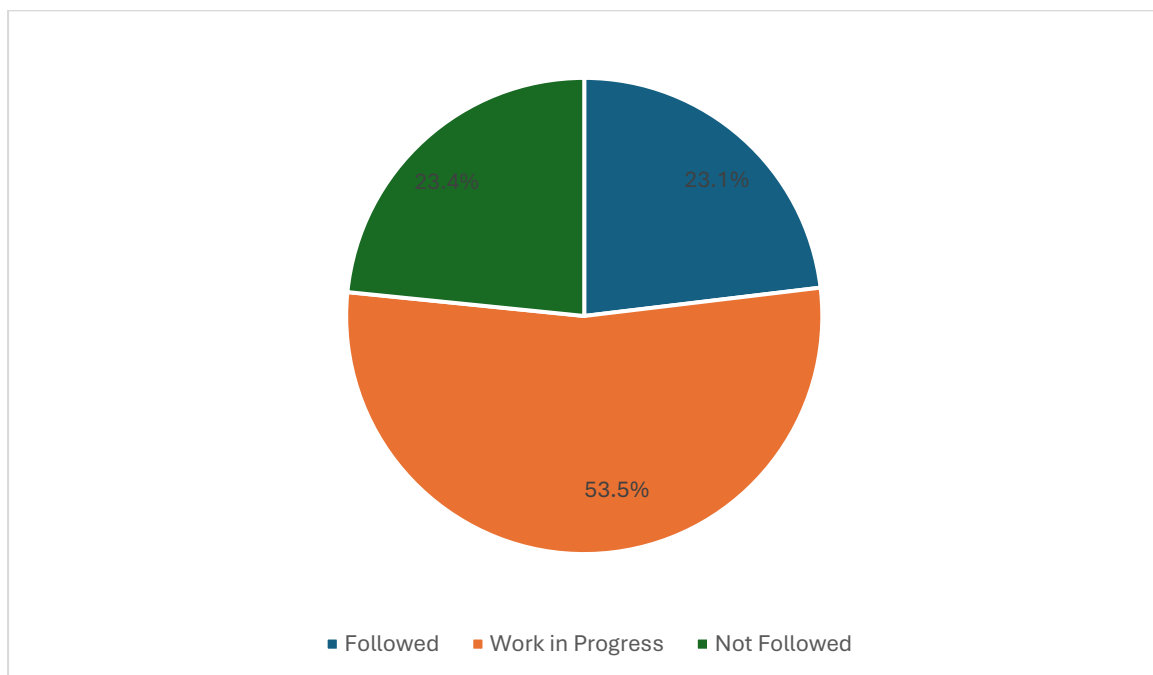
The ECEC National Policy Framework's reliance on systems theory emphasised multisectoral collaboration (MFE, 2021b), these points were rarely experienced by parents and staff which highlight that most of this policy is inconsistently followed. Buhagiar (2021) similarly observed a gap between policy intentions and practice in school settings. The focus on creating an equitable childcare system (MFE, 2021b) was also inconsistently experienced by parents and staff. However, sections related to team collaboration, leadership efforts, and engagement-driven learning opportunities (MFE, 2021b) were reflected in parents' and staff's experiences.

Educators' Guide for Pedagogy and Assessment: Using a Learning Outcomes Approach

Despite this guide underpinning the pedagogy in childcare (DQSE, 2015), it was surprising that many participants reported limited or no adherence to it. Figure 4.13 illustrates the extent to which participants follow the policy's inclusion points.

Figure 4.13

Parts of the Educators' Guide for Pedagogy and Assessment which are followed according to Participants' Experiences



Assessment procedures remained the primary concern, as staff did not report this which indicates lack of adherence to the guide. However, the guide's emphasis on flexible pedagogy, interest-based planning, and a pedagogy of care (DQSE, 2015) was highlighted by parents and staff. Sections showing inconsistency in practice included stakeholder collaboration, responsiveness to children's needs, and educators' self-reflection on their ability to influence their environment (DQSE, 2015).

National Occupational Standards for Childcare Staff

Managers play a key role in identifying team training needs, yet it was surprising to find low familiarity and influence of National Occupational Standards. These standards have a strong focus on inclusive concepts (MFHE/JobsPlus, 2022a; MFHE/JobsPlus, 2022b), however based on participant experiences practical implication is inconsistent. Figures 4.15 and 4.16 highlight the percentage adherence to inclusion-related standards.

Figure 4.15

Parts of the National Occupational Standards Managers which are followed according to Participants' Experiences

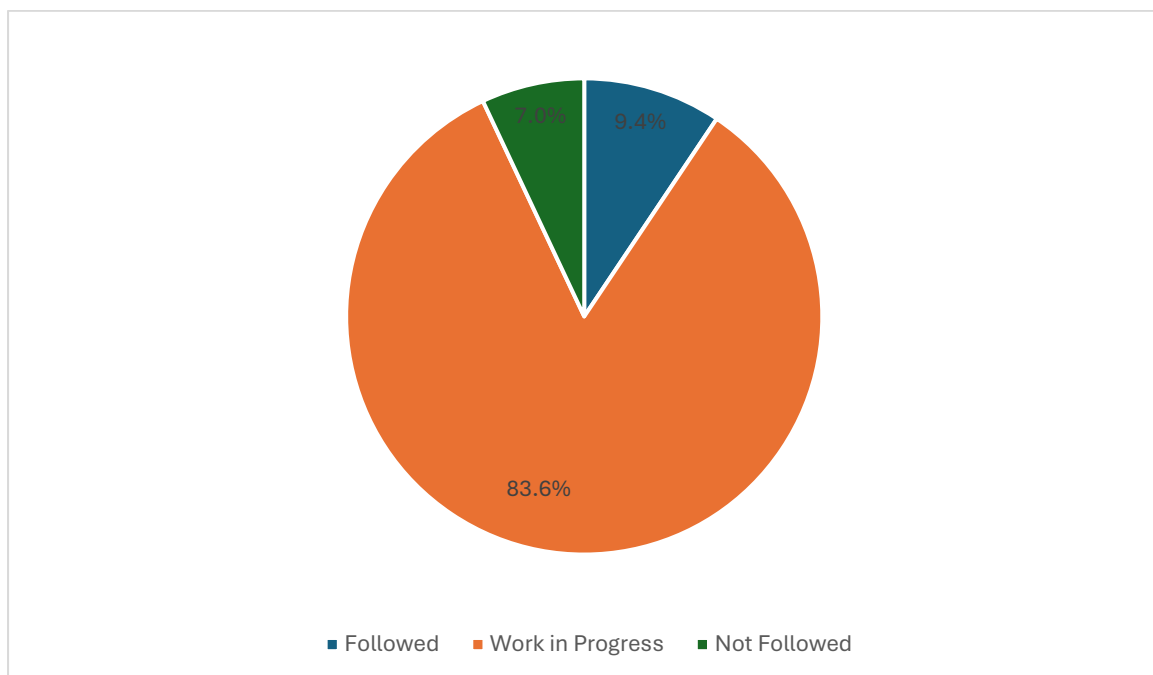
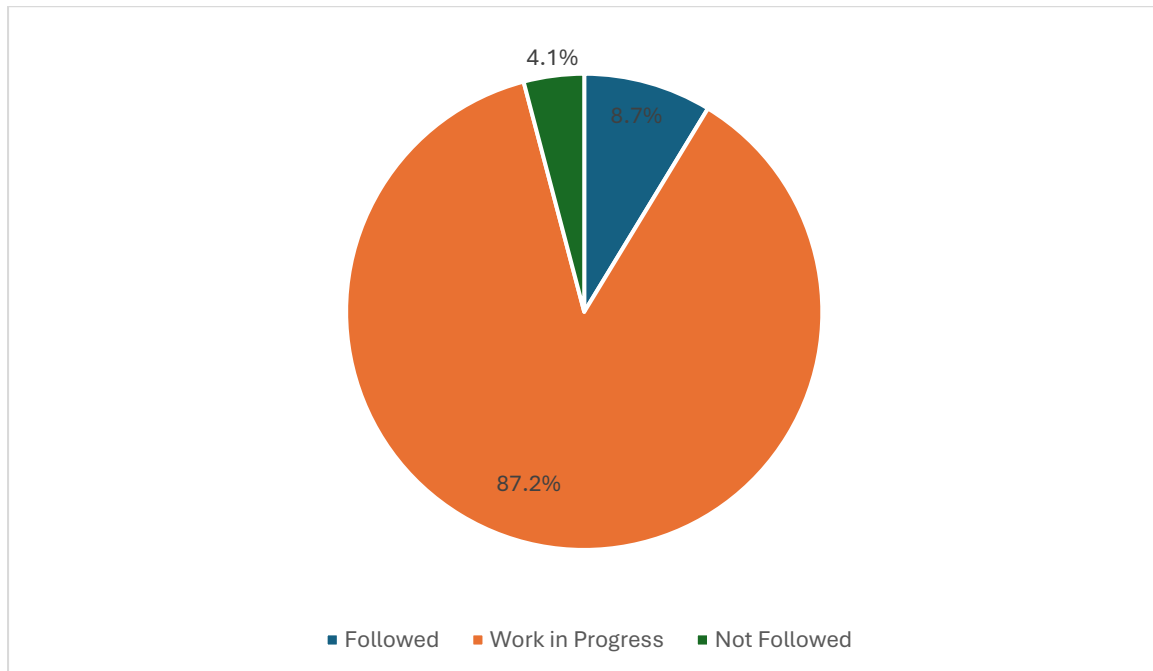


