TRANSITION TO SCHOOL OF CHILDREN WITH SPECIAL NEEDS

EXPLORING EXPERIENCES OF PARENTS OF CHILDREN WITH SPECIAL
NEEDS AT SCHOOL ENTRY: A MIXED METHODS APPROACH

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Abstract

Background: The transition from pre-school to kindergarten can be complex for children who need special assistance due to mental or physical disabilities (children with "special needs"). We used a longitudinal mixed-methods approach to explore parents' experiences with service provision as their children transitioned to school.

Methods: Parents (including one grandparent) of 37 children aged 4 to 6 years completed measures assessing their perceptions of and satisfaction with services, as well as their perceptions of the children's behaviour. Teachers completed measures indicating children's school readiness and school adjustment. Semi-structured interviews were conducted with parents to understand their experiences with services.

Findings: Post-transition, parents reported lower perceptions of services and decreased satisfaction than pre-transition. Pre-transition perceptions of services and satisfaction with services were associated with some of the children's outcomes important for school success. Socio-economic characteristics of parents did not predict change in their perceptions of services or satisfaction with services post-transition. The following themes emerged from the qualitative data: qualities of services and service providers, communication and information transfer, parent advocacy, uncertainty about services, and contrasts and contradictions in satisfaction. The qualitative findings indicate parents were both satisfied and concerned with aspects of the post-transition service provision.

Conclusions: While the quantitative results suggested that parents' experience with services became less positive after their children entered school, the qualitative findings illustrated the variability in parents' experiences and components of service provision that require improvements to facilitate a successful school entry.

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Glossary of Abbreviations

CSQ	Client Satisfaction Questionnaire
EA	Educational Assistant
EDI	Early Development Instrument
FCS	Family-Centred Service
IBI	Intensive Behavioural Intervention
IEP	Individual Education Plan
IPRC	Identification, Placement and Review Committee
MPOC	Measure of Processes of Care
OT	Occupational Therapy
PT	Physiotherapy
SDQ	Strengths and Difficulties Questionnaire
TRSSA	Teacher Rating Scale of School Adjustment

Chapter 1: Introduction

Transition to kindergarten can be an exciting yet challenging period of time characterized by many changes for children and their families (McIntyre, Eckert, Fiese, Reed, & Wildenger, 2010). It requires children to adapt quickly to new physical and social settings, as well as to new academic and behavioural expectations (Berlin, Dunning, & Dodge, 2011). The transition to kindergarten can be viewed as a continuous process rather than a static event. It begins several months before children leave different early childhood experiences and programs, such as preschool classrooms or home, and continues throughout children's period of adjustment to the kindergarten program (Schulting, Malone, & Dodge, 2005; Wildenger, 2011). Due to the nature of changes involved in this transition and lack of experience in dealing with these changes, children and their families can experience a substantial amount of stress (Wolery, 1999).

Facilitating successful transition to school is crucial for establishing the foundation of children's future development (Bowes, Harrison, Sweller, Taylor, & Neilsen-Hewett, 2009). The association between early school adjustment and success later in the school career has been well demonstrated (Margetts, 2002; Schulting et al., 2005; Wildenger, 2011). Positive transition is associated with favourable academic and social outcomes (Berlin et al., 2011). On the other hand, negative experiences during entry to school can have immediate and long-term detrimental effects on the academic outcomes and social progress of a child (Dockett & Perry, 2004). Children who experience social and behavioural problems early in their school careers are more likely to continue facing these problems as they progress through their schooling (Margetts, 2002). Negative academic and social trajectories are more difficult to alter by mid-elementary school years, highlighting the importance of supporting successful transition to kindergarten (Wildenger & McIntyre, 2012).

Transition to kindergarten can be particularly challenging for children with special needs. In 2006, 4.2% of children in Canada between the ages of 5 to 9 had one or more disabilities (Statistics Canada, 2008). Every year, approximately 3.7% of all children entering kindergarten in Canada have special needs that prevent optimal development. During transition, these children and their families may experience changes in the services they receive, as well as changes in providers, locations and frequency of these services (Daley, Munk, & Carlson, 2011). The services are often inadequate to support transition to school among children with special needs (Janus, Lefort, Cameron, & Kopechanski, 2007). Currently, there is a lack of research evidence on factors contributing to a successful process of transition to school for Canadian children with special needs. The purpose of this study was to explore parents' experience with services as their children with special needs enter schools in Ontario. To begin, a brief definition of children with special needs is provided, followed by a description of family-centred services, the importance of parents' perspectives, the theoretical framework that formed the basis of this study, and a summary of the previous research on the transition to school for children with special needs and their families. With some exceptions, the majority of the research presented here is based on studies carried out in the United States.

1.1 Children with Special Needs

Under the Education Act in Ontario, an exceptional pupil is defined as an individual whose behavioural, communicational, intellectual, physical or multiple exceptionalities entail the need for placement in a special education program (Ministry of Education, 2001). In the context of education, the term "special needs" implies education needs that are different from those of typically developing children (Janus et al., 2007). Given the importance of considering children with health conditions in a non-categorical way, this study considers children based on their

needs rather than their specific health diagnoses (Janus et al., 2007). It is expected that involving parents in the transition process can facilitate successful school entry, as primary care givers they are most knowledgeable of their children's needs.

1.2 Family-Centred Services

Family-centred service (FCS) is based on the philosophy that each family is unique and that they are best positioned to determine the child's abilities and needs (King, Teplicky, King, & Rosenbaum, 2004; Dempsey & Keen, 2008). Family-centred service entails that service providers work together with the family as equal partners, in order to make informed decisions about the services the child and family will receive (King et al., 2004). This framework of service focuses on mutual respect, individualized service delivery, information sharing, acceptance of the family's choices, and empowerment (King, Rosenbaum, & King, 1996; King et al., 2004). Family-centred service is based on family systems theory, which recognizes the importance of the family's well-being for the child's well-being (King et al., 2004). In pediatric rehabilitation, it has been found that adopting a family-centred framework results in greater parental satisfaction with services, better parental psychological well-being, and better psychological adjustment of children (King, King, Law, Kertoy, Rosenbaum, & Hurley, 2002).

In recent years, FCS has been endorsed by many sectors of the health care community in Ontario, including the Ontario Association of Children's Rehabilitation Services (OACRS) (King et al., 1996). Many of the OACRS rehabilitation centres, which are commonly used by children with special needs, have integrated the notion of FCS into their approaches to providing services (King, Law, King, Kertoy, Hurley, & Rosenbaum, 2000a). Furthermore, although FCS has not been formally endorsed by Ontario schools, in planning transition to school for children with special needs, the Ontario Ministry of Education emphasizes the importance of school boards

collaborating with parents and involving them in the decision-making process (Ministry of Education, 2005). Given the implementation of the family-centred approach in many early years services in Ontario and the importance of this philosophy of care in influencing parent and child outcomes, this study evaluates the family-centredness of services provided to children with special needs and their families during transition to school, which will be discussed in Section 2.5.1.

1.3 Why Parents' Perspectives Are Important

According to the Family Law Act in Ontario, a "parent" is a person who demonstrates a settled intention to treat a child as a child of his or her family, except in cases where the child is placed for consideration in a foster home by a person with lawful custody (Service Ontario, 2014). There has been growing recognition that parents' perceptions and satisfaction are important for evaluating early intervention programs and strategies (Kohler, 1999). It has been proposed that because parents are often children's primary caregivers, their opinions should be given priority over the evaluations of early childhood educators and professionals (Jinnah & Walters, 2008; McNaughton, 1994). Parents have unique information to contribute and an important role to play in determining the effectiveness of the services provided in meeting their and their children's needs. Parent satisfaction with care, ease of using services, concerns and preferences represent important quality and access-to-care indicators that are necessary to monitor and to consider in evaluations of service provision (Ngui & Flores, 2006; Kohler, 1999). Developing a better understanding of parents' perspectives in this manner can be used to improve existing services offered to children and their families. Evidence from the literature suggests parents are considered to be expert informants in disability research (Law, Hanna, King, Hurley, Kertoy, & Rosenbaum, 2003). Given the importance of parents' feedback in developing and

improving services, as well as the move towards family-centred service provision during early years in Ontario, the focus of this study is to explore parents' experience with service provision during transition to school. In order to ensure that this investigation encompasses the mutual influences among children and their social environments (families, teachers, service providers), a theoretical framework was chosen to account for the interactions at different social contexts.

1.4 Theoretical Framework for the Study

The Indirect Effects Model considers the interactions between different social contexts, including family, home, school, and peers, in predicting children's school adjustment (Rimm-Kaufman & Pianta, 2000). This model recognizes that contexts have both direct and indirect effects on children's outcomes. It also takes into account the bidirectional interactions that exist between children and their social networks. It has been shown that the child is influenced by the context and the context is influenced by child characteristics. Additionally, there are interactions between the contexts themselves, which also influence children's transition to school. The significance of the combined effects of different contexts lies in the uniqueness of each context, thus their synergistic effect is more important in predicting transition to kindergarten than each context alone. It has been demonstrated that family involvement with service providers has indirect effects on children's experiences at school. Considering that many early years services are offered from a family-centred approach in Ontario and that the Indirect Effects Model encapsulates this mode of service delivery, this study uses this theoretical framework to explore the relationship between services children and their families receive and children's outcomes relevant for school success, as will be discussed in Section 2.5.6.
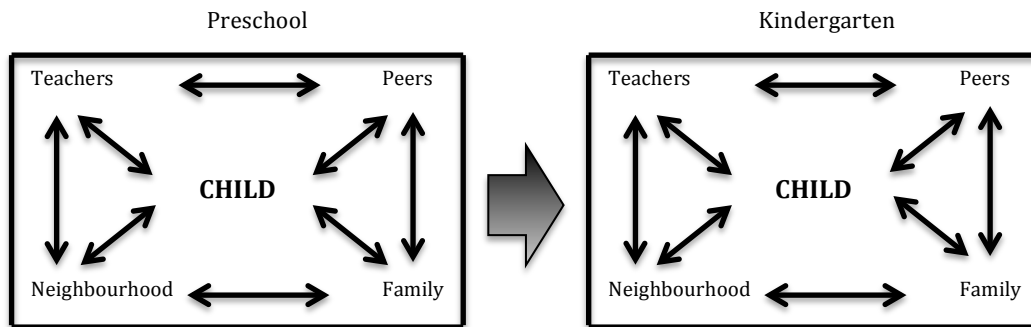
Figure 1: The Indirect Effects Model of transition to kindergarten ecology. The bold arrow between preschool and kindergarten diagrams represents time. The smaller arrows within each diagram represent relationships between the child and home, school, peer, and neighborhood contexts (Rimm-Kaufman & Pianta, 2000).

1.5 Transition for Children with Special Needs

1.5.1   Experience of Children

Children with special needs experience many of the same difficulties as typically developing children during transition to school. These include: entering a formal educational setting that is very different from previous early childcare settings; having to learn new classroom rules and routines; working in a larger group setting; and getting accustomed to less teacher attention (Johnson, Chandler, Kerns, & Fowler, 1986; Conn-Powers, Ross-Allen, & Holburn, 1990). Upon entering kindergarten children also need to address new social demands, such as meeting people from the broader community and making new friends, and accustoming themselves to interactions that are increasingly focused on academic progress (Margetts, 2002; Rimm-Kaufman & Pianta, 2000).

Despite many common transition challenges, children with special needs are particularly at risk of a difficult school entry compared to typically developing children (Janus, Kopechanski, Cameron, & Hughes, 2008; Denkyriah & Agbeke, 2010; Janus, 2011). Children with special needs can present with heterogeneity of problems. Because a small number of children with any given diagnosis are present each year, school districts often do not respond with interventions

that are geared to specific conditions. Instead, accommodations for children with special needs are made based on the availability of resources, which hinders effective programming at school. Furthermore, children with special needs may lack social and communication skills as well as academic and behavioural readiness skills that are necessary for kindergarten success (Denkyriah & Agbeke, 2010; McIntyre et al., 2010). For example, children with learning disabilities may have difficulty following rules, understanding assignments, and completing tasks independently (Luit, 2011). Considering these are expectations of kindergarten, these children may experience a difficult transition to school.

1.5.2   Experience of Families

Families of children with special needs face many of the same challenges as families of typically developing children at school entry. Families have to become familiar with new programs, rules, and personnel, as well as negotiate new schedules and services for their child (Johnson et al., 1986; Conn-Powers et al., 1990). They may confront issues such as lack of time and knowledge in finding necessary care (Knoche, Peterson, Edwards, & Jeon, 2006). Families also need to attend many meetings and establish relationships with new school personnel to support their children's transition to school successfully (Fowler, Schwartz, & Atwater, 1991). Furthermore, they are required to adjust to a school that may offer fewer opportunities for family involvement and place more complex academic and social demands on the child (Fowler et al., 1991).

Although there are several common challenges experienced by families of all children entering school, parents of children with special needs report more concerns and greater anxiety regarding the transition of their child to school than parents of typically developing children (McIntyre et al., 2010; Daley et al., 2011). These include concerns in areas of following

directions, communicating needs with an adult, behaviour problems, and kindergarten readiness (McIntyre et al., 2010). Additional challenges associated with helping a child with special needs transition to school include need for ample time for planning, support from a transition team, re-educating school personnel about a child's special needs, anticipation of the child's complex needs and capabilities to ensure they are placed in an appropriate setting (Briody & Martone, 2010; Hains, Fowler, & Chandler, 1988). During transition, families can experience difficulties in accessing appropriate services, gathering financial resources to pay for them, and finding information to evaluate program quality (Knoche et al., 2006; Heiman, 2002).

1.6 Services at Transition for Children with Special Needs

A successful transition to school for children with special needs is heavily dependent on the availability of supports at school to promote their learning (Janus et al., 2008). In recent years, governments in the United States, the United Kingdom, and Canada have implemented legislations requiring school boards to take responsibility for the education of children with special needs without parents incurring any cost (Valeo, 2003). Furthermore, these governments have created processes that school boards can follow to correctly identify and allocate children to special services and programs as necessary. Despite the presence of numerous formal strategies to facilitate entry to kindergarten for children with special needs, there are many issues that reduce the continuity of services during transition (Wolery, 1999). These include administrative challenges, as well as differences in intervention philosophy and training.

1.6.1 Administrative Challenges

Access to services during transition from preschool to kindergarten is complicated by many administrative challenges for children with special needs (Janus et al., 2007). During transition, parents must establish contact with agencies that served their children prior to school

entry and those who will provide services post-transition. Most public schools provide their own special education services, whereas a variety of arrangements are used at the preschool level (Wolery, 1999; Stormont, Beckner, Mitchell & Richter, 2005; Underwood, 2012). While the involvement of these multiple agencies is necessary to facilitate the transfer, they are often poorly linked with one another, contributing to poor transition experiences (Janus et al., 2008; Stormont et al, 2005).

Differences between early childhood special education programs and elementary school programs may impede good coordination between professionals from both settings (Conn-Powers et al., 1990). These include differences in terms of eligibility criteria, nature of service delivery emphases, family involvement, program location, program decision-making, and administration. Additionally, the involvement of multiple agencies complicates the process of information sharing during transition as each agency may have different methods of record keeping and record sharing (Janus et al., 2007).

In Canadian provinces, several government ministries are involved in facilitating the entry of preschoolers to the education system, which can complicate interprofessional collaboration and parent involvement during the transition process (Villeneuve et al., 2013). In the case of Ontario, preschool children receive services for their special needs through several government ministries (e.g. health, education, children and youth services) (Villeneuve et al., 2013). As children enter school, the local Board of Education provides the needed services. Although the Ontario government has introduced several measures to coordinate services and supports for children with special needs, such as the Best Start Program that aims to integrate early years community services, no inclusive policy framework exists (Kohen, Uppal, Khan, & Visentin,

2010; Pascal, 2009)[1]. The overall support system for children with disabilities is non-specific, which thus requires parents to navigate a complex system of service delivery to access the needed supports for their children (Kohen et al., 2010).

1.6.2 Intervention Philosophy and Training

Staff at preschools usually operates under a different philosophy of treatment and education than professionals at school (Janus et al., 2007). Typically, preschool is less academically oriented and the focus is to improve children's daily living skills or to work on specific impairments (McIntyre et al., 2010). On the other hand, schools focus on meeting curriculum goals and may focus on treatment related to academic outcomes (Janus et al., 2007). Given the different philosophies and expectations under which the two groups of staff operate, preschool staff may be concerned about a child's future wellbeing, whereas school teachers may be concerned about the child's preparedness for kindergarten programs (Wolery, 1999). In terms of transition practices, kindergarten teachers typically use practices that do not involve individual contact with children or families prior to transition, they implement practices after school begins, and they do not modify practices to accommodate the needs of children and families (Early, Pianta, Taylor, & Cox, 2001; Baughan, 2012). Teachers have reported not receiving adequate support to facilitate the transition process (Kemp, 2003).

1.6.3 Parents' Experiences with Services

Parents perceive better quality and greater level of support is available from early intervention providers than from public schools (Hamblin-Wilson & Thurman, 1990; Janus et al.,

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[1] Following the completion of the primary study, which provided data to address questions of the present study, a policy framework has been developed to integrate early years services. In 2013, the Ontario Early Years Policy Framework was introduced to guide a collective approach to the development and delivery of early years programs and services (Ministry of Education, 2013). This framework was created to provide strategic guidelines to early years stakeholders both within and outside of government.

2008). Most early intervention agencies offer treatment to the child and support for the parents (Janus et al., 2007). However, parents have identified several problems with service provision during preschool years as well. Parents have reported not being involved in service planning and implementation of interventions (Able-Boone, Goodwin, Sandall, Gordon, & Martin, 1992; Covert, 1995). Furthermore, in participating in early intervention programs, parents have reported experiencing tensions in their roles as both parents and therapists or educators for their children (Paige-Smith & Rix, 2006).

It can be quite overwhelming for parents to navigate different service systems available to support children with special needs as they transition to school (Villeneuve et al., 2013). Schools tend to expect parental support for the school's educational efforts (Janus et al., 2007). Parents have expressed concerns about losing the support network they have established when their child was in preschool, how professionals at elementary school will treat their child, uncertainty about whether their child will receive appropriate services, and maintaining communication among all stakeholders (Bentley-Williams & Butterfield, 1996; Wolery, 1999; Hamblin-Wilson & Thurman, 1990; Stoner, Angell, House, & Bock, 2007). Parents also worry about inadequate training of professionals who will provide care for their children (Knoche et al., 2006). Furthermore, after entering the special education system, parents report it is complicated to obtain different services (Stoner et al., 2005).

Despite the trying nature of the transition process, Kemp (2003) found that parents perceive feeling supported as their children enter school. Parents have reported some level of communication with the receiving school, as well as written or verbal information sharing between the sending and receiving schools (Janus et al., 2008). Parents perceive the transition to be smoother when schools initiate actions such as intake planning meetings to facilitate the

process (Carlson, McLaughlin, Derby & Blecher, 2009). After their children enter school, parents report they have unclear guidelines for contacting professionals, little ongoing communication with school staff, and lack of opportunity to participate fully in decisions about their child's education (Bentley-Williams & Butterfield, 1996; Wolery, 1999). Post-transition, parents report school-based support services are not offered in a timely manner (Janus et al., 2008). In addition to not feeling welcome in schools, parents receive little information about school services, and their child's program and progress (Wolery, 1999; Hamblin-Wilson & Thurman, 1990). Parents identify lack of preparation and little use of transition strategies on the part of education professionals as barriers to successful transition (Stoner et al., 2007).

1.7 Services, School Readiness, and School Adjustment

In the limited literature available on adjustment to school among children with special needs, there is evidence suggesting the importance of providing appropriate preschool services to facilitate school entry. Successful adjustment and long-term success of these children have been linked with the identification of and training in the academic, language, and self-help skills required for the receiving program (Rice & O'Brian, 1990). Early intervention programs for children with developmental disabilities have produced positive outcomes (Denkyirah & Agebeke, 2010). For example, among children with autism, those who receive appropriate services before school entry are better able to handle academic challenges and continue to develop lasting cognitive and social skills. Early enrollment in intervention programs for deaf and hard-of-hearing children has been associated with better language outcomes compared to their peers who were enrolled later (Moeller, 2000).

