Inclusion Quality in the Time of COVID

The Impact of the Pandemic on Children with Disabilities in Child Care in Canada

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We are most appreciative of the many people who contributed to this book. While we as authors have the primary responsibility, we recognize this book as a collaborative effort.

We thank Employment and Social Development Canada's (ESDC) Early Learning and Child Care (ELCC) Innovation Program, for their sponsorship and belief in research on inclusion quality, and its importance in providing equitable early learning and child care services for children with disabilities. We want to thank ESDC staff, especially Nathalie Cliche for her careful attention.

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The Coordinators

Liz Hicks is an elementary teacher from England, with an ECE diploma and over 42 years working in early childhood care and learning. "I believe in lifelong learning for all (especially myself!) and want to help people provide the best environments, investigations and experiences for all children that encourage awe, wonder, learning and excitement in discovery."

Meghan Scott is a bilingual resource consultant with Children's Inclusion Support Services in Ottawa, Ontario. For over 15 years, she has worked in the field of early childhood education and care that supports the inclusion of children with special needs. Passionate about supporting the mental health and wellbeing of educators, throughout the COVID-19 pandemic Meghan collaborated with educators and families to ensure that children with disabilities and diverse needs remained meaningfully included in care settings.

Based in Moncton, NB, with over 20 years' experience working alongside of individuals with disabilities and their families, **Chantal Pelletier** is a committed and compassionate Family Support Facilitator. Her career has been grounded in a deep belief in equity, dignity, and the right of every individual to live a meaningful and included life. Throughout her career, Chantal has worked tirelessly to dismantle the systemic and attitudinal barriers that so often stand in the way of individuals with disabilities and their families.

Tammy MacTavish-Doucet participated in a national project surveying licensed Early Learning and Child Care (ELCC) directors across New Brunswick. The goal was to understand their experiences with staff, children and families during the COVID-19 pandemic, and to identify any lasting effects. This book project provided valuable insight into how

the sector has evolved and highlighted the resilience and adaptability of early learning communities. It was also a meaningful opportunity to reconnect with colleagues and re-engage with a field she's been part of nearly four decades. Tammy offers this quote from Margaret Mead, "Never doubt that a small group of thoughtful committed individuals can change the world. In fact, it's the only thing that ever has."

Joanne Vinet is an instructor in the Early Childhood Education program at Université de Saint-Boniface. For 23 years, she has worked in the field as front-line staff, inclusion support, director and is currently an instructor. "The work I did for this project highlighted the passion and big hearts that ECEs and directors display for the families and especially for the children in their care—a resilient bunch through the pandemic."

Debra Mayer is an early childhood education policy and training specialist with a special passion for inclusion. A past board member of SpeciaLink, she served as project manager and director of the organization for 5 years, encouraging inclusive high quality child care practices across Canada. Debra was the Province of Manitoba's Early Childhood Education consultant from 2012-2023, promoting play-based learning for Kindergarten students and closer alignment between early learning and K-12. She served as Chairperson of the Council of Ministers of Education, Canada's Early Childhood Learning and Development Committee (2018-2023) and was Canadian representative to the Organization of Economic and Cooperative Development's Early Childhood Care and Education Network (Paris, October 2022 & March 2023).

Trudy Norton was lead researcher and writer of a national project that looked into the inclusion of children with special health needs in child care settings. The initiative developed resources to support children, their families, and professionals, results that were shared at conferences across Canada and the U.S. During her career, she co-directed an inclusive, multi-age centre, instructed in ECE programs, and served on the boards of Early Childhood Educators of British Columbia and the Canadian Childcare Federation.

SpeciaLink is The National Centre for Early Child Care 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.

ABOUT THE AUTHORS

Donna S. Lero, Ph.D. is University Professor Emerita at the University of Guelph, where she taught in the Department of Family Relations and Applied Nutrition for over four decades. Donna's interdisciplinary background in the social sciences is evident in her many publications on child care policies and programs, parental leave, the integration of work and family responsibilities, and caregiving. In 1998, she co-founded the University's Centre for Families, Work and Well-being where she led a program of research on public policies, workplace practices and community supports. Donna held the inaugural endowed Jarislowsky Chair in Families and Work in the Centre from 2003-2014.

Sharon Hope Irwin, Ed.D, ONS is the Executive Director and Senior Researcher for SpeciaLink: The National Centre for Early Child Care Inclusion, with a focus on including children with disabilities in child care and other community programs. After working as a frontline child care director, pioneering an inclusive child care centre for 15 years, in 1992 she established SpeciaLink to conduct research and facilitate workshops and conference presentations on issues related to disability, inclusion and child care. She created *The SpeciaLink Early Childhood Inclusion Quality Scale*, an instrument to measure quality inclusion in childcare. As part of this work, she has consulted with government officials in all provinces, as well as with researchers, trainers, agency heads, directors and early childhood educators. She has trained over 3000 related professionals in the use of the SpeciaLink tool.

Donna and Sharon have been conducting research together on child care inclusion since 1995. Their joint publications include *Inclusion Quality: Children with Disabilities in Early Learning and Childcare in Canada* (2020), *Inclusion: The Next Generation in Child Care in Canada* (2004); *A Matter of Urgency: Including Children with Special Needs in Child Care in Canada* (2000) and *In Our Way: Child Care Barriers to Full Workforce Participation Experienced by Parents of Children with Special Needs — and Potential Remedies* (1997).

1. Introduction: In the Beginning . . .

Before COVID-19, it was a struggle to include children with disabilities in child care in Canada, but the country was on the upswing. Under the *Canada-wide Early Learning and Child Care* agreements [CWELCC] the provinces and territories are required to include children with disabilities. However, the COVID pandemic brought new challenges such as children's health and behavioural issues, parental fears and reduced staff that closed the child care doors on many of those children.

The first confirmed case of COVID-19 appeared in British Columbia in January 2020. By March of 2020, all of Canada's provinces and territories declared states of emergency and, to varying degrees, began to implement school and daycare closures, prohibitions on large gatherings, and closures of non-essential businesses. Public health agencies recommended social distancing, isolation, masks, and rigorous cleaning of surfaces and materials that might enable the virus to spread. Vaccines were not yet available and there was no way to know if children might be at particular risk of serious illness and death. It was a terrible time for all, marked by distress, uncertainty, and isolation from the very people and places that provided support to children and families. Nothing was normal. News of serious rates of infections, hospitals being overwhelmed, and deaths heightened people's fears for themselves and their loved ones.

Very quickly governments realized the need for child care for children whose parents were essential workers, such as health care workers, first responders, and those who worked in grocery stores, and requested that centres provide such care. Consequently, while some centres closed completely, others remained open to provide care and comfort to children and parents they previously did not know, under far from normal circumstances. The federal and provincial governments and local public health agencies provided guidelines and protocols at various times and provincial governments set limits on the number of children who could attend during the rest of 2020. Centre directors experienced low enrollments, staff who were uncertain about whether they could or should continue working and, typically, inconsistent or changing information from authorities with no direct line to anyone they could reach out to for more specific information or support.

Financial assistance for centres to operate and comply with stringent sanitation requirements was rolled out, as were financial supports to

businesses and to workers displaced from their jobs. Children, families and staff were all subject to new rules that diverged from centres' normal practices. Parents were not permitted to enter children's classrooms (or, in some cases, even the centre's building) and consequently, many had no interactions with their child's teachers when dropping off or picking up their child. Efforts to promote physical distancing meant that normal group activities (circle time, dramatic play, use of sand tables and water tables, sharing materials) were limited.

The data in this book supports the conclusion that the needs of children with disabilities—individually and as a specific group—largely became invisible at this time.

Over time, centres were gradually given permission to enroll more children and to welcome back families who had previously used their services. While masking, rigorous cleaning, and practices that limited social interactions and sharing materials continued, ECEs and directors did their best to provide a safe and supportive environment in circumstances that continued to be challenging and, often, at odds with best child care practice. By June of 2020, the number of new cases waned as the first wave of the COVID pandemic subsided. Many centres reopened, at least partially, although enrollments remained lower than before as some parents were able to work from home or did not return to their previous employment; others remained concerned about their children's health and potential exposure to the virus in group care settings. At the same time, many centres experienced difficulty hiring staff to replenish their full complement, which also contributed to lower enrollment.

