

# Inclusion Quality

Children with Disabilities  
in Early Learning and Child Care in Canada

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**Executive Summary  
and  
Recommendations**





# EXECUTIVE SUMMARY

This research study is one component in a larger project designed to improve inclusion quality in early learning and child care programs across Canada. The specific objectives of the study were:

- To assess levels of program quality and inclusion quality in a sample of inclusive programs;
- To examine whether there are gaps in the quality of programs available for children with disabilities by comparing scores on program quality and inclusion quality across the sample and within individual centres;
- To examine the relationship between program quality and inclusion quality — specifically whether high program quality is a necessary and/or sufficient condition for inclusion quality and whether there is a program quality threshold that is required for high inclusion quality;
- To learn what factors affect the quality of children’s learning and caring environments for children with disabilities by profiling those centres that evidence high and low inclusion quality;
- To consider what centre directors identify as strengths, specific challenges, and actions that can be taken to improve inclusion quality; and
- To inform policy, research, and practice to improve and sustain high program quality and high inclusion quality for all children.

Our research, supported by Employment and Social Development Canada’s [ESDC] Early Learning and Child Care [ELCC] Innovation Program, 2019, is based on a purposive, voluntary sample of 67 inclusive child care centres located in five provinces. We note that almost all of the programs have a long history of inclusion and that many were connected to a range of inclusion support services and professional resources. As such, as a group, they likely evidenced higher program quality and inclusion quality than might be obtained in a random sample of Canadian programs. Information about the centres, their inclusion history and current practices was obtained from centre directors who completed a centre questionnaire. Assessments of program quality and inclusion quality were obtained by trained observers who administered the Early Childhood Environment Rating Scale-Revised (ECERS-R) and the SpecialLink Early Childhood Inclusion Quality Scale (SpecialLink Inclusion Scale).

## A PROFILE OF PROGRAM QUALITY AND INCLUSION QUALITY IN INCLUSIVE CENTRES

### Overall Program Quality

- Somewhat more than half of the centres (54%) had *ECERS-R* scores that ranged from 3.0–4.99, with most scoring in the 4.0–4.99 range, in-

dicative of mediocre program quality, while 46% had scores above 5.0, in the good to excellent range. The average score on the *ECERS-R* was 4.9.

- In general, centres had higher scores on the social and structural aspects of program quality with higher scores on staff-child interactions, program structure, and provisions for staff and parent-staff relationships. In many centres, scores indicated room for improvement in the provision of stimulating learning activities — both structured and unstructured — and in personal care routines.
- There were significant differences in average program quality scores across regions. A higher proportion of centres had scores indicative of good to excellent program quality in Ontario and British Columbia.

### **Inclusion Quality**

- Scores on the *SpeciaLink Early Childhood Inclusion Quality Scale* covered the full range from inadequate to excellent. More than one in five centres (22%) had an average score below 3.0, indicating poor inclusion quality, while almost as many (21%) had scores indicating good or excellent inclusion quality. The average score on the *SpeciaLink Inclusion Scale* was just under 4.0 and the majority of centres clustered in the minimal to moderate range.
- Average scores on the *Inclusion Principles* subscale were significantly higher than on the *Inclusion Practices* subscale (average scores were 4.3 and 3.8, respectively). Fifteen centres had scores in the inadequate range on one or the other measure, however almost 45% of centres had scores in the good to excellent range for *Inclusion Principles*, indicating a strong commitment to full inclusion.
- Items with the lowest average scores on the *Inclusion Practices* subscale indicate substantial room for improvement. These include: Support from a Board of Directors or Parent Advisory Board, Equipment and Materials, the Physical Environment, Staff Training, and Director's Active Involvement as an Inclusion Leader in the Centre and in the Community.
- Differences in *SpeciaLink Inclusion Scale* scores were evident when the provinces were compared, although most had average scores in the moderate range. A notable outlier is Nova Scotia, which had much lower inclusion quality scores than the other provinces.

### **Scores on Both Program Quality and Inclusion Quality**

- When scores on the two quality measures are considered together, we find that less than one fifth of the sampled centres (18%) had scores in the good to excellent range on both the program quality and inclusion quality measures.
- The majority of centres (60%) had scores on one or both measures in the minimal to mediocre range.

## IS THERE A GAP BETWEEN PROGRAM QUALITY AND INCLUSION QUALITY?

Children with disabilities deserve to participate in early childhood settings that offer a high quality program to all children, but also can meet their unique needs. Evidence of a gap between overall program quality and inclusion quality was clearly evident, both for the sample as a whole and within individual centres.