The relationship between family-centred practice and development of children with special needs has not been extensively explored (Dempsey & Keen, 2008). Interestingly, there is

mixed evidence regarding the effects of family-centred early interventions on children's outcomes important for school success. Among children with chronic illness, those who received a family-centred outreach program demonstrated better short-term and long-term psychological adjustment compared to children who received standard care (Stein & Jessop, 1991). For children with cerebral palsy, family-centred intervention has been found to be equally effective as child-focused intervention in improving functional outcomes (Law et al., 2011). Furthermore, Mahoney and Bella (1998) found participation in a family-centred early intervention program did not produce any gains in children's language and adaptive-behavioural outcomes. The impact of family-centred early interventions on other aspects of school readiness and adjustment, such as those pertaining to cognitive and social outcomes, remains to be studied in detail.

1.8 Transition for Children with Special Needs in Ontario

1.8.1 Special Education in Ontario

In Ontario, children with special needs now frequently attend regular schools, where they are educated alongside their non-disabled peers (Villeneuve et al., 2013). School boards offer special education programs to children with special needs (Ministry of Education, 2001). This program includes specific objectives and an outline of the special educational services that meet the needs of the child with special needs. Special education services are the facilities and resources, such as support personnel and equipment, that are needed to develop and implement the special education program.

1.8.2 Identification and Accommodation Procedure

In most cases of marked difficulties, referral to an Identification, Placement and Review Committee (IPRC) is made (Ministry of Education, 2001). An IPRC includes a minimum of three individuals, one of whom is a principal or supervisory officer of the school board. This

committee reviews all relevant information available for the child, including an education

assessment as well as health and psychological assessments. The IPRC decides if a student

should be identified as an exceptional pupil, and determines areas of the student's

exceptionalities based on Ministry of Education categories and definitions, as well as placement

that will best address the student's special needs. This placement can occur in a special education

class or in a regular class with appropriate special education services. If the parents agree with the

IPRC identification and placement decisions, the board informs the principal of the school at

which the special education program will be provided and of the need to develop an individual

education plan (IEP) for the student. The IEP is a working document that describes the strengths,

needs, and interests of a child with disabilities, the special education program and services that

are in place to meet the child's needs, and how the program and services will be delivered. If

there is delay in holding the IPRC meeting or in deciding identification and placement, the child

has the right to be placed in an appropriate special education program and receive special

education services in the interim.

1.8.3 Services at School

The school board staff offers a variety of services to children with special needs,

including educational services, professional services, and paraprofessional services (Ministry of

Education, 2001). Education services may be provided by special education resource teachers,

who may provide support in the regular classroom, coordinate referrals to the in-school team,

participate in the development, implementation, and review of the IEP, as well as act as liaisons

with parents and community resources. Guidance counselors, teacher-advisors, and consultants

also provide education services. Professionals offered through the school board can include

speech-language pathologists, occupational therapists (OT), physiotherapists (PT), psychologists,

behavioural consultants and social workers. Paraprofessionals such as Educational Assistants (EAs) and child and youth workers can also be hired by school boards to provide a variety of services under the supervision of the teacher and school principal.

The Ministries of Health and Long-Term Care and Community and Social Services are responsible for providing students with special needs with health support services that are necessary for children to benefit from the education program in place (Ministry of Education, 2001). Services from these ministries are provided though Community Care Access Centres (CCACs) to support integration of students into the regular school system. Furthermore, the Ministry of Education (School Board) has several obligations to students with special needs, including administering oral medication and providing physical assistance (e.g. lifting, positioning, feeding, toileting). While school boards provide support and educational services, CCACs are in charge of arranging relevant professional health services necessary to meet the student's needs.

1.8.4 Parents' Experiences with Services in Ontario

Findings from recent national surveys indicate that parents of children with special needs experience many difficulties with special education service provision. The Participation Activity Limitation Survey was completed by parents of children aged 5 to 14 who were identified as having one or more disabilities, shortly after the 2001 and 2006 census (Kohen, Uppal, Guevremont, & Cartwright, 2008; Statistics Canada, 2008). In the 2001 survey, about one-third of parents reported experiencing challenges in accessing special education services for their children, whereas in the 2006 survey, nearly half of parents indicated experiencing difficulties (Kohen et al., 2008; Statistics Canada, 2008). Both surveys show inadequate levels of services and lack of staff were the most common problems experienced by parents in accessing these

services. Parents reported experiencing difficulties in having their children tested for special education services and communicating with the child's school. Parents also indicated there was an absence of locally available special education services.

Findings from the 2006 survey indicate one in four children have an unmet need for special education (Statistics Canada, 2008). Nearly one in five children do not have the educational aids they need, which include supports or services that assist children with learning and classroom participation, a level that remained unchanged in 2008. In both the 2001 and 2006 surveys, the majority of parents reported lack of school funding and lack of acknowledgement by the school of the child's need for educational aids as main reasons for the unavailability of these aids (Kohen et al., 2010; Statistics Canada, 2008). In the 2006 survey, parents indicated additional reasons behind the absence of needed educational aids, such as lack of availability or access to educational aids and waiting period requirements before accommodations can be arranged.

Few studies have explored parents' experiences with services as their children with special needs transition to school in Ontario. The *CanChild* Centre for Childhood Disability Research is a health system-linked research unit originally funded by the Ontario Ministry of Health (King et al., 2002). It shares a formal relationship with OACRS and its rehabilitation centres across the province (King et al., 2000a). During the 1990s, *CanChild* conducted a series of surveys with families of children up to 20 years of age and service providers to study the implementation of family-centred service in Ontario (King et al., 2002). These surveys indicate parents perceived children's rehabilitation services to be highly family-centred (King et al., 2002). Parents have reported several aspects of family-centred service are being done well, such as providing respectful and supportive care and providing specific information about the child,

whereas the provision of general information is the least well-done aspect of family-centred service delivery (King, Kertoy, King, Rosenbaum, Hurley, & Law, 2000b).

In a recent study exploring transition to school experience of their 4-6 year old children, parents generally experienced lower quality of care post-transition than pre-transition (Janus et al., 2008). Parents of children with special needs were more likely not to be satisfied with either the change in services during transition from preschool to kindergarten or the availability of services in school, compared to parents of children without special needs (Janus et al., 2007). However, it is important to mention that the majority of parents in both groups were at least somewhat satisfied.

In evaluating the effectiveness of the Identification, Placement, and Review Committees in Ontario schools, parents have identified several administrative issues that hinder a smooth transition process (Villeneuve et al., 2013). Parents have indicated a need for specialized support personnel, a shortage of specialized programs, and preference for more parental input into and information about their child's programming. In a rural Ontario community, staffing inadequacy and turnover have been identified as barriers to continuity of care for children with special needs.

1.9 Summary

Transition to school is one of the most important experiences in the lives of young children. Success in kindergarten is critical for future development, as the shape of children's academic trajectories is established in early school years (Bowes et al., 2009; Wildenger & McIntyre, 2012; LaParo, Kraft-Cayre, & Pianta, 2003). Findings from the literature illustrate that while there are many common challenges experienced by families of children with special needs and typically developing children and their families during transition to school, there are additional difficulties experienced by children with special needs and their families (Kemp, 2003;

McIntyre et al., 2010; Daley et al., 2011). Given the greater concerns for a challenging transition, the services used to facilitate school entry among children with special needs and their families are of particular interest (Baughan, 2012). Although several studies have explored parents' experiences with services as their children with special needs enter school, very little research has been conducted in a Canadian context. Further research is needed to examine parents' experience with services in order to design early intervention and special education services that facilitate transition to school for children with special needs, as well as to establish the foundation of a successful school career.

This study contributes to the literature by exploring parents' experiences with service provision as their children with special needs transition to school in Ontario. This study takes a unique approach by using both quantitative and qualitative data to develop a more complete understanding of parents' experiences with services. In Chapter Two, an in-depth description of the methods used to examine this topic is provided. This description includes (1) rationale for using mixed methods, (2) statement of research questions and hypotheses, (3) design of the study, (4) an explanation of the measures, and (5) the methods of data analyses.

Chapter 2: Methods

2.1 Background on Mixed Methods

In recent years, mixed methods have emerged as the third research paradigm, following the developments of quantitative and qualitative research (Creswell & Plano-Clark, 2011). It has been increasingly recognized that the complexity of research problems requires both quantitative and qualitative perspectives to provide a fuller understanding of the phenomenon of interest. Mixed methods research is informed by the philosophy of pragmatism, which focuses on the study question to select appropriate research methods, instead of working within the boundaries of a single method (Morgan, 2007; Sale, Lohfeld, & Brazil, 2002). Under this view, the use of mixed methods is justified if it is required by the study question.

Several typologies for mixed methods studies exist, none of which is all-inclusive, as there are many possible study designs (Leech & Onwuegbuzie, 2009). Nonetheless, in selecting common mixed methods study designs, four key decisions must be made. These include deciding on the timing (concurrent, sequential, or multiphase combination), priority (equal priority, quantitative priority, or qualitative priority), level of interaction (independent or interactive), and methods for mixing the quantitative and qualitative phases (Creswell & Plano-Clark, 2011). In this study, a convergent mixed methods design was implemented. Here, data in the quantitative and qualitative phases were analyzed separately in a sequential fashion and later merged during the mixed methods analysis phase.

2.2 Rationale for Mixed Methods

Experience with service provision is a complex phenomenon. In order to obtain a refined and nuanced picture of parents' experiences with services as their children with special needs enter school, it is important to capitalize on the strengths of both quantitative and qualitative data.

This is relevant as empirical research on parents' perceptions of the transition process is limited and consists largely of survey data (Lovett & Haring, 2003). The quantitative and qualitative data represent experience with services in different ways. Both the quantitative and qualitative phases helped determine if there was a difference in the parents' perceptions of and satisfaction with services reported before and after their children with special needs were enrolled in school, although the magnitude of this difference could be determined using quantitative data only. Collecting quantitative data was useful for assessing whether certain quality goals for service provision had been met. On the other hand, the qualitative phase was important for understanding parents' thinking behind their responses in the questionnaires completed for the quantitative phase. By contextualizing and illustrating the quantitative data, the qualitative findings acted as an interpretive tool to improve understanding of the statistical results (Creswell & Plano-Clark, 2011; Sale et al., 2002). Through means of complementarity, the quantitative and qualitative phases helped generate a more comprehensive understanding of parents' perceptions of and satisfaction with services.

A convergent approach was selected because it is the most appropriate design given the parallel questions of this study, which will be presented below, exploring parents' experience with services (Creswell & Plano-Clark, 2011). Consistent with the convergent design, the parallel questions of this study entailed independence of the quantitative and qualitative phases and gave equal value in analyzing both quantitative and qualitative data to develop a more complete understanding of parents' experiences.

2.3 Study Questions

2.3.1   Quantitative Questions

Primary Quantitative Question:

Is there a difference in parents' perceptions of and satisfaction with their child's services before and after their children with special needs are enrolled in school?

Hypothesis: It is hypothesized that parents will report lower perceptions of services and lower satisfaction after transition than prior to school entry.

Secondary Quantitative Questions:

(i) Are parents' perceptions of and satisfaction with services associated with children's initial level of school readiness, behaviour, and adjustment to school?

Hypothesis: It is hypothesized that there is an association between higher perceptions of preschool services and satisfaction with preschool services and higher social-behavioural and academic outcomes at school entry.

(ii) Do parents' education and family income predict change in their perceptions of and satisfaction with services post transition?

Hypothesis: It is hypothesized that lower education and lower family income will predict negative change in perceptions of and satisfaction with services.

2.3.2   Qualitative Question

How do parents with the largest decline in satisfaction with services post transition describe their perceptions of and satisfaction with services after their children with special needs are enrolled in school?

2.3.3   Mixed Methods Question

How do the qualitative data help us gain a more nuanced understanding of changes in parents'

perceptions of and satisfaction with services from before to after their children with special needs

are enrolled in school?

2.4 Data Source

The questions of this study were addressed using data collected from Dr. Magdalena Janus's prospective longitudinal cohort study "Early school adjustment for children with special needs", which focused on the process of transition to school for children with special needs in Ontario (Janus, Szatmari, & Rosenbaum, 2008). This primary study focused on 1) the impact of family context and experience with services prior to school on the early school adjustment of children with special needs; and 2) how change in family context and experience of services influences the process of adjustment over the first two years of school. In the spring before school entry in the primary study, parents participated in a semi-structured interview, received a set of questionnaires, and had a developmental assessment of the child. During the fall of each school year (Year 1 and 2), parents received questionnaires and were interviewed to gather information regarding the child's health, functional status, service history (at intake), and the experience of transition to school and next grade. During the spring of each school year, children participated in a developmental assessment with a research psychometrist. Teachers completed measures indicating school readiness, behaviour, and adjustment during the fall and spring of both school years. This study focused on data collected from prior to school entry until the end of the first school year.

2.4.1   Study Population

The sample in this study included children with identified special needs (ages 4 to 6 years) and their families. These were children whose "behavioural, communicational, intellectual, physical or multiple exceptionalities are such that (they are) considered to need placement in a special education program" (Ministry of Education, 2006).

2.4.2   Participant Recruitment

Families of preschool children with special needs were approached through several channels: preschools/day care centres, early identification agencies, Chedoke-McMaster Child and Family Centre's Specialized Treatment and Assessment Team (STAT), community centres, and the school boards. Through a pilot study, contacts with these agencies were established and the enrolment of children with special needs was monitored. Recruitment letters were sent to these service providers to be passed on to the family, who then contacted the research assistant if they were interested in participating in the study. Families were also approached through the Children's Developmental Rehabilitation Program (CDRP) at McMaster Children's Hospital, the KidsAbility Centre for Child Development in Wellington County, the school boards' Kindergarten Information Night for parents of children with special needs, and the Board of Education mailing of registration materials to those parents who had registered their child with special needs. Recruitment took place in 2007 and 2008 prior to school entry, resulting in two cohorts of study participants. The average age of children at the time of recruitment was 4.5 years. Teachers' cooperation was requested through a letter endorsed by parents. Teachers in Hamilton and Guelph were already familiar with the research team, and were willing to participate in the pilot studies

2.4.3   Selection Criteria

Children and their families who were selected in this study were those with complete questionnaire and interview data collected from prior to school entry to the end of the first school year (n=37). Parents who were unable to read and speak English and those with a cognitive impairment were excluded from the primary study.

2.4.4   Collection of Demographic Information

Demographic information was collected for all children and their families who were eligible to participate in the study. The following data were collected through parent interview: location of residence, school board attending, child's diagnosis at intake, updates to child's diagnosis, child's sex, birth order of child, parent's marital status, parent's relationship to child, parent's ethnicity, whether parent was born in Canada, whether child was born in Canada, parent's employment status, whether parent changed employment after child's birth, parent's educational level, social economic status, income source, family size, and language used in home. Parents were also asked whether their child attended preschool, daycare, playgroup, or Intensive Behavioural Intervention (IBI) prior to school entry (intake year), whether their child was in junior kindergarten or senior kindergarten during the first year in school, whether their child attended daycare, playgroup, or IBI during the first year in school, and whether parents had any concerns related to their child's special needs at intake.

2.5 Quantitative Phase

Consistent with the primary study, the quantitative phase of this present study was conducted as a prospective longitudinal cohort study. Data pertaining to predictor and dependent variables were included in this phase of the study. The predictor measures related to services used by children and their families during the transition to school. Prior to school entry and at the end of the first school year, parents completed the Measure of Processes of Care (MPOC) assessing their perceptions of services, and the Client Satisfaction Questionnaire (CSQ) evaluating their satisfaction with services. For the period prior to school, these measures assessed experience with services received outside of school, whereas at the end of the first school year they measured perceptions of school-based services.

Child adjustments (the dependent variables) were assessed as social/behavioural and academic components. At the beginning and the end of the first school year, parents completed the Early Development Instrument (EDI) assessing children's school readiness, and the Strengths and Difficulties Questionnaire (SDQ) evaluating children's social-behavioural status. Teachers completed the Teacher Rating Scale of School Adjustment (TRSSA) evaluating children's behavioural and relational adjustment to school setting at school entry and at the end of the first school year.

2.5.1   Measure of Processes of Care (MPOC)

Responses to the Measure of Processes of Care (MPOC) questionnaire were used to measure parents' perceptions of whether the services their children receive were family-centred (King, Rosenbaum, & King, 1995; King et al., 1996). This is a self-report measure that contains questions in five scales: Enabling and Partnership, Providing General Information, Providing Specific Information about the Child, Coordinated and Comprehensive Care for the Child and Family, and Respectful and Supportive Care. The original MPOC consists of 56 items. For the primary study, the shorter version of the MPOC, containing 20 items, was used. For each item in the MPOC, parents indicate on a 7-point Likert scale 'to what extent' an event or situation happens to them, where a value of 1 corresponds to 'not at all' and a value of 7 corresponds to 'to a very great extent'.

The 20-item MPOC is a well-established instrument with good psychometric properties (King, King, & Rosenbaum, 2004). It has good internal consistency, indicated by Cronbach's co-efficient alphas that range from 0.77 to 0.88 for the five scales. It also has good test-retest reliability – the intra-class correlation co-efficients (ICCs) for each scale range from 0.81 to 0.86.

2.5.2   Client Satisfaction Questionnaire (CSQ)

The Client Satisfaction Questionnaire (CSQ) was used to measure parents' satisfaction with their experiences with a target situation or service (Larsen, Attkisson, Hargreaves, & Nguyen, 1979). This is a generic 8-item questionnaire where responses to questions are recorded on a 4-point Likert scale. It correlates strongly (up to 0.60) with MPOC scale scores (King et al., 1996) but is not redundant. The pilot study conducted for the primary study showed high internal consistency (Cronbach's co-efficient alpha: 0.97), indicating the 8 items generate a homogenous estimate of general satisfaction with services. There was also evidence of good test-retest reliability in this study (ICC: 0.88).

2.5.3   Early Development Instrument (EDI)

Children's developmental outcomes, indicating school readiness, were measured using the Early Development Instrument (EDI) completed by teachers (Janus & Offord, 2007). The EDI looks at looks at a child's developmental outcomes in five domains: physical health and well-being, social competence, emotional maturity, language and cognitive development, communication and general knowledge. This is a 104-item questionnaire where responses to core questions are recorded from 0 (lowest score) to 10 (highest score).

The EDI was developed based on areas of school readiness with important impact on children's adjustment, as proposed by Kagan (1992) and Doherty (1997). These areas included: physical wellbeing and age-appropriate motor development, emotional health and positive approach to new experiences, age-appropriate social knowledge and competence, age-appropriate language skills, and age-appropriate general knowledge and cognitive skills (Janus & Offord, 2007). The decision to retain these areas in the EDI was made after their importance was highlighted in a discussion held with educators and early childhood experts.

The items of the EDI were selected from existing instruments, key informant interviews, and focus groups (Janus & Offord, 2007). The authors derived additional questions for areas of school readiness that were missing from the questionnaire, based on Doherty (1997). This initial draft of the EDI was first field-tested with teachers and researchers, and then reviewed by professionals with expertise in the field. After changes to the initial draft had been made, four focus groups were conducted with kindergarten teachers. Additional changes were made to the EDI based on teachers' recommendations, while some questions were added and others were removed, creating the final version of the EDI.

A large multi-site study implemented with children from six cities (n=16,583) was used to establish the psychometric properties of the EDI (Janus & Offord, 2007). The results of this study indicated adequate psychometric properties, with satisfactory internal consistency levels for the five domains (Cronbach's co-efficient alphas: 0.84-0.96).

2.5.4   Strengths and Difficulties Questionnaire (SDQ)

Parents' perceptions of children's behaviour were captured using the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 2001). This is a well-established 25-item questionnaire where responses to questions are recorded on a 3-point Likert scale, generating scores for emotional symptoms, conduct problems, hyperactivity-inattention, peer problems, and prosocial behavior. It was well accepted by the pilot study sample of the primary study.

The psychometric properties of the SDQ were examined using a large national sample of British children between the ages of 5 and 15 years (n=10,438). The results of this study indicated the SDQ has satisfactory internal consistency (mean Cronbach's co-efficient alpha: 0.73). The mean retest stability of the SDQ after 4 to 6 months was 0.62, providing further evidence of satisfactory reliability.