The Pandemic was not yet over in the summer of 2020. Larger second and third waves of COVID cases led by variants of the original virus were experienced in the fall of 2020 and in March/April of 2021. School and centre lockdowns occurred periodically in 2021 and 2022, especially in Ontario and Quebec. On the positive side, in August 2021, the COVID-19 vaccine was approved for children from 6 months to 5 years of age.

As of January 2025, based on recorded numbers of cases and hospitalizations, Canada had experienced seven waves of the pandemic. Mercifully, the latter waves were less serious since vaccines became available. While still a potential concern, the acute period of Pandemic disruptions and distress was now in most people's rear-view mirror. What remains are the longer-term impacts of those disruptions and distress as described in this book by centre directors and parents who note the continuing effects of COVID on children's development and on children's and parents' mental health, as well as longer-term impacts on the child care workforce.

As Canada has come to grips with the challenges of COVID-19, we have seen extraordinary efforts on the part of Early Learning and Child Care (ELCC) front-line staff to continue to meet the challenges of providing quality services. We have also seen — because of a variety of limitations including funding, spatial restrictions, and numbers of qualified participants — that when child care is under pressure, it is the children with disabilities who are the last to be included.

The literature regarding COVID and child care underlines these points. Its general focus is on preparedness and planning, social distancing strategies, cleansing and disinfecting rules regarding feeding, sharing and so forth. The literature reveals little regarding adaptations and accommodations required to include children with disabilities; the essential data and discussion on the status of such inclusion or exclusion has not been captured. No useful set of recommendations for including children with disabilities in ELCC during the pandemic has been published. Will these children with disabilities, often with single parents who need employment, be left out again? This book takes up those issues in the closing recommendations based on what our interviews with parents and directors have taught us.

Happily, prior to the pandemic, we at SpeciaLink developed a baseline to work from—the 2020 ESDC-funded project called *Inclusion Quality: Children with Disabilities in Early Learning and Child Care in Canada*. As detailed in that report, in 2019 and 2020, using the *SpeciaLink Quality Inclusion Scale*, we included observations regarding the quality of inclusion in 67 ELCC classrooms in 5 provinces—a baseline prior to the invasion of COVID-19.

This book, *Inclusion Quality in the Time of COVID*, takes the next critical step regarding our knowledge of the inclusion of children with disabilities in light of the COVID pandemic. It brings up to date the effects of COVID on children with disabilities who were either in ELCC programs and early elementary school or denied those experiences during the pandemic period. And it provides recommendations for improving the quality while preparing for the next pandemic.

GOALS AND OBJECTIVES

Our main goals in this project were:

- To understand how the COVID-19 Pandemic affected the capacity of child care centres to support young children with disabilities, and

- To identify those policies and practices that can be employed now and, in the future, to ensure inclusion capacity and inclusion quality in Canada's early learning and child care centres.

To do so, we undertook in-depth interviews with centre directors to understand what has happened and is happening in inclusive child care centres. Our interviews and the analyses that follow use two lenses and three time periods.

- One lens is a specific focus on inclusion practices and experiences in child care centres and directors' observations of how children with disabilities have been affected by the Pandemic and are faring currently.

- A second lens is on child care centres themselves and the early childhood educators who work in them — with a focus on experiences and resources that are critical for maintaining quality early learning and care experiences for all children, as well as children with extra support needs.

This study allows us to understand what happened/is happening at three points of time:

- The period starting in March 2020 when the Pandemic was declared a national emergency, requiring immediate adaptations to ensure public health while maintaining essential services, as well as the time that followed as systems came back on stream, but with changes to reduce the likelihood of further infection (roughly lasting until about the end of 2021).

- A middle period, defined by the child care directors as a gradual, if not full, return to pre-COVID practices, which, for about half of our directors, took until the end of 2022. Other directors indicated that there could never be a return to pre-COVID times and that they were functioning in a "new normal," marked by long-term changes in children, families, and ECEs that require ongoing adaptations.

- The third period was defined as "currently" — or the last 6 months prior to our interviews — to give us a sense of current practices, resources, and challenges facing child care programs.

It is important to underscore that in addition to short, medium and long-term impacts of COVID experiences, our research captures a time of major system change. The introduction of multi-year funding by Canada's Liberal government in the 2021 budget to expedite a Canada-wide Early Learning and Child Care (CWELCC) system in collaboration with provinces/territories/Indigenous governing bodies has been historic and transformative. CWELCC agreements follow the goals of the 2017 Multilateral Framework and focus on developing a universal system of early learning and child care for all children, families and communities based on the principles of affordability, accessibility, quality, flexibility and inclusivity.

To date, the annual CWELCC agreements have focused mostly on affordability, reducing parent fees substantially to the desired goal of $10/day by 2026. Initiatives have also included efforts to increase spaces, improve wages and benefits, and, to a lesser extent, support inclusion — with significant variation between jurisdictions in the specific actions introduced and their timing. The demand for affordable, licensed care has increased dramatically; however, child care workforce shortages have been a major factor inhibiting the rate of growth.

We remind readers that our study very much captures the impacts on centres and on inclusion of both COVID-related impacts on children, families and ECE provision and historic system change simultaneously.

With that in mind, we addressed a number of specific objectives:

1. To understand child care centres' journey through COVID, with a specific focus on inclusion practices, resources, and program impacts;

2. To learn how COVID-related experiences affected children with disabilities and their experiences in child care programs;

3. To understand what changes have taken place in centres' capacities

to include children with disabilities and how current experiences differ from the period before the Pandemic;

4. To identify current issues affecting inclusion practices and inclusion quality; and

5. To give voice to child care centre directors and present what they see as current unmet needs and necessary policy changes in order to sustain and improve inclusion capacity and inclusion quality.

2. Inclusion Quality in the Time of COVID — A Literature Report

The Canadian Multilateral Framework Agreement on Early Learning and Child Care had been signed in 2017 to include all children. Parents of children with disabilities and their advocates looked forward to seeing these children included in all programs in which other children participated. From 2017 through 2025, the federal government negotiated individually with each province to develop and update a bilateral agreement about child care — child care that would include children with disabilities as a matter of right. Child care in most provinces and territories began to include children with disabilities, but they often felt hampered in what they could do — because of limited staff trained in adapting and accommodating children with diverse needs and because of the huge waiting lists for all spaces after new federal funding (the $10-a-day plan) increased the number of families who could afford child care.

COVID-19 brought the development of Canadian child care to a halt. By March 2020, all provinces closed down their child care (and schools), at least temporarily.

Parents of children with extreme issues were often left on their own. As Phoenix (2020) points out, "COVID-19 has been disruptive to all families, but the effects of school closures, medical equipment shortages and social distancing are further amplified for families of children with disabilities."

The British Columbia report, "Understanding the impact of COVID-19 on families of autistic children in British Columbia" (Fong, Birmingham & Iarocci, 2020) reflects much of what Inclusion BC has been hearing from families since the pandemic began, as well as concerns that have been raised for years. It details long waitlists, inadequate respite and communication breakdowns that have led families to their breaking point.

"For six straight months, my husband and I had to alternate staying up all night with them, because [our two-year-old male twins] vomited five or six times a night and would die without someone there to make sure they didn't choke," Maria recalls. "We had several doctors and other health professionals all trying to get us nursing services in that period, but we couldn't even get an assessment. That's still the case."

The family's plight speaks to the chronic lack of support that already existed prior to COVID-19 for many BC families whose children had special needs. The pandemic significantly worsened those problems, but

CYNS (Children and Youth with Special Needs) families were suffering long before COVID-19.

In Alberta parents of young children with disabilities were also looking for child care during the pandemic. “Alberta parents of children with disabilities say they’re running out of daycare options. At some point, will one of us have to just stop working because we don’t have an option?” (Pasiuk, 2024).

The province says there is support for parents in the form of a program called Family Support for Children with Disabilities program (FSCD). “It can pay for extra staff to help, for medications, counseling, medical supplies, and even clothing or footwear that relates to the child’s disability.”

There’s also a parent group in Alberta called Hold My Hand Alberta that helps parents translate those fine words into useful supports. The first issue is usually the next sentence in the provincial statement, “According to FSCD data, caseloads for the organization have almost doubled in 10 years. The funding has not. The expenditures of the program depend on the number of families on the caseload and also on the services that are accessed by those families, according to the province.”