- On the *Specialink Inclusion Scale* the average score was almost a full point lower than the average score obtained on the *ECERS-R* measure of overall program quality (3.96 compared to 4.93). This difference is both meaningful and statistically significant.
- While no centre had an *ECERS-R* score indicative of inadequate program quality, 15 centres (22%) had a score below 3.0 (inadequate inclusion quality) on the *Specialink Inclusion Scale*.
- In addition, while 31 centres (46%) had scores indicative of good or excellent program quality, less than half that number (14 centres — 21%) attained scores in the good-to-excellent range for inclusion quality.
- Average program quality scores were higher than average inclusion quality scores in every province. The difference was statistically significant in New Brunswick, Ontario, and, most dramatically among centres in Nova Scotia.
- The gap between program quality and inclusion quality was also evident when scores were compared in individual centres. The average within-centre PQ-IQ gap was almost a full point. Fully half the centres evidenced a PQ-IQ gap of one point or more and 14 centres had a gap in scores that exceeded two full points.

## HIGH PROGRAM QUALITY IS A NECESSARY, BUT NOT SUFFICIENT CONDITION, TO ENSURE HIGH INCLUSION QUALITY

We found that high inclusion quality does not occur in the absence of high program quality, however high program quality on its own does not ensure high inclusion quality. In summary, good overall program quality is a platform that is required for good to excellent inclusion quality.

- Twelve of the 14 centres that had scores > 5 on the *Specialink Inclusion Scale* also had scores > 5 on the *ECERS-R* measure of program quality. A threshold of 4.5 or above on the *ECERS-R* seemed to be the minimum score required to support high inclusion quality.
- A high score on program quality on its own is not sufficient to ensure high inclusion quality. Nineteen centres had *ECERS* scores that indicated good overall program quality, but had *Specialink Inclusion Scale* scores reflecting inadequate, minimal or mediocre inclusion quality.

### **A Mix of In-Centre Resources and Resources and Supports Provided to Centres Is Required for Centres to be Successful in Including Children with Disabilities and Sustaining Their Capacity to Do So.**

- On a scale of 1-10, most directors rated their centre's current inclusive practice as 8, although scores ranged from 4 to 10. Directors' ratings reflected their views of the resources available to them, and to what they perceive as their centre's strengths and challenges in providing quality inclusive care and education.
- Centres varied in terms of the number of resources available to support inclusion and the specific resources they used. Resource-rich centres were able to benefit from a variety of specialists, community agencies and government funding. Resource-poor centres were more limited and some experienced long wait lists for child assessments, consultation and support.
- Where available, inclusion coordinators/resource consultants provided information, access to resources, role modeling and support for all staff. Typically, these consultants worked mostly with educators in preschool rooms. Several directors noted the importance of additional training and support for staff who work with infants/toddlers and school-age children.
- Most directors identified early childhood educators' commitment to inclusion, knowledge and training, and capacity to work well together as an effective team — both within the centre and with professionals and parents as key strengths. These factors were also reflected in the centre's philosophy and positive inclusion culture. A smaller proportion of directors (19%) referred to access to therapies and services, funding for extra staff, and resources and equipment as centre strengths that contribute to inclusive practice.
- Similarly, 79% of directors identified as key challenges the need for more training and support for staff, as well as broader staffing issues in finding and maintaining qualified staff as major difficulties. More than half of the directors (52%) commented on the lack of funding to support inclusion as a significant challenge and 21% identified lack of access to specialists/therapists and a long wait list for support, services and assessments as significant challenges to inclusion.

### **The Findings from This Study and From Our Prior Research Confirm That High Quality, Inclusive Child Care Requires Informed Policies; Funding; Collaboration with Therapists, Early Intervention and Inclusion Support Programs; and Ongoing Training, Mentorship and Support for Child Care Directors and Front-Line Staff.**

Our recommendations address each of these areas. We note that there are excellent examples of high quality inclusive child care in most provinces; however it is essential that policy makers address *both* the wider issues that affect child care accessibility and quality *and* specific aspects related to inclusion (training and support, access to funding and resources) in order for all children to be able to benefit from quality ELCC programs that support their development and well-being and enable their participation in their community and in Canadian society.

# RECOMMENDATIONS

## INCLUSION QUALITY IN EARLY LEARNING AND CHILD CARE IN CANADA

Over the past several decades there has been a strong convergence of developments in public policy and legislation, practice, and public support that makes us cautiously optimistic about the future of inclusive child care for children with disabilities in Canada. However, there is a long way to go before children with disabilities have the same opportunities to attend quality child care as do other children, with accommodations and adaptations that meet their unique needs.