Figure 4.16

Parts of the National Occupational Standards Educators which are followed according to Participants' Experiences



This research indicates that staff training inadequately prepares educators and managers to meet inclusive education standards. These standards, while guiding required skills and knowledge (MFHE/JobsPlus, 2022a; MFHE/JobsPlus, 2022b), are in a transitional state, revealing significant training deficiencies. Parents and staff specifically highlighted concerns regarding accessible assessment practices, limited training opportunities, and insufficient support structures for parents.

Key themes and inconsistencies identified include:

- Collaborative teamwork: Most parents and staff emphasised its importance, particularly initial discussions with parents and seeking professional support, as key components of the standards being followed.

- Discrepancies in supporting children with disability: Staff inaction regarding accessibility challenges represents parts of the policy that are inconsistently put into practice and remain under development.

National Action Plan for a Child Guarantee 2022-2030

The National Action Plan (MSPCR, 2021), while outlining an ideal framework for advancing inclusive childcare through its focus on equal access, integrating services, and enhancing service quality, was minimally referenced by both managers and educators. This low engagement could be attributed to a lack of intersectoral collaboration and its publication outside the Ministry for Education (MSPCR, 2021).

Despite the policy's stated promise to support better inclusive practices and the fact that it outlines an achievable ideal (MSPCR, 2021), it appears to have been shelved without being actioned by childcare stakeholders. This study did not directly investigate reasons for this lack of implementation; however, it infers from the experiences of staff and parents that significant contributing factors could be a shortage of resources and a deficiency in staff knowledge and training regarding inclusive practices. Nevertheless, the experiences shared by parents and staff in the study indicate that inclusion in childcare is, in fact, improving, even though the National Action Plan itself was not cited as influential by the majority of staff participants.

Conclusion

This chapter presented the study's findings, highlighting the complexities of inclusion in childcare. The primary issue identified is inconsistency across centres, driven by variations in staff beliefs, knowledge levels, and available support structures. These factors significantly influence practitioners' ability to promote inclusion. While childcare policies are theoretically robust (DQSE, 2015; MFE, 2021a; MSPCR, 2021), their inconsistent application reveals challenges in practice. Further research focusing on professionals and children is

essential to address these variables and support the development of an equitable, inclusive early years system.

Chapter 5**Conclusion**

All-in-all findings indicate that the participants had contrasting experiences regarding inclusion in childcare. Some participants recounted positive support for inclusion with staff members showing a commitment and a belief towards inclusion of children with disabilities, positive collaboration approaches and adapted learning opportunities. Participants also reported that inequity within the overarching system coupled with lack of training, inflexibility and difficulties experienced in collaboration pose a direct challenge to inclusion. The difficulties outlined prove that our participants experienced limited guidance from the current childcare policy structure.

Main Findings and Implications

This study endeavoured to explore support and challenges to inclusion in childcare. The experiences of parents of children with disabilities who availed themselves of childcare and staff working in childcare were explored. These experiences helped provide insight as well into current national policy and inclusion policies in place at each centre. The study provided an understanding of what facilitates and what sets barriers to inclusion.

Educators who show empathy and care manage to build positive relationships with children and families. An inclusive belief system pushes educators to be able to adapt learning opportunities for each child (Lalvani, 2015; Lim et al., 2016; Wood, 2015). Supportive of ethics of care theory, the carer would also need to feel cared for and ensuring that policies can be practised can act as a way to emotionally sustain the caregiver ensuring the caring relationship continues. Sometimes, the child does not always respond to the caregiver, therefore not acknowledging the care. Ensuring that structures are in place to recognise the care will help staff not feel burned out (Cameron & Tveit, 2017).

Collaboration with parents, professionals and childcare staff was identified by participants as a key support to inclusion in childcare. This collaboration is crucial in the initial stages of the childcare placement with it acting as a conduit for effective planning, in the transfer of knowledge and ensuring consistent support within all contexts of the child.

This is a key aspect within an inclusive system and establishing policies to help strengthen this system through a tier system should coincide with on-going discussions like a reduced-ratio support system.

Collaborative planning would support the ability to adapt learning opportunities to the needs of every child. Participants who reported a flexible approach and collaborative values managed to engage in flexible assessment methods which provided an understanding of interests and the insight needed to shift pedagogy as required. Collaboration is an important practice within an inclusive system, and this was confirmed by the findings. Having a policy structure which supports inter-ministerial collaboration through transdisciplinary work would facilitate the current system to become more inclusive (Turnbull et al., 2015).

On the other hand, participants identified insufficient training for staff as a major challenge to inclusion. Lack of knowledge and skills led staff to feel unprepared, leading to negative attitudes and misconceptions about disabilities. Feelings of helplessness were pervasive in some staff and parents, which limited the childcare's ability to act and better support. This lack of action led to rifts with parents which affected the quality of the relationship. Policies in this regard provide sufficient guidance into where we need to go. Ensuring that a training programme is in place to rectify feelings of ill-preparedness is an essential step in reaching the aims of childcare policy (Barton and Smith, 2015; Bipath et al., 2021).