Some children with disabilities such as cerebral palsy, Williams Syndrome, autism and a severe language delay needed child care.

An experienced mother says, “Most daycares don’t wish to take our children, because they won’t unless there’s additional supports. Our kids have to be kicked out of two or three daycares before FSCD will say ‘Yes, your child needs this support.’ And you take having a single parent, then what? Or you’re new to Canada and you don’t understand how to access that secret menu. Both moms found daycare in the end, one moved to another town with a daycare that had just opened; the other found a family day home where she pays several hundred dollars more per month, but she’s happy that she found a place.”

A mother in Saskatchewan calls for action to address the daycare shortage for neurodivergent children. She and her husband were looking for daycare for their two sons, both of whom are autistic. They were told that regular child care couldn’t accommodate them. “It was crushing. It makes you feel that your child is a burden and not someone who should be celebrated.”

They found a daycare centre that is probably the only one specialized for neurodivergent children. The owner says that her staff are trained to work with children with autism, Down Syndrome, ADHD symptoms or other behavioural challenges. But the daycare has a long waiting list and the province needs to do more to expand child care spaces for children with complex needs. The current maximum funding of $2000 per month in addition to regular child care isn’t enough for a full-time staff member to provide that care.

“If we are saying that there should be inclusion in education, then it should be from the very get go. It should be with our daycares and the

government should be putting their money behind that" (a parent in CBC News, September 15, 2024).

Michelle Phoenix at McMaster University is a founding partner of The Conversation CA. She tells us that "I'm concerned about the challenges that children with disabilities and their families face during COVID-19 and can offer some ideas for taking prompt action and promoting allyship." People with disabilities may experience serious complications or death due to COVID-19; however this group was missed in messaging about at-risk populations. They may also experience negative outcomes due to reduced quality of care. Public screening facilities may be inaccessible or increase exposure for children and families.

Many children with disabilities require medication, personal protective equipment (PPE), such as gloves, and masks, home care, respite and rehabilitation services.

Families may delay or suspend services to limit exposure to COVID-19 when staff are providing service in multiple homes. The lack of supports and resources, paired with extra care responsibilities, may compound the physical and mental health challenges already experienced by many parents of children with disabilities.

In a newspaper photo "Six-year-old Peyton Denette (a wheelchair user) is helped by her mom as she works remotely with a speech-language pathologist from her home. Like many other children, Peyton must adapt to online learning during COVID-19." (The Canadian Press, May 11, 2020.)

This literature report is chronological. It starts with the first signs of the COVID-19 pandemic in Canada (March 2020) and continues through reflections about the effects of COVID-19 on children five years later, focusing on children with disabilities. It includes recommendations for dealing with future pandemics. It uses data from the United States regarding effects of COVID-19 and the shutdown of child care and early elementary school because only the US, under the National Assessment of Educational Progress (NAEP) had been systematically testing all school children in grades three, eight and twelve, in mathematics and reading competencies for over 50 years.

By May 2020, most provinces allowed child care centres to open again for children of "essential workers," such as health care workers, fire fighters, police, and grocery store employees. Several provinces, notably Manitoba and Alberta also allowed children with disabilities to attend at this time (H. Barlow, Alberta Ministry of Seniors, Community, and Social Services). Governments and local health agencies provided guidelines and protocols to child care centres as well as to schools, hospitals, extended care homes, retail outlets and businesses, regarding how to best protect themselves and the children in their care. But there were no strategies much better than what had been in place in 1918 during the so-called Spanish Flu — strict sanitation, primitive masks, gowns and gloves, distancing children from one another, and so forth. The 1918 influenza had proved to be highly fatal; it is said that more people died from the Spanish Flu than in battle in World War One.

As early as March 2020, Dr. Kevin Kelloway, a psychology professor at Saint Mary's University in Halifax received a grant from the Canadian Institutes of Health Research, to "examine workplace changes due to COVID-19." His initial impetus was to find out whether or not people were actually following the health guidelines they had received. In the early days of the pandemic, the guidelines included hand washing and social distancing before evolving into PPE (Personal Protective Equipment) mandates when these became available.

Although his research did not focus on child care, knowledge of how staff in other settings were following health guidelines was critical. As our present study shows, child care workers recognized their fundamental job was to make it possible for people designated as "essential workers" to carry out their duties.

Essential workers were kept waiting for promised daycares in much of the country. Julie Ireton, a reporter with the CBC, noted that Ottawa child care centres remained closed, while emergency daycare centres in Toronto, Cornwall, and Peterborough and some other towns and cities reopened on March 23, 2020.

Karrianne Boulva, a surgical oncology fellow at the Ottawa Hospital, was waiting for emergency child care for her two-and-a-half-year-old son (Ireton, 2020). She wondered how centres would continue to function — she worried about the ratios of child care staff to children, and about other protocols to keep kids, staff and families safe, especially when it came to the children of health care workers who had potential exposure to COVID-19.

In summer 2020, despite the lack of a COVID-19 vaccine, many child care centres re-opened across Canada for all children, including children with disabilities. The federal government and the provinces helped defray the cost of rent and salaries during the very low enrolment months, and many agreed to continue COVID-19 subsidies until (or through) the 2020-2021 school year (Government of Canada, 2020).

Basically, the general rules included: modifying drop-off and pick-up procedures, screening procedures upon arrival, social distancing in the centre, intensive cleaning and disinfecting, maintaining an adequate ratio of staff-to-children to ensure safety, and staff and older children wearing masks (Centre for Disease Control and Prevention, 2020). As child care directors and parents told us, many of the considerations that developed for minimizing the spread of COVID were more confusing and emotionally painful for the children with disabilities and younger children than for older, typically developing children. Some of the routines were much more complex than what these children were used to, and the children were unable to understand why the changes were made.

For example, parent drop-off and pick-up. "Drop-off" has always been an almost sacred moment. In normal times, the parent takes the child to the classroom, helps him take off his outer clothing and put it into his locker, goes into the classroom and sees that the child is settled with a teacher, and then leaves. If the child is crying, the parent might stay until he is settled or, at least, to see that an adult is aware of the

child's unhappiness. The parent would probably exchange a few words with an adult in the classroom, tell her of any issues facing the child that morning, and then leave.

During the COVID-19 pandemic, drop-off time changed. Parents were generally not allowed in the building but would hand their child over to a centre adult (often an administrator) outside. One centre director (Burke, 2022) told us that she felt sorry for parents who never got to meet the child's staff. She opened her centre for several evenings without the children, inviting parents (a few at a time, maintaining social distance and mask-wearing) to visit the classrooms and to meet the staff.

Pick-up time wasn't much easier. Parents would phone the centre (assuming they had a cellphone) and let the administrative staff know that they were arriving. Then an admin staff person would dress the child for the weather, assemble whatever clothing and notes were being sent home, and go outside with the child to his parent's car. There could be very little information exchanged between the child care staff and the parent, since usually the child's staff person would be with the other children in the classroom.

In many centres, there were long waits during drop-off and pick-up, especially when the driving parent had the same work schedule as many others who used that centre. Many parents were likely to work the same hours, and thus even with the cellphone contact, they would be waiting for their turn and their child (Burke, 2022).

Since these protocols were the best way to minimize contact during arrival and departure, they were usually followed. Many centres continued this routine even when they were allowed to resume the pre-COVID practices.

Arrival and departure were only one part of COVID protection. As the children were brought into the centre, there was a screening process. Some centres took children's temperatures upon arrival; others asked parents to do this before leaving home. Centre staff then made a visual inspection of children for signs of illness which might include flushed cheeks, rapid or difficult breathing, fatigue or extreme fussiness. (CDC, 2020).

Social distance strategies were to be followed during the COVID-19 pandemic (CDC, 2020; NACCHO, 2025). Often in "cohorts" and usually in a group of no more than eight children of roughly the same age, these children and the same staff were together most of the time. If two or more groups shared a room, chances were that some children knew children in other cohorts (even a sibling!), but strict adherence to cohort groupings kept them apart and minimized the spread of COVID-19.

Placement of children with disabilities often added to the difficulties. Should a child with limited language be with children of his age or with children at his developmental age? Should a child with a developmental delay be kept away from a sibling?