Federal commitments to develop a system of high quality, affordable, accessible, inclusive child care programs across Canada have been made before. The current pandemic has made visible how critical child care programs are as an essential support to families, children, communities and the economy (Employment and Social Development Canada’s [ESDC] Early Learning and Child Care [ELCC] Innovation Program, 2019). The most recent Speech from the Throne (Trudeau, J., 2000) again identified child care as an essential program that must be supported and expanded. Attention to the needs of children with disabilities must not be an afterthought in policy planning, workforce strategies and funding.

From the early 1970s, under the *Canada Assistance Plan (CAP)*, most provinces saw some children with disabilities included in community-based child care centres. In the 1980s and 1990s, under strong parental and disability organizational advocacy, provinces began to encourage integration or mainstreaming, and many specialized centres either closed or developed into integrated centres. By the end of the 1990s, more children with disabilities attended mainstream child care. But attendance was not a right; it was a privilege. With a persuasive parent, a particularly adorable child, perhaps a centre director who was committed to inclusion — some children with disabilities were included. But children had to earn their right to enroll and stay in many centres.

Until 2005, when Foundations: A National Early Learning and Child Care Program of the federal government was introduced, no F/T/P agreement had specified “inclusion of children with disabilities” in any of its principles. The Foundations Program, under Minister Ken Dryden, stated that “Early learning and child care should be inclusive of, and responsive to, the needs of children with differing abilities; Aboriginal (i.e., Indian, Inuit and Métis) children; and children in various cultural and linguistic circumstances....” Inclusion became one of the QUAD principles, the others being Quality, Accessibility, and Developmentally Appropriate. Unfortunately, this agreement only lasted two years until the Harper government was elected and closed those doors.

From 2005 to 2017, despite the lack of federal funding or leadership, provinces reported increasing inclusion of children with disabilities; post-secondary ECE training programs reported the addition of courses and specializations regarding children with disabilities; and inclusion

became a regular topic at child care conferences. Moreover, popular media presentations of children with visible disabilities in typical settings had increased public acceptance of the concept of inclusion.

While these developments were positive, it remained to be seen whether Canadian governments (and the public in general) would develop and support effective policies and program approaches to ensure that high quality, affordable, accessible, inclusive child care for all children would become a sustainable reality. Families with children with disabilities were often still marginalized from community-based child care.

Thus, the Liberal government's Multilateral Early Learning and Child Care Framework (ESDC'S ELCC Innovation Program Framework, 2017) and its accompanying funding commitments was a positive step forward. In the F/T/P agreements that were signed for a 3-year period, to be followed by renewal for the next seven years, "children with differing abilities" were specifically included as a vulnerable group, to be addressed in the provincial Action Plans and progress reports. Several of the first year Progress Reports specifically describe progress in their plans for increasing the number of children with disabilities included and increasing centres' inclusion quality.

Now that work is being done for the 2022-2025 period and beyond, governments have the opportunity, when negotiating the bi-lateral agreements, to develop and strengthen policies, programs, and initiatives to improve the situation of children with disabilities.

The authors of this report are strongly supportive of the child care agenda proposed by Child Care Now (formerly the Child Care Advocacy Association of Canada) which addresses the significant deficiencies in current policies and provision that affect most families who need affordable, high quality child care in their communities. In addition, there are other elements that are necessary to ensure high quality, inclusive child care that require additional attention from the federal/provincial/territorial governments as listed below.

Based on our research findings in this report and three decades of research, advocacy, and support for child care programs, we make the following recommendations:

#### **FOR EMPLOYMENT AND SOCIAL DEVELOPMENT CANADA**

We recommend the following changes and expansions to the *Multilateral Early Learning and Child Care Framework* and to further policy development related to early learning and child care, as well as to the bilateral agreements developed with provincial and territorial governments pursuant to the Framework:

1. Change the phrases "differing abilities" and "varying abilities" to "children with disabilities." People in the disability community usually refer to themselves, their children and their clients as "persons with disabilities" as does the UN Convention on the Rights of Persons with Disabilities that Canada has signed.