2.5.5   Teacher Rating Scale of School Adjustment (TRSSA)

Children's behavioural and relational adjustment to the school setting was assessed using the Teacher Rating Scale of School Adjustment (TRSSA) (Birch & Ladd, 1997). This is a 52-item measure that uses a 3-point Likert-type scale ranging from 0 (doesn't apply) to 2 (certainly applies) (Betts & Rotenberg, 2007). The TRSSA consists of 5 subscales: School Liking, School Avoidance, Co-operative Participation, Self-Directiveness, and Independent Participation (Betts & Rotenberg, 2007). In the primary study, a pilot study was conducted to establish the most relevant items for children with special needs and the scale was modified accordingly. Eighteen items in four scales (namely: Cooperative Participation, School Liking, School Avoidance, Comfort with Teacher) were retained for the primary study, and results from the pilot study showed good internal consistency, with Cronbach alphas between 0.79 and 0.94.

2.5.6   Confounding Variables

The primary study collected data on several factors that are known to modify the relationship between services and children's adjustment. These were variables that are theoretically associated with both predictors and outcomes, with the potential of falsely accounting for variation in outcomes. This includes child's developmental status, which was assessed using the Mullen Scales of Early Learning (Mullen, 1997). The rationale for using the Mullen was that it covers a wider range of development compared to other tests, which was necessary for the primary study as it did not focus on any particular diagnosis for recruitment and thus it expected to recruit children with different developmental levels. The Mullen covers Gross Motor, Visual Reception, Fine Motor, Expressive Language, and Receptive Language areas. It also provides a composite score and a standardized mental age. The first Mullen assessment was

completed prior to school entry and the second assessment was completed at the end of the first school year.

2.5.7 Quantitative Data Analysis

Quantitative data analysis was conducted using statistical software SPSS v20. Paired t-tests were conducted to compare the MPOC and CSQ scores obtained from parents prior to their children's school entry and at the end of the first school year. The first assumption of a paired t-test is that the dependent variable is measured on a continuous scale, representing an interval or ratio variable. The MPOC and CSQ scores are ordinal variables but were treated as continuous variables, assuming equal spacing between points on their respective scales. This is a common assumption that has been practiced previously; an example of this approach using the MPOC involves a recent study that has examined experiences of parents of children with special needs at school entry (Janus et al., 2008). Another assumption of the paired t-test is that the independent variable consists of two categorical groups that are related. This assumption has been met in this study as the same group of parents' MPOC and CSQ scores were considered across the two time points.

Using partial correlation analyses while controlling for child's developmental status, associations between prior-to-school MPOC and CSQ scores were explored in relation to EDI, SDQ, and TRSSA scores obtained at the beginning of the first school year. The following criteria have been used to assess the strength of both positive and negative associations: weak (0.20-0.29), moderate (0.30-0.39), and strong (0.40-0.69). Multiple linear regression models were developed to explore whether change in parents' perceptions of and satisfaction with services post transition varied based on socio-economic characteristics. The dependent variables were changes in the MPOC and CSQ scores. Only the MPOC scale pertaining to providing general

information was included in the model, as communication and information sharing is commonly identified as a major challenge during the transition process. The independent variables were parents' education and family income. While controlling for pre-transition scores, the goal was to determine how much variance in the changes in MPOC and CSQ scores was explained by both of these independent variables when combined together in a model. A Variance Inflation Factor (VIF) associated with each independent variable was calculated to assess multicollinearity. A VIF value over 10 was used as a cut-off to exclude an independent variable from analysis, as this indicated high correlation with other variables (Norman & Streiner, 2008). A calculation of VIF for each independent variable showed multicollinearity was not present.

The first assumption of multiple linear regression modelling is that the dependent variable is measured on a continuous scale, representing an interval or ratio variable (Bausell, 1986). As per the rationale provided earlier, the MPOC and CSQ scores were treated as continuous variables. Multiple linear regression modelling also assumes the presence of a linear relationship between each independent and dependent variable (Norman & Streiner, 2008). As will be discussed in Section 3.3.2, bivariate scatterplots indicate there in an approximately linear relationship between each independent variable and dependent variable. A third assumption is the presence of homoscedasticity, where variances along all points on the line of best fit in the regression model are equal (Norman & Streiner, 2008). Plots of residuals show the homoscedasticity assumption has been met in this study (see Section 3.3.2).

2.5.8   Quantitative Sampling Strategy

A parent-scored Strengths and Difficulties Questionnaire completed as part of the pilot study conducted for the primary study was used as the basis for power calculations. With a sample size of 37 and a difference in mean scores of 1.63 (observed in the pilot study), and

assuming a standard deviation of differences of 5.44 with a p-level of 0.05, this study has 31% power to detect a difference in means of 1.63. This indicates that on 69% of occasions, this study will accept the null hypothesis incorrectly and report that there is no difference between the two sets of scores compared. These power calculations are presented in Appendix A. Given the sample size limitation, this study will focus on the magnitude of scores instead of relying on statistical significance of differences in drawing conclusions.

Several general guidelines exist for determining sample size for multivariable linear regression analyses. For example, Norman and Streiner (2008) propose the sample size should be 5 or 10 times the number of independent variables included in the analysis. On the other hand, Bausell (1986) recommends at minimum 25 participants per parameter. Depending on the source of the guideline, the appropriate sample size for this study with 3 independent variables, two of which consist of 3 dummy variables, could be 35 (Norman and Streiner) or 175 (Bausell). In this study, data on MPOC and CSQ scores collected prior to school entry and at the end of the first school year were available for 37 parents. Because it was impossible to recruit additional participants for this study, the recommendation of Norman and Streiner was followed to meet the minimum sample size requirement.

2.6 Qualitative Phase

For the qualitative phase, a qualitative description study was conducted to explore parents' perceptions of and satisfaction with service provision as their children with special needs entered school. With this approach, researchers provide a straight description of the phenomena of interest (Neergaard, Olesen, Anderson, & Sondergaard, 2009). While other qualitative approaches develop concepts and analyze data in relation to existing theories, qualitative description aims to present a description of informants' experiences in a language as close to the

informants' language as possible. The design of qualitative description is usually not informed by any theoretical frameworks (Sandelowski, 2000). It is important to distinguish qualitative description from interpretive description. Whereas qualitative description remains close to the data, interpretive description moves beyond straight description and develops an in-depth conceptual understanding of a phenomenon.

Qualitative description was selected in this study as the aim was to understand parents' experiences with service provision in their own words. The goal was not to synthesize, theorize or re-contextualize parents' description of their experiences. Remaining close to the informants' perspectives was considered important in this study as it could help explain their thinking behind the responses observed in the questionnaires. Furthermore, in order to evaluate services, it was crucial to consider facts from informants' points of view. This can facilitate the process of improving service delivery and parents' satisfaction with services.

During the semi-structured interviews, parents were asked about the child's diagnosis, health, and functional status. They were also asked about service history at intake and the experience of transition to school. This paralleled the data collected in the quantitative phase, where parents indicated their perceptions of and satisfaction with services. In the preschool interview guide, questions were divided into two sections: general questions and preschool questions. Parents were asked about their child's diagnosis, treatment, and service agencies they attended. They were also asked about preschool experiences and the process of enrolling in school. Several questions asked about establishing contact with school andthe exchange of information between various service providers and school regarding the child's condition or treatment. If questions on contact and exchange of information were not answered or responses were negative, parents were asked again at the post-transition interview. The post-transition

interview guide included questions regarding preschool attendance and the process of transitioning to school. Parents were also asked details about the treatment their child was currently receiving and the consistency of staff at school. These interview guides are presented in Appendix B.

The interview guides were developed and reviewed by researchers of the primary study. These guides were refined through two pilot studies and were found feasible and acceptable by parents. The interviewer was a member of the research team with prior training and experience in qualitative interview method. Prior to beginning the interview, the parents were informed of the purpose of the study and encouraged to ask any questions they had. While using the interview guide, the interviewer used a probing technique and asked additional questions based on the progression of the interview. Each interview lasted between 30 and 45 minutes, and was audio recorded and professionally transcribed.

2.6.1   Qualitative Sampling Strategy

Using extreme case sampling, participants selected were those with the largest decrease in the CSQ scores obtained prior to school entry and at the end of the first school year. Extreme case sampling strategy was implemented to select cases that were information rich (Patton, 2002). It was anticipated parents who exhibited the largest decrease in satisfaction with services would provide rich information about negative experiences with service provision. The logic behind focusing on these extreme cases was that, as outliers, these cases would help illuminate the conditions that led to the greatest dissatisfaction with services among parents. From a service evaluation perspective, these extreme cases offer an optimal opportunity to learn about unusual or extreme conditions that are important for improving service provision. Although maximum

variation sampling is often recommended for qualitative description (Neergaard et al., 2009), it was not selected in this study as this strategy aims to generate broad insight into a phenomenon.

Among all interviewed participants (n= 37), 10 participants who had the largest decline in satisfaction, as measured by the CSQ, and were interviewed prior to school entry and in the fall of the first school year were included in this study. Although small sample sizes are recommended for qualitative research, there are no specific guidelines available for selecting sample size for qualitative description. In this light, a sample size of 10 participants was considered adequate and feasible to gain in-depth understanding of experience with services from information-rich unusual cases (Sandelowski, 1995). No attempt was made to achieve data saturation, as the goal of qualitative description is to present individual participant perspectives while exploring common themes and differences (Milne & Oberle, 2005). Therefore, we aimed to generate a thorough understanding of parents' experience with service provision from information-rich cases that were outliers in our sample.

2.6.2   Qualitative Data Analysis

Qualitative analysis to answer the research question of the current study was conducted using NVivo 10 software. No a priori coding structure was used in the analysis. Prior to beginning analysis, the author immersed herself in the data by reading each transcript several times. This initial exploration of the database allowed the author to gain a sense of the interviews as a whole before analyzing them by segments. Principles of conventional content analysis (Hsieh & Shannon, 2005) guided the coding and analysis, conducted under the direction of a thesis committee member (Dr. Wendy Sword) and the thesis supervisor (Dr. Magdalena Janus). Conventional content analysis was considered consistent with the scope of this study, as this approach is appropriate for study designs that aim to describe a phenomenon. Also, qualitative

content analysis is less interpretive than other qualitative analysis approaches, as it aims to present data in the respondents' own terms (Sandelowski, 2000).

The analytic steps included: 1) a thorough reading of each transcript; 2) deriving initial codes from exact words in the data that appeared to represent key concepts of interest; 3) development of new codes to categorize text that did not fit into initial codes; and 4) sorting related codes into categories that reflected parents' perceptions of and satisfaction with services (Hsieh & Shannon, 2005). This inductive data analysis method was appropriate as the goal of this study was to describe a phenomenon based on direct information from study participants without imposing preconceived categories. Characteristic of qualitative research, the content analysis was approached in a reflexive and interactive manner. The preliminary coding scheme was revised as the analysis progressed to incorporate new insights arising from the data. This allowed the author to continually challenge themes emerging from the data in light of new evidence.

2.6.3 Strategies to Ensure Rigour

Qualitative description is often criticized for its apparent lack of rigour when it comes to justifying its credibility (Neergaard et al., 2009). In this study, several strategies recommended to ensure rigour in qualitative description and qualitative research in general were implemented. Credibility was established by portraying the voices of the parents interviewed in this study (Milne & Oberle, 2005). As discussed earlier, content analysis was used to allow data-driven coding and categorizing. No pre-determined framework was used to guide the coding process; rather, the codes emerged from the data in order to capture the participants' perspectives. Furthermore, the coding scheme was reviewed in an on-going manner to re-examine existing codes as new codes emerged. This critical appraisal process ensured analytical integrity as data were assigned to categories where they fit the best, instead of force- fitting them in categories.

Larger narrative units were cut and pasted into categories when analyzing data. This was done to ensure that participant meaning was not lost through the process of selecting smaller units of data.

Recommendations by Guba and Lincoln (1989) were followed to ensure dependability and transferability of study findings. Dependability was achieved by keeping memos throughout the research process. This process began with data analysis and continued until this report was completed. Coding decisions, how codes were organized into themes, and interpretations of concepts and patterns emerging from the data were recorded in these memos. Questions about the quality of the data and unexpected findings were also recorded. The length of memos ranged from short phrases to several paragraphs. Maintaining this decision trail will allow the study to be audited by others. Transferability of study findings was established by describing the context of the primary study and participant demographics adequately. Comparing the similarity between different contexts will allow readers to judge whether findings from this study fit into contexts outside of this study situation.

To further enhance the rigour of the study, debriefing sessions were held to discuss findings of the analysis with a thesis committee member, who is an experienced qualitative researcher, and the thesis supervisor, who is an experienced researcher in the field of transition to school. After the author completed analysis of five interviews, a debriefing session took place. Two such sessions were held in total. The purpose of these sessions was to analyze a transcript as a group, review categories and themes emerging from the data, evaluate the analytic process by asking the author as to how she arrived at the interpretations, check for disconfirming cases, and discuss any overarching problems (Krefting, 1991).

2.7 Mixed Methods Phase

In this convergent mixed methods study, the quantitative and qualitative phases were given equal priority throughout the research process and in answering the mixed methods question (Creswell & Plano-Clark, 2011). The quantitative and qualitative data were analyzed separately in a sequential manner. During the mixed methods analysis, the qualitative findings helped contextualize, elaborate and illustrate the quantitative results through the process of merging. The quantitative and qualitative phases asked parallel questions and generated complementary data to develop a more complete understanding of parents' experiences with services.

2.7.1   Data Collection

The quantitative and qualitative data collected in the earlier phases of the study were used to complete the mixed methods analysis. The design of the quantitative and qualitative phases of this study facilitated the merging of the data, as parallel questions were answered in the two phases using the same sample of participants (Creswell & Plano-Clark, 2011). Specifically, the quantitative phase collected information on parents' perceptions of and satisfaction with services, while the qualitative phase generated complementary data by focusing on service history and experiences of transition to school.

2.7.2   Mixed Methods Data Analysis

From the quantitative data, data from all scales of the MPOC questionnaire were selected as they evaluate parents' perceptions of services. Then, the interview transcripts were read multiple times to identify qualitative data that could contextualize and complement the information gained from each of the MPOC scales. Specifically, when re-reading the transcripts, the author focused on illustrative comments highlighting parents' experience with services in

relation to the MPOC components of service provision selected. A decision was made not to re-read the transcripts to identify qualitative data relating to parents' satisfaction with services since this was already captured by many of the identified illustrative comments pertaining to parents' perceptions of services.

A merged analysis display approach was taken to compare the quantitative results and qualitative findings (O'Cathain, Murphy, & Nicholl, 2010). This approach served as the mechanism for linking and presenting the analysis of the quantitative and qualitative data (Fetters, Yoshioka, Greenberg, Gorenflo & Yeo, 2007). A 5x5 merged data analysis table was created, where the qualitative themes were arrayed with the five MPOC scales. The display presents qualitative quotes representing major themes across the MPOC scales. The mixed methods question was answered by assessing how the qualitative data provided a more complete understanding of parents' perceptions of and satisfaction with services. This was achieved by highlighting issues that were not present in the quantitative data. It is important to note that the merging of the quantitative and qualitative data depends on researchers' judgments and it is possible for different researchers to arrive at different conclusions using this analytic methodology.

2.8 Ethics

Ethics approval for the original study was obtained from the Hamilton Integrated Research Ethics Board. Subsequently, prior to the work on the data for the thesis, an amended protocol was approved by the REB. Only members of the research team had access to the data. Data were stored in encrypted hard drives. All interview transcripts and participant records were stored in anonymized data files.

Chapter 3: Quantitative Results

3.1 Quantitative Phase Study Participants

In total, 37 children and their families met the eligibility criteria for this study. Of these, 21 (57%) families were from Hamilton. Most children attended schools in Hamilton (57%) or Guelph (38%) (Table 1). Most parents completed secondary / high school (27%) or community college (30%). Most parents reported family income of $40-49,999 (24%) and $80-89,999 (22%). All children had a diagnosis at intake, while 12 (32%) received updates to their diagnosis post-transition. The common diagnoses were autism spectrum disorder (27%) and developmental delay (19%) (Table 2). A detailed demographic profile of study participants is presented below.

Table 1: Demographic Profiles of Study Participants in the Quantitative and Qualitative Phases of the Study

	Quantitative Phase	**Qualitative Phase**
Characteristics	**No. of participants (%)**	**No. of participants (%)**
Location		
Hamilton	21 (56.8)	6 (60.0)
Guelph	16 (43.2)	4 (40.0)
School location		
Hamilton	21 (56.7)	6 (60.0)
Guelph	14 (37.8)	4 (40.0)
Waterloo	2 (5.4)	
Diagnosis at intake	37 (100)	10 (100.0)
Updates to diagnosis	12 (32.4)	3 (30.0)
Child's gender		
Female	11 (29.7)	1 (10.0)
Male	26 (70.3)	9 (90.0)
Birth order of child		
First born twins	3 (8.1)	2 (20.0)
1	17 (45.9)	5 (50.0)
Second-born twins	3 (8.1)	
2	8 (21.6)	3 (30.0)
3	3 (8.1)	
4	2 (5.4)	
5	1 (2.7)	
Marital status		
Single	1 (2.7)	

Married	30 (81.1)	8 (80.0)
Common-law	5 (13.5)	1 (10.0)
Widowed	1 (2.7)	1 (10.0)
Relationship to child		
Biological	31 (83.8)	8 (80.0)
Adoptive	4 (10.8)	1 (10.0)
Guardian	2 (5.4)	1 (10.0)
Parent ethnicity		
Aboriginal	2 (5.4)	1 (10.0)
Black	2 (5.4)	
South Asian	1 (2.7)	
White/Caucasian	31 (83.8)	9 (90.0)
Other	1 (2.7)	
Parent born in Canada	29 (78.4)	8 (80.0)
Child born in Canada	37 (100)	10 (100.0)
Parent employment status		
Full time	10 (27.0)	3 (30.0)
Part time	11 (29.7)	3 (30.0)
On leave	1 (2.7)	
Unemployed	2 (5.4)	
Homemaker	9 (24.3)	4 (40.0)
Retired	1 (2.7)	
Student	3 (8.1)	
Pre-child employment status		
Full time	29 (78.4)	8 (80.0)
Part time	2 (5.4)	1 (10.0)
Not employed	5 (13.5)	1 (10.0)
Retired	1 (2.7)	
Parent change employment after child's birth	20 (54.1)	6 (60.0)
Parent educational level		
Some secondary/high school	2 (5.4)	
Completed secondary/high school	10 (27.0)	4 (40.0)
Some community college	1 (2.7)	1 (10.0)
Completed community college	11 (29.7)	2 (20.0)
Some university	3 (8.1)	
Completed university	4 (10.8)	
Graduate degree	6 (16.2)	3 (30.0)
Family income (Cdn $)		
0-9,999	1 (2.7)	
30-39,999	4 (10.8)	2 (20.0)
40-49,999	9 (24.3)	1 (10.0)
50-59,999	4 (10.8)	2 (20.0)
60-69,999	1 (2.7)	

70-79,999	1 (2.7)	
80-89,999	8 (21.6)	3 (30.0)
90-99,999	2 (5.4)	
More than 100,000	7 (18.9)	2 (20.0)
Income source		
Employment	34 (91.9)	10 (100.0)
Social assistance	2 (5.4)	
Employment insurance	1 (2.7)	
Family size		
3	5 (13.5)	1 (10.0)
4	12 (32.4)	6 (60.0)
5	15 (40.5)	3 (30.0)
6	3 (8.1)	
7	2 (5.4)	
Language used in home		
English	35 (94.6)	10 (100.0)
Other	2 (5.4)	
Preschool – intake year	37 (100)	10 (100.0)
Intake year		
Attended daycare	33 (89.2)	9 (90.0)
Attended playgroup/IBI	2 (5.4)	
Year 1 in school		
JK	20 (54.1)	5 (50.0)
SK	17 (45.9)	5 (50.0)
Attended daycare	21 (56.8)	7 (70.0)
Attended playgroup/IBI	5 (13.5)	1 (10.0)
Presence of physical concern at intake	6 (18.2)	2 (20.0)

Table 2: Diagnoses of Children Participating in the Study

	No. of participants (%)
Diagnosis	
Angelman syndrome	1(3%)
Attention deficit hyperactivity disorder	2 (5%)
Autism spectrum disorder	10 (27%)
Coffin-Lowry syndrome	2 (5%)
Developmental delay	7 (19%)
Fetal Alcohol Spectrum Disorder	1 (3%)
Nonverbal learning disability	1 (3%)
Pervasive developmental disorder	2 (5%)
Rett syndrome	1 (3%)
Speech delay	3 (8%)
No diagnosis	4 (8%)
Multiple diagnoses	3 (8%)

3.2 Parents' perceptions of and satisfaction with services before and after their children are enrolled in school

Parents' perceptions of family-centredness of services differed from before to after their children were enrolled in school (Table 3). Parents reported significantly more general information was provided prior to school entry than post-transition. The effect size of this difference was 0.37. While the majority of the differences did not reach statistical significance, parents had consistently more positive perceptions of services pre-transition. The effect sizes of these differences were generally small.