Sanitation was emphasized in many ways to protect children and adults from the virus (CDC; NACCHO). Hand washing was very frequent. If

the classroom didn't include a stand-alone sink, the children learned to use hand sanitizers or go to the washroom for hand washing upon arrival, before and after meals, after playing outside, and after various types of play as well as after toileting.

Mealtimes were changed to minimize possible transmission. Prior to COVID, many centres involved children in meal preparation, such as placing snacks on trays or serving other children. During COVID-19, there was no sharing of food. Staff served children individually, losing the sharing aspect of mealtimes. And, of course, children washed their hands before and after eating.

Playtime was also changed. In the classroom, soft toys were removed and replaced with toys that could be easily sanitized. Intentionally-shared art-supply containers were replaced by individual containers of scissors, crayons, paints and brushes. Books in the children's library space were often limited to those made of gloss-coated paper that could be washed. Sharing, a fundamental concept of developmental child care, was minimized to lessen the chances of COVID-19 spread, another example of trying to balance good child care practices with protection.

Group times were often minimized in favour of individual play. In many centres, singing was only allowed outside where children were less likely to infect each other. Helping each other was frowned upon because it often would include touching or hugging.

When PPE (Personal Protective Equipment) became available for child care staff, adults usually wore masks and used gloves. Children, even over five years old, generally did not wear masks.

Given the options of greater COVID-19 spread or no child care, most parents chose the sanitized child care.

In the 2020-2021 year, child care staff became more skilled at working within the confines of COVID-19. Moreover, in December 2020, Health Canada authorized the COVID vaccine for adults and for children over 16 years (Public Health Agency of Canada, 2020). The prevalence of the virus seemed to diminish, and many staff and parents received the vaccine, which also lessened the overall tension about COVID-19.

Children with disabilities often attended child care centres. Deborah Pugh, executive director of the Autism Community Training in British Columbia, administrated an organization that partnered with the autism and developmental disorders lab at Simon Fraser University, from which a survey of 238 caregivers (usually parents) of children with autism was developed. It asked about the experiences from March through June 2020, and was carried out by Fong, Birmingham, and Iarocci, as "Understanding the impact of COVID-19 on the quality of life of families of autistic children in British Columbia."

The masks that adult staff wore limited the children's understanding. Language learning, in particular, was slowed down by the masks. No obvious smiles from an adult, few connections between commands and praises could be understood through the masks. The requirement of masks led health specialists to argue that language development for

young children may have been impaired and that communications and interactions with children were more difficult (Cloutier, 2020), especially for children with special needs.

In November 2021, two months into the second COVID year, the Public Health Agency of Canada authorized a vaccine for children 5-11 years of age, and in July 2022 (almost into the third year of COVID-19) it authorized the vaccine for children from 6 months to 4 years.

GOING BACK TO CHILD CARE

Parents of children with disabilities often faced more complicated issues than parents of typically developing children. Almost one in five (19 percent) parents participating in a Statistics Canada survey (Arim, Findlay and Kohen, 2020) indicated that they had at least one child aged 0 to 14 years in their home with at least one type of disability. The largest proportion (84 percent) of these participants indicated a cognitive, behavioral or emotional disability such as attention deficit hyperactivity disorder (ADHD), while 4 percent indicated a permanent physical disability such as deaf or hard of hearing. 7 percent indicated another type of disability, and 6 percent indicated a combination of at least two of these types of disabilities.

Once child care services re-opened, parents who had at least one child with a disability were less likely to report a return to child care than parents with only typical children — 23 percent compared to 37 percent of survey participants who did not have a child with a disability in the home (Arim, Findlay and Kohen, 2020).

When asked about concerns for their children, about 7 in 10 participants were very concerned or extremely concerned about their children's opportunities to socialize with friends, regardless of whether a child with disabilities was in the household. The largest difference among participants was observed for the school year and academic success: while 58 percent of parents of children with disabilities were very or extremely concerned for their children's school year, the figure was 36 percent for parents of children without disabilities (Statistics Canada, 2020).

BABIES AND TODDLERS

Sarah Toy (Wall Street Journal, May, 2023) wrote, "If your toddler isn't talking yet, the Pandemic might be to blame."

"Babies and toddlers were being diagnosed with speech and language delays in greater numbers. Studies show that children born during or slightly before the pandemic were more likely to have problems communicating compared with those born earlier. Speech therapists and doctors were struggling to meet the increased need for evaluation and treatment."

"Social isolation coupled with pandemic-related stress among parents likely contributed to the delays," said Martinez, a developmental pe-

diatrician and medical director of developmental pediatrics at Mount Sinai Health System in New York (Martinez, 2022).

KINDERGARTEN AND OTHER EARLY SCHOOL-AGE PROGRAMS

Miller & Mervosh (2024) wrote, "The pandemic's babies, toddlers and preschoolers are now school-age, and the impact on them is becoming increasingly clear: Many are showing signs of being academically and developmentally behind.

"This is a generation less likely to have age-appropriate skills — to be able to hold a pencil, communicate their needs, identify shapes and letters, manage their emotions or solve problems with peers, according to several pre-school or child care teachers."

THE COVID GENERATION IN GRADES 3-4

Most of the data comes from the United States. Where possible, of course, we are using Canadian data.

"Math scores fell in nearly every state, and reading dipped on national exams" (Mervosh & Wu, 2022).

"Boys did less well than girls, with lower scores in math and English reading." As Mervosh and Wu explain, "The findings raise significant questions about where the country goes from here. And for the country's most vulnerable students, the pandemic has left them even further behind."

"I want to be very clear: The results in today's nation's report card are appalling and unacceptable," said Miguel Cardona, the U.S. Secretary of Education under President Biden. "This is a moment of truth for education. How we respond to this will determine not only our recovery, but our nation's standing in the world."

Children from wealthy homes were functioning at their age level; Black and Hispanic children were functioning at lower levels. In Detroit, where nearly one in two school children live in poverty, only 6 percent of fourth graders were proficient in math in 2019. That year that number fell to 3 percent. How can U.S. students catch up?

The U.S. federal government invested $190 billion in pandemic aid for schools (Mervosh, 2024). Most of the money went to the higher grade level classes, and some went to small group tutoring as well as to school building renovations that might address the school closures that occurred because of air quality in old buildings during the pandemic. Two studies do suggest that modest improvements in test scores did occur.

On the negative side, kids were missing school at an alarming rate (Bennhold, 2024). She quiries Mervosh, an education reporter, and asks, "Why do you think the kids are missing so much school? It's been three years since most kids went back to school. So, one might expect things to be almost back to normal, but you found something surprising. Tell us about that."

Mervosh describes a more permanent shift in the way kids and their parents think about being in class after the pandemic, which is that school feels optional and kids are still missing a lot of it. 26 percent are missing 10 percent or more of school days. Chronic absenteeism has more than doubled.

Researchers and teachers developed plans to help children catch up. "Around the country, children are attending summer school like never before, as the United States pushes billions of dollars into education to help children recover from the pandemic. Though the pandemic hurt almost all students, creating learning gaps for some, and deepening existing gaps for others, research suggests that the students who suffered the most are those of color — low-income students, English language learners and other historically marginalized groups — almost all students who qualify for free or reduced [cost of] lunch."

Researchers made suggestions about how the next pandemic might be handled (from What We've Learned About School Closures for the Next Pandemic [Goldstein & Mervosh, 2025]).

"Over the course of 20 days starting in March 2020, 56 million American children stopped going to school as COVID-19 swept the United States."

What was impossible to anticipate then was that millions of those students would not return to classrooms full-time until September 2021, a year and a half later. However, many child care centres re-opened by September 2020, with their usual issues of staffing and funding. Many did include children with disabilities, but only as a favour, not as a right. Parents of school-aged children, who had previously been in school, enrolled them in school-aged child care, both so that the parents could work and so that their children could have the benefits of socialization and learning in the child care setting. 62 percent of children with disabilities, roughly 17,075 children (16 percent) in child care ages 0-5 years in Canada attended child care, representing approximately 176,000 (13 percent) children who attend child care (Statistics Canada).

Five years on [2025], the devastating impact of the pandemic on children and adolescents is widely acknowledged across the political spectrum. School closures were not the only reason the pandemic was hard on children, but research shows that the longer schools stayed closed, the farther behind students fell.