2. Include “children with disabilities” as a distinct category in the inclusivity sections of the agreements and in progress reports. While this group is no more important than other vulnerable groups, it is the only one that shows up in all ethnic, linguistic, income, and geographical groups.
3. Include provision for children with disabilities in all action plans. Planned actions must include an increase in the number of children with disabilities included; in the types and levels of severity of disabilities included; in the number of ELCC centres that are inclusive (including at least 10% of children with disabilities), and in the quality of inclusion provided.
4. Additional or expanded funding to support inclusion through specific programs or funding agreements should be identified separately in agreements, Action Plan and progress reports.
5. Include leadership training as part of the quality component of the ESDC’S ELCC Innovation Program Framework, 2017. Of course, leadership is always important, but it is especially important in an emerging area such as inclusive ELCC. Our research has shown that centre directors’ leadership has an extremely strong effect on staff attitudes, acceptance, and effectiveness when including children with disabilities. Training related to inclusion that focuses on directors as inclusion leaders as well as on front-line staff should be an important measure of the quality component of the provincial Action Plans.
6. Federal, provincial and territorial governments (and municipal service managers in Ontario) must develop comprehensive policies and initiatives to promote, monitor, and support both overall program quality and inclusion quality and to eliminate the gap between overall quality and inclusion quality that exists in most child care centres. These policies and supports should be developed collaboratively with child care professionals, appropriately resourced, and evaluated on a regular basis to ensure continued improvement. Our research shows that there are valid and reliable instruments for measuring inclusion quality. Children with disabilities deserve to participate in community-based programs that are developmentally appropriate for them as individual children, support their parents, and are part of an integrated system of supports for young children.
7. Valid and reliable methods should be used to collect and analyze national and provincial/territorial data on children with disabilities (by age) on a regular basis. Statistics Canada should ensure that this is part of its ongoing survey research, including data on whether children and families are able to access child care and other services and supports.
8. In addition, comparable administrative data should be collected and made publicly available by the provinces and territories on the number of young children with disabilities and their participation in ELCC programs, including the number of children with varied types and severity levels of their disabilities, and the number of centres including children with disabilities. We recommend regular monitoring of inclusion quality in centres – including unmet needs and challenges centres are facing as critical information for policy planning and quality improvement.

## FOR THE PROVINCES AND TERRITORIES

Most provinces and territories provide some funding and supports for centres to include children with disabilities. Our research suggests a number of important directions and efficiencies that may assist them in providing higher quality inclusion.

### A Focus on Policy

Provincial/territorial policies must support effective inclusion practice. Funding must be provided to ensure that centres and their staff have access to the resources (both financial and human) needed to continue to be effective and to expand their capabilities and ensure that early childhood educators are compensated for the valuable work they do. Among policy concerns to be addressed are:

9. Child care centres that enroll children with disabilities must have timely access to child assessments, both to determine eligibility and to assist child care staff in their planning efforts.

10. Child care centres must have additional funds to enhance ratios (or employ an in-house resource teacher) when four or more children with disabilities are enrolled, or when any children have severe disabilities. Funding should be stable and adequate to recruit and retain trained and experienced ECEs for this work.

11. Inclusion consultants also must be available to child care centres that enroll fewer than four children with disabilities and, ideally, should support all child care programs as needed.

12. Child care centres must have appropriate levels of support from therapists and other related specialists in the community when they enroll children with disabilities.

13. Child care centres must have additional inclusion assistants when they enroll children with more challenging needs.

14. Since accessibility and physical structure are so closely related to both inclusion quality and global quality, all new centres must be purpose-built to meet current standards, and older centres must be eligible for capital grants to increase accessibility.

### A Focus on Research

15. Governments must fund thorough evaluations of the effectiveness of different models of inclusion support and initiatives undertaken to increase inclusion capacity and inclusion quality. These evaluations should be used for continuous improvements in policies and service provision.

16. Governments must fund the monitoring of progress toward “inclusive-ness” in child care programs. Tools for monitoring inclusion quality — for example the *SpeciaLink Inclusion Scale* — are available and are familiar to the field.

## **A Focus on Leadership**

Our research confirms the critical role of the child care centre director as an inclusion leader. Some of the centres in this study and in our earlier research lacked resource teachers; some lacked regularized funding for the extra costs of resource supports; some lacked strong boards — but none of the successful programs lacked strong, committed directors. Activities and programs that enhance that role are critical. Fully inclusive child care centres are still rare, and their sustainability is in question as founding directors retire or move on and as child care programs cope with unstable enrollments and increased costs related to COVID-19. Despite the urgent need for new qualified front-line early childhood educators, we must also invest in our leaders and our potential leaders as an important component of national and provincial/territorial workforce strategies.

There is a tremendous reserve of “practice wisdom” that should be widely shared and utilized to enhance inclusive practice and to encourage the next generation of directors and child care professionals.

