Summary

This report presents findings from seven community evaluation projects of early childhood programs in Ontario and British Columbia. Each of the projects aims to develop strategies for the programs to become more inclusive of children with diverse abilities. The communities are representative of rural, remote and urban locations, and serve families with a wide range of cultural viewpoints. Key in the experiences of families, as reported in these projects are challenges that result from poverty, lack of transportation and access to specialized services, concerns about relationships with professionals, and the need for services that are culturally relevant and organized to fit with the families' needs.

Key recommendations

Building an inclusive early-childhood education and care system will require that any new childcare spaces created across the country be prepared to accept any child. These childcare spaces:

- Need qualified and well-educated staff, with fair wages.
- Need ratios and program hours that recognize the need for staff to get to know children well, and for them to get to know families, communities, and other service providers.
- Will incorporate family support and make it central to any inclusion model. Including children means including their families and communities, and being available to help them with housing, employment, social assistance, healthcare, and other community agencies.
- Will have Resource Consultants present for regular periods of time in all childcare programs with access for all children. This will allow relationships and communication with staff, families and communities.
- Will be part of a system that recognizes the need for access to a range of qualified specialists and support professionals, particularly for childcare programs in rural and remote areas.

Systemically, there needs to be reorganization of services in order to better recognize disability as a legitimate experience. There needs to be

- Clear recognition of education, including early childhood education, care and intervention systems, as implicated in the construction of disability and a site of disablism.
- The system needs to be re-organized so that rather than diagnosis as a qualifying criteria, inclusion is about getting to know the children well and seeing them through an appropriate not necessarily norm-referenced lens that also sees their family and community.
- A goal of creating the conditions for frontline staff to be able to be inclusive. This means scaling up the structural conditions that each program describes rather than the specific strategies themselves. This will allow genuinely local—and locally responsive—policies to be developed.

Context
This project is part of the Inclusive Early Childhood Service System (IECSS) project, a longitudinal study that began in 2014. This $2.5 million study, funded by the Social Sciences and Humanities Research Council (SHHRC) and hosted at Ryerson University, was developed through a partnership and previous work with community, academic and policy organizations. The partnership spans ten geographic areas: the County of Wellington (Ontario); the District of Timiskaming (Ontario); the City of Hamilton (Ontario); the City of Toronto (Ontario); Constance Lake First Nation/Hearst (Ontario); Peel Region (Ontario); Brandon (Manitoba); Comox Valley/Powell River (British Columbia); Yellowknife (Northwest Territories), and Halifax (Nova Scotia). These partners offer diverse cultural perspectives that encompass different approaches to supporting families in rural, remote, and urban communities. In addition, our partners bring service experience from the childcare, early intervention, health, development, and Indigenous service sectors.

The IECSS project is informed by a social relational theory of disability that recognizes disablement as the result of an interaction between individual characteristics (such as genetic and environmental factors), social experiences (such as poverty and racialization), and access to community social capital (such as early intervention services, childcare, and culturally safe supports).

Through interviews with families conducted in its partnership development phase (2015–2018), the IECSS project has identified a number of structural barriers to inclusion and participation of children with disabilities in early childhood education, care and intervention services:

1. Accessing disability supports and services is a lot of work for families.
2. The system of services for young disabled children is predicated on a medical model, which makes diagnosis or designation of disability central to how the system works. This approach is not consistent with many cultural viewpoints regarding disability, and is used as a gatekeeper for services that may be central to inclusion and quality of early learning and childcare for children with disabilities.
3. Access to services has a geopolitical context. Different jurisdictions have varied service availability and priorities for early intervention and early childhood education and care.
4. Individual programs may be inclusive, but most families who have children with disabilities are clients of or participants in multiple services. Inclusion beyond single programs across the spectrum of services is rare.