Parents' satisfaction with services was higher prior to school entry than post-transition, although this difference did not reach statistical significance (Table 4). The effect size of this difference was small.

Table 3: Means, standard deviations and effect sizes of difference between families' pre-transition and post-transition judgments on the Measure of Processes of Care (MPOC) scales

MPOC domains	Pre-transition Mean (SD)	Post-transition Mean (SD)	Effect size	P-value
Enabling and partnership	5.1 (1.53)	4.9 (1.86)	0.12	0.486
Providing general information	4.0 (1.93)	3.3 (1.90)	0.37	0.020
Providing specific information	5.5 (1.25)	5.1 (1.63)	0.28	0.134
Coordinated and comprehensive care	5.5 (1.26)	5.1 (1.61)	0.28	0.124
Respectful and supportive care	5.7 (0.91)	5.4 (1.46)	0.25	0.171

Table 4: Mean, standard deviation and effect size of difference between families' pre-transition and post-transition judgments on the total score of the Client Satisfaction Questionnaire (CSQ)

	Pre-transition Mean (SD)	Post-transition Mean (SD)	Effect size	P-value
CSQ Total	26.0 (4.60)	24.7 (7.51)	0.21	0.293

3.3 Secondary Analysis

3.3.1   Associations between parents' perceptions of and satisfaction with services and children's outcomes

It was expected that higher perceptions of services and satisfaction with services would be associated with higher social-behavioural and academic outcomes at school entry. Prior-to-school MPOC scale scores were associated with some of the children's school readiness outcomes in Year 1 (Table 5). Providing general information was correlated positively and significantly with the social competence and communication domains of the EDI. Both of these associations were statistically significantly greater than 0.

In terms of general trends, there were moderate positive relationships between providing general information and all domains of the EDI except for the social competence domain, with which there was a strong positive relationship. There was also a moderate positive relationship between coordinated and comprehensive care and the language and cognitive development domain of the EDI.

Table 5: Correlations between pre-transition domains of the Measure of Processes of Care (MPOC), Client Satisfaction Questionnaire (CSQ) total score and post-transition domains of the Early Development Instrument (EDI)

MPOC	EDI Physical	EDI Social	EDI Emotional	EDI Language Cognitive	EDI Communication
Enabling and partnership	0.072	0.136	0.213	0.207	0.057
Providing general information	0.363	0.433*	0.312	0.362	0.389*
Providing specific information	0.223	0.133	0.028	0.295	0.258
Coordinated and comprehensive care	0.254	0.284	0.159	0.329	0.223
Respectful and	0.129	0.201	0.074	0.293	0.174

supportive care					
CSQ					
Total score	0.153	0.211	0.190	0.217	0.115

Parent satisfaction with services was weakly associated with the children's school readiness outcomes in Year 1 (Table 5).

Prior-to-school MPOC scale scores were associated with some of the children's behaviour outcomes in Year 1 (Table 6). Providing specific information was correlated negatively and significantly with peer problems. Providing respectful and supportive care was correlated negatively and significantly with peer problems and positively and significantly with prosocial behaviour.

In terms of general trends, providing specific information and coordinated and comprehensive care showed moderate negative relationships with peer problems. Respectful and supportive care showed a strong negative relationship with peer problems. Providing general information, coordinated and comprehensive care, and respectful and supportive care showed moderate positive relationships with prosocial behaviour. Parent satisfaction with services was correlated negatively and significantly with peer problems in Year 1 (Table 6).

Table 6: Correlations between pre-transition domains of the Measure of Processes of Care (MPOC), Client Satisfaction Questionnaire (CSQ) total score and post-transition dimensions of the Strengths and Difficulties Questionnaire (SDQ)

MPOC	SDQ Conduct problems	SDQ Emotional symptoms	SDQ hyperactivity	SDQ Peer Problems	SDQ Prosocial behaviour
Enabling and partnership	-0.029	0.107	-0.188	-0.259	0.178
Providing general information	0.173	0.202	-0.113	-0.148	0.327
Providing specific information	0.314	-0.004	0.054	-0.353*	0.250
Coordinated	0.039	-0.022	-0.060	-0.336	0.331

and comprehensive care					
Respectful and supportive care	0.125	0.067	-0.090	-0.414*	0.373*
CSQ					
Total score	-0.091	-0.167	-0.052	-0.437*	0.265

Prior-to-school MPOC scale scores were associated with some of the children's school adjustment outcomes in Year 1 (Table 7). Providing general information was correlated positively and significantly with cooperative participation. Providing specific information was correlated positively and significantly with comfort with teacher.

In terms of general trends, there were moderate positive relationships between all MPOC scales and cooperative participation except for the providing general information scale, with which there was a strong positive relationship. All MPOC scales, except enabling and partnership, showed moderate positive relationships with comfort with teacher. Parent satisfaction with services was weakly associated with the children's school adjustment outcomes in Year 1 (Table 7).

Table 7: Correlations between pre-transition domains of the Measure of Processes of Care (MPOC) and post-transition scales of the Teacher Rating Scale of School Adjustment (TRSSA)

MPOC	TRSSA Cooperative participation	TRSSA School liking	TRSSA School avoidance	TRSSA Comfort with teacher
Enabling and partnership	0.304	-0.116	-0.157	0.177
Providing general information	0.424*	0.066	0.061	0.329
Providing specific information	0.319	-0.019	0.153	0.351*
Coordinated and comprehensive care	0.363	0.034	0.025	0.347

Respectful and supportive care	0.316	0.047	-0.019	0.338
CSQ				
Total score	0.287	-0.030	-0.007	0.209

3.3.2 Predictors of change in parents' perceptions of and satisfaction with services post transition

Scatterplots of each of the independent variables versus each of the dependent variables are presented in Appendix C. These plots indicate there is a roughly linear relationship between each of the independent variables and the change in MPOC scores and CSQ scores (the dependent variables), therefore meeting one of the assumptions of multiple linear regression modelling.

It was expected that lower education and lower family income would predict lower perceptions of and lower satisfaction with services. Table 8 shows that parents who had some (or complete) secondary or high school had negative change in perceptions of providing general information post transition compared to parents with graduate degrees. Also, parents with family incomes $60-79,999 showed negative change in perceptions compared to parents with family incomes over $80,000. Contrary to our expectations, no negative change in perceptions was observed for parents with family incomes less than $39,999 and for those with family incomes $40-59,999 compared to parents with family incomes over $80,000. However, it is important to mention that these can be chance findings as there is no apparent reason for these specific income levels to be associated with the observed differences. Collectively, education and family income did not significantly predict a change in perceptions, $F(7,20) = 2.081$, $p=0.094$, $R^2=0.421$ (adjusted $R^2=0.219$). None of the variables added significantly to the prediction, $p<0.05$. Statistics for this regression model are presented in Appendix D.

Table 8: Multivariable regression model predicting change in parents' perceptions of providing general information post-transition as measured by the Measure of Processes of Care (MPOC)

Item	Unstandardized Coefficient (B)	P-value	95% CI for B	
			Lower	Upper
Parent's education level (Graduate degree)				
Some or completed secondary/high school	-1.055	0.238	-2.864	0.754
Some or completed community college	0.240	0.787	-1.583	2.062
Some of completed university	1.327	0.191	-0.720	3.373
Family income (>$80,000)				
<$39,999	0.573	0.535	-1.320	2.467
$40-59,999	0.676	0.317	-0.698	2.050
$60-79,999	-1.220	0.388	-4.107	1.666

Table 9 shows parents with some (or complete) secondary or high school and parents with some (or complete) community college had a negative change in satisfaction with services post-transition compared to parents with graduate degrees. Also, parents with family incomes $40-59,999 and $60-79,999 had a negative change in satisfaction compared to parents with family incomes over $80,000. Contrary to our expectations, no negative change in satisfaction was observed for parents with family incomes less than $39,999 compared to parents with family incomes over $80,000. Noting the possibility of chance findings, these variables do not significantly predict change in satisfaction, $F(7,29) = 1.254$, $p=0.307$, $R^2=0.232$ (adjusted $R^2=0.047$). None of the variables added significantly to the prediction, $p<0.05$. Statistics for this regression model are presented in Appendix D.

Table 9: Multivariable regression model predicting change in parents' satisfaction with services post-transition as measured by the Client Satisfaction Questionnaire (CSQ)

Item	Unstandardized Coefficient (B)	P value	95% CI for B	
			Lower	Upper
Parent's education level (Graduate degrees)				
Some or completed secondary/high school	-4.539	0.266	-12.720	3.642
Some or completed community college	-3.312	0.418	-11.552	4.929
Some of completed university	3.597	0.436	-5.716	12.910
Family income (>$80,000)				
<$39,999	1.522	0.718	-7.013	10.058
$40-59,999	-0.362	0.908	-6.743	6.019
$60-79,999	-4.062	0.548	-17.721	9.597

Plots of residuals for both regression models are provided in Appendix D. The random appearance of points across the plot area for each model indicates there is equal variance of all points on the regression line, meeting the homoscedasticity requirement of multiple regression modelling.

Chapter 4: Qualitative Findings

4.1 Qualitative Phase Study Participants

Of the 10 families included in the qualitative sample, 6 were from Hamilton (Table 1). All children had a diagnosis at intake, while 3 received updates to diagnosis post-transition. A detailed demographic profile of study participants is presented earlier in Tables 1 and 2.

4.2 Presentation of Findings

Five major themes emerged from the data pertaining to parents' perceptions of and satisfaction with services after their children with special needs were enrolled in school: (a) qualities of services and service providers; (b) communication and information transfer; (c) parent advocacy; (d) uncertainty about services; and (e) contrast and contradictions in satisfaction. Each theme and relevant sub-themes are described in the following section, accompanied by illustrative quotes where the use of 'I' refers to the interviewer's voice and 'P' to the parent's voice. Some of these quotes have been grammatically modified for the purposes of clarity, while taking care not to alter any meanings. All names provided in the data excerpts have been removed to maintain confidentiality.

Table 10: Summary of Qualitative Themes and Sub-Themes

Themes					
	Qualities of services and service providers	**Communication and information transfer**	**Parent advocacy**	**Uncertainty about services**	**Contrast and contradictions in satisfaction**
Sub-themes	Positive traits of school staff Negative notions about school Timeliness of services Individualization	Communication and information transfer between service providers and families Communication and information transfer between service providers	Perceived need for parental advocacy Parental advocacy for accessing services	Uncertainty about service provision Uncertainty about information management	Satisfaction with services and service providers Dissatisfaction with services and service providers

	of services				
	Cooperativeness of service providers				
	Disorganization of information				

4.3 Qualitative Themes

Theme I: QUALITIES OF SERVICES AND SERVICE PROVIDERS

The first major theme identified from the interview data pertained to parents' perceptions of the qualities of services and service providers. This theme, composed of six sub-themes, reflects parents' views regarding the positive traits of school staff and negative notions about school, as well as the timeliness and individualization of services. Furthermore, parents described the cooperativeness of service providers. Parents also commented on the disorganization of information during transition.

Positive Traits of School Staff

Parents generally had positive perceptions about their child's schoolteacher and educational assistant (EA). Parents described the teacher using terms such as "caring", "inviting", "supportive", and "competent". One parent reported that the teacher "seems to be a good match" for their child.

I: Good, good and you had just met the teacher for the first time I believe in September when I talked with you.
P: Yah.
I: How has that gone? Is that a good relationship with her?
P: Yes she is very good and she is very supportive and very competent. I really like her…
I: Oh okay.
P: And I'm volunteering in the class now…so I get to see you know how she is with the kids and I'm very happy with the way she is and as her as a teacher.

Some parents reported they found the EA was "relaxed", "understanding", and "positive" with their child. Further, some parents indicated that the EA did not overwhelm the child in supporting their learning in class:

P: …I know in class he's [child] doing very well. He has his EA with him but I don't think she's you know glued to him and you know helping him with every single thing. He's doing a lot on his own.

In one case, a parent described the teacher and the EA as "accommodating" in discussing the child's program at school:

P: I mean the teacher and the EA are very accommodating and they're certainly open to talking. I never get the impression that anyone is sort of saying to me well you know we know what we're doing…we've been doing this for a long time, so you know…step back and let us do our job. I always feel as though commentary is welcome…

This above quote reflects the parent's sense of being treated with respect at school, highlighting the family-centred service provision by the teacher and the EA. One parent also described the teacher and the EA as "honest" in giving updates regarding the child's progress in school:

P: …They did set up a communication book that we look at and you know we see what he's [child] doing and what he's not doing and they'll write in a little thing…There's always a positive note and then if there's something that's happened…for example, [EA] put [child] participated more today…He was very tired and wanted to lay down often…So there's always a positive note but they're very honest and the teacher was good about that too.

Parents described many examples of service providers taking the initiative to support their child. Parents reported not only that the school was proactive in noticing the child's problems, but that it also worked to provide discontinued services to their child. One parent indicated the school initiated a communication book to facilitate communication between the school and themselves. Another parent reported the teacher and principal pushed the Board of Education to provide an EA for the child:

P: …originally it didn't look like [child] was even going to get an EA or he was only going to get one part-time and the principal actually pushed. She pushed for the EA and I think the teacher pushed…this was when they hadn't even met [child]. So I think they pushed and pushed and the Board of Education finally…But now at least he has his support…

Although parents provided many examples of the school being proactive in supporting their

child, several parents reported the school did not take initiatives to serve the child and their

families:

P: …I mean they keep winning awards and everything for how wonderful the school is suppose to be and I'm thinking "okay, where's this" and it's not and nothing seems to be happening and they didn't even let us know that the kids don't get a report card in kindergarten, like I thought they would get something and even just a little paper saying how they are doing and my husband called yesterday and said "does kindergarten's get report cards"? The lady was like "nope" and he was like okay and that was kind of a shocker. You would think there would be something.

The quote above illustrates the lack of initiative from the school in informing parents regarding

services available in kindergarten, thus leaving parents to find out what is established for their

child.

Negative Notions about School

All parents expressed negative perceptions about service provision by the school system.

Some parents described the school as not being helpful for the child and wasting the child's time:

P: And the autism team from the school happened to go into his [child] kindergarten class, not for him but for somebody else and noticed him and said how come that child's not signed up, and the teacher said well he should be. And he wasn't. It was the autism team that noticed that he was dropped…but you think that they would try and fix that. They're like well we're going to put him in special class anyway so let's have meetings about special class. But you know in the meantime he's wasted a year of school time going there…he sits there all day and does puzzles…

Some parents also felt the school offered inadequate services for their child, including the report

card provided in kindergarten:

P: …I know it has been a few years since the last one [child] has been in kindergarten but I mean, I don't know if it was the teacher herself, but she sent a little note saying how they were doing and that but I don't know. (giggling). If she must have put it upon herself, there must have been something to change these report cards and they don't do anything for them in kindergarten.

One parent explained that the IPRC meeting was a waste of time since the child's special needs had already been confirmed prior to the meeting:

I: Tell me about the IPRC meeting.
P: Well, I mean I guess it was sort of pretty standard…Like I know that they have to do the paperwork but honestly when you've got a developmental paediatrician's diagnosis why do we have to sit down at a table. Why do I have to take a half-day off of work again and sit down so that we can all agree that [child] has special needs? Like to me that was just a waste of my time and waste of everybody else's time.

Timeliness of Services

Parents described a range of timeliness in service provision, ranging from early availability of services to long wait times for services. One parent indicated the IEP was completed before the IPRC meeting. Further, parents reported the OT and physician's staff were available in a timely manner based on the child's needs. Additionally, parents provided examples of both knowing and not knowing the child's teacher prior to school entry. Some parents reported they met the EA was available for their child prior to school entry:

P: And they have for the junior kindergarten kids that are coming in or any new kids that are entering kindergarten, they have like a little interview process that they do where they talk to you and your child and see what their abilities are. And they get them to do little things. Like can you put these all in the proper colours?...Can you count?...They figure all that out at the beginning… And the EA was there when we went for that. So she was there so that way he [child] got to meet her and they were really good with him…

Parents provided examples of delay in service provision in relation to the child's programming at school:

I: For sure. So has the ASD team been involved at all in the school?
P: [Laughs] They haven't come to see him [child] at all. He doesn't have any kind of programming…What he does have is the one-on-one EA...Like his programming from my understanding has not been modified. Like there's nothing, no one has come in – not from my understanding – no one has come in…But I'm not really sure why they haven't come in yet. I mean it's December you know.

The above excerpt indicates that some children waited for several months after school entry without receiving needed services. In many cases, parents described that schools delayed service provision:

P: …I mean there were issues even with transportation before he [child] started school because I was told to leave it until September which is a big no, no…I figured out it was silly to leave it to September because he has to be on the bus the first day, so I called the board and then they gave the transportation number and I called them and transportation department told me that the school should have done that in February.

Many parents also described that service providers delayed communicating with them:

P: And I tried to actually talk to the teacher but the teacher wasn't too available to talk to me, basically I think you could say that wasn't what her goal was for the day to talk to the parents…when I was trying to talk to her, there wasn't many kids that were going to be in her class and she was like "we'll talk to you in September" so I was like "wow" and it would have given me a chance at the time to discuss that he [child] did have issues but I never got it done that way…

The long waitlist for services was a common complaint among parents:

I: Ok. Do the OT, PT or speech, do they ever send any reports to the school, or just to you?
P: Just to me.
I: Yeah? Do you pass them on to the school or do you just file them?
P: File them.
I: Yeah, yeah. Because it would be hard to even pass them on to anybody wouldn't it because there's nobody on that end doing those same kinds of things. Yeah.
P: Uh-huh.
I: And sometimes it's one of those things that you can either get it at your daycare or you can get it at school but they don't like you to get both.
P: You can't get it at school. They have no idea he's [child] getting it and he's on a waiting list to get it. He could be 7 or 8 by the time they get to him.

The above excerpt indicates that the waitlist for services are so long that child may have completed the first year of school without receiving the needed services.

Individualization of Services

In some cases, parents reported their child was receiving individualized services, whereas in other cases parents indicated the need for modified services to meet their child's needs. Many parents reported there was a designated EA for their child at school. Some parents also described

the speech pathologist proposing treatment based on the child's needs, as well as the principal

acknowledging the child's needs and working to meet them: "…*I think [the principal] certainly*

has been very much aware of [child's] needs and tried to do everything necessary".

One parent reported there was a decrease in services when their child's need for the

services decreased: "…*Like it's funny because now [early intervention service provider] who had*

been dealing with him [child], I don't think they go in as often because some of his sensory issues

as far as chewing have sort of gone away".

For individualizing services, parents expressed the perceived need for tailored

accommodation. Parents commonly indicated there was a need for the EA to modify care to help

their child:

P: …it's very common for EAs to hover too much when they don't know the kids and their
abilities very well. He [child] needs to be allowed to do it by himself and be made to do it.
[Child] is a very head strong and very determined child…So you have to many times push and
push…but once he knows he can't get away with it, he'll do it…
I: Oh, ok.
P: But if he thinks he can get away with it, he will…she's [EA] a really sweet woman, very sweet.
I think she's really, really nice and she's always very positive with him…
P: But I keep saying to her you need to push him. You need to push him. Make him do it, you
know…

Some parents suggested both the school teacher and the EA should make service

recommendations based on the child's needs:

I: Yeah and sometimes it's hard to even ask [for services] because you don't know the questions
and you don't know what's out there.
P: Exactly. So it would be nice to have someone there to say ok yes, you know what…go look at
this, ask for this, or that the teacher or the EA would recognize you know what, he [child] needs
a bit of physiotherapy or he needs some speech therapy. I don't know, you know.

Cooperativeness of Service Providers

Parents described a spectrum of cooperativeness demonstrated by service providers. In

terms of cooperation between service providers and parents, parents reported both positive and

negative examples. Some parents described the EA and school responding to parents' suggestions

and requests.