Educators feel unequipped to support children with disability often leading to feelings of exhaustion. Systemic issues hinder the potential for inclusion. Participants report that supports are seen as a burden rather than equitable processes supporting a just society. A pervasive medical model of understanding of disability leads to constant struggles of funding and resource management difficulties leading to long waiting lists for services, forcing families to seek private support, and creating a strain on finances. Supportive to systems theory where outer systems like the societal understanding of disability influence what can or

cannot be done, accepting socially constructed barriers in the process (De Clercq, 2021; De Schauwer et al., 2023; Lieb et al., 2023; Puig & Evenson, 2023).

Participants reported a diversity of experiences in inclusion. Childcare policies are congruent with the literature and align to a social understanding of disability but in practice difficulties acquiring resources, lack of training on inclusion and lack of collaboration with stakeholders impact the staff's ability to actuate the policies. Each centre is left to fend for itself, with some centres efficaciously addressing these variables and others failing, up to the point that exclusion becomes the only perceived option. Exclusion will only bring about further exclusion, while the positive experience of inclusion would support centres to feel better prepared for other children with disabilities (Hansen & Qvortrup, 2013; Karlsudd, 2021; Prince & Hadwin, 2013). Investment to strengthen inclusive practices early would create a strong-base and reduces the need for further investments in the future (Ring et al., 2019).

Evidence-based practices which support inclusion are found but systemic challenges in providing structures which help the inclusion of children with disability are negatively affecting the ability of childcare centres to be able to provide access to all children. This is leading to inconsistencies within the area, with varying successes.

Strengths and Limitations

The study aimed to gather an in-depth understanding of inclusive practices in local childcare centres. The methodological approach ensured that it gathered experiences from parents and staff, addressing ethical concerns and ensuring anonymity of staff participants. The qualitative aspect of the study provided in-depth experiences, while the quantitative aspect provided access to participants while still offering a level of depth due to many items being open-ended.

Through interviews, questionnaires, and analysis of policy, triangulation of information was achieved to increase credibility and dependability. The diverse sources of

knowledge used, allowed the researcher to better explore inclusion in childcare and compare the different experiences from various sources and stakeholders. This exploratory nature of the study provided various points of entry for other research in the field. Various findings warrant further exploration in a more focused approach.

Parents who participated for the study came from diverse backgrounds, which provided the opportunity to have diverse experiences from government and private childcare centres and various experiences of inclusion or lack of. The same could not be said for the staff. Although all registered childcare centres were contacted, and an online campaign was conducted, the response rate remained low. Unfortunately, this made generalisability impossible. Data analysis and interpretation thus focused on the open-ended items of the questionnaire together with some descriptive statistics. Having chosen to collect data via the questionnaire made it impossible to follow-up with further questioning, and this limited the depth of the experiences gathered from staff. Various answers warranted further questioning and interviews would have led to a more informed understanding.

Children utilising the service and the professionals are recognised as major stakeholders in inclusive childcare. However, children's perspectives were not gathered directly but were instead understood only from the parental viewpoint. The experiences of the professionals were not investigated at all. This limitation provided an incomplete understanding of inclusion. The experiences of these two key stakeholders are necessary to enrich and further clarify the understanding of this topic.

Recommendations

Shifting to a Tier-Based Approach of Support

A shift in the prevalent model of disability is required, which would be in line with a social model (Moran & Sheppard, 2023; Ngadni et al., 2023). This shift would require changes to how disability is understood within a Maltese context. The current model focuses on the diagnosis of the disability with that acting as a key for services. A shift to the 'tier-

based' approach is proposed, which would see professionals being present in childcare centres and help identify needs, irrespective of the label, and intervene to the need ensuring better access to early intervention (Alzahrane, 2023; Friend, 2022; Kritikos et al., 2017). Versions of this system has been proven to provide effective support to all stakeholders (Breen et al., 2018; Buhagiar, 2021; Lynch et al., 2020). Once the need is identified an IFSP is drawn up with the parents, early intervention teacher, childcare representative and any other professional, ideally from every discipline. This is to provide clarity and ensure early intervention (Moran & Sheppard, 2023; Shahat & Greco, 2021).

This recommendation would require substantial investment on several levels. It requires considerable training for educators and an increased presence of professionals (Lynch et al., 2020). Furthermore, this system would need to be led effectively and hence an inclusive leader would need to be available for support and to facilitate collaboration (Sisti & Robledo, 2021; Warren & Robinson, 2015; Werts et al., 2014). This is where the childcare comes in and becomes the central service which acts as a hub for the other services and provides space for collaboration to be successful. This recommendation would help professionals to join forces and ensure personalised support (Cameron et al., 2014; Elek & Page, 2018).

Furthermore, this system would create connections with professionals who have the potential to support further during transitions to other services (Cameron & Tveit, 2017). Public-private collaboration and collaboration between ministries is essential for this shift to occur. This system would strengthen early intervention supporting the inclusion of all children.

A shift in the framework being used by professionals must ensure more efficiency of service and working within the context of the child (Ashburner et al., 2014; Barton & Smith, 2015; Soukakou et al., 2024). Increasing the presence of professionals in childcare would ensure contextual intervention rather than tackling needs in a clinical manner. A transdisciplinary team comprising of the parents, childcare staff and professionals

working closely together has the potential to tackle several challenges being experienced by participants, especially when providing holistic family-centred support (Bhopti, 2017). A tiered system of professional support warrants further exploration and considering the results of this study and Buhagiar's (2021) work, a pilot project can be started with childcare centres.

Increasing Skills and Knowledge of Staff working in Childcare

Training programmes leading to the base qualification to work as an educator and manager in childcare are to be audited to ensure that they are laying the groundwork for staff to work within the complexities of an inclusive environment. When formulating new training programmes parents of children with disabilities and educators may be included to garner their feedback into what is required to be able to support families better (Eredics, 2018; Linder et al., 2015; Mereoiu et al., 2015; Swart et al., 2021). Any training would need to be practical and include coaching as an effective tool of support, especially when coached by professionals in the field (Breen et al., 2018; Rahn et al., 2019; Riser, 2017; Schaub & Lütolf, 2023; Taneja-Johansson et al., 2021). Focus is needed on developing inclusive attitudes and beliefs, inclusive planning, practical techniques which can be used to support children and skills needed to work collaboratively. Financial support to childcare centres should be increased so they could attract educators who have a minimum degree in educating the early years (Kwon et al., 2017; Petriwskyj et al., 2014). Leaders in childcare are to be given particular attention, considering the vital role they hold in the success of inclusion. Specific training on inclusive practices is essential for this role, as the leader at the centre would be the first call of support to staff (Bettini et al., 2022).

Improving Parental Involvement in Childcare Centres

Technological means were recommended by parents as a way to help increase communication between the centre and parents. Support should be given to all centres to invest in apps which are proven to support this communication process. However, it should never be used to remove the daily contact that staff have with parents upon drop off and pick up (Levickis et al., 2023; Lieb et al., 2023). Utilising other practices which support the

involvement of parents including an open-door policy where parents can stay at the centre for any time, parental events and use of parents' days which act as a more structured meeting for feedback from all parties within the team (Lang et al., 2016).