What would happen in Canada if another health crisis came along? — a pressing concern as cases of measles and bird flu emerge. In the face of a new unknown pathogen and a mix of attitudes at responsible levels in Canada, how would school leaders and lawmakers make decisions? (And where would Canada get ample vaccine if the United States stopped research and adequate production?)

FROM PROTECTION (SANITATION) TO DEVELOPMENT

Before COVID vaccine became available for adults and young children, and commonly used, various procedures and accommodations were

tried to minimize the children (and adults) being infected with COVID-19. There was always a juggling act between "protection" (essentially "sanitation") and "development" in the centres to keep both children and adults from getting COVID, while helping young children to play and learn. Every additional item added to "Protection" moved the centres away from "Development" (that is, the practice of high quality, inclusive child care) such as in minimizing turn-taking, sharing, self-service of food, using fluffy toys, hugging, parent involvement, etc., back to "Sanitation" (to minimize contact in a group setting). Necessarily, the centres moved away from what had been considered "best practice" before COVID to a safer, sanitizing custodial environment.

AFTER COVID — EFFECTS ON CHILDREN

Five years after the first signs of COVID-19 (March 2020), to the introduction of the COVID vaccine for all ages and a lessened rate of COVID transmission, investigation of effects of COVID on children now in primary school has become intense.

(Miller & Mervosh, 2024) write: The youngest pandemic children are now in school and struggling. "The pandemic's babies, toddlers and preschoolers are now school-age, and the impact on them is becoming increasingly clear: Many of them are showing signs of being academically and developmentally behind. Interviews with more than two dozen teachers, pediatricians and early childhood experts depicted a generation less likely to have age-appropriate skills — to be able to hold a pencil, communicate their needs, identify shapes and letters, manage their emotions or solve problems with peers."

Dr. Jaime Peterson (2022), a pediatrician at Oregon Health and Science University, whose research is in kindergarten readiness, said "We asked them to wear masks, not see adults' faces, not play with kids. We really severed those interactions, and you don't get that time back for kids."

"The youngest children represent 'a pandemic tsunami' headed for the American education system," said Joel Ryan (2025), Executive Director of Washington's Early Learning Programs for a Head Start Association and state preschool centres in Washington State, where he has seen an increase in speech delays and behaviour problems.

A preschool teacher in Roseville, Michigan (Hovis, 2025), has seen plenty of the pandemic's impact in her classroom. Some children can't open a bag of chips, because they lack finger strength. More of her students are missing many days of school, a national problem since the pandemic. But she has also seen great progress. By the end of the year, some of her students were counting to 100, and even adding and subtracting. "If the kids come to school," she said, "they do learn."

The United States federal government had been concerned about the youngest COVID victims as they began to attend school, and that they were showing signs of inattention, delays and anxiety.

Mervosh (June, 2024) notes that schools got a record $190 billion in

pandemic aid and asks, “Did it Work? Could the money have had a bigger impact? Yes. For every $1,000 in federal aid spent, districts saw a small improvement in math and reading skills.”

“Not every young child was showing delays. Students from higher-income families were more on pace with historical trends. According to data from Curriculum Associates, whose tests are given in thousands of U.S. schools, children at schools that are mostly Black or Hispanic or where most families have lower incomes, were the most behind. But most, if not all, young students were impacted academically to some degree,” said Kristen Huff (2024), vice president for assessment and research at Curriculum Associates.

“Recovery is possible, experts said, though young children have not been a focus of the $190 billion in federal aid distributed to school districts to help.”

Briggs (2023) reminds us that children who just finished second grade, who were as young as 3 when the pandemic began, remained behind children of the same age pre-pandemic, particularly in math, according to researchers.

During lockdowns, children spent less time overhearing adult interactions that exposed them to new language, such as at the grocery store or the library. And they spent less time playing with other children.

Briggs tells us that research has found that preschool attendance can significantly boost kindergarten preparedness. But in many states, preschool attendance is still below pre-pandemic levels. Survey data suggests children from low-income families have not returned at the same rate as higher-income families. Perhaps they got used to having the children at home and were dealing with the fear of having them around other kids and the germs.

Heidi Tringali (2025), an occupational therapist in Charlotte, N.C., said that she and her colleagues are seeing many more families contact them with children who don’t fit into typical diagnoses. “We really see the difference in them not being outside playing. Children are also showing effects of spending time on screens,” Ms. Tringali said, including shorter attention spans, less core strength and delayed social skills.

Time on screens also spiked during the pandemic — as parents juggled work, children were cooped up at home — and screen time stayed up after lockdowns ended. Many teachers and early childhood experts believe this affected children’s attention spans and fine motor skills. Long periods of screen time have been associated with developmental delays.

In the United States, the National Assessment of Educational Progress (NAEP), a congressionally mandated program, measured student achievement in grades 4, 8 and 12 since 1969, in all states, and is often called The Nation’s Report Card. Without such a measure, there would be no reliable measure of how individual children are progressing and how children in the various states are doing. Canada doesn’t have a consistent all-province achievement test.

Unfortunately, U.S. President Trump issued an executive order earlier this year calling for the entire Department of Education to be eliminated, and the Supreme Court has since allowed him to take steps to do so (2025).

The administration justified its decision to cut the department by citing recent declines in NAEP report card scores, despite $190 billion in COVID-19 relief funds provided to state and local districts. This rationale overlooks broader, more persistent challenges in the public education system, including the federal government's declining financial support for public education over the past 20 years (DeMio & James). (Part of a series from the Centre for American Progress (americanprogress.org). Public Education under threat: 4 Trump administration actions to watch in the 2025-26 school year.)

CAN CHILDREN CATCH UP?

It's too early to know whether young children will experience long-term effects from the pandemic, but researchers say there are reasons to be optimistic.

"It's absolutely possible to catch up, if we catch things early," said Dr. Dani Dumitriu, a pediatrician and neuroscientist at Columbia University and chair of the study of pandemic newborns in 2021. "There is nothing deterministic about a brain at six months."

Mervosh (2025) notes that schools got the record $190 billion in pandemic aid from the U.S. federal government to use for COVID-related salaries, such as assistant teachers, summer school teaching staff, new windows for classrooms, etc. Two new studies suggest that the largest single federal investment in U.S. schools improved student test scores, but only modestly.

Did it work? "The money did contribute to the recovery," added Thomas J. Kane (2025), an economist at Harvard University, who helped lead one of the studies. "Could the money have had a bigger impact? Yes." But he also said, "Right now, there's no package of efforts that I'd be confident would be enough to close the gap."

There may also have been benefits to being young in the pandemic, he and others said, like increased resiliency and more time with family.

Some places have invested in programs to support young children, like a Tennessee district that is doubling the number of teaching assistants in kindergarten classrooms in the 2025-2026 school year and adding a preschool class for students needing extra support.

Oregon used some federal pandemic aid money to start a program to help prepare children and parents for kindergarten the summer before they started school. For many students, simply being in school is the first step.

There are other bright lights of pre-school preparation and summer school and teachers' assistants that are helping with 'catch up'. But we are not hearing about carefully collected data that can encourage

copying. (And, sadly, we read yesterday, October 18, 2025, that Oregon is closing its impressive early childhood classes because of a lack of money from the federal government.)

WHERE IS CANADA?

"For a country that once prided itself on being a 'world-class' superpower in education, the latest math scores from Canadian students on an International Education Association (IEA) test [for] Canada's grade four students plunged in math scores to 32nd out of 64 countries who took the best-known international benchmark test in mathematics and science" (Bennett, 2025).

In another essay, Bennet writes: "Canada's reputed 'world-class' school system has recently suffered another indignity [in reading.] 'When the global results of the 2021 Progress in International Reading Literacy Study (PIRLS) assessment were released in May 2023, Canada was nowhere to be found on the rankings and Ontario registered an 'incomplete.'" That matters because it is the most widely recognized assessment of international literacy standards comparing the reading ability of 9 and 10-year-olds, covering 43 different countries (June 2023).

"One in three Grade 3 Canadian students (32 per cent) cannot read with comprehension, and half of those students cannot write properly." says Bennett in Policy Options (2023).