We strongly recommend that:

17. Governments identify successful, inclusive directors as key change agents, and fund projects that enhance their impact on the broader child care community. This can be achieved through projects that:

- Bring key people from successful inclusive child care sites together to share learnings and best practices, and to strategize with policy makers, professional organizations, post-secondary ECE programs and local child care groups about practical initiatives that can enhance inclusion quality;
- Sponsor inclusion leadership training institutes for directors, and for potential directors with demonstrated commitment to inclusion;
- Support networking opportunities for directors/supervisors of inclusive centres, including the development of local communities of practice;
- Create national and provincial/regional mentorship programs for inclusion, with successful directors/supervisors of inclusive centres as mentors, nominating in-province leaders who are “ready to include”;
- Build and sustain capacity through child care resource centres, provincial organizations, the Canadian Child Care Federation and SpecialLink, including programs that utilize new technologies and web-based portals to expand access to information, opportunities to share experiences, and obtain peer support and mentoring that involves directors/supervisors — credible practitioners — as key figures;
- Promote a career ladder and encourage existing successful inclusion practitioners to become trainers.

18. Governments must fund a variety of opportunities (using in-person presentations, print materials, videos, web-based resources, and on-line coaching) to share with others the knowledge acquired by leaders in inclusive child care.

### **A Focus on Training and Support**

19. Provincial and territorial governments must ensure that there is a variety of courses, conferences and workshops on inclusion that are accessible, affordable, and available to staff and directors on an ongoing basis, addressing the range of topics and issues that are important for successful inclusion.

20. College and university programs in ECE must incorporate more materials about inclusive practice in their curricula and in post-diploma and graduate courses.

21. Practica and placement courses in ECE and related programs must be strategically developed to ensure that students have the opportunity to learn about inclusion by participating in successful inclusive centres.

22. Colleges and universities must re-conceptualize (in consultation with the field) post-diploma/certificate and graduate programs for resource teachers and special needs workers in early childhood education. These should reflect the multiple roles of direct service, collaborative practice, consulting, family support, and adult education. Training programs should also be developed to address the needs of short-term contract workers (inclusion assistants) who work in inclusive child care settings, often without training.

23. Successful intensive inclusion quality enhancement programs, such as *Keeping the Door Open* in New Brunswick (Van Raalte, D.L., 2001); *Measuring and Improving Kids' Environments* (MIKE) in Prince Edward Island; and *Partnerships for Inclusion* in Nova Scotia, typically offered as pilot projects or limited time research projects, should be offered to centres in all provinces and territories with ongoing support, monitoring and evaluation. These initiatives provide on-site assessment, collaborative planning with centre directors and early childhood educators, and support to improve both overall program quality and inclusion quality.

### **A Focus on Planning for Transitions**

Provincial/territorial policy must support a collaborative, inter-disciplinary approach among early years professionals, including school personnel to ensure effective transition planning and continuity of support.

24. Early years personnel must develop protocols and strategies for effective planning and coordination of efforts to assist with child care transitions (from home or early intervention/infant development to child care, and child care to school).

### **A Focus on the Profession**

Considerable variation exists in the roles, training, caseload size, duration and frequency of visits, focus of service, etc. of inclusion consultants in child care as well as access to specialized resources. An integrated community-wide approach to service delivery must be developed and supported to meet the needs of all young children with disabilities across Canada.

25. As an emerging profession, leaders in the field of early childhood intervention and resource teachers/specialists must define their own code of ethics, mandates, appropriate caseloads, and standards of training and practice. Funding must be allocated for research and development projects oriented toward this goal.

**Toward a System of High Quality, Affordable, Accessible, Inclusive Child Care Programs Across Canada**

26. Federal/provincial/territorial governments must strengthen the funding component of the Multilateral Framework on Early Learning and Child Care to build a national Canadian child care system that includes career ladders with graduated salaries and assures a continuing infrastructure to support high quality, inclusive programs.

“This book is an urgent report about where Canada is today with respect to the inclusion of children with disabilities in early learning and child care. While the current *Multilateral Framework on Early Learning and Child Care* addresses many factors essential to the development of a strong national system of early learning and child care, it does not focus sufficiently on inclusion quality for children with disabilities. Without this focus, these children, and their families, will get left behind.”



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Specialink is The National Centre for Early Childhood Inclusion, a non-profit organization dedicated to the equitable inclusion of children with disabilities in child care and other community programs. Responding in the late 1970s to parents of children with disabilities and to local advocates and professionals, Specialink has become the national force for inclusion of young children with disabilities. Since 1990, with support from the Government of Canada, Specialink provides research and resources to assist parents, ELCC programs, training institutions, advocates, consultants and researchers to improve the quality and quantity of inclusive child care across Canada.

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