Ensuring the Necessary Resources are Available for Childcare Centres to be Able to Follow Policies

With an understanding that quality early childhood and education is key for successful intervention (Aubert et al., 2017) it is recommended that a review is conducted to outline the supports that childcare centres need to be able to be fully in line with current policies (McCann et al., 2021). Furthermore, the DQSE, which is the body responsible for issuing licenses to childcare centres in Malta are to assess and identify any barriers to inclusion. The findings of this study point towards inconsistent following of inclusive policies and in their report the Directorate can provide support to be in line with policy.

The supporting structures around the educational value of childcare need to drastically improve, to ensure that these guides can be effectively implemented. These may include an effective support system around families at risk of disabilities, financial backing through the free childcare scheme to ensure that all policies make economic sense to service providers, a training programme for all childcare staff on inclusive aspects of childcare and ensuring that inclusive resources can be readily available to all centres.

Recommendations for Future Research

This research provides an understanding of the experiences of inclusion in Maltese childcare centres. This was an explorative study, which hopes to instil further research in the field in Malta. The findings of this study warrant further investigation, especially in-depth exploration of themes which came to the fore. Exploring inclusion in childcare from the perspectives of professionals working within the field and from the perspectives of children would add more insight into the processes at play.

In agreement with Lee et al. (2015), there seem to be difficulties with including children with physical disabilities much more than other forms of disabilities, especially when providing the service from the start. Lucy's son was the only child excluded from the centre and several staff participants alluded to the fact that a physical disability is apparent and hence may be excluded because of the lack of support available to childcare centres. Further research is needed in this area to help increase understanding of the processes when families with children with physical disabilities try to apply for childcare. Like Lee et al. (2015) difficulties with other forms of disabilities crop up if there are behavioural needs. Lucy's experience of direct exclusion implies that "the option to exclude" (Cologon, 2014, p. 379) is a reality for some centres. Longitudinal studies are warranted to study the long-term effects of experiencing exclusion at a young age.

Further research is needed to help recognise the effectiveness of therapeutic intervention in Malta. To help better understand the strengths of the current system and what areas need to be improved, direct research with professionals working within the early years support system in Malta is needed. Participants underlined frustrations with the current system, especially when it comes to labelling of disabilities but also to intervention systems being used.

The findings of this research cannot be generalised but offer an understanding of the experience of support and challenges to inclusion for parents and staff. Quantitative research is recommended to ascertain if these experiences can be generalised to the general population. A representative sample will be able to provide an understanding further into the demographics of these inconsistencies and insight into variables which may have a causal relationship to inclusive practice.

Final Thoughts

The researcher's experiences of working with young children with disabilities in childcare provides hope that several positive inclusive changes are occurring. The

inconsistencies in practices found in this research are a testament that there exists a shift, and that we will continue upon the introduction of more supports and a decrease in childcare exclusion. The researcher worked at a time when exclusion was the only perceived option. It is encouraging to see so many experiences of good inclusive practice. We do have challenges but with an understanding of where we've been to where we are going, change is possible.

This research was challenging, but together with the rest of this Master's, it provided new insights and skills which will support the researchers continued learning and see these challenges reduced. I hope that this research provides some understanding into the complexities of inclusion in childcare and will be a starting point for further research and work, which would see a community which values diversity thrive.

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Appendices

Appendix 1: Interview Questions for Parents with Children in Kinder or Primary

Parents' questions – Kinder & Primary

Introduction

1. Thank you for accepting and volunteering to take part in this research study and for your time to meet and answer these questions. *Reassure them that their names and identities will not be disclosed and confirm with them whether they have any objections to being recorded.*
2. Can you tell me something about you and your family? How many members are there in your family? Are you (both) in employment? Do you have other children – older/younger than X?

Starting the service

3. Why did you make use of the childcare services? In what ways do you believe your X would have received help from the service? In what ways did your family situation affect your decision to make use of childcare services?
4. How easy or difficult was it to find suitable childcare? In what ways? Did you visit various centres? What were you looking for during these visits?
5. Were any conditions imposed on your family by the centre? Was the centre clear regarding the ways that the service can support X? Were you asked to provide resources?

The childcare experience

6. How easy was it for X to settle at the centre? What was your involvement during this process? Were you consulted on interests, likes, dislikes, routines, etc.?
7. How was your relationship with the staff at the centre? Childcare Educator? Manager? In what ways do you feel they supported X in his/her childcare experience? Were there any challenges? How were these tackled? Were you threatened that the service would be stopped?
8. How was daily feedback given? Do you feel that this feedback was enough to keep you sufficiently informed of X's experience of childcare?
9. In what ways do you feel other professionals were involved in the childcare experience of X? Were visits done, reports provided, did they attend meetings, etc.? Do you feel this support is needed/sufficient?

Conclusion

10. What changes did you observe in X throughout the childcare experience? Positives/Negatives? Were these changes because of childcare?
11. How satisfied or dissatisfied were you with the service? What would you like to change? Do you have any recommendations for the service to continue to improve?

Appendix 2: Interview Questions for Parents with Children in Childcare

Parents' questions childcare

Introduction

1. Thank you for accepting and volunteering to take part in this research study and for your time to meet and answer these questions. *Reassure them that their names and identities will not be disclosed and confirm with them whether they have any objections to being recorded.*
2. Can you tell me something about you and your family? How many members are there in your family? Are you (both) in employment? Do you have other children – older/younger than X?

Starting the service

3. Why are you making use of the childcare services? In what ways do you believe your X is receiving help from the service? In what ways did your family situation affect your decision to make use of childcare services?
4. How easy or difficult was it to find suitable childcare? In what ways? Did you visit various centres? What were you looking for during these visits?
5. Were any conditions imposed on your family by the centre? Was the centre clear regarding the ways that the service can support X? Were you asked to provide resources?

The childcare experience

6. How easy was it for X to settle at the centre? What was your involvement during this process? Were you consulted on interests, likes, dislikes, routines, etc.?
7. How is your relationship with the staff at the centre? Childcare Educator? Manager? In what ways do you feel they are supporting X in his/her childcare experience? Are there any challenges? How are these being tackled? Were you ever threatened that the service would be stopped?
8. How is daily feedback given? Do you feel that this feedback is enough to keep you sufficiently informed of X's experience of childcare?
9. In what ways do you feel other professionals are involved in the childcare experience of X? Are visits done, reports provided, are they attend meetings, etc.? Do you feel this support is needed/sufficient?

Conclusion

10. What changes did you observe in X throughout the childcare experience? Positives/Negatives? Were these changes because of childcare?
11. How satisfied or dissatisfied are you with the service? What would you like to change? Do you have any recommendations for the service to continue to improve?

Appendix 3: Questionnaire for Childcare Managers with Experience

Questionnaire for Childcare Managers who have experience of working with children with a disability

Thank you for taking time to complete and return this questionnaire. This questionnaire aims to gather your perspectives about **inclusive practices in childcare settings**. You should complete and return this questionnaire only if you are a **childcare manager who has experience working with children who have already been diagnosed with a disability**. By filling this questionnaire, you are giving consent for this data to be used.