Project Overview and Introduction
In recent years, increasing attention has been turned toward the social value of high-quality early learning and care, which has been touted as a critical anti-poverty, anti-discrimination, and equity-in-education strategy. High-quality early learning and care is often described as being inclusive, but it is less clear what government or childcare advocates mean by this term. The disability community has been calling for inclusive education practice at all levels of the education system since at least the 1960s, with many provinces adopting legislation in the early 1980s to allow the participation of disabled children in education settings. Yet we know that education systems continue to exclude disabled children. Recent findings from the IECSS project found real concerns with the exclusion of children from full-day kindergarten programs, a program that has

directly stated its social justice and inclusion aims[1]. Further, educators continue to describe significant structural barriers to inclusive early childhood education and care practice[2].

This project represents an opportunity to think about what inclusion means. We start with the notion of disability. Disability is a culturally and socially constructed concept. The emerging field of disabled children's childhood studies recognizes "disabilism" as an experience of exclusion and discrimination on the basis of impairment or ability. This language and usage of the term disability is not in common practice in Canada. Differences in language use can hinder clear communication, but they also represent fundamental differences in the underlying worldview of those who use the terminology.

Disabled children's childhood studies draws theory from both disability studies and childhood studies, but recognizes the limits of each to actually represent the experience of disabled children.[3] We refer to "disabled children" in the introduction, recognizing that disability is not something a person has, but rather a descriptor of how one has been treated by people and institutions. Most importantly, disabled children are *children*, with families, cultures, and a broad range of characteristics that cannot be understood through psychological or medical concepts alone.

Authors throughout this report use the word "disability" in different ways. In Chapter 1, Lavallee and Lavallee discuss the cultural dissonance with Indigenous worldviews that the term disability creates. This is an important point in terms of recognizing widely held viewpoints about disability as a medical or clinical category, a view that is grounded in colonial ways of thinking. This report, however, is premised on the need for a focused discussion about disability in early childhood services. All children have a right to their identity, their culture and to define themselves in relation to the people who make them feel included. This means seeing each of them as unique individuals with something to offer their communities.

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[1] Kathryn Underwood, Elaine Frankel, Gillian Parekh and Magdalena Janus, "Transitioning Work of Families: Understanding Trans-Institutional Power in Early Childhood Programs and Services," (under review).

[2] Ruth Bancroft & Kathryn Underwood, "A Vision for Inclusive Childcare: From Principles to Policy," Our Schools/Our Selves, Vol. 24, no. 4 (Summer 2015); Kerri Graham & Kathryn Underwood, "The Reality of Rurality: Rural Parents' Experiences of Early Years Services, Health & Place, Vol. 18, no. 6 (2012); Colleen Thornton and Kathryn Underwood, "Conceptualisations of Disability and Inclusion: Perspectives of Educators of Young Children," Early Years, Vol. 33, no. 1 (2013);Kathryn Underwood and Marion Trent-Katz, "Contributions of Parenting and Family Literacy Centres in an Early Childhood Services System," Vol. 25, no. 1 (2015).

[3] Tillie Curran and Katherine Runswick-Cole, "Disabled Children's Childhood Studies: Critical Approaches in a Global Context. Chapter 1: My Story," in *Handbook of Disabled Children's Childhood Studies: Building Understandings*, ed. Katherine Runswick-Cole, Tillie Curran, and Kirsty Liddiard (London: Palgrave, 2017); Kathryn Underwood, Marisol Moreno Angarita, Tillie Curran, Katherine Runswick-Cole, and Donald Wertlieb, "An International Conversation on Disabled Children's Childhoods: Theory, Ethics and Methods," (in submission).

Further, it is critical to recognize the relationship between disability, impairment, and a number of social factors. We must recognize that poverty, colonization, geography, environmental toxicity (including through climate change), and social inequality are directly linked to increased health risks and resulting impairments. Childcare is often described as a critical poverty-reduction strategy without recognizing the intersection experiences of disability and income inequality.