According to Kane, "Eventually we're going to be closing these gaps, but test results are the only way we're going to know it" (Mervosh, 2025).

THE FUTURE

Simon Williams (2025), a lecturer in psychology and a public health researcher at Swansea University in the U.K., notes:

"Although the American Academy of Pediatrics (June 2020) issued a report suggesting that schools should reopen at that time, many researchers and educators were hesitant." "Red states" (Republican) generally re-opened in September 2020 but "blue states" (Democratic) generally remained closed until September 2021. The reasons for the differences are many, and beyond the range of this literature review.

Most Canadian schools did not re-open until September 2021. (See PHE Canada "Provincial and Territorial Return to School Guidelines.")

Child care was different. Unlike public education, their dominant purpose from the government perspective was keeping the economy going. Centres in most provinces were encouraged to re-open much earlier than schools so that essential workers could work (as early as May 1, 2020), and the federal, provincial and territorial governments were willing to pay the substantial additional costs of keeping them open. *The Safe Restart Agreement* (the SRA) was a federal investment of $19 billion to help provinces and territories safely restart their economies and make our country more resilient to possible future surges in cases of COVID-19.

Child care was included under the SRA for returning workers, so parents could know that their children were safe as they gradually returned to the workplace. The Government of Canada worked with the provinces and territories to ensure sufficient child care (was) available during this challenging time. The Government of Canada provided $625 million to address the reduced availability of child care spaces and the unique needs stemming from the pandemic" (Government of Canada 2020).

Some provinces specifically allowed children with disabilities to attend the early re-entry child care as early as May 2020. Most Canadian child care centres fully (or almost fully) re-opened in September 2020 for all children, and substantial federal and provincial special funding was decreased or eliminated at that time.

Williams (2025) writes, "The pandemic turns 5. We are still not prepared for the next one." He writes that we are less prepared than before. He reminds us that we already saw the swine flu pandemic kill up to half a million people globally in 2009, the H5N1 bird flu continuing to spread in poultry, wild birds, and mammals in the U.S., and a number of other pathogens spreading with pandemic potential.

He asks, "What should we be doing that we're not?

It is now generally thought that COVID was just one of the reasons for the lower scores in mathematics and reading in schools. Other major components in the lower scores were decreased attendance at school, weaker school accountability, lower vaccine rates, school buildings without proper ventilation, spending cuts to education, lasting effects from the Great Recession, and the rise of smartphones.

WHAT SHOULD WE DO?

First, we should be making investments, not cuts, in pandemic preparedness. The U.S. has withdrawn funding from the World Health Organization (WHO) leaving a massive hole in resources designed to tackle emergencies and stop outbreaks from spreading. Some Canadian provinces encourage immunizations by providing them free and at convenient locations, such as pharmacies. Others charge individuals for all the recommended immunizations or charge for some of the immunizations, confusedly, for others, based on age. "Herd immunity," usually seen to mean 97 percent of a population and what was calculated to exist in school children for measles, mumps and polio, and without which children couldn't attend school, is no longer expected and parents can get exemptions based on religious beliefs, under the guise of "free choice."

Second, our governments should cancel plans to de-prioritize infectious-disease research and stop defunding some CDC training programs that are a recipe for having a public-health workforce that is already under-resourced and under-skilled to deal with future pandemic threats. Canada's recent decision to minimize immigration of skilled medical and paraprofessionals who specialize in infectious disease research treatment is not helpful.

However, we applaud the announcement from the Government of Canada that "Moderna produces its first Canadian mRNA vaccines in its new state-of-the art Quebec facility" (Government of Canada, September 2025). We understand that certain vaccines are already in short supply in parts of the United States. We hope that this announcement is only the first about Canadian production of vaccines.

Third, we should be helping to rebuild public confidence and trust in science — which declined during the pandemic. Public health measures such as convenience of vaccination as mentioned above would help, as would ads and articles on-line and in newspapers about "herd immunity" and citizens' responsibility.

Dr. Williams says, "We should be helping to rebuild self-confidence and trust in science — which declined during the pandemic — not continuing to undermine it. We know from five years of COVID-19 research that one of the biggest predictors of whether people will follow public-health guidance is how much they trust science and health authorities.

"We know that very few parents saw that their children got the highly recommended second dose of the vaccine" (Canadian Pediatric Society, 2024). "It is not clear how many staff, parents, and children in child care received the COVID-19 vaccine, but we do know that by July 2024 in the overall population, only 8.4 percent of children 0-4 years and 41.4 percent of children 5-11 years had at least one dose" (Health Canada, 2024).

However, the recommendation of 2 doses of the vaccine, 8 weeks apart, for all children ages 6 months to 11 years, usually had not been followed. On June 30, 2024, the Canadian Pediatric Society and Health Canada reported that only 1.1 percent of children from 6 months to 4 years had the recommended two doses, and that only 0.6 percent of the children between 5 and 11 years had the recommended two doses.

These figures are not expected to get better soon, considering how much material people see in the media from the United States about trouble with vaccines (think Tylenol). However, perhaps we are under-estimating Canadians, and we do see that the vaccines remain available and free in many locations in Canada, as opposed to what is happening in the United States (October 15, 2025).

We remain impressed with the speed and coherence that the *Safe Restart Agreement* (SRA) invested $19 billion to help provinces and territories safely restart their economies, and that a plan was quickly put in place to include the resultant expenses in child care centres. Children with disabilities were specifically included in many centres. This funding was in addition to the on-going funding under the Canadian Multilateral Framework Agreement on Learning and Child Care which had been negotiated before COVID. These procedures should be followed if another pandemic occurs.

"If people don't trust public health guidance during future health emergencies, including infectious disease outbreaks, how will we contain the next pandemic?"

What we have learned is that the impact of COVID on all young children must not be repeated. We made a terrible mistake in keeping kids out of school for 1-1/2 years. The C-generation (COVID generation) of young children are now in grades 3-4 and are displaying difficulties with math and reading. Moreover, they have high rates of absenteeism that their families must contend with.

We not only lost growth. The outcome is that many children don't want to go back to school. They feel the trauma of being behind and the effects of social isolation.

As Paul Bennett said in November 2023, "Learning loss is real, and the latest research confirms that a substantial learning deficit arose early in the pandemic and has persisted over time. It is widespread, affecting students from elementary grades through high school, and is more pronounced in mathematics than in reading. Children with special needs suffered the most. As many as 200,000 students in Canada went missing from school at the height of the first COVID-19 wave of infections. Lower income families were disproportionately affected, increasing the knowledge gap between students from affluent households and those from disadvantaged households. No one emerged unscathed."

3. Methods and Centre Characteristics

SAMPLE SELECTION AND RECRUITMENT

A total of 56 child care centre directors participated in this study, consisting of 12 centres each from British Columbia and Manitoba, 9 centres from Ontario, 10 centres from New Brunswick, and 13 centres from Nova Scotia. Centres were largely clustered in and around Vancouver, Winnipeg, St. John, Halifax, and Ottawa.

The study required that we obtain in-depth information about centres' experiences with inclusion during and following the COVID-19 pandemic. To do so, we invited directors of centres who had participated in our 2019 research study of inclusion quality (Irwin & Lero, 2020) to be involved in this research project. This strategy ensured that we had access to centres we knew had included children with a range of disabilities and support needs before the pandemic. Moreover, data from the earlier study gave us a unique opportunity to compare directors' pre-COVID assessments of their centre's inclusion quality with their views of how well they are doing currently in providing inclusive care, along with their assessments of current strengths and challenges. Directors from 50 of the 67 centres that participated in our earlier study were available and willing to participate in the current project. We recruited an additional six centres that were known to be inclusive to increase the sample size and add additional diversity.[1] Eight directors in Francophone centres were interviewed in French by selected interviewers.

Readers should note that this unique sample of centres is clearly not representative of centres across Canada. Overall, these directors are most likely more committed to inclusion and more aware of the challenges they have faced — and are still experiencing — providing inclusive care that meets children's needs.

DATA COLLECTION AND PROCEDURES

Directors were contacted by one of seven regional coordinators who had extensive experience working with child care centres to support inclusion. Each coordinator had either worked in a local agency that

[1] Initial eligibility requirements and sampling procedures are described in detail in Irwin, S. & Lero, D.S. (2020). *Inclusion Quality: Children with Disabilities in Early Learning and Child Care in Canada.*

provides inclusion support to centres in their area or had prior experience working as an inclusion consultant/facilitator on one or more initiatives in their province. Two coordinators were professors in College/University ECE programs; one had been a government consultant and policy analyst with a specific focus on inclusion supports.