Section A: Background information

1. Gender (please tick): Male ☐ Female ☐ Prefer not to answer ☐
2. Age: _____
3. Number of completed years employed as childcare manager _____
4. Have you been employed as a manager in other childcare centres?
Yes ☐ No ☐
5. How long have you been employed as a manager in the current childcare centre? _____
6. List your professional qualifications associated to childcare work? (Please provide exact title and not just MQF 4, MQF 5).
1. _____
2. _____
3. _____

7. Which of the following statements best describes your studies regarding disabilities:

	YES	NO
I have followed study units about children with disabilities		
I have followed study units which gave me practical information about supporting children with disabilities		
I have followed study units which gave me practical information to work with families/parents of children with disabilities		
These study units have prepared me to work with children with disabilities.		
These study unit have prepared me to take decisions about admitting children with disabilities at the childcare setting I manage		

8. If you answered yes to one, some or all of the above, how do you feel your studies prepared you to work with children with disabilities.

9. Since completing your formal training, have you followed any professional development courses or attended seminars or lectures or presentations about young children and disabilities as part of your continuous professional development? If so, give details (eg. Title of training; who provided the training; how long it took; etc.)

10. How confident do you feel to work with families and children with disabilities?

Extremely confident	
Very confident	
Confident	
Not very confident	
Not confident at all	

11. From your experience of admitting children with disabilities to childcare, explain the procedure you followed?

Section B: Personal and Professional Preparation

12. From your experience, which of the emotions listed below did you feel when a child with disabilities joined your childcare setting? (Tick ✓ as appropriate for each emotion).

Emotion	Rate how likely is it that you would feel the emotion		
	Not likely	Somewhat likely	Very likely
Scared			
Anxious			
Enthusiastic			
Excited			
Prepared			
Respected			
Hopeful			
Guilty			
Curious			
Other (Please specify)			

13. Briefly elaborate on these feelings.

14. What assistance do you feel you needed to be better prepared to admit and work with children with disabilities and their families?

1. _____

2. _____

3. _____

15. Do you feel that overall the child with disability was successfully included at your centre?

Yes ☐ No ☐

16. What challenges did you find when you admitted a child with a disability at the centre?

1. _____

2. _____

3. _____

17. What helped you successfully include the child with a disability at your centre?

1. _____

2. _____

3. _____

18. Describe the relationship you had with the parents of the child with disabilities?

19. Do you feel that your staff were prepared to support children with disabilities?

Yes ☐ No ☐

20. Why/why not?

Section C: Policy Knowledge & Application

21. Does your centre have an inclusion policy?

Yes ☐ No ☐

22. If yes, what are the key points of the inclusion policy?

23. If not, why wasn't an inclusion policy considered?

24. Do you feel you have enough knowledge to introduce an inclusion policy?

Yes ☐ No ☐

25a. If yes, what should be included in the inclusion policy?

25b. How would you introduce an inclusion policy at your centre?

26. If No, what do you need to know to be able to introduce an inclusion policy?

27a. How familiar are you with the content of these policy documents? 1 – not familiar; 2 – somewhat familiar; 3 – very familiar.

27b. To what extent do you feel these policies inform your practice? 1 – does not inform practice at all; 2 – impacts some practice; 3 – practice is based on this policy.

Title of policy	27(a) Familiarity with each policy (insert 1, 2 or 3 for each policy)	27(b) Impact of policy on practice? (insert 1, 2 or 3 for each policy)
National Standards for Early Childhood Education & Care Services (0-3 years)		
Early Childhood Education & Care: National Policy Framework for Malta & Gozo		
National Occupational Standards Childcare Centre Manager		
A Language Policy for the Early Years in Malta & Gozo		
National Action Plan for a Child Guarantee 2022-2030		
Educators' Guide for Pedagogy & Assessment: Using a Learning Outcomes Approach		

28. What positive outcomes/benefits were observed when children with disabilities attended your childcare settings?

1. _____
2. _____
3. _____

29. Use the space below to share any relevant information which is not addressed in the questionnaire or any aspect you would like to elaborate upon.

Appendix 4: Questionnaire for Managers with No Experience

Questionnaire for Childcare Managers who have no experience of working with children with a disability

Thank you for taking time to complete and return this questionnaire. This questionnaire aims to gather your perspectives about **inclusive practices in childcare settings**. You should complete and return this questionnaire only if you are a **childcare manager who has no experience working with children who have already been diagnosed with a disability**. By filling this questionnaire, you are giving consent for this data to be used.

Section A: Background information

1. Gender (please tick): Male ☐ Female ☐ Prefer not to answer ☐

Age: _____

2. Number of completed years employed as childcare manager _____

3. Have you been employed as a manager in other childcare centres?

Yes ☐ No ☐

4. How long have you been employed as a manager in the current childcare centre? _____

5. List your professional qualifications associated to childcare work? (Please provide exact title and not just MQF 4, MQF 5).

1. _____

2. _____

3. _____

6. Which of the following statements best describes your studies regarding disabilities:

	YES	NO
I have followed study units about children with disabilities		
I have followed study units which gave me practical information about supporting children with disabilities		
I have followed study units which gave me practical information to work with families/parents of children with disabilities		
These study units have prepared me to work with children with disabilities.		
These study unit have prepared me to take decisions about admitting children with disabilities at the childcare setting I manage		

7. If you answered yes to one, to some or all of the above, how do you feel your studies prepared you to work with children with disabilities.

8. Since completing your formal training, have you followed any professional development courses or attended seminars or lectures or presentations about young children and disabilities as part of your continuous professional development? If so, give details (eg. Title of training; who provided the training; how long it took; etc.)

9. How confident do you feel to work with families and children with disabilities?

Extremely confident	
Very confident	
Confident	
Not very confident	
Not confident at all	

10. Have parents of children with a diagnosed disability ever applied at your centre?

Yes ☐ No ☐

11. If the children with disabilities **were not** admitted why do you think this happened?

Section B: Personal and Professional Preparation

12. How likely is it that you would feel the emotion listed below when/if a child with disabilities will be joining your childcare setting? (Tick ✓ as appropriate for each emotion).

Emotion	Rate how likely is it that you would feel the emotion		
	Not likely	Somewhat likely	Very likely
Scared			
Anxious			
Enthusiastic			
Excited			
Prepared			
Respected			
Hopeful			
Guilty			
Curious			
Other (Please specify)			

13. Briefly elaborate on these feelings.

14. What assistance do you feel you need to be better prepared to admit and work with children with disabilities and their families?

1. _____

2. _____

3. _____

15. What challenges do you envisage if you were to admit a child with a disability at the centre?

1. _____

2. _____

3. _____

16. What would help you successfully include a child with a disability at your centre?

1. _____

2. _____

3. _____

17. What relationship would you have with the parents of the child with disabilities?

18. Do you feel that your staff are prepared to support children with disabilities?

Yes ☐ No ☐

19. Why/why not?

Section C: Policy Knowledge & Application

20. Does your centre have an inclusion policy?

Yes ☐ No ☐

21. If yes, what are the key points of the inclusion policy?

22. If not, why wasn't an inclusion policy considered?

23. Do you feel you have enough knowledge to introduce an inclusion policy?

Yes ☐ No ☐

24a. If yes, what should be included in the inclusion policy?

24b. How would you introduce an inclusion policy at your centre?

25. If No, what do you need to know to be able to introduce an inclusion policy?

26. Outline the procedure you would follow if a family with a child with a disability showed interest in registering their son/daughter at your centre?

27a. How familiar are you with the content of these policy documents? 1 – not familiar; 2 – somewhat familiar; 3 – very familiar.

27b. To what extent do you feel these policies inform your practice? 1 – does not inform practice at all; 2 – impacts some practice; 3 – practice is based on this policy.