P: And [daycare teacher] said [child] didn't have any lunch today. I said well I don't know what you mean, like I sent him with chilli…and then it happened again…I showed up to pick him up at the daycare…and the teacher said to me you know I just want to flag for you that [child] didn't have any lunch again today. And this time I knew that I had sent him with lunch. So, it turned out that they were letting him have his lunch at snack time at school and they weren't sending any notes. So now I've had to kind of ask them to sort of communicate with the daycare too around that. So they send notes to the daycare now, so that works quite well…

One parent reported the school argued with her instead of providing her child with the needed

services:

P: And the school has done nothing, absolutely nothing.
I: Oh my goodness.
P: Uh-huh.
I: So what kinds of things would he have lost from the daycare once he went into school?
P: …PT, OT, speech – everything. I mean everything. They have done nothing but argue with me.

Parents provided examples of varying cooperation among school and other service

providers. One parent indicated that the school did not cooperate with IBI staff. Another parent

reported that while school initially was not open to IBI staff, they eventually welcomed them to

the school system:

P: [IBI staff] went in September. When we did the transition meeting in September, [IBI staff] came…my initial feeling was that they weren't very open to hearing from [IBI staff], that there was a little bit of this – we know how to do our job, you know we don't need someone coming in and telling us how to do our job. And I think the comment from the teacher at the time was – oh well you know what works in IBI might not work in a regular classroom it's a very different kind of setting…But when I pressed there didn't seem to be any problem and they did seem very welcoming of his [IBI staff] ideas and suggestions…

Disorganization of Information

Several parents described situations where information related to their child's diagnosis

was not organized within the school system:

P: Yeah. I think in October or November, they [school] sent me a letter saying do you think maybe we could have a diagnosis on [child]? I couldn't believe it. We had a meeting in April

before he started school. They were given his complete medical history. He's diagnosed with autism. You know that they just accepted him being autistic about a week ago.
I: So what does the school say happened?
P: They say that they never got a diagnosis on him, which is bulls--t because we had a preschool meeting in April before he started school in September.

Not transferring diagnosis information to the right individuals within the school system resulted in a lack of needed supports for the child as well as dissatisfaction among caregivers, as indicated by one parent in this study:

P: …And I guess there's somebody in the office [at school] who takes care of special education…she called daily, daily asking for a letter of [child] being autistic. I just couldn't believe it. [Laughs] This is after they got copies of him being accepted in the IBI Program because he's so severely autistic. Trying to tell me that reason anything hasn't been done is because they didn't know he was autistic…I just think they slipped through the cracks…they're trying to put it on me and I got really mad at them and let them know…

Parents reported that disorganization of information was an issue for early intervention service providers as well, as indicated by the loss of paperwork:

P: I don't know because it seems to be that way with a lot of other programs because even with [early intervention service provider], they lost papers for [child] and well for [child] and [child's sister] to see the paediatrician so I don't know…

One parent described the need to complete the same paperwork multiple times:

P: So they [paperwork] were just regular ones and I ended up doing those 3 to 4 times because for some reason, there is suppose to be an extra set always if there was a teacher who wasn't available and she was sick, in her absence for her substitute…for some reason I don't know if they got lost or what was going on but it was like 3 or 4 sets later and I'm like "what the heck am I doing this again for".

Theme II: COMMUNICATION AND INFORMATION TRANSFER

The second major theme identified from the interview data related to communication and information transfer during the transition process. This theme, composed of two sub-themes, reflected parents' perceptions regarding communication and information transfer between service providers and families, as well as among service providers themselves.

Communication and Information Transfer Between Service Providers and Families

Parents described a spectrum of communication and information sharing between service providers and families. Parents' perceptions of pre-transition service providers were largely positive. Many parents described that the daycare shared information with them and that they had good conversations with daycare teachers.

P: Well certainly I'm very, very open with the teachers in the daycare and we have very good conversations every day because they're very good at telling me what type of day he's had. Even if they get a tidbit from the school, they'll tell me what the school said… they always tell me if something's happened, this is how they dealt with it, this is what they told him [child]… I enjoy that part but I just don't get the same from the school I guess.

One parent explained that the practice of information sharing between daycare and families was useful:

P: … I'm going to put a communication book in his [child] bag now and say like please every day write something. Because I'd had to do that with him when he was in preschool, the preschool program at the daycare… for quite awhile the teachers and myself were going back and forth with that and I found it very useful.

Post-transition, parents reported having ongoing communication with the school. Some parents indicated that they used a communication book with the school and teacher to stay up to date with their child's progress in school. Some parents commented on receiving information from the teacher, including details about their child's day at school. In some cases, parents reported the school contacted them when there were challenges and issues:

P: … And then the teacher I've spoken to her a few times on the phone. I appreciated her calling me at home on the one Friday…she said I needed to tell you [child] had a very difficult day and these are the challenges.

Despite giving examples of regular communication with school, many parents reported there was lack of information shared by the school and teacher with parents. Several parents described having little communication with the principal. Some parents also explained there was lack of interaction with the teacher and a paucity of feedback received from them:

P: I guess I don't really have too much because I guess the only way that you'd communicate is through notes I guess back and forth. I mean the teacher sometimes will send emails out but they're just like general emails to all the families, right? So there's no actual one-on-one communication with her…I mean if there were a concern I would assume that they would be contacting me, right? Or they may you know mention something through my nurses but you know you're not really supposed to go that way. They're supposed to be communicating with me directly…

The quote above illustrates that due to the lack of one-on-one communication between teacher and parents, parents are unaware of whether and how they will be informed if there are concerns regarding the child at school.

Communication and Information Transfer Between Service Providers

Although parents described some communication and information transfer taking place between service providers, they provided many examples of limited interaction between service providers. Some parents reported the school communicated with the daycare and that reports were shared between the daycare and teacher at school:

P: …there was a daycare representative at the meeting actually and that's the one teacher that at the time was working closely with [child] and had a very good connection with him…I know that there were, between [early intervention service provider] and the teacher, there were reports…

In many cases, parents reported a lack of communication taking place between service providers. Several parents indicated there was a disconnect in communication between daycares and schools:

P: …I also really, really like the teachers he [child] has in the daycare, the ECE he has there and then I quite like his teacher. And although funny enough, there's a disconnect between those two groups. It's almost like when the daycare teachers come to pick them up when it's dismissal time at school, there's never any time or there's never sort of a lot of information passed back and forth…

One parent described several situations where the teacher did not receive important information from the school to support the child with transition:

P: She [teacher] gave me papers to fill out while I sat down and talked to her…she talked to me and asked me some questions and stuff like that and then she had said to me "okay, and what are

your expectations for the year"? and I said to her "well, hoping that we can make sure that he [child] doesn't have any issues with being behind…" She goes "does he have any other issues besides for that"? and I said "well yah, but that is all in the report and stuff..." and she just sort of looked at me funny and said "what report?" and I said "we did an intake meeting in March I believe it was"…and she goes "I don't have any of that" and I'm like "pardon, what do you mean you don't have it" and I said "it should be in his records…" and I told her what the principal had written down and it was requested that be put in that class so that he can built on his strengths that way.

One parent indicated that the teacher did not communicate with the early intervention service provider staff:

P: Yeah. Well and she [early intervention service provider staff] just said that she's been having trouble getting a hold of the teacher, so that's why she's going to come out to the house and talk…if she needs to come out to the school then she's going to I guess get more aggressive with the teacher…because I guess she said she left emails and has been calling but she hasn't gotten any word back from the teacher so yeah so she's going to come out to the house for now and see how things are going.

Theme III: PARENT ADVOCACY

The third major theme identified from the interview data related to the need for parent advocacy during the transition process. This theme, composed of two sub-themes, reflected parents' perceived need for parental advocacy and parental advocacy for accessing services.

Perceived Need for Parental Advocacy

Many parents described the perceived need to advocate for their child. One parent explained it was very important to get involved in school council to "have some say":

P: …just a little thing I'm also on the school council. Put my foot in there so that I have some say, [Laughs] which I think is really important for parents with children of special needs. You need to get on to the school council...you have your finger on the pulse. You know what's happening in the school. You can present problems if there are some or whatever. Not always on a personal level but you also get to know the principal a little bit better that you can talk to her.

One parent described although they were not aware of all facets of service provision, they felt they should speak up for their child:

I: Yeah, for sure. Yeah I sense that the resource teacher in the daycare helps in terms of the transition into school but I don't sense that there's any one key player that picks it up at the other end.
P: No, doesn't appear to…I don't know what the word is, but not every parent is like me where they're aware of all the different facets and I'm not still aware of everything but I do know that I have to speak up.

Many parents explained the need to look into services for their child and to follow up with

service providers:

P: …[husband] and I both remember sitting in the school before [child] even started, introducing everyone to [child] and his challenges and there were all of the representatives like resource teachers and I believe there was an OT in there as well…we were told that they would be contacting us…And we have never, ever gotten that phone call or anything. So I'm not sure if decisions were made or what and I just have gone along with everything right now, just thinking everything was ok. But I think I need to go back and, and figure out what's happened.

One parent indicated the need to "fight" to keep their child in daycare post-transition:

I: Good. Did they ever get the funding sorted out, the County funding with that daycare? Did it ever get reinstated?
P: Nope.
I: Oh really?
P: And from what I heard just yesterday that things are not looking well at all, so. If we want this [daycare] to continue we're going to have to fight pretty hard to make sure that it does continue I guess.

Parental Advocacy for Accessing Services

Many parents described looking into services and resources for their child after school

entry. This included arranging special equipment for the child in class, transportation to school,

funding to attend daycare and private therapy. Parents also indicated looking into the child's

status on the waitlists for various therapies, potential testing for child, and working to arrange

visits by school staff to the daycare.

P: I know. And the autism team dropped off all kinds of things… at the school for the other child so [child] is not really entitled to touch them. So we had to find out what he needed and bring everything in. Like I mean that wasn't a problem but it was more of a – I can't believe we have to do this ourselves that you know he's not allowed to touch the other child's autistic equipment.

One parent described making up for the loss of services after school began. Not surprisingly, another parent reported feeling overwhelmed by having to look into different services post-transition:

P: …I would be really surprised if we saw funding before July so I think in terms of this academic year it won't be an issue. I think the issue is going to be next September – what do we do? …I have no idea…I just can't go there right now, I just feel so overwhelmed trying to deal with like the really pressing issues like let's find an OT and let's get a speech plan in place for the New Year when our coverage renews…

Many parents described working to maintain continuity of services post-transition:

P: Yeah, we've gone back in the daycare. So he [child] goes to kindergarten in the morning and daycare in the afternoon, and he's learning more in daycare. And we had to fight to keep him in there. We had to get referrals from everybody. So we got referrals from his occupational therapist, his speech therapist, his autism doctor – everybody – and that's what kept him in there.

Theme IV: UNCERTAINTY ABOUT SERVICES

The fourth major theme identified from the interview data related to uncertainty about services during the transition process. This theme, composed of two sub-themes, reflected parents' uncertainty in knowledge pertaining to service provision and information management.

Uncertainty about Service Provision

The first sub-theme was parents' uncertainty about service provision as their child entered school. Many parents described uncertainty about the services their child received or could receive:

I: Ok. I'm just jotting some of these things down…So you'd think that would start the process to get him [child] visits and that. What would the ASD team at school do, do you know?
P: I have no idea. I know the school called the ASD team, the Board ASD team and said do you have [child] on your list? And they said we didn't but we do now. Now what that means and what's going to happen I have no idea.

Parents commonly expressed uncertainty about where services came from and how services are provided:

I: Ok, because you were hoping for speech…
P: Yeah.

I: …OT and PT as well?
P: Yes, yeah. And they're supposed to be doing that but like I say, I haven't seen anything happen at school yet.
I: Ok. Do they come in and do an assessment first and then just schedule regular visits?
P: I'm not sure how they do it…it is possible that they do go in and see them…but I'm not sure.

Many parents explained their uncertainty regarding the continuity of services post-transition:

P: Yeah…I'm thinking my God he's [child] 5 now, are they going to just only do it [IBI] until he's 6? Like I don't know what to expect about anything.
I: Yeah. And that would be a really good question [daycare staff] would obviously know the answer to.
P: Uh-huh.
I: Yeah. Because once you've got you know a …
P: Why are going through all this paperwork and all these testing and all this stuff if you're only going to do it for a couple of months?

Several parents described their uncertainty about the benefits of services:

I: Ok. The vice-principal had said that she would visit the daycare. Did that ever happen?
P: I don't know. If she did she hasn't told me. She was pretty good though the vice-principal… she is the one that's trying to get him [child] into the special class next year. We're not impressed…it's called a mixed class. I think it's kindergarten to grade 8 and it's all special education children. So how he can get anything out of that I don't know but I don't know a lot about the program.

One parent expressed uncertainty about the organizational process through which services become available once the child enters school:

P: …I think there's really, really great intentions with a lot of people when you come in a circle of all of them like an intake type session and then it doesn't sort of follow through. That's the only way to describe it. At least in my eyes you know that's the way it is. But maybe from a school perspective they're doing all the protocol, everything they're supposed to be doing in those scenarios, and I just don't know what that is. Did that make sense? [Laughs]

Parents explained uncertainty regarding many other aspects of service provision, such as decisions that are made, length of waitlists, paperwork needed to get services at school, activities that take place at school, and whether school staff presses the child to complete school tasks.

Uncertainty about Information Management

The second sub-theme was parents' uncertainty about information management as their

child entered school. Several parents explained they were uncertain about information sharing

between service providers:

P: The only thing of reports, the only thing I did was provide the book that I had done…so that
we could go through it as a group together and I could talk about all the challenges and
strategies and give them some ideas of how he [child] is…there was no other information shared
or reports or anything. Whether or not the school got reports from, I'm sure from [early
intervention service provider (a)] and [early intervention service provider (b)], I'm imagining
that they would...
I: That's what I was wondering, yeah, yeah.
P: I mean he has I guess a file now on him so I don't know.

Some parents also described their uncertainty about organization of information pertaining to the
child:

I: Have they talked at all about an IEP for [child]?
P: What does that stand for again?
I: An individual education plan.
P: I'm not sure what is established for him…I just assume there's a whole bunch of information
in a file that if he left that school it would go to the new school with him. So whether or not that is
an IEP, I don't know. I've not gotten any copies of anything…

Some parents also expressed uncertainty regarding sources of information and the school's

information keeping practice.

Theme V: CONTRASTS AND CONTRADICTIONS IN SATISFACTION

The fifth major theme identified from the data pertained to parents' satisfaction with

services and service providers. This theme, composed of two sub-themes, reflected parents'

satisfaction with services and service providers, as well as dissatisfaction with services and

service providers.

Satisfaction with Services and Service Providers

Parents expressed satisfaction with many services provided to their child. Parents were

pleased with the daycare preparing the child for transition by visiting the school before entry:

P: …I was lucky that he [child] was in the daycare for the simple fact that they were helping me get him ready.
I: Okay.
P: And talking about everything and they even took walks over to the school.
I: Oh they did.
P: Yes, just to see the school…[daycare] is amazing that way.

Some parents were satisfied with the one-on-one support provided to their child by the

EA, as well as the accommodation made by the principal to include their child in the lunch

program:

P: …The kindergarten classes were not participating in Lunch Wizard because it was only offered once a month…Now they've started to offer it because of my son, they started to offer it twice a month but that's only taking effect in January. But because there was still a few months left, the one lady asked on my behalf, asked the principal would it be ok since [child] can never have pizza day or sub day…can his mother order a meal for him? And she said yeah, that would be fine.
I: Oh wow.
P: So they've made an accommodation…it means a lot because he can't participate in the other things as far as the food goes.
I: Yeah, exactly.
P: So it meant a lot to me that she allowed that…in the grand scheme of things it's not a big deal and I'm sure other parents would have been like yeah, whatever, that's fine but it was nice that they did that…

One parent was satisfied with the continuity of services post-transition, in terms of daycare staff

helping to feed the child during school lunch break:

I: Ok, ok. Now does [daycare] actually help with his [child] feeding at lunch or does the EA do that?
P: No, no, he goes back to them and it's done there.
I: Oh ok. So how's that working out with [daycare] in the school?
P: Oh always, they sort of have it set up here for them. It works better.

Parents were also pleased with many service providers who served their child prior to

school entry and post transition, including preschool, daycare, and school teachers: "…*we have*

hit good [school] teachers, really good teachers. The teachers that genuinely love doing what

they do and care about the kids and want to see them succeed…".

Many parents were also satisfied with the EA: "…*She's very relaxed…I just find her*

wonderful for [child]." Parents were also satisfied with the school, principal, vice principal,

physician, physician's staff, and speech pathologist.

Dissatisfaction with Services and Service Providers

Parents were dissatisfied with many services provided to their child. Some parents were

disappointed with their child's lack of diagnosis for their child by early intervention service

providers and delay in service provision. One parent was dissatisfied with daycare staff's role:

P: Yeah…our [government support program] worker was also a daycare staff employee and was inclusion facilitator…I was never satisfied with her in that role because she was a daycare employee…to me her prime objective was you know dealing with the children in the daycare. If you know she was working with [child] one-on-one and all of a sudden somebody else needed a diaper change, well she would be the one to do it. You know, there goes however many minutes away from her time with [child]…I was never happy with that, so.

Some parents were also dissatisfied with placement choices for their child in school:

P: …So I went in [to school] you know they had kind of a designated spot on the floor for him [child] and they had a designated desk, and that really upset me because I thought so what are they going do…like are they going to just separate him, is that the idea?…But the teacher said no you know it's really just if it seems like he's finding the stimulation too much we wanted to make sure he had a place and you know if he was going to be on the floor or you know we wanted him to know that he had his own place that he could go to…

Further, some parents expressed strong dissatisfaction with the school system:

I: Really? Is the waitlist [for OT, PT, and speech] that long?
P: Yeah.
I: Oh my goodness.
P: …when they talk their tongue is split right down the middle. Oh the best years are 0-6, we got to help them, we got to help them. Wait, you know. So very, very discouraged with the school system.

One parent was dissatisfied with the school's lack of action to accommodate child with a flight

risk:

I: Ok. Yeah. Because [child] being a flight risk was something you know right off the bat, wasn't it?
P: Yeah. Told them, told them. Told them a hundred times, a hundred times a hundred different

ways, and he [child] kept leaving them…I finally got really mad…I wrote a letter to the principal and I said as far as I know…there's three autistic kids in your school. Two of them are verbal and they listen to direction…[child] won't… he's severely autistic. And you would think that being the principal of your school you would know that you have one severely autistic child in your school and it seems to me like you guys just don't give a s--t.

One parent was frustrated with the school seeking answers from them when there were

challenges with their child:

P: …And then the teacher, I've spoken to her a few times on the phone. I appreciated her calling me at home on the one Friday…she said I needed to tell you [child] had a very difficult day and these are the challenges…I get frustrated with well what's changed? What's different? I wish I could have something…say yes this is a different. This has happened and this is why [child] is being that way. But I don't know.

One parent was frustrated with the unavailability of an aide for their child in school:

P: …they originally had him [aide] on a Tuesday, Thursday schedule but in that Tuesday, Thursday schedule there were two children from the daycare which he [child] had…one in particular had huge challenges with…if they are around each other, behaviour escalates just horribly and so at a request from the daycare they really said this is not a healthy situation for either child. They need to be on opposite days. So at that point on the Tuesday and Thursday, I think there was more aid available for [child]…if I switched him to Monday, Wednesday, there wouldn't be an aide assigned to him…that was my decision because I'm trying to think what was the lesser of two evils…I was frustrated right at the beginning certainly with the aide situation. Because I talked to the principal actually several times before I made the decision to switch him because I know this child…

One parent was frustrated with disorganization of services despite good intentions of service

providers:

P: You know what? It's tiring…certainly I don't have nearly the same challenges that other parents have…but it's frustrating when you have a lot of people….they're trying to be helpful but just even having this conversation...it's funny having this conversation with you today and the questions you're asking make me realize how disorganized it actually is in a lot of ways that I feel that maybe the people aren't talking to each other…

4.4 Summary of Qualitative Findings

The qualitative findings indicate parents were both satisfied and concerned with post-

transition service provision. While some comments reflected positive aspects of services, such as

availability of timely and individualized services, other comments reflected delays in service

provision and a need for modifying care to meet the child's needs. Parents described a spectrum of communication between families and service providers and among service providers themselves – ranging from high to low information sharing. Other themes reflected the need for parent advocacy and uncertainty regarding service provision after school entry.