The coordinators were responsible for both centre recruitment and for conducting the interviews. Coordinators first sent an initial letter describing the study and then contacted prospective directors via email and/or phone. This initial contact was also used to determine whether the current director had held their position in 2019, or at least at the beginning of the Pandemic in early 2020. In cases where the current director started her/his position in the centre at a later time, efforts were made to ensure that an additional staff member (a lead educator or supervisor who was present in 2019 or even the former director) could either be interviewed or could provide accurate information to the current director about the pre-COVID and early COVID periods. In all, two thirds of the interviews were conducted with directors who either had held their position in 2019/2020 or were themselves a supervisor in the centre at that time.

Interviews were arranged to take place over Zoom at the director's convenience. All interviews were recorded to ensure that the coordinators could give their full attention to the director and could engage in more extended conversations about issues or experiences. Interviews generally took between 75 and 90 minutes and were conducted between December 2023 and April 2024. The coordinators then used the recording and any notes they had taken to complete an extensive case notes form for each interview that included responses to each question with summaries of responses to open-ended questions. The form also included room for the interviewer to comment on responses and add additional relevant information. Following data collection, each coordinator provided the primary researcher with copies of the recordings, the case notes, and an excel sheet with closed-ended questions recorded. The researcher reviewed these materials, coded open-ended questions, and listened to the recorded interviews. Direct quotes were selected that clearly expressed the directors' views and experiences. All interviews were held in strict confidence and although quotes are included in this research report, no director or centre is identified by name. Each director was offered an honorarium of $100 in appreciation for their time and effort.

THE RESEARCH INTERVIEW

The research interview was developed by Donna Lero with assistance from Debra Mayer and Sharon Hope Irwin. It consisted of open-ended and closed-ended questions that covered six main areas:

- An initial brief section about the director and centre characteristics
- The director's description of her/his centre's journey through COVID — with a specific focus on experiences related to inclusion roughly from

March 2020 to when the director felt that things were "more normal"

- The current context — directors' views of how things have been going in their centre in the last six months — especially any challenges related to providing quality child care
- The director's view of the impacts of COVID-19 on children's development — and specifically impacts of the pandemic on children with disabilities
- Current experiences with inclusion — the centre's capacity, resources available, and strengths and challenges in providing inclusive care
- Recent experiences with provincial policies/resources/supports — and any recommendations directors had to improve and sustain inclusion quality.

CENTRE CHARACTERISTICS

In this section we provide a general profile of the 56 centres that participated in the study. Our sample is quite diverse, varying by auspice, affiliation, and the population of children and families served. All centres include at least some children with extra support needs — whether funded to do so or not.

Program Type, Auspice, Community Served

Table 1 provides a summary of the major characteristics of the sample.

Table 1: Centre Characteristics

Centre Characteristics	Number of Centres	Percent
Auspice		
Non-profit	45	80%
Private – commercial	11	20%
Affiliation		
Stand-alone (No affiliation)	16	29%
Child care organization with several centres	13	23%
Family resource program/agency/ Head Start	9	16%
YM/YWCA or Boys & Girls Club	5	9%
A school	6	11%
College / University	4	7%
Other	4	7%
Type of program		
Full day	40	71%
Full and part-day	11	20%
Part-day preschool	5	9%
Number of children centre is licensed for		
24 – 40	9	16%
41 – 60	16	29%
61– 80	14	25%
> 80	17	30%

The majority of centres (45 or 80 percent) operate on a non-profit basis, while 11 centres (20 percent) are private/commercial centres. The privately operated centres in this sample were clustered primarily in Nova Scotia and New Brunswick. One centre is operated as part of a community centre by a municipal government. All but two centres (both private) were described as receiving provincial funding in line with CWELCC agreements in order to substantially reduce parent fees.

The centres also varied in the nature of the communities they serve. Although only three centres were specifically designated as Head Start programs, at least five others (often affiliated with a child care organization or family service agency) were described by directors as predominantly serving a low-income community that depended on their centre for a range of family supports. Three centre directors stated that their families included a substantial proportion of newcomers and refugees who require additional support obtaining information and accessing health services for themselves and their children.

Centre Affiliation

Many centres in this sample (71 percent) were affiliated with a community organization in some fashion. Four centres (all in BC) were affiliated with a Developmental Disabilities Association that provides services and supports to children and adults with disabilities. In some cases, centres were able to access additional resources and support from an affiliated agency during the pandemic. By contrast, 16 centres (29 percent) were described by directors as "stand-alone" centres with no formal affiliation to any other organization. Among those that had some identified affiliation, the most common was a child care organization that operates several centres or a community organization, family resource program, or Head Start program. Six centres were affiliated with a school, 5 were affiliated with a YM/YWCA or Boys and Girls Club, and 4 were affiliated with a college or university. The remainder included two centres affiliated with a church, one centre that is associated with a hospital, one centre that is associated with the Federal LINC program that provides child care while newcomer parents learn English, and one centre that is affiliated with a military base and its resource centre.

Centre Size, Waiting Lists, and Ages of Children Served

The number of children centres were licensed for ranged from as few as 24 to as many as 322 children. Approximately one third of the centres were licensed for fewer than 50 children, one third were licensed for 50-70 children, and one third were licensed for more than 70 children, including 9 centres that were quite large, licensed to accommodate more than 100 children. Preschools were licensed to care for fewer children at a time but could be in contact with many more children and families if different groups of children attended on different days or in separate morning and afternoon programs.

Most of the centres (80 percent) were full at the time directors were

interviewed, with several deliberately keeping some spaces vacant to optimize quality; however, three directors said that they had closed a room or adapted numbers because they did not have a full staff complement in place. Many directors commented that they had a long list of parents waiting for a space. We make note of this fact for two reasons. First, directors noted that it was stressful for them to have to turn down parents who need and want child care. The second is that it is likely that some of the children on the waiting lists have extra support needs. In some cases, a parent may not reveal that this is the case; in others a child's delays, difficulties or disabilities have not been identified or assessed, further delaying access to the kinds of support that the child would benefit from.

The programs offered care to children of many ages. Infants from as young as 1 month old to school-aged children up to and including 12-year-olds were included. Just under 40 percent of centres provided care to infants and toddlers as well as preschoolers. About 16 percent of centres were limited to preschoolers 3-5 years of age, while 45 percent of the centres in this sample accommodated kindergarten or school-aged children. The latter point is notable as some centres were more affected by school closures during 2020-2022 and several directors reported experiencing more difficulty (then as well as more recently) maintaining consistent staff among those who work with school-age children.

4. Directors Describe Their Centre's Journey Through COVID

In this chapter, we summarize what directors told us about their experiences during the acute stage of the pandemic from March 2020 until the end of 2021. This period encompassed the first serious phase when many schools, centres, and workplaces were closed, and two later waves of the virus.

Our questions in this section covered changes and problems that affected the centre's overall operation and practices during this period. We then asked specific questions about how the centre's inclusion practices changed during that time, as well as directors' views about how children with disabilities may have been affected in different ways or to a greater degree than other children in their program.

CENTRE CLOSURES

When asked whether their centre closed in early 2020, 17 of our 56 directors (31 percent) said their centre never closed or closed for only a few days. Twenty directors (36 percent) specifically said they provided child care to children whose parents were essential workers. The majority (69 percent) closed for a period of time, commonly for 2-3.5 months as required by provincial regulations. (Centres in Nova Scotia and Ontario in this sample were most likely to be closed for the period from March 15 to the end of June 2020.) Beyond the first required closure, slightly more than one in six centres experienced a brief lockdown at a later point for a week or two, typically caused by an outbreak of the virus at their centre or at local schools.

By the end of May or June 2020, centres were gradually reopening, welcoming back children who had been in the centre previously, but typically with lower enrollments. In September (the start of the new school year) new children were more noticeable, and directors commented on their experiences with children and parents who, while pleased to be at the centre, continued to display anxiety and needed additional support.