Our Audience
While the focus of this report is on disability, many chapters have been written by Indigenous scholars and practitioners, as well as by practitioners working with and sometimes in First Nations and Métis communities. Each report is community-specific—and just as there is not one pan-Indigenous experience there is also not a pan-disability experience. All of the reports serve as valuable examples of how local communities that are engaged in understanding children and their families, play a central role in defining what it means to be included. Each of the chapters is also written for the community it profiles as a service to others who work in that community. This is particularly important for the reports that are informed by Indigenous experiences and worldviews: They will be read differently by different audiences. There are teachings that are specific to each nation and cultural group. The range of approaches offers concrete examples of culturally responsive and informed practice, sometimes in ways that the reader may not recognize because of his or her own experiences and worldview. We are all learning. The recommendations from these reports should be understood not as Indigenous teachings, but as methods that can inform how others engage with their own communities across the country.

The Partners
IECSS in Action! aims to identify inclusion strategies that recognize the systemic and cultural factors that shape the actual context within which inclusive services are delivered. While this project is informed by findings from local community action evaluations, it is premised on the assumption that it is critical for frontline staff to be involved in determining how evaluation should be translated into practice. The processes outlined in the reports are as important as the outcomes.
Staff attitudes are often cited as critical to inclusive practice. However, the IECSS project has found that significant structural barriers may actually be among the root causes of poor attitudes toward inclusion. Designing a project that situates frontline staff as the researchers ensures "useable" findings. The frontline staff we are engaging in this project are early childhood educators; in some programs they may also include resource consultants and early interventionists.
Seven organizations collaborated on this project, funded by Employment and Social Development Canada. These include:
- Three child-care service providers (Wellington County, Niwasa Kendaaswin Teg and the Temiskaming Native Women's Support Group);
- One developmental service agency (Comox Valley Child Development Centre);
- One childcare embedded in a child protection agency (Native Child and Family Services); and
- Two family support programs (the Gerrard Resource Centre and Family Place).

Collectively, these organisations represent most of the types of services that children with disabilities in Canada might access. We asked each site to interpret their findings for a broader audience and to note whether they believe these approaches are relevant and can be scaled up. And although these seven sites are small, the IECSS project team has also engaged with hundreds of programs through our participants and will draw on our research findings to interpret these projects for a larger audience. Further, these seven sites collectively have many more staff than those who participated in the project. While not all of them took part in these project each site, all of the organizations anticipate implementing the strategies in some capacity across their programs and on an ongoing basis.

The specific project aims were to:

1) Identify strategies based on findings from the IECSS project (see list of references); and

2) Evaluate the processes and efficacy of these strategies. The project begins from the assumption that knowing the "on-the-ground" perceptions of frontline workers is critical if we are to understand how institutional processes operate and critical for the evaluation of the feasibility and implementation of the services they deliver.

Ultimately, we hope to make recommendations for a federal childcare policy that is inclusive of disabled children and to provide relevant examples for local programs and services.

The Strategies and Locally Developed Evaluation

Each site was given a small budget with which to implement a strategy that addressed the problems identified above. Many of the sites drew on other resources to support and sustain their projects.

The parameters for selecting and implementing the strategies were that they needed to be measurable and sustainable after the end of the project. For this project each site implemented one strategy, with some having multiple components (see Chapter 5). Each site also developed its own approach to documenting the implementations and outcomes. The partners had approximately three to six months to implement their strategies, which meant that no site had time to do capital building projects or hire a staff person who did not have previous training.

The implementation and evaluation of strategies were designed by the frontline staff, with support from a research assistant and the executive directors (or their designates) at the participating program sites, and their executive directors had approved their participation.

For this research project the research assistants and local staff were given an introduction to evaluation methods and training which included the use of the "Inter-disciplinary Program Evaluation" open access modules.[4] Each site developed its own evaluation strategy informed by the evaluation literature, with the recognition that community-based evaluation would involve a range of methods that are both consistent with the goals (as identified in step one) and the intended outcomes of the strategy.

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[4] Kelly McShane, Open Learning Interdisciplinary Program Evaluation Curriculum (2015), https://www.ryerson.ca/openlearning/projects/program_evaluation/.