CHAPTER 5: MIXED METHODS FINDINGS

5.1 Presentation of Findings

In this section, a discussion will be provided about the convergence between quantitative and qualitative findings, as well as an elaboration of how the qualitative findings help enhance understanding of all the MPOC scales. Table 9 presents the mixed methods findings using a merged analysis display approach. In this table, the qualitative themes are arranged along the top row, whereas the MPOC scales are arranged along the far left column. During the quantitative and qualitative data comparison, an attempt was made to find qualitative data that were complementary to the information collected in the MPOC scales. Illustrative quotes displaying content convergence between each MPOC scale and the qualitative theme were placed in appropriate intersecting cells in the table, each of which is alphabetically labeled. In several cases, there was little intersection between the quantitative and qualitative data, as indicated by empty cells in Table 9. This will be discussed further in this chapter.

Table 9: Mixed Methods Merged Analysis Table

	Qualities of services and service providers	Communication and information transfer	Parent advocacy	Uncertainty about services	Contrast and contradictions in satisfaction
Enabling and partnership	A. Parent describing school's responsiveness to their requests: *I: Ok…you were wondering whether anybody from the IBI would be permitted to go into the school and observe or you know give them ideas.* *P: Yeah, [IBI staff] went.* *I: Oh, he did?* *P: [IBI staff] went in September. When we did the transition meeting in September, [IBI staff] came…my initial feeling was that they weren't very open to hearing from [IBI staff], that there was a little bit of this – we know how to do our job,*	F.	K.	P.	U. Parent expressing frustration with school seeking answers from them: *P: …at the school the only time that I feel I need to share any more information is if I'm getting a phone call saying there are challenges. Like I mean there's nothing that changes significantly with [child] with me like in a day-to-day basis that would you know facilitate me having to call the school to say this is what's happening with him. Because anything that the school or even the daycare have said often comes as not a*

	Qualities of services and service providers	Communication and information transfer	Parent advocacy	Uncertainty about services	Contrast and contradictions in satisfaction
Enabling and partnership	*you know we don't need someone coming in and telling us how to do our job. And I think the comment from the teacher at the time was – oh well you know what works in IBI might not work in a regular classroom it's a very different kind of setting… But when I pressed there didn't seem to be any problem and they did seem very welcoming of his [IBI staff] ideas and suggestions…*				*surprise but you know I'm just like it's frustrating because to me he would have had a good morning, a good sleep, everything would have been fine and then I get these reports that he's had a challenging day, so.*

	Qualities of services and service providers	Communication and information transfer	Parent advocacy	Uncertainty about services	Contrast and contradictions in satisfaction
Enabling and partnership	Parent describing principal's inclusiveness in allowing them to make decisions about child's services: *P: Well the principal, when I talked to him initially…you know he certainly listened to me and gave me some information and it was up to me to make the decision…*				
Providing general information	B. Parent describing school's proactiveness in providing general information: *I: Ok. And who instigated the communication book?* *P: They [school] did. They started sending it home.*	G. Parent describing lack of information received from school: *P: We wanted to know if she [EA] had any experience with autistic kids and they wrote us a letter that yes she does, and that was it! She does. Well*	L. Parents looking into information about transportation: *P: …there were issues even with transportation before he started school because I was told to leave it until September, which is a big no, no. I found out afterwards but*	Q. Parent describing unawareness of services provided at daycare: *I: …Ok, so nobody comes in from the ASD team or [early intervention service provider] into the daycare anymore to see [child]?* *P: No. I think he [child] had, not*	V. Parent satisfied with communication with school: *I: Oh good. So you've got a good working relationship with the staff at the school?* *P: Yeah, I don't have any problems…we got a book here, if they need something, I*

	Qualities of services and service providers	Communication and information transfer	Parent advocacy	Uncertainty about services	Contrast and contradictions in satisfaction
Providing general information	Parent describing principal's delay in communication about where child will be attending school: *I: So when did you find out that you would have to be going to [school b] instead?* *P: I think like a week…like a week I think before she [child] was to start school.* *I: Oh my goodness…* *P: And nobody even really told me…I called transportation to find out you know what time she would be picked up and whatever the case is and then they said that she's not going to [school a] anymore…so then I called the principal at [school a] to find out you know what's*	*what, you know? [Laughs] Like the communication is awful…*	*before hand I took it upon myself to call the board itself because I figured out it was silly to leave it to September because he has to be on the bus the first day, so I called the board and then they gave the transportation number and I called them and transportation department told me that the school should have done that in February.*	*from [early intervention service provider] anyway, I think he still has a resource teacher there that comes in once every 2 weeks and I think she works with him for an hour but honestly I couldn't even tell you if she does because of the way the scheduling is…* Parent describing unawareness of services that are provided at school: *I: No. Ok. Which services would you like to be getting through the school? P: Speech therapy. I don't know. I don't know what they offer.*	*let them know. And pass the communication book back and forth and sometimes they just call and leave messages on my phone. You know it seems to be working all right.* Parent expressing lack of satisfaction with just a note: *P: They [daycare] seem to be more accommodating as far as meeting people face-to-face and having talks but I think [early intervention service provider]…it's a little different, especially in the daycare setting when they just come in and observe and then I'm left a note.*

	Qualities of services and service providers	Communication and information transfer	Parent advocacy	Uncertainty about services	Contrast and contradictions in satisfaction
Providing general information	*going on…she said she didn't want to let me know until they knew for sure that [school b] was going to accept [child]…So then [child] started late. She didn't start I think a week into school finally by the time we got everything coordinated in time to school…*				
Providing specific information	C. Parent describing delay in receiving information on child's assessment by developmental pediatrician: *P: …I'm quite honestly I'm just a little disappointed…I thought she [physician's staff] was the week we had it, she was meeting with either [developmental*	H. Parent describing the teacher and EA giving specific information when writing in communication book: *I: You had mentioned that the teachers and EA and the principal are open to commentary, do you use a communication*	M. Parent looking to have information on child's issues through additional testing: *P: We just had the meeting for the testing which basically once the testing is done, it just verified everything that I knew and it didn't actually give any indication if it is a*	R. Parent describing uncertainty regarding whether a special chair has been ordered for child at school: *I: Did they [school] get the chair for her?* *P: Have they? I don't think that they've ordered it yet. I'm not sure. I haven't heard anything yet. But*	W.

	Qualities of services and service providers	Communication and information transfer	Parent advocacy	Uncertainty about services	Contrast and contradictions in satisfaction
Providing specific information	*pediatrician] or someone to go over [child's] tape, whatever they taped of him and I thought I would hear something after that but I've not gotten any reports. I've got nothing… [Laughs] And that was done, that was the beginning of November. So it's been a month at least…* Parent describing delay in receiving information on child's assessment by early intervention service provider: *I: Ok…was the report that came from [early intervention service provider] helpful to you in any way?* *P: Actually I had two*	*book on a regular basis with the classroom staff?* *P: …So there's this sort of checklist of, I don't know, maybe 10 or 15 things and she [EA] tells me you know he's [child] done this…he was doing it with prompt or he was doing it partially…And then she usually you know writes a little comment about you know…if he had bad day or you know he seemed to do quite well, if there was a change in the routine, whatever. So yes, they do that. Sometimes the teacher fills it in but usually it's the EA.*	*specific issue, so that was kind of disappointing in that factor because I kind of would have known if there was something because I mean, I know other people who have been tested but I'm obviously now I'm learning that there must have been a couple of extra pieces…if I have to pay for it I will because I want to know if it is an issue possibly to do with dyslexia…*	*you know that stuff all takes a little bit anyway.* *I: Yeah, yeah because it has to be…* *P: And the Ps and Qs dotted and sending off for funding, so.* *I: Yeah, yeah, for sure. So you don't know when you might expect it?* *P: Uh-huh.* *I: Ok.* *P: …Yeah, we're not sure. Yeah, we think it's been ordered but we're not sure.*	

	Qualities of services and service providers	Communication and information transfer	Parent advocacy	Uncertainty about services	Contrast and contradictions in satisfaction
Providing specific information	*of them…their psychometric assessment, that's the one and a written report on that.* *I: Yeah. Ok. And were they helpful in terms of taking them into the school?* *P: Well I tried to get them in earlier. They never got them until September they got them.*				

	Qualities of services and service providers	Communication and information transfer	Parent advocacy	Uncertainty about services	Contrast and contradictions in satisfaction
Co-ordinated and comprehensive care	D.	I.	N.	S.	X. Parent expressing frustration with disorganized services post-transition: *P: …certainly I don't have nearly the same challenges that other parents have…but it's frustrating when you have a lot of people…they're trying to be helpful but just even having this conversation… it's funny having this conversation with you today and the questions you're asking make me realize how disorganized it actually is in a lot of ways that I feel that maybe the people aren't talking to each other…*

	Qualities of services and service providers	Communication and information transfer	Parent advocacy	Uncertainty about services	Contrast and contradictions in satisfaction
Respectful and supportive care	E. Parent explaining that the teacher and EA accommodated them in discussing the child's program at school: *P: I mean the teacher and the EA are very accommodating and they're certainly open to talking. I never get the impression that anyone is sort of saying to me well you know we know what we're doing…we've been doing this for a long time, so you know…step back and let us do our job. I always feel as though commentary is welcome…*	J.	O. Parent explaining that preschool speech pathologist treats them as equals in discussing their child: *P: …I walked in [preschool] and I said to this speech pathologist, who was very tolerant really, I said like I don't really want to tell you how to do your job but I've seen two speech pathologists who keep telling me that [child's] biggest problem is that [child] doesn't want to talk…I'm here to tell you that that's not [child's] problem. It might be one of [child's] problems [laughs] but it's the smaller of the two and the*	T.	Y.

	Qualities of services and service providers	Communication and information transfer	Parent advocacy	Uncertainty about services	Contrast and contradictions in satisfaction
Respectful and supportive care			*bigger of the two is that he can't put words together… there is something wrong between the connection between his brain and his mouth, and this is what I want you to look at. And so to her credit you know, 'cause I'm walking in there telling her how to do her job, which isn't very polite but, like she really took that seriously…*		

Below is a discussion of qualitative findings that elaborate understanding of each component of family-centred service provision included in the MPOC. This is achieved by drawing on illustrative quotes presented in Table 9, which show the convergence between the qualitative themes and the MPOC scales:

A. 'Qualities of services and service providers' theme and MPOC scale 1: 'Enabling and partnership'

Parents described positive qualities of service providers in terms of involving them in their child's care. Parents explained that the school responded to their request for cooperating with the IBI staff in the school setting. Parents also reported that they were given the opportunity to make decisions about their child's services by the principal, indicating their inclusiveness.

B. 'Qualities of services and service providers' theme and MPOC scale 2: 'Providing general information'

Parents described both positive and negative qualities of service providers in relation to providing general information. For example, parents reported that the school initiated a communication book, indicating their proactiveness. Parents also explained that the principal delayed informing them regarding possible changes to their child's school placement. This had important implications for planning transition, such as coordinating services at school in a timely manner.

C. 'Qualities of services and service providers' theme and MPOC scale 3: 'Providing specific information about the child'

Parents explained there were delays in receiving specific information about the child. Parents described waiting a long time to receive reports summarizing results from their child's assessment with a developmental pediatrician. Parents also reported delay in receiving their child's psychometric assessment and its accompanying report from early intervention service providers.

E: 'Qualities of services and service providers' theme and MPOC scale 5: 'Respectful and supportive care'

Parents described that the teacher and EA as "accommodating" when discussing the child's programming at school. They explained that the teacher and the EA always welcomed their comments and did not convey an impression that they knew more than the parents, indicating that the parents were treated with respect at school.

G. 'Communication and information transfer' theme and MPOC scale 2: 'Providing general information'

Parents described a lack of information shared with them regarding services that were available for child at school. The parent in this study explained that she wanted to know if the child's EA had experience working with autistic children, yet did not receive adequate details regarding the EA's expertise.

H. 'Communication and information transfer' theme and MPOC scale 3: 'Providing specific information about the child'

Parents explained that the teacher and EA gave specific information about the child when writing in the communication book. This included details regarding activities the child had completed, the child's day at school, and any changes in the routine.

L. 'Parent advocacy' theme and MPOC scale 2: 'Providing general information'

Parents described looking into information about transportation services. Parents explained they decided to initiate this process as the school suggested to leave this until September, which they considered to be too late since the child needed a way to travel to school on the first day.

M. 'Parent advocacy' theme and MPOC scale 3: 'Providing specific information about the child'

Parents explained looking to have information on the child's issues through additional testing. Parents described that they were prompted to do this given the tests that have already been completed did not give any indication of the child's issues.

O: 'Parent advocacy' theme and MPOC scale 5: 'Respectful and supportive care'

Parents described that preschool staff treated them with respect when they shared their opinions about the child's issues. Parents explained that when they pointed out the child's weaknesses and proposed areas the preschool speech pathologist should focus on to help the child, they were taken seriously.

Q: 'Uncertainty about services' theme and MPOC scale 2: 'Providing general information'

Parents described unawareness of services provided to their child in daycare and school. Parents expressed uncertainty about service providers who came to see the child in daycare. When parents were asked what services they would like to see provided to the child in school, one parent explained she did not know what to ask for since she was unaware of what was offered.

R: 'Uncertainty about services' theme and MPOC scale 3: 'Providing specific information about the child'

Parents described uncertainty regarding whether a special chair had been ordered for the child in school. However, parents acknowledged that getting such services take some time due to funding issues.

U: 'Contrast and contradictions in satisfaction' theme and MPOC scale 1: 'Enabling and partnership'

Parents expressed frustration with the school involving them in their child's care. They did not appreciate the school contacting them to understand why the child experienced challenges at school, especially when they were unable to explain the cause of these challenges.

V: 'Contrast and contradictions in satisfaction' theme and MPOC scale 2: 'Providing general information'

Parents expressed both satisfaction and lack of satisfaction with general information received from service providers. Parents reported that using the communication book back and forth with the school and receiving messages from them worked well. Parents did not appear satisfied with lack of information shared with them by early intervention service providers.

X: 'Contrast and contradictions in satisfaction' theme and MPOC scale 4: 'Coordinated and comprehensive care'

Parents expressed frustration with disorganized services post-transition. Parents recognized service providers were trying to be helpful but postulated the lack of communication between various service providers might be contributing to uncoordinated service provision.

5.2 Summary of Mixed Methods Findings

The merged analysis approach used to integrate the quantitative results and qualitative findings has generated a more complete understanding of components of family-centred service provision considered in the MPOC. This mixed methods analysis strategy means that each quantitative item is merged with each qualitative theme to create a fuller understanding of the topic in hand. However, it is not always possible to achieve this when qualitative themes related to data collected in the quantitative phase are not available, and vice versa. This is the case for the empty cells in Table 9. No examples were found to illustrate the intersection between the following quantitative items and qualitative themes: Cell D ('Qualities of services and service providers' theme and MPOC scale 4: 'Coordinated and comprehensive care'); Cell F

('Communication and information transfer' theme and MPOC scale 1: 'Enabling and partnership'); Cell I ('Communication and information transfer' theme and MPOC scale 4: 'Coordinated and comprehensive care'); Cell J ('Communication and information transfer' theme and MPOC scale 5: 'Respectful and supportive care'); Cell K ('Parent advocacy' theme and MPOC scale 1: 'Enabling and partnership'); Cell N ('Parent advocacy' theme and MPOC scale 4 'Coordinated and comprehensive care'); Cell P ('Uncertainty about services' theme and MPOC scale 1: 'Enabling and partnership'); Cell S ('Uncertainty about services' theme and MPOC scale 4 'Coordinated and comprehensive care'); Cell T ('Uncertainty about services' theme and MPOC scale 5 'Respectful and supportive care'); Cell U ('Uncertainty about services' theme and MPOC scale 1 'Enabling and partnership'); Cell W ('Uncertainty about services' theme and MPOC scale 3 'Providing specific information'); and Cell Y ('Uncertainty about services' theme and MPOC scale 5 'Respectful and supportive care'). A decision was made to leave these cells empty instead of trying to force data integration.

It is important to mention that the empty cells in Table 9 do not signify data divergence. Participants in the qualitative phase did not elaborate on all aspects of family-centred service provision considered in the MPOC. In this case, although the quantitative data and qualitative themes can be conceptually related, there will be insufficient data to complete data integration. The lack of actual content convergence in the mixed methods analysis can be attributed to the use of secondary data in this study, which will further explained in Section 6.

The qualitative findings pertaining to MPOC scale 1 'Enabling and partnership' show that service providers were both responsive to parents' requests and inclusive in their decision-making practices by involving parents. For MPOC scale 2 'Providing general information', the qualitative data show that there were both proactiveness and delays by service providers in

relation to information sharing with parents, lack of information shared, need for parent advocacy to access information, uncertainty about services, as well as satisfaction and lack of satisfaction with information received. For MPOC scale 3 'Providing specific information', the qualitative data show that parents received information pertaining to their child from service providers although there are sometimes delays in receiving such information, need for parent advocacy to access child-specific information, and uncertainty about child-specific information. For MPOC scale 4 'Co-ordinated and comprehensive care', the qualitative data show that parents were frustrated with disorganized services. Lastly, qualitative findings pertaining to MPOC scale 5 'Respectful and supportive care' show that service providers listened to parents and welcomed parent advocacy.

The mixed methods analysis provides a more comprehensive and nuanced understanding of parents' perceptions of and satisfaction with services during transition. Specifically, the qualitative data provide a deeper understanding of the MPOC components of service provision that are important for children's outcomes considered in this study. The mixed methods findings show that while some aspects of the MPOC service components are working well, there is need for improvement in other aspects.

Chapter 6: Discussion

Transition to school for children with special needs and their families is a complex process (Rous & Hallam, 2012). This complexity is apparent in the efforts by researchers to better understand this phenomenon as well as determine ways to improve the transition experience of children with special needs and their families (Rous & Hallam, 2012). Given the gap in research knowledge about the transition process among children with special needs in a Canadian context, this study explored parents' experiences with services as their children with special needs entered schools in Ontario using a mixed methods approach. Quantitative and qualitative data were used to understand parents' perceptions of and satisfaction with services; the qualitative findings helped contextualize the quantitative data, thereby generating a more complete picture of parents' experiences. Post-transition, parents reported lower perceptions of services and decreased satisfaction than pre-transition. The qualitative findings highlighted the variability in parents' transition experiences, as there were examples of both appropriate and inadequate service provision. Furthermore, some components of family-centred services were associated with children's outcomes important for school success. The following discussion provides a synthesis of study findings in the context of existing body of literature on children with special needs, implications of these findings, and the limitations of this study.

6.1 Synthesis of Study Findings

In the quantitative phase of this study, it was expected that parents would consider transition to school a challenging experience, and thereby report lower perceptions of services after their children were enrolled in school compared to prior to school entry. As hypothesized, a comparison of the means of the MPOC scores showed parents had consistently more positive perceptions of services pre-transition than post-transition in all five domains. In the "providing general information" domain, the difference in scores reached statistical significance and a

moderate effect size. Differences in scores in the other four domains did not reach statistical significance and exhibited small effect size.

While the quantitative results indicate that parents received less general and child-specific information from service providers after school entry, the qualitative findings highlight the wide range of communication and information sharing that takes place during transition. The qualitative phase of our study shows good information sharing takes place between parents and pre-transition service providers, including the daycare and daycare teacher. The school was sometimes proactive in sharing information with parents by initiating a communication book. This contrasts with Kliebenstein and Broome's (2000) findings that suggested parents were often expected to initiate all communication with school during the transition process. Although parents in our study received good information from the school, teacher, and educational assistant through the communication book, there were also many instances when they did not receive adequate information from the school, teacher, and principal. This is not an unique result; a study exploring parents' experiences of the transition process showed parents' desire for more information on school expectations, the kindergarten placement, and teacher, and provided suggestions for preparing the child for the new environment (McIntyre et al., 2007). Moreover, many other studies have repeatedly found parents' communication with education professionals an area of concern, with a dramatic decrease in parent-teacher communication in kindergarten (Stoner et al., 2007; Anderson, 2009; Applequist, 2009; Quintero & McIntyre, 2011). Most schools do not have a comprehensive transition plan with a primary focus on facilitating exchange of information between schools and families (Nelson, 2004). Poor communication and lack of information sharing between families and key service providers are problematic as these are considered some of the most important factors contributing to smooth transitions, along with parents' comfort during this process (Rous, Myers, & Stricklin, 2007; Podvey, Hinojosa, &

Koenig, 2010). Although the importance of communication is well recognized, it is unknown if there is consensus of what constitutes appropriate level and frequency of communication between service providers and parents (Stoner et al., 2005; Podvey et al., 2010). These issues were also apparent in the qualitative findings of our study.