Title of policy	27(a) Familiarity with each policy (insert 1, 2 or 3 for each policy)	27(b) Impact of policy on practice? (insert 1, 2 or 3 for each policy)
National Standards for Early Childhood Education & Care Services (0-3 years)		
Early Childhood Education & Care: National Policy Framework for Malta & Gozo		
National Occupational Standards Childcare Centre Manager		
A Language Policy for the Early Years in Malta & Gozo		
National Action Plan for a Child Guarantee 2022-2030		
Educators' Guide for Pedagogy & Assessment: Using a Learning Outcomes Approach		

28. Which positive outcomes/benefits for children with disabilities could arise from their attending childcare settings?

1. _____

2. _____

3. _____

29. Use the space below to share any relevant information which is not addressed in the questionnaire or any aspect you would like to elaborate upon.

Appendix 5: Questionnaire for Educators with Experience

Questionnaire for Childcare Educators who have experience of working with children with a disability

Thank you for taking time to complete and return this questionnaire. This questionnaire aims to gather your perspectives about **inclusive practices in childcare settings**. You should complete and return this questionnaire only if you are a **childcare educator who has experience working with children who have already been diagnosed with a disability**. By filling this questionnaire, you are giving consent for this data to be used.

Section A: Background information

1. Gender (please tick): Male ☐ Female ☐ Prefer not to answer ☐
2. Age: _____
3. Number of completed years employed as childcare educator _____
4. Have you been employed as an educator in other childcare centres?
Yes ☐ No ☐
5. How long have you been employed as an educator in the current childcare centre?

6. List your professional qualifications associated to childcare work? (Please provide exact title and not just MQF 4).
1. _____
2. _____
3. _____
7. Which of the following statements best describes your studies regarding disabilities:

	YES	NO
I have followed study units about children with disabilities		
I have followed study units which gave me practical information about supporting children with disabilities		
I have followed study units which gave me practical information to work with families/parents of children with disabilities		
These study units have prepared me to work with children with disabilities.		

8. If you answered yes to one, some or all of the above, how do you feel your studies prepared you to work with children with disabilities.

9. Since completing your formal training, have you followed any professional development courses or attended seminars or lectures or presentations about young children and disabilities as part of your continuous professional development? If so, give details (eg. Title of training; who provided the training; how long it took; etc.)

10. How confident do you feel to work with families and children with disabilities?

Extremely confident	
Very confident	
Confident	
Not very confident	
Not confident at all	

11. From your experience of working with children with disabilities in childcare, explain the procedure you followed to plan for the child?

Section B: Personal and Professional Preparation

12. From your experience, which of the emotions listed below did you feel when a child with disabilities joined your childcare setting? (Tick ✓ as appropriate for each emotion).

Emotion	Rate how likely is it that you would feel the emotion		
	Not likely	Somewhat likely	Very likely
Scared			
Anxious			
Enthusiastic			
Excited			
Prepared			
Respected			
Hopeful			
Guilty			
Curious			
Other (Please specify)			

13. Briefly elaborate on these feelings.

14. What assistance do you feel you needed to be better prepared to work with children with disabilities and their families?

1. _____

2. _____

3. _____

15. Do you feel that overall, the child with disability was successfully included at your centre?

Yes ☐ No ☐

16. What challenges did you find when you worked with a child with a disability at the centre?

1. _____

2. _____

3. _____

17. What helped you successfully include the child with a disability at your centre?

1. _____

2. _____

3. _____

18. Describe the relationship you had with the parents of the child with disabilities?

19. Do you feel that you were prepared to support children with disabilities?

Yes ☐ No ☐

20. Why/why not?

Section C: Policy Knowledge & Application

21. Does your centre have an inclusion policy?

Yes ☐ No ☐

22. If yes, what are the key points of the inclusion policy?

23. If not, why wasn't an inclusion policy considered?

24. Do you feel you have enough knowledge to provide recommendations for an inclusion policy?

Yes ☐ No ☐

25. If yes, what should be included in the inclusion policy?

26. If No, what do you need to know to be able to provide recommendations for an inclusion policy?

27a. How familiar are you with the content of these policy documents? 1 – not familiar; 2 – somewhat familiar; 3 – very familiar.

27b. To what extent do you feel these policies inform your practice? 1 – does not inform practice at all; 2 – impacts some practice; 3 – practice is based on this policy.

Title of policy	27(a) Familiarity with each policy (insert 1, 2 or 3 for each policy)	27(b) Impact of policy on practice? (insert 1, 2 or 3 for each policy)
National Standards for Early Childhood Education & Care Services (0-3 years)		
Early Childhood Education & Care: National Policy Framework for Malta & Gozo		
National Occupational Standards Childcare Centre Manager		
A Language Policy for the Early Years in Malta & Gozo		
National Action Plan for a Child Guarantee 2022-2030		
Educators' Guide for Pedagogy & Assessment: Using a Learning Outcomes Approach		

28. What positive outcomes/benefits were observed when children with disabilities attended your childcare settings?

1. _____

2. _____

3. _____

29. Use the space below to share any relevant information which is not addressed in the questionnaire or any aspect you would like to elaborate upon.

Appendix 6: Questionnaire for Educators with No Experience

Questionnaire for Childcare Educators who have no experience of working with children with a disability

Thank you for taking time to complete and return this questionnaire. This questionnaire aims to gather your perspectives about **inclusive practices in childcare settings**. You should complete and return this questionnaire only if you are a **childcare educator who has no experience working with children who have already been diagnosed with a disability**. By filling this questionnaire, you are giving consent for this data to be used.

Section A: Background information

1. Gender (please tick): Male ☐ Female ☐ Prefer not to answer ☐
2. Age: _____
3. Number of completed years employed as childcare educator _____
4. Have you been employed as an educator in other childcare centres?
Yes ☐ No ☐
5. How long have you been employed as an educator in the current childcare centre?

6. List your professional qualifications associated to childcare work? (Please provide exact title and not just MQF 4).
1. _____
2. _____
3. _____
7. Which of the following statements best describes your studies regarding disabilities:

	YES	NO
I have followed study units about children with disabilities		
I have followed study units which gave me practical information about supporting children with disabilities		
I have followed study units which gave me practical information to work with families/parents of children with disabilities		
These study units have prepared me to work with children with disabilities.		

8. If you answered yes to one, some or all of the above, how do you feel your studies prepared you to work with children with disabilities.

9. Since completing your formal training, have you followed any professional development courses or attended seminars or lectures or presentations about young children and disabilities as part of your continuous professional development? If so, give details (eg. Title of training; who provided the training; how long it took; etc.)

10. How confident do you feel to work with families and children with disabilities?

Extremely confident	
Very confident	
Confident	
Not very confident	
Not confident at all	

Section B: Personal and Professional Preparation

11. How likely is it that you would feel the emotion listed below when/if a child with disabilities will be joining your childcare setting? (Tick ✓ as appropriate for each emotion).

Emotion	Rate how likely is it that you would feel the emotion		
	Not likely	Somewhat likely	Very likely
Scared			
Anxious			
Enthusiastic			
Excited			
Prepared			
Respected			
Hopeful			
Guilty			
Curious			
Other (Please specify)			

12. Briefly elaborate on these feelings.

13. What assistance do you feel you need to be better prepared to work with children with disabilities and their families?