The program evaluation methods ranged from focus groups and interviews with staff and families, to questionnaires (pre- and post-strategy), to journals and notes. Central to all of the evaluation approaches was communication with staff and families. Overwhelmingly, and perhaps not surprisingly, staff and families had positive feedback about the approaches. What is more interesting is the details about why these strategies were of value, which is discussed in the individual project reports.

The strategies responded to all the barriers identified in the problem-identification phase of the project as well as the four barriers identified in the IECSS study.

Defining Inclusion and Barriers to Inclusion in Local Contexts

The frontline staff at each partner agency were introduced to the four findings from the IECSS project, as described above. Staff discussed and identified any findings that were consistent with their own view of structural barriers to inclusive practice. From this discussion, we are able to identify some key barriers to inclusive early childhood education, care, and intervention programs from the standpoint of frontline staff. The discussion begins with consideration of barriers identified at the strategy stage, as well as key findings from the evaluation.

The most common barrier to participation, and one that was identified in most of the reports, was poverty. Different programs identified issues that arose as a result of poverty, including access to transportation, food insecurity, housing insecurity and employment issues, especially those related to flexibility and hours of work. The availability of childcare is inextricably linked with the capacity to work—often, without childcare in place, work cannot be secured. There is a real need for flexible program models that care for children not only while their parents are at work (see Chapter 7), as well as the recognition that an inclusive system has both childcare and family support options (see Chapter 3).

All of the programs recognized that seeing children and their families from a "deficit" perspective was problematic. They agreed with the IECSS finding that the system requires diagnostic and assessment information to qualify a child and his or her family for service and noted that it is standard practice to rely on these assessments to understand the child. None of the partners required diagnostic information about the child for participation in their strategies. They also did not necessarily have information about which children were disabled. However, two programs expressly addressed the need for child-specific information (Chapter 1 and 2), and one program designed all their strategies around concerns about children's behaviour (Chapter 5).

Niwasa Kendaaswin Teg developed a new, culturally informed tool (Chapter 1) that helped staff to know children in a new way. It also allowed staff to document details about children that families were able to use in their communication with other programs and with schools. Native Child and Family Services used the norm-referenced Ages and Stages Questionnaire (ASQ), implementing it along with a strategy to communicate with a child's extended family and with the express purpose of using the information from this

tool to include a child who had previously not participated in a childcare setting (Chapter 2).

Most programs noted that there is a lack of specialist services, including medical care that is accessible and available when families need it. This is particularly true for rural sites (see Chapters 4 and 6) and remote sites (see Chapters 3 and 5), where families must leave their communities for hours, days, or even weeks to access the care their children need. Both Palmerston and Powell River focused on developing local strategies for building connections between families and the right professionals in spaces that were safe, familiar, and local to families.

There is a need for good structural support for staff through policy. In particular, programs need qualified staff who have the time to build relationships with children, with families, communities, and with Resource Consultants and others with specialist knowledge (see Chapters 2 and 5). Further, Resource Consultants and other experts, such as Elders, should be located within programs, rather than be itinerant, and have reasonable caseloads so that they can build appropriate relationships (Chapters 5 and 6), and the time to allow for locally developed program features; those reported include outdoor learning, bringing the outdoors inside, and drumming, all developed with local Wisdom Keepers (see Chapter 5).

Although many of the reports find more than one barrier to inclusion and include all the following recommendations, we have grouped the reports into the following three themes:

Understanding the child.
       Niwasa Kendaaswin Teg (Hamilton, Ontario)
       Native Child and Family Services (Toronto, Ontario)

Connecting families.
       Family Place (Powell River, British Columbia)
       Palmerston Child Care and Learning Centre, (Palmerston, Ontario)

Designing responsive programs.
       Temiskaming Native Women's Support Group (Kirkland Lake and Temiskaming Shores, Ontario)
       Comox Valley Child Development Centre (Comox, British Columbia)
       Gerrard Resource Centre (Toronto, Ontario)