In addition to lack of information-sharing between families and service providers, poor communication among service providers themselves has been identified as a significant barrier to successful transition for children with special needs, as it often leads to gaps in service availability, duplication of procedures, and cost inefficiencies (Janus et al., 2008; Freedman & Boyer, 2000). In a study focusing on challenges experienced by parents of children with special health care needs, the lack of communication among teachers, school, and early intervention service providers was identified as a major concern (Lutenbacher, Karp, Ajero, Howe, & Williams, 2005). The disconnect in communication between staff in the health care setting and school setting has been echoed across many studies on transition to school for children with special needs (Anderson, 2009). The qualitative findings of our study reflect similar challenges; while good information-sharing sometimes took place between daycare and school, in many cases there was a disconnect in communication between these service providers. We also found that communication was an issue within an institution as teachers often did not receive information relevant for children's care from the school. These findings suggest that existing channels of communication between services providers from the same and different institutions are not working very well.

To further complicate the issue of lack of communication between service providers, our study showed that disorganization of information within institutions was a significant challenge during the transition process. In particular, the school system's failure to organize information related to children's diagnoses had important implications as children were not eligible to receive

needed services in school without an official diagnosis. Additionally, parents complained that they had to complete the same paperwork multiple times for school, indicating the school did not manage paperwork effectively. Early intervention service providers also reportedly lost paperwork relevant for children's care. These findings present an important contribution to the literature as previous studies have commonly attributed repeated assessments and completion of large volume of paperwork by parents to lack of linkages between different agencies (Janus et al., 2007; Janus et al., 2008).

Although partnership between service providers and families has been identified as integral for building effective educational experiences for children with special needs, parents and professionals often fail to collaborate to plan, implement, and evaluate services for these children (Kohler, 1999; Stoner et al., 2007). While there is evidence that parents sometimes participate in Individualized Education Program planning meetings as equal decision makers alongside educators, many schools have failed to involve families actively in the education of their children (Fish, 2008; Sanders, 2000). Parents have been reported to feel like outsiders once their children entered school, given they experienced difficulties in developing relationships with service providers and learning about children's treatments (Podvey et al., 2010). While the quantitative results of our study suggest that partnership between service providers and parents declined after their children entered school, the qualitative and mixed methods findings highlight a range of partnership activities between parents and service providers. Encouragingly, the school listened to parents' requests and cooperated with the Intensive Behavioural Intervention staff, whereas the principal allowed parents to make service decisions. It is important to note that parents did not always appreciate schools treating them as "experts" on their children. Similar to the findings of Walker and colleagues (2012), our study shows the school contacted parents

regarding challenges children had in school. However, parents were frustrated with the school seeking explanations from them when they did not know why these challenges occurred. Despite this negative example, parents' preference for involvement in the transition process should be emphasized, as they expressed dissatisfaction when schools did not consult them in making decisions about their child's education program. This is not surprising, as participation in transition-related activities has been shown to lead to greater satisfaction with this process among parents (Daley et al., 2011).

The services children with special needs and their families receive from different providers are often disorganized and lack continuity (Kohler, 1999). While the involvement of multiple agencies is necessary to facilitate school entry, they are often poorly linked with one another, contributing to poor transition experiences (Janus et al., 2008; Stormont et al., 2005). This trend was evident in the quantitative results of our study – services were less coordinated after children entered school. The qualitative and mixed methods findings show that while parents acknowledged that service providers wanted to be helpful, they were frustrated from dealing with disorganized services. This finding is not unique: a disconnect between different service providers and an overall lack of team effort to coordinate care for children have previously been identified as barriers to smooth transitions (Lutenbacher et al., 2005). La Paro and colleagues (2000) found fewer than 3% of kindergarten teachers of children with special needs met to coordinate the curriculum between preschool and school. It has been proposed that increased coordination between different service sectors can improve family-centred service provision in a cost-effective manner (Lutenbacher et al., 2005).

Whether consciously or not, paraprofessionals often "hover" or work in close proximity with children, which can have many detrimental effects, including children's increased reliance

on them for classroom participation and limited interactions with peers (Causton-Theoharis & Malmgren, 2005; Downing, Ryndak, & Clark, 2000; Giangreco, Yuan, McKenzie, Cameron, & Fialka, 2005). It is encouraging to note that educational assistants working with the children in our study did not assist them with all classroom tasks. Similar to Walker and colleagues (2012), we found parents were treated as equals by the school staff as the teachers and educational assistants were willing to discuss children's education programs with them. Additionally, the teachers were not only supportive, but also very competent in caring for the children. While parents have previously expressed satisfaction regarding teachers' interactions with their children, there is contrasting evidence of teacher competency (Walker et al., 2012). Several studies have suggested that teachers are often unprepared to care for children with special needs, with a lack of knowledge of children's disabilities and inadequate training to provide them with needed support (Walker et al., 2012; Stoner et al., 2007; Oruche, Gerkensmeyer, Stephan, Wheeler, & Hanna, 2012).

While parents in our study viewed the school staff in a positive light, they did not view the school system in a similar manner, distinguishing their satisfaction with the human and administrative elements of the school system. There were reports of school administration wasting the children's time by delaying the delivery of special education services. The dominant assumption of school systems concerning identification of children for special education services is that it is better to wait until first grade than to begin special education identification processes in kindergarten (Litty & Hatch, 2006). Because funding and programming for special education services is based on the assessment of children's skills, waiting to identify children with special needs delays the availability of services (Janus, 2011). Although delay in service provision observed in our study was not attributed to late special education identification process, it was clear that schools did not consider it problematic to delay special education services availability

to students in need, suggesting their support for a wait-based approach to care. Furthermore, parents in our study felt that even when the schools provided services, they were inadequate, which is a commonly reported challenge for children with special needs (Stoner et al., 2005). Parents were also dissatisfied with the schools for not following through on promises to help children during transition and accommodate children's specific needs. These findings suggest that although schools may recognize the importance of facilitating successful school entry among children, they may not be prepared to implement this view in action. It is possible that the school system is impeded by barriers to effective transition practices observed in previous research, such as lack of time, limited funding, and late generation of class lists, which prevent them from providing the needed services to children in a timely manner (Pianta & Cox, 1999; Quintero & McIntyre, 2011).

During transition, a range of timeliness in relation to service provision was observed in our study. While some services were available on time, others were not. Parents described delay in service provision related to children's programs at school, ascribing the responsibility of the delay to the school staff. Also, children were placed in long waitlists for services once they entered school. Indeed, delay in receiving necessary services post-transition has been found to be a common complaint among parents (Schischka, Rawlinson, & Hamilton, 2012). There is evidence of children waiting for a variety of services after they entered school, such as teacher aide support. Furthermore, consistent with the findings of Podvey and colleagues (2010), parents in this study did not receive information from service providers in a timely manner. Janus et al. (2008) have proposed that because schools learn about children's special needs prior to school entry, it is likely that administrative procedures hinder the delivery of needed services rather than the lack of resources.

Evidence from a study on children with ASD suggests that parents prefer individualized services for their children. Here, parents indicated that they wanted education professionals to understand their children, recognize what works for the children and what doesn't, and use this information to implement transition services (Stoner et al., 2007). Literature on school transition has emphasized the importance of individualization of service approaches for children, as well as the need for educational professionals to focus on the specific strengths and skills of children in supporting children's ability to respond to different instructional styles after school entry (Applequist, 2009; Rous et al., 2007). In our study, individualized services were offered to children from a range of service providers, such as the educational assistant, speech pathologist, and early intervention service providers, although parents indicated there was need for further customized services from the educational assistant. Furthermore, the principal worked to ensure services were provided to children according to their needs. These findings of service customization contrast with previous evidence of individualized service plans being developed for children but not implemented due to lack of resources or bureaucratic processes within the school system (Lutenbacher et al., 2005).

Our study brought evidence of a wide range of cooperation between families and service providers and among the service providers themselves. While parents provided examples of high level of cooperation between families, educational assistants and schools, there was also an incident of staff at schools arguing with families, indicating schools needed to give more respect to parents. In line with previous research, our study highlights challenges of collaboration between pre-transition and post-transition service providers (LoCasale-Crouch, Mashburn, Downer, & Pianta, 2008; Quintero & McIntyre, 2011). According to the parents, the schools demonstrated varying cooperation with the Intensive Behavioural Intervention staff. The occasional lack of cooperation could be explained by the different philosophies and expectations

under which these two groups of service providers operate. According to one parent's description, a teacher who explained, "What works in IBI might not work in a regular classroom, it's a very different kind of setting", explicitly acknowledged this difference. This lack of cooperation between service providers is concerning, as studies have repeatedly showed that collaboration between early intervention service providers, preschools, and schools is critical for facilitating successful school entry (Chadwick & Kemp, 2002; Rous et al., 2007; Schischka et al., 2012).

The need for parent advocacy emerged as a prominent theme in the qualitative data. Both examples of proactiveness from schools, teachers, and principals in serving the children as well as many instances when the school did not take any initiative to meet the children's and their families' needs were described in the interviews. Although the need for parent advocacy appeared greater post-transition, the mixed method findings highlight that parents advocated for their children pre-transition as well and their efforts were respected by preschool staff. Parents described the integral role of advocacy on their part to support their children throughout the transition process. Many other studies provide supportive evidence of parents' advocacy to facilitate school entry; parents have considered themselves as their child's only advocate and reported regularly contacting the school to ensure their requests and child's needs were being met (Lin, Mu, & Lee, 2008; Lutenbacher et al., 2005). Although some services are provided in school according to children's needs, parents usually have to take the initiative to seek necessary and additional services (Floyd & Gallangher, 1997). In our study, parents felt the need to speak up for their children once in school, which is consistent with the fact that there was no key individual at school managing children's school entry. Not only did parents follow-up with service providers to determine the status of services children may be receiving, but they also looked into accessing

a variety of services for their children as well as maintaining continuity of preschool services. Similar to findings of other studies, parents in our study indicated the need to fight to keep services (Freedman & Boyer, 2000; Lutenbacher et al., 2005). Not surprisingly, parents were overwhelmed from being actively involved in service planning for their children. Negative feelings have been commonly expressed by parents while advocating for their child. Parents have reported they were frustrated by the amount of time, energy, and personal resources needed to ensure their children's needs were fulfilled at school, as well as overwhelmed with coordinating care for their children (Lutenbacher et al., 2005; Anderson, 2009).

One of the major themes that emerged from the qualitative data pertained to parents' uncertainty regarding services. Parents were largely in agreement in their sense of uncertainty about the services their child received or could receive, how services become available, and benefits of services. This sentiment is echoed in the findings of many studies; parents are not always aware of the services that are available to their children and are often uncertain as to whether their children will receive needed services at school (Hamblin Wilson & Thurman, 1990; Leiter & Krauss, 2004). We also found that parents were uncertain regarding the continuity of services post-transition, which is concerning given that continuity of services between preschool and school settings is crucial for facilitating a successful school entry for children (Schischka et al., 2012). In terms of information management, parents were uncertain about source of information, information sharing between service providers, and information organization practices at school. Our findings of parents' uncertainty about services are not surprising given reports of many instances when communication with service providers was not adequate. Since transition to school is a period of many changes that can cause significant stress for parents, not

knowing details regarding their children's services can further complicate the process of school entry.

Generally, parents are more satisfied with service provision prior to school entry than post-transition as they receive more support from their early intervention service providers than from the public schools (La Paro et al., 2003; Hamblin Wilson & Thurman, 1990). This trend is reflected in the quantitative results of this study. A comparison of the means of the CSQ scores showed parents were more satisfied with services pre-transition than post-transition, although this difference did not reach statistical significance and showed a small effect size. Elaborating on the quantitative results, the qualitative findings provided details regarding the services parents were satisfied and dissatisfied with. The parents in this study expressed satisfaction with a variety of pre-transition and post-transition service providers, including preschools, daycares, schools, school teachers, educational assistant, principals, vice principals, physicians, physicians' staff, and speech pathologists. Reflecting best practices as discussed in the school transition literature, daycare staff earned praise for not only preparing children for transition but also for supporting children after school entry (Wildenger, 2011). Parents were also satisfied with the individualized services provided to their children from the educational assistants and principals. The mixed methods findings highlighted parents' satisfaction with the communication book used with the school. Thus, although there was an overall decline in satisfaction with services post-transition, this finding should not be construed as a negative perception of the entire school system as parents were pleased with many of the school staff and services.

The heavy workloads of service providers often compromise their ability to support children during transition. Kliebenstein and Broome (2000) found parents were concerned about school nurses' ability to provide adequate care for their children, as nurses were expected to provide care to entire school districts. Similarly, parents in this study were not pleased with

daycare employees' role as it mandated serving several service provider roles at once, thus limiting time available to help their children. One parent explained, "If you know she [daycare staff employee] was working with [child]…and all of a sudden somebody else needed a diaper change, well she would be the one to do it…there goes however many minutes away from her time with [child]…". The lack of service providers in daycare highlights the need for additional resources from the different ministries governing preschool services in Ontario to ensure children receive the needed support.

Given evidence of family-centred services promoting positive developmental outcomes among children with special needs, the quantitative phase of this study examined the relationship between parents' perceptions of family-centredness of services and children's outcomes important for school success (Podvey & Hinojosa, 2009). The relationship between parents' satisfaction with services and these outcomes was also examined. Controlling for children's developmental status, it was expected that positive experiences with services would impact children's adjustment to school through parent mediation. The results indicate that some aspects of family-centred services as well as satisfaction with services may impact children's outcomes relevant for school success. The observed moderate or low correlations between service provision and children's outcomes are supported by the qualitative findings; while parents acknowledged the good intentions of service providers, there were also negative and varied perceptions to prevent the quantitative results from being very strong.

We found that providing greater levels of general information is associated with increase in all the developmental outcomes indicating school readiness considered in the EDI, whereas providing greater levels of coordinated and comprehensive care is associated with increased language and cognitive outcomes. Interestingly, providing greater levels of information,

coordinated and comprehensive care, and respectful and supportive care are associated with

lower peer problems and higher prosocial behaviour. Higher satisfaction with services is also

associated with reduction in peer problems. Higher levels of family-centred service provision are

associated with increased social outcomes, including cooperative participation and comfort with

teacher. Our results present an important contribution to the literature regarding the benefits of

family-centred services in improving children's cognitive and social outcomes relevant for school

success.

One possible interpretation of the observed relationship between providing family-centred

services and children's adjustment in the school environment focuses on the importance of family

strengths. The family-centred perspective assumes that every family has strengths and focuses on

enhancing these strengths by providing families with relevant services, which allows them to

carry out their responsibilities effectively (Turnbull, Turbiville, & Turnbull, 2000). These

services include improving families' knowledge, skills, and abilities to make decisions about

their child as well as how to mobilize social resources and supports. It is possible that giving

good information to parents strengthens their knowledge and skills to provide their children with

development-enhancing learning opportunities (Dunst, 1999). This may involve parents creating

a supportive learning environment at home and facilitating the practice of various skills important

for school readiness, or securing relevant services for children in the community. Furthermore,

providing coordinated and comprehensive care may ensure that parents and all service providers

working with children pre-transition know children's literacy and numeracy skills, and thus

prepare them for school in a manner that supports children's optimal development in these areas.

Service providers may be inclined to focus on children's language and cognitive development in

coordinating care as skills in these areas are integral for adhering to a formal academic curriculum.

Similar to the findings of our study, Kuo and colleagues (2011) found providing family-centred services was associated with a reduction in a variety of behavioural problems. They have suggested that with enhanced knowledge and skills, parents may be able to employ various behaviour management strategies to support their children's behaviour adjustment (Kuo, Bird, & Tilford, 2011). It is encouraging to note that coordinated and comprehensive care promotes positive behaviour in children in addition to language and cognitive skills, indicating service providers may consider a variety of children's needs instead of just physical needs in preparing them for school. Many studies have shown that family-centred service is associated with parents' increased sense of control (Dempsey & Keen, 2008). It is possible that service providers help parents feel particularly competent in supporting behavioural adjustment of their children, which empowers parents to take a variety of initiatives to promote positive behaviour in their children. It is not surprising to note that family-centred service provision positively impacts children's adjustment to school as this mode of service delivery entails keeping parents informed about services and involving them as decision makers in service planning – which allows for optimal preparation for transition through parent and service provider collaboration.

Considering the decline in parents' satisfaction with services post-transition, we sought to examine whether parents with certain socio-economic characteristics are more likely to be dissatisfied than others. We expected that lower parental education and lower family income would predict lower perceptions of and satisfaction with services post-transition. However, the results show that parents' education and family income did not significantly predict change in their perceptions of providing general information, and explained only 42% (29% adjusted) of the

variance in the MPOC score change in this domain. Additionally, parents' education and family income also did not significantly predict change in their satisfaction with services, while explaining 23% (0.05% adjusted) of the variance in the CSQ score change. Notwithstanding the exploratory nature of the regression analyses, these results suggest that parental education and family income do not play a role in parents' evaluation of services experienced during transition.

It is encouraging to observe that parents with secondary or high school education are not more likely to have a poorer experience of transition than parents with graduate degrees, although less-educated parents are at risk of experiencing many situations that may lower their perceptions of services. This includes dealing with service providers who may perceive less-educated parents to be unable to adequately act on information, and thus withhold critical information from them (Porterfield & McBride, 2007). Less-educated parents may also require additional help to understand the transition process, which demands more effort on the part of the service providers (Hamblin-Wilson & Thurman, 1990). Compared to parents with incomes above $50,000, parents with lower income are more likely to be dissatisfied with how service providers listen to and answer their questions and the care they receive (McLearn et al., 2004). In the Early Childhood Longitudinal Study, Kindergarten Class of 1998-1999, low-income kindergarten students received the fewest transition supports (Schulting et al., 2005). Families living in poverty are less likely to have a sense of partnership with their children's care providers (Denboba, McPherson, Kenney, Strictland, & Newacheck, 2006). An Ontario-based study showed young children with chronic conditions who were born in low income neighbourhoods were more likely to change residences than healthy young children (Cohen, Yantzi, Guan, Lam, & Guttmann, 2013). This increased residential mobility may jeopardize continuity of care, which in turn can weaken relationships between health care providers, children and their families (Cohen et al., 2013).

Although a universal health insurance scheme is in place in Canada, it was anticipated that hidden health care costs, such as transportation expenses, earnings lost due to taking time off work to attend service consultations, and paying for medications that are not publicly funded might impact the transition experience of families with lower income, which does not seem to be the case in our study.

6.2 Implications of Study Findings

Our study contributes to the current body of literature of parents' experience with service provision as their children with special needs transition to school in Ontario. Following the work of Janus and colleagues (2008), this is the second mixed methods study on experiences of parents of children with special needs at school entry. Along with previous research evidence and expert opinion, findings of this study can be used to plan, develop, and implement effective early intervention and special education services to facilitate school entry for children with special needs. While the majority of the findings of this study complement the results of previous studies on transition to school, there are some novel findings observed in the qualitative phase of this study. Collectively, these findings can be used to improve current services and design new services whose effectiveness can be tested in future studies.

One notable practical implication of this study relates to the lack of communication observed between families and school staff, as well as between service providers in preschool and school settings. Although the communication book served an integral role in facilitating communication between parents and schools, our quantitative and qualitative findings highlight the need for additional strategies for parents to receive information from schools. While no specific communication strategies were used between service providers in our study, many transition guidelines, strategies, and procedures to facilitate interagency collaboration have been developed (Rous & Hallam, 2012). It is important to mention that the role of interagency

collaboration achieved through these various initiatives on successful transition remains largely understudied. However, there are some successful programs that can serve as models for increasing communication between different service systems and supporting children with special needs and their families (Anderson, 2009). For example, the Healthy Learner Model for chronic condition management is a comprehensive model that links schools, students, parents, health care, and other community service providers (Erikson, Splett, Mullett, & Heiman, 2006). This model identifies components that create a comprehensive community-based care system, which has been used successfully for chronic condition management in an urban school district and has since been replicated in other communities.

Another important practical implication of this study relates to the qualitative findings that indicate information is poorly managed within organizations during transition. Our study suggests that in both preschool and school settings, there is need for strategies to manage child related records more effectively. Thus far, the topic of within organization information management has not been explored extensively in the transition to school literature. Additional studies are needed to further explore information management practices of different service systems and their effectiveness.