1. _____

2. _____

3. _____

14. What challenges do you envisage if you were to work with a child with a disability at the centre?

1. _____

2. _____

3. _____

15. What would help you successfully include a child with a disability at your centre?

1. _____

2. _____

3. _____

16. What relationship would you have with the parents of the child with disabilities?

17. Do you feel that you are prepared to support children with disabilities?

Yes ☐ No ☐

18. Why/why not?

Section C: Policy Knowledge & Application

19. Does your centre have an inclusion policy?

Yes ☐ No ☐

20. If yes, what are the key points of the inclusion policy?

21. If not, why wasn't an inclusion policy considered?

22. Do you feel you have enough knowledge to provide recommendations for an inclusion policy?

Yes ☐ No ☐

23. If yes, what should be included in the inclusion policy?

24. If No, what do you need to know to be able to provide recommendations for an inclusion policy?

25a. How familiar are you with the content of these policy documents? 1 – not familiar; 2 – somewhat familiar; 3 – very familiar.

25b. To what extent do you feel these policies inform your practice? 1 – does not inform practice at all; 2 – impacts some practice; 3 – practice is based on this policy.

Title of policy	25(a) Familiarity with each policy (insert 1, 2 or 3 for each policy)	25(b) Impact of policy on practice? (insert 1, 2 or 3 for each policy)
National Standards for Early Childhood Education & Care Services (0-3 years)		
Early Childhood Education & Care: National Policy Framework for Malta & Gozo		
National Occupational Standards Childcare Centre Manager		
A Language Policy for the Early Years in Malta & Gozo		
National Action Plan for a Child Guarantee 2022-2030		
Educators' Guide for Pedagogy & Assessment: Using a Learning Outcomes Approach		

26. Which positive outcomes/benefits for children with disabilities could arise from their attending childcare settings?

1. _____

2. _____

3. _____

27. Use the space below to share any relevant information which is not addressed in the questionnaire or any aspect you would like to elaborate upon.

Appendix 7: SAMPLE Maltese Transcript of Interview with Parents

Maria

Eżatt għax ma tafx xi jfettlilhom it-tfal għalkemm ma jkollhomx kundizzjoni ma tafx xi jfettlilhom. Jew jiġġieldu jew wiehed jimbotta lill-iehor, dawn tfal żgħar huma x'inhuma.

Interviewer

Qatt kont mhedda li s-servizz jittwaqqaf miż-żewġ childcare centres?

Maria

Le.

Interviewer

Matul l-esperjenza kollha taċ-childcare, x'bidliet rajt fit-tifel?

Maria

Iktar kalma, tantrums mhux daqshekk, bħala rutina qed jidhol f'hija, qed inkun nista' iktar iktar nimmaniġġja u hu iktar qed jifhem, qed iżid fil-kliem, qed jurina iktar affarijiet, jipponta, qabel ma kienx jipponta lejn l-affarijiet, issa qed jipponta. Bħala communication qed tiżdied, qed jinftiehem iktar għax qabel jgħidlek kelma w ma tkunx taf x'inhom u kien jifrustra ruhu, jgħajjat...issa iktar ikkalma. Anke l-fatt li jmur happy u jiġi happy, allura imbagħad hawnhekk ha jibqa' happy.

Interviewer

Thoss li dan il-pożittiv huwa grazzi għaċ-ċentru?

Maria

Iva, għax meta qaluli l-istruttura tal-Montessori mhux tajba għidtilhom, "Mela fil-każ, inwaqqfu w inhallieħ id-dar." Ma kinitx idea tajba li nwaqqfu, għax hu jrid jintegra ma tfal oħra, jrid jidra għax hu dejjem waħdu, dan anke ma' kuġini ma jilgħabx, hekk forsi jibda joħroġ jilgħab mat-tfal. Infatti rajt ir-ritratti, kellhom il-water games kien qiegħed hdejn xi tifla jilagħbu bl-ilma. Kieku żammejthu hawn ha jkun waħdu. Jista' xorta jagħmel il-water games imma l-fatt li hemm tfal oħra, is-social skills jiżdiedu wkoll.

Interviewer

Innutajt xi bidliet li jistgħu jkunu negattivi?

Maria

Le ta'.

Interviewer

Kemm thossok sodisfatta bis-servizz?

Maria

Ħafna hasra li ma konniex nafu bija qabel.

Appendix 8: SAMPLE Transcript of Interview with Parents Translated to English

Maria

You don't know what goes on in children's head even though they don't have a condition you don't know what they'll do. Maybe they fight or one pushes the other these are young children after all.

Interviewer

Have you ever been threatened by that the two childcare centres that the service is stopped from?

Maria

No.

Interviewer

During the experience of childcare, what changes did you see in your son?

Maria

More calmness, not that many tantrums, he is getting into a routine, I can manage him better and he is understanding better, he is increasing his vocabulary, he is showing us things more, he points out things, before he didn't manage to point towards things, now being he is pointing. His communication is increasing, he is using clearer words because before he tells you something and you do not understand him and he used to get frustrated, he used to shout ... now he is calmer. Even the fact that he goes happy, and he comes happy, then he will remain happy.

Interviewer

Do you feel that these positives are thanks to the centre?

Maria

Yes, because when they told me that the Montessori's structure is not good, I told them, "So in that case, I stop the service and leave him at home." It was not a good idea for me to stop him, because he needs to integrate with other children, he needs to get used to it because he is always alone, he doesn't even play with his cousins, but like this maybe he starts playing with other children. In fact, I saw some photos, they had water games, and he was next to a girl playing with water. If I kept him here, he would have been alone. I can still do the water games but the fact that there are other children, his social skills would improve as well.

Interviewer

Have you ever noticed any changes that may be negative?

Maria

No.

Interviewer

How satisfied are you with the service?

Maria

Very satisfied, it's a shame we did not know of them before.

Appendix 9: SAMPLE Permission from Ministry for Education, Sport, Youth, Research & Innovation



MINISTRY FOR EDUCATION, SPORT,
YOUTH, RESEARCH & INNOVATION
Education Strategy and Quality Assurance Department

Tel: 25982743

researchandinnovation@ilearn.edu.mt

PERMISSION TO CONDUCT RESEARCH STUDY

Date: 11th March 2024

Ref: R02-2024 1846

To: Head of School – [REDACTED] Primary School

From: Senior Manager – Research and School Internal Review Unit

Title of Research Study: *Inclusive Practices in Maltese Childcare Settings.*

The MEYR Research Ethics Committee within the Research and School Internal Review Unit, Education Strategy and Quality Assurance Department, would like to inform that approval is granted to **Jefflyn Grech** to conduct the research in State Schools according to the official rules and regulations, subject to approval from the Ethics Committee of the respective Higher Educational Institution.

The researcher is committed to complying with the General Data Protection Regulation (GDPR) and will ensure that these requirements are followed in the conduct of this research. The researcher will be sending letters with clear information about the research, as well as consent forms to all data subjects and their parents/guardians when minors are involved. Consent forms should be signed in all cases particularly for the participation of minors in research.

For further details about our policy for research in schools, kindly visit www.research.gov.mt.

Thank you for your attention and cooperation.