Our qualitative findings suggest that schools delay service provision and offer children inadequate services. These findings highlight the need for greater emphasis on transition preparation at the school level. If lack of financial resources prevents schools from providing needed services to their students, funding kindergarten transition programming could be made a priority in the state-level funding plan to provide effective transition programming to children and their families (Wildenger, 2011).

6.3 Limitations

There were several limitations related to the sample of this study. The small sample size increased the risk of committing a type II error in the quantitative analyses. The sample in the primary study was drawn from two communities in Southern Ontario and therefore may not be representative of other populations in this province. Furthermore, the composition and severity of children's special needs observed in the sample may not be comparable to other communities or indeed the same communities at another time. While there was some ethnic variation in the quantitative sample of this study, the majority of the parents eligible to be included in the qualitative phase of this study were Caucasians (90%). There is evidence suggesting that ethnic minorities may have different perceptions of services (Ladner, 2011). Thus, it is possible that the qualitative findings do not adequately reflect the views of these ethnic populations. Future studies can explore parents' experiences with services during transition by recruiting an ethnically diverse and larger study sample.

Another limitation of this study relates to the expectations of parents with regard to the services they were asked to evaluate. There may be differences in parents' expectations of services and their actual experiences of these services. Thus, it is likely that parents' reported perceptions of and satisfaction with services depended on the degree to which their expectations were met. To develop a more comprehensive understanding of services from parents' perspectives, future studies can assess both expectations and perceptions of services concurrently. For a quantitative evaluation, developing a questionnaire that consists of statements of expectations grouped into the five MPOC domains, and administering this measure alongside the MPOC in a study could achieve this goal. For a qualitative evaluation, parents could be asked to comment on their ideas about ideal services, and later on asked to elaborate on their perceptions of services they have received.

The use of secondary data presented limitations for the qualitative and mixed methods phases of this study. Because all qualitative interviews had been completed as part of the primary study, there was no opportunity to probe parents to gather more information on areas that were deemed relevant for the current study. Member checking also could not be conducted to verify the themes arising from the qualitative data analysis. Furthermore, the use of secondary data led to the lack of content convergence in the mixed methods analysis component of this study. Although the quantitative and qualitative phases of the primary study were conducted in parallel and focused on parents' experiences with services, the content areas of data collected in the two phases were quite different. Thus, the themes arising from the qualitative interviews did not include information pertaining to every component of family-centred services considered in the MPOC. In turn, this limited the level of content convergence achieved in the mixed methods analysis. To address this issue, future convergent mixed method studies should collect data on the same content areas in the quantitative and qualitative phases, as this will likely lead to greater content convergence and contextualization of the quantitative results by qualitative findings.

6.4 Conclusion

This mixed methods study contributed to the school transition literature for children with special needs living in Ontario. The quantitative results of this study showed that parents' perceptions of and satisfaction with services declined post-transition. While the qualitative findings illustrated the variation in parents' experiences with services during transition, there were some overarching themes that encapsulated the common challenges parents faced during this process. It has been recognized that transition is an "in-between" process that is not owned by anyone, which highlights the importance of considering a variety of perspectives in assessing services (Janus et al., 2008). Future studies exploring the viewpoints of both parents and professionals can be useful in evaluating the quality of services, which can facilitate the

development of effective strategies to support the transition of children with special needs in

Ontario.

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Appendix A: Power Calculations

Formula used for power calculations:

$$n = \frac{2\sigma^2 (Z_\beta + Z_{\alpha/2})^2}{\text{difference}^2}$$

n=sample size
σ=standard deviation
Z_β=desired power
Z_α, Z is a constant (set by convention according to the accepted α error and whether it is a one-sided or two-sided effect) as shown below:

α-error	5%	1%	0.1%
2-sided	1.96	2.5758	3.2905
1-sided	1.65	2.33	

difference=difference in means

$37=\dfrac{2(5.44)^2(Z_\beta+(1.96/2))^2}{1.632^2}$

Z_β=0.31

Appendix B: Qualitative Phase Interview Guide

<div align="center">

PARENT INTERVIEW

Child / Diagnosis / Treatment Information

</div>

<u>General Questions</u>
1. When was (the child) diagnosed?
    (*need answers to the following: age; how it happened, how family managed*)
2. Is there any current treatment?
    (*need all aspects: outpatient, medications, rehabilitation*)
3. How often does (child) need it?
4. Please list all service agencies involved since diagnosis.
    Which are you involved with now?

<u>A. Preschool Questions</u>
5. Is your child attending preschool? Please describe the experience. Any Resource Teacher, Support Facilitator (Hamilton); Early Interventionist, Inclusion Facilitator (Guelph)?
6. When is (child) starting school?
7. Have you, or anybody acting on your behalf, had contact with school?
    Who initiated the contact?
        (*Details: Who spoke with whom; When; What was the outcome; Have there been any meetings/contacts since*)
    Prior to (child) starting school, has there been any exchange of information (*transfer of records, conversations, consultations, meetings*) about (child)'s condition or treatment between the Chedoke Child & Family Treatment Centre (Hamilton), Trellis or KidsAbility (Guelph) or other medical staff and school?
    If yes,
        a. what type of information was passed on?
        b. was the exchange useful to you and your child? In what way?
        c. is there anything you would like to have seen done, or like to have been done differently?
    NOTE: If the answer to the contact and exchange of information questions is negative, ask these questions at post transition interview.
8. Did you attend the Board of Education Parent Information Night in January (Hamilton)? Trellis Parent Information Night for families with children with special needs (Guelph) ☐ Yes ☐ No
9. Have you had your Intake Meeting with the school? ☐ Yes ☐ No
    If yes - When? What was the outcome?
10. Is there any one person that stands out as having helped you with your child's transition to school? (their role, & in what way have they been helpful?)
11. How are you feeling about your child starting school?

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- (if concerns) Are any of these concerns related to your child's special needs?
- Is there anything further that you would like to say about the transition to school?
- What are you anticipating/wanting in terms of help at school?

12. Is there anything else that you would like to add?

B. Post-transition Questions

1. Does your child (still) attend preschool? How has this changed now that child also is attending school?

2. *Ask the following questions if these were not answered at preschool interview:*

a. Contact with school

Prior to (child) starting school, were you or anybody acting on your behalf in contact with school? Who initiated the contact?

(Details: Who spoke with whom; When; What was the outcome; Have there been any meetings/contacts since)

b. Information transfer

Prior to (child) starting school, has there been any exchange of information (*transfer of records, conversations, consultations, meetings*) about (child)'s condition or treatment between the Chedoke Child & Family Treatment Centre (Hamilton), Trellis or KidsAbility (Guelph) or other medical staff and school?

If yes,

a. what type of information was passed on?

b. was the exchange useful to you and your child? In what way?

c. is there anything you would like to have seen done, or like to have been done differently?

c. Personnel

Is there any one person that stands out as having helped you with your child's transition to school? (their role, & in what way have they been helpful?)

3   a. Since (child) has started school, has there been any communication between the CCFC or other medical professionals and school?

b. Was the exchange useful to you and your child? In what way?

4. Treatment

a. What treatment is (child) receiving now (include IEP, therapies)?   When was it implemented? Which of these was the most important of the supports provided to your child? Based on the Intake Meeting, what supports were you expecting?

b. Will the treatment (child) is receiving now continue in future, when s/he goes to Grade 1 or 2? Who will provide it? Frequency; duration.

5. Staff consistency (Principal, Teacher, RT, EA)

a. Were the same school staff present at Intake meeting still at the school? (Feb – Sept)

b. Have there been any changes in staff since school began? (Sept – present)

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        c. Has your child been moved to another class?

6. What are your thoughts on (child's) adjustment to school this year?

7. Is there anything else that you would like to add?

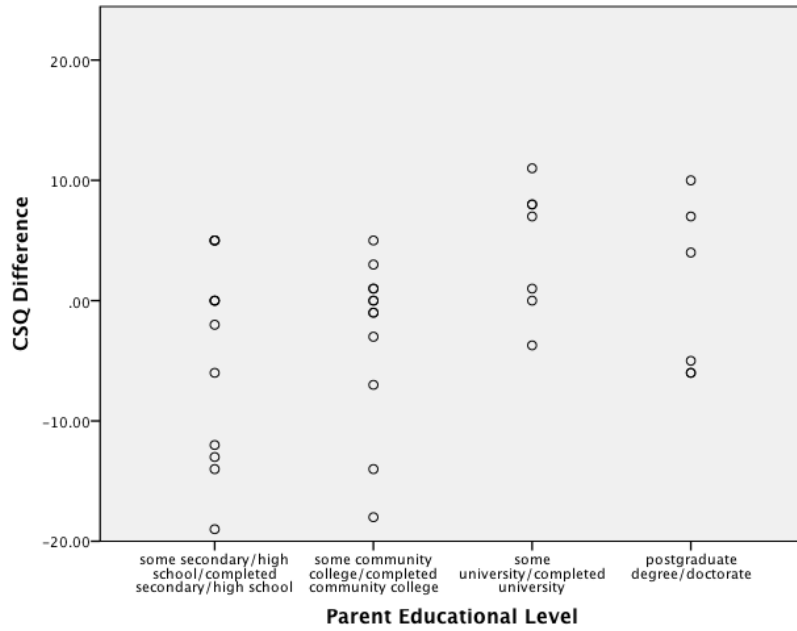**Appendix C: Univariate Linear Regression Plots for Independent and Dependent Variables**

Univariate Linear Regression Plot for Parent Education vs. Change in MPOC Scores for the Providing General Information Scale
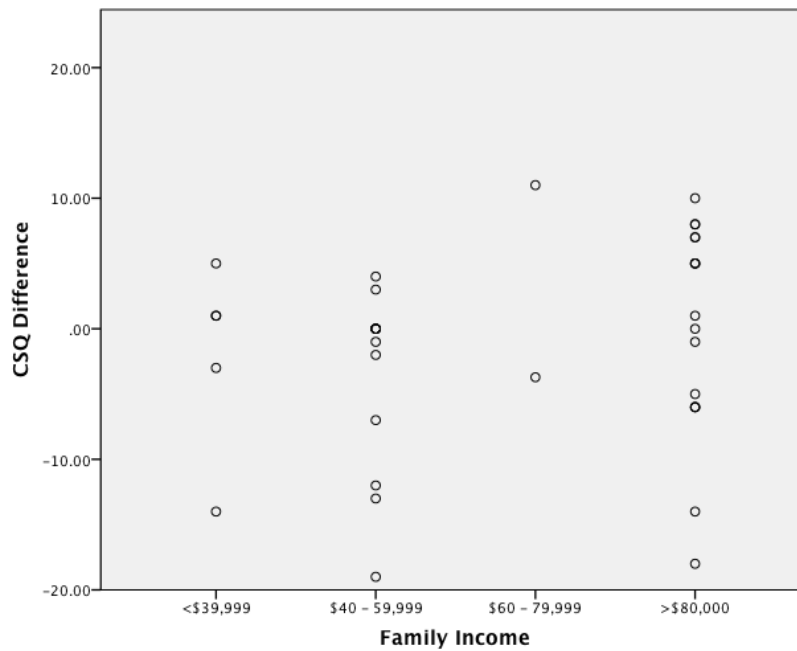**(Pearson r = 0.38)**
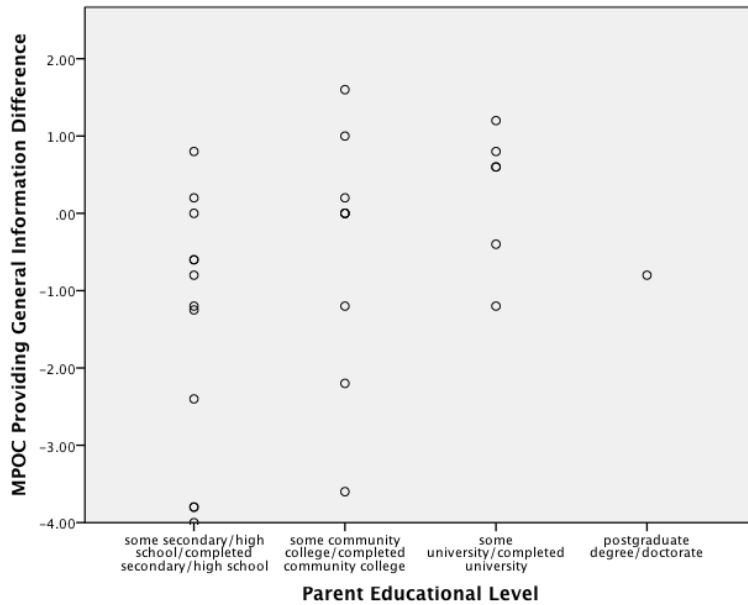
Univariate Linear Regression Plot for Family Income vs. Change in MPOC Scores for the Providing General Information Scale
(Pearson r = 0.04)
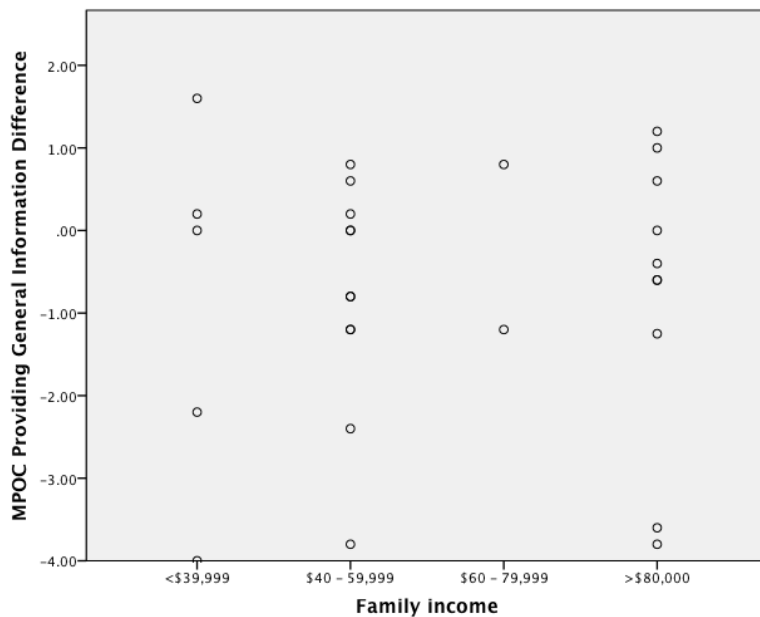
Univariate Linear Regression Plot for Parent Education vs. Change in CSQ scores (Pearson r = 0.34)

Univariate Linear Regression Plot for Family Income vs. Change in CSQ Scores (Pearson r = 0.15)

Appendix D. Regression Statistics and Plot of the Residuals

Regression Statistics for Model Predicting Change in MPOC Providing General Information Scores

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.649[a]	.421	.219	1.40298

a. Predictors: (Constant), SES 60 to 79999, SES less than 39999, Parent 1 edu secondary or high , Providing General Information, SES 40 to 59999, Parent 1 edu university, Parent 1 edu community college
b. Dependent Variable: MPOC PGI Difference

ANOVA[a]

| Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	28.670	7	4.096	2.081	.094[b]
	Residual	39.367	20	1.968		
	Total	68.037	27			

a. Dependent Variable: MPOC PGI Difference
b. Predictors: (Constant), SES 60 to 79999, SES less than 39999, Parent 1 edu secondary or high , Providing General Information, SES 40 to 59999, Parent 1 edu university, Parent 1 edu community college

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.617	.877		.703	.490
	Providing General Information	-.405	.155	-.470	-2.610	.017
	Parent 1 edu secondary or high	-1.055	.867	-.315	-1.216	.238
	Parent 1 edu community college	.240	.874	.072	.274	.787
	Parent 1 edu university	1.327	.981	.332	1.352	.191
	SES less than 39999	.573	.908	.125	.632	.535
	SES 40 to 59999	.676	.658	.206	1.027	.317
	SES 60 to 79999	-1.220	1.384	-.176	-.882	.388

a. Dependent Variable: MPOC PGI Difference

Scatterplot
Dependent Variable: MPOC Providing General Information Difference
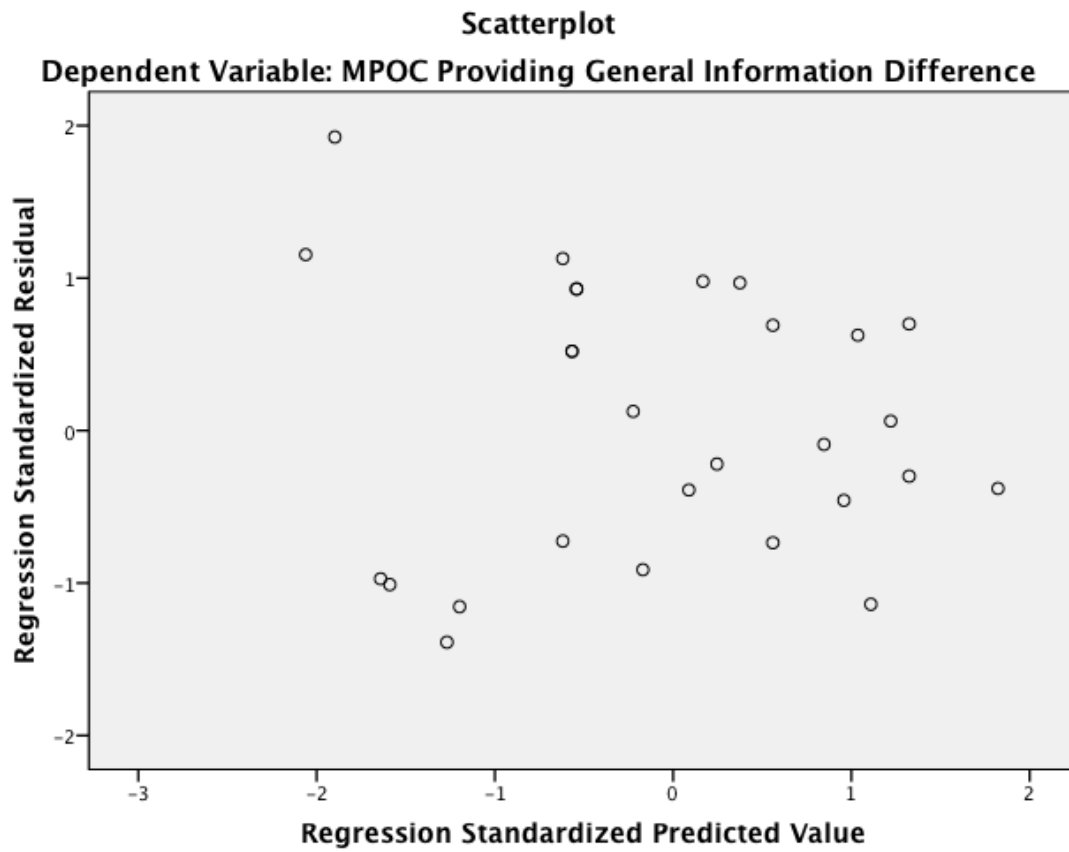
Regression Statistics for Model Predicting Change in CSQ Scores

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.444[a]	.197	.036	7.51327

a. Predictors: (Constant), SES 60 to 79999, SES less than 39999, Parent 1 edu secondary or high , SES 40 to 59999, Parent 1 edu university, Parent 1 edu community college

b. Dependent Variable: CSQdifference

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
	Regression	489.984	7	69.998	1.254	.307[b]
1	Residual	1619.015	29	55.828		
	Total	2108.998	36			

a. Dependent Variable: CSQdifference

b. Predictors: (Constant), SES 60 to 79999, SES less than 39999, Parent 1 edu secondary or high , SES 40 to 59999, CSQ total score, Parent 1 edu university, Parent 1 edu community college

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	10.615	8.961		1.185	.246
	CSQ total score	-.383	.331	-.230	-1.155	.258
	Parent 1 edu secondary or high	-4.539	4.000	-.281	-1.135	.266
	Parent 1 edu community college	-3.312	4.029	-.205	-.822	.418
	Parent 1 edu university	3.597	4.554	.187	.790	.436
	SES less than 39999	1.522	4.173	.069	.365	.718
	SES 40 to 59999	-.362	3.120	-.023	-.116	.908
	SES 60 to 79999	-4.062	6.678	-.122	-.608	.548

a. Dependent Variable: CSQdifference

Scatterplot
Dependent Variable: CSQ Difference