Claire Mamo

MEYR Research Ethics Committee
Research and School Internal Review Unit
Education Strategy and Quality Assurance Department

/Jeannine Vassallo aka/for

Senior Manager
Research and School Internal Review Unit
Education Strategy and Quality Assurance Department

MINISTRY FOR EDUCATION, SPORT, YOUTH, RESEARCH AND INNOVATION

Appendix 10: Permission from Secretariat for Catholic Education



**SECRETARIAT FOR
CATHOLIC EDUCATION**

16, The Mall, Floriana FRN1472, Malta
Tel. +356 27790060
www.csm.edu.mt

The Head
All Kindergarten & Primary Church Schools

12th March 2024

Mr Jefflyn Grech, currently reading for a Masters Degree in Access to Education in Inclusive Schools and Communities at the University of Malta, requests permission to conduct interviews with Parents of Children with disabilities in Kindergarten Classes and Grade 1 at the above mentioned schools.

The Secretariat for Catholic Education finds no objection for Mr Jefflyn Grech, to carry out the stated exercises subject to adhering to the policies and directives of the schools concerned.

Dr Ian Mifsud
Director General
Secretariat for Catholic Education

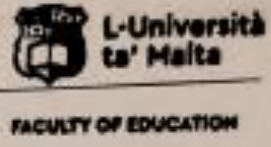
Appendix 11: Permission from Foundation for Educational Services

Signature of applicant:  Date: 27/01/24

B. Tutor's Approval (where applicable)

The above research work is being carried out under my supervision.

Tutor's Name: Prof Valerie Sollars Signature: 

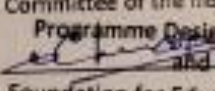
Faculty: Education Faculty Stamp: 

☒ Ethics Approval from Institution

☒ Research questions/material to be used during research

C. Foundation for Educational Services- Official Approval

The above request for permission to carry out research in Skola Sajf/ Klabb 3-16/ Childcare Centres is hereby approved according to the official rules and regulations, subject to approval from the Ethics Committee of the Institution. **David Chircop** Head of Programmes

  Date: 5/2/24

Foundation for Educational Services
Official Stamp Head of Programmes
(Programmes Unit)

Conditions for the approval of a request by a student to carry out research work within the Foundation for Educational Services

Permission for research in Childcare/Klabb 3-16/ Skola Sajf centres is subject to the following conditions:

1. The official request form is to be accompanied by a copy of the questionnaire and/or any relevant material intended for use during research work and ethics approval from Institute.
2. The original request form, showing the relevant signatures and approval, must be presented to the Centre Coordinator.
3. All research work is carried out at the discretion of the relative Centre Coordinator and subject to his/her conditions.
4. Researchers are to observe strict confidentiality at all times and ensure each participant has given written consent to participate in the research.
5. The Foundation for Educational Services reserves the right to withdraw permission to carry out research in any of its centres at any time and without prior notice.
6. Students are expected to restrict their research to a minimum number of students/ educators/ administrators/centres, and to avoid any waste of time during their visits to the centres.
7. As soon as the research in question is completed, the Foundation for Educational Services assumes the right to a full copy (in print and in PDF) of the research work carried out in any of

Appendix 12: SAMPLE Head of School Approval for Research

date: 3 May 2024, 07:47

subject: RE: Approval Research

Dear Mr Grech, we will be glad to help.

Regards

[Redacted Signature]

Head of Primary School

T [Redacted]
E [primaryhead@\[Redacted\].edu.mt](mailto:primaryhead@[Redacted].edu.mt)
W [www.\[Redacted\].edu.mt](http://www.[Redacted].edu.mt)
F [Redacted] – Malta

from: [Redacted] <[Redacted]@kindergarten.edu.mt>

to: "jefflyn.grech.08@um.edu.mt"
<jefflyn.grech.08@um.edu.mt>

date: 10 May 2024, 17:02

subject: Interest in study

Good afternoon,

I'm interested in participating in your study.

Kind Regards,

[Redacted Signature]

Appendix 13: FREC Approval



**L-Università
ta' Malta**

Faculty of Education

University of Malta
Msida MSD 2080, Malta

Tel: +356 2340 3058/2932
educ@um.edu.mt

www.um.edu.mt/educ

30th May 2024

RE: Application for Research Ethics Clearance EDUC-2023-01000 Jefflyn Grech

Dear Jefflyn Grech,

With reference to your application EDUC-2023-01000 Jefflyn Grech for Research Ethics clearance, I am pleased to inform you that **FREC finds no ethical or data protection issues in terms of content and procedure.**

You may therefore proceed to approach potential informants to collect data using the tools/documents outlined in this application.

Yours sincerely

A handwritten signature in black ink, appearing to read 'J. Gravina'.

Dr Joseph Gravina
Chairperson Faculty Research Ethics Committee
Faculty of Education

**Appendix 14: Information Letter to Cooperating Institutions MEYR, Catholic Schools,
Heads of Schools & Private Schools**

DATE

Dear Sir/Madam,

My name is Jefflyn Grech and I am currently a post-graduate student at the University of Malta, reading for a Master in Access to Education in Inclusive Schools and Communities. As part of my studies, I am conducting research for the dissertation with a focus on inclusive practices in Maltese childcare settings. This research study is being supervised by Prof Valerie Sollars (valerie.sollars@um.edu.mt).

I am writing to request permission for the school staff to forward the attached advert to parents of children attending kindergarten and Grade 1 classes. The attachment should be sent only to parents of children with disabilities and who had attended childcare settings prior to kindergarten, to take part in an interview. Participation is voluntary. Parents will be given a week to reply to the letter and confirm their interest in the interview. Once parents agree to take part, a consent form together with a proposed date of the interview will be communicated to them. Interviews can be held either online or face-to-face depending on the preference of the participant. If the parents show preference towards holding the interview at the respective school, this will be considered with the Head of Schools permission.

Parents', children's and institutions' names and identities will not be disclosed in the final version of the dissertation or any subsequent research articles.

Yours Sincerely,

Jefflyn Grech

jefflyn.grech.08@um.edu.mt

Prof. Valerie Sollars

valerie.sollars@um.edu.mt

Appendix 15: Information Letter to Cooperating Institutions FES & Private Childcare Centres

DATE

Dear Sir/Madam,

My name is Jefflyn Grech and I am currently a post-graduate student at the University of Malta, reading for a Master in Access to Education in Inclusive Schools and Communities. As part of my studies, I am conducting research for the dissertation with a focus on inclusive practices in Maltese childcare settings. This research study is being supervised by Prof Valerie Sollars (valerie.sollars@um.edu.mt).

I am writing to request your permission to access participants who are currently employed by [insert organisation]. The participation of the managers and childcare educators who will voluntarily accept to take part in the research will be restricted to the completion of an online survey/questionnaire. The manager will also be invited to send an information letter (see attached) to parents of children with a disability and who would be registered and regularly attending the childcare service. Parents will be provided a week to reply to the letter and confirm their interest in the interview. Once parents agree to take part a consent form will be provided with a suggested date for an interview. Parents will be taking part in this research through an interview. Interviews can be held either online or face-to-face depending on the preference of the participant. If the parents show preference towards holding the interview at the respective centre, this will be considered with the Centre's Manager permission.

Parents', children's, staff's and institutions' names and identities will not be disclosed in the final version of the dissertation or any subsequent research articles.

Yours Sincerely,

Jefflyn Grech

jefflyn.grech.08@um.edu.mt

Prof. Valerie Sollars

valerie.sollars@um.edu.mt