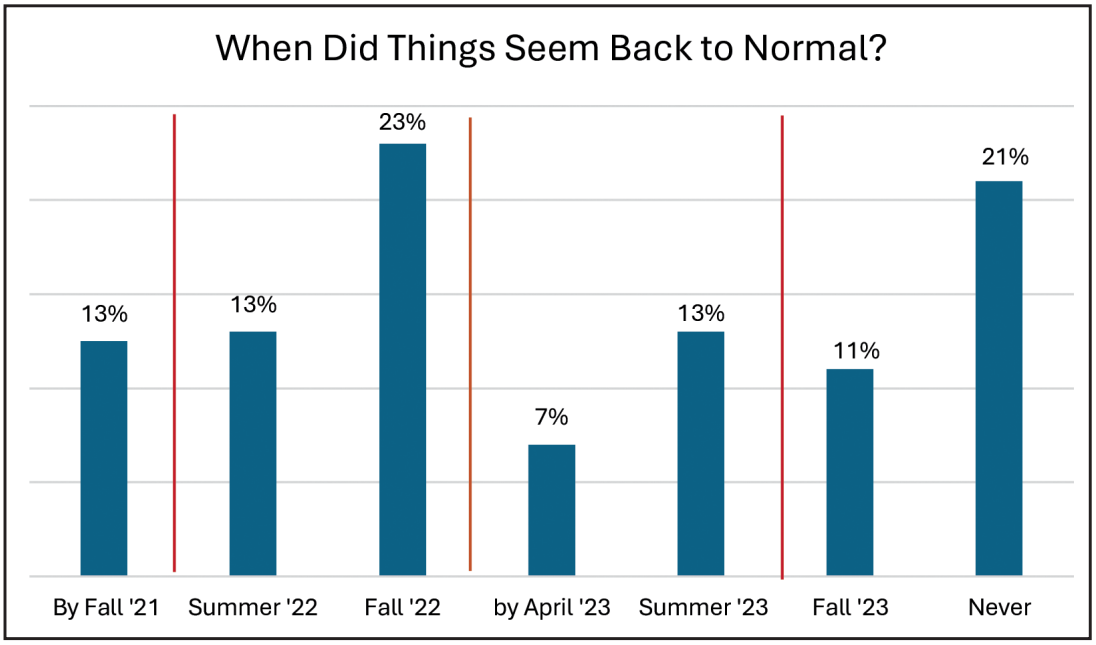
While some staff returned or continued their employment, others took new positions that had opened up or decided to leave the field, at least for some time. Some directors and staff who had many years' experience and had soldiered on through the worst of the Pandemic began to consider retiring.

BACK TO "NORMAL" ?

We asked directors, "Was there a point when you felt that things were pretty much back to pre-COVID at your centre? If so, about when was that?"

Directors' responses ranged from "October 2020" to "never." Some directors pegged their response to a time when they could re-open with a full complement of children or a time when masking was no longer required. Slightly fewer than half of the directors reported that things were more or less back to pre-COVID at their centre by the end of 2022. However, as shown in Figure 1 and in the direct quotes from directors that follow, almost one third of our directors felt that the longer-term impacts on their teaching staff and on children and families (including those who started attending quite recently) meant that, for them, they still were not back to pre-COVID life in their centre when they were interviewed in early 2024, and likely never would be.

Figure 1: When did things seem back to normal / Pre-COVID?



When masks were done, and children were able to play together again.

Once families could return into the building and masks were no longer required: "Newfound Freedom!"

I guess when parents were allowed back in, and community services were available.

We have not hit normal yet. Too much has changed. It is, I guess a new normal!

But nothing seems the same since pre-COVID… in every way… staffing is more difficult; anxiety within the children has increased; staff are not as confident in their interactions… It is our new normal in childcare.

Teaching teams are different than they were pre-COVID (in terms of experience and commitment), and family needs are different too (i.e., children born during COVID who don't have the same relationship with childcare).

Things are not yet back to normal. The centre is functioning normally, but children have not fully recovered, social emotional delays. There is a huge increase in mental health challenges for children and for staff. Staff are out sick more often and for longer. Huge increase in child behaviours.

Not really… Change is change. There is no going back to before.

What we are seeing now: Developmental delay, burnout in parents and staff, board volunteers. All those social connections, the absence of people wanting to be involved. They are just tired. COVID took everything out of people. Especially those who were vested in it. I think this is the new normal, at least for another 10 years!

Our 2–3-year-olds come in with zero social skills...We see extreme behaviour in our school agers. Everything is so much bigger than it ever was. I think there is still some anxiety left over… psychological and social issues from COVID.

DIRECTORS DESCRIBE EXPERIENCES IN THEIR CENTRES DURING 2020 AND 2021

Directors described their experiences during COVID, recounting how difficult it was for children, parents, and ECEs. Their comments (presented below) amplify responses to the quantitative question we asked and cover a variety of themes, including following government protocols and managing centre finances, challenges retaining staff, dealing with masking and sanitation requirements, and the emotional distress experienced by children, parents and staff. Many described the dissonance between experiences in their centre in these very difficult and different circumstances compared to their more typical experience of providing high quality early childhood education and care.

Our question to directors was, "In 2020-2021, How much of a problem was…."

a. Lower enrollment of children
Not a problem Somewhat of a problem A big problem

b. Problems retaining staff
Not a problem Somewhat of a problem A big problem

c. Additional costs incurred in order to meet health and safety requirements
Not a problem Somewhat of a problem A big problem

d. Financial challenges due to lost revenues from enrollments
Not a problem Somewhat of a problem A big problem

e. Challenges providing good quality care while maintaining health and safety requirements

Not a problem Somewhat of a problem A big problem

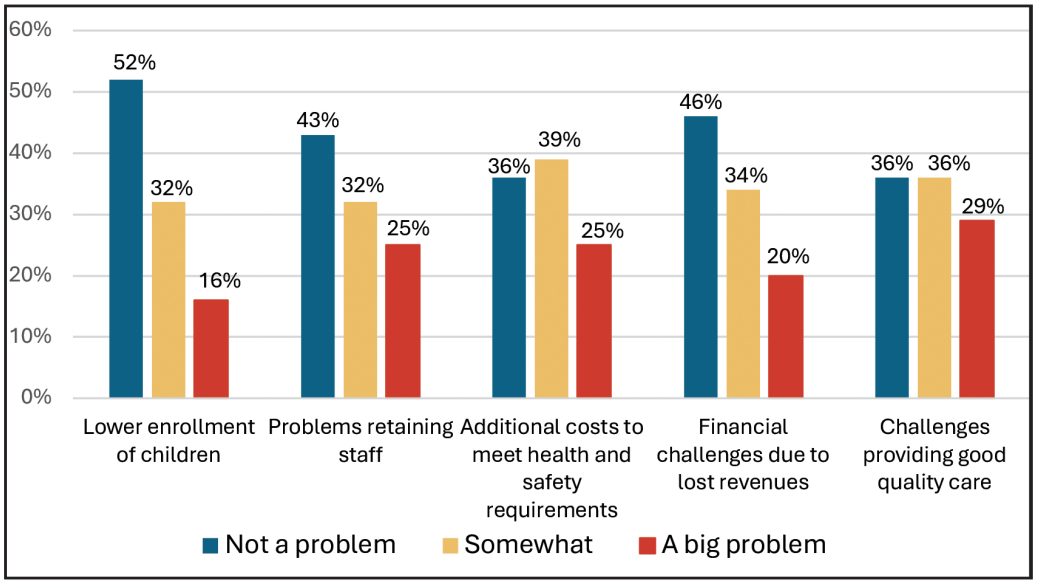
f. Any other major challenges I have not mentioned?

Not a problem Somewhat of a problem A big problem

As shown in Figure 2, most items we asked about were either somewhat of a problem or a big problem for centres. The two items that seemed to be least problematic for directors were lower enrollment and financial challenges due to lost revenues. Both were directly impacted by government policies. Mandated lower enrollments took the pressure off and fit the reduced number of staff available. Government financial support cushioned the loss of revenue from enrollments. Still, about half of the directors said they experienced problems in these two areas. (Of interest is that two directors mentioned that having a lower enrollment and lower child: staff ratios allowed closer attention to individual children with disabilities.)

Most directors (54 – 65 percent) said that the remaining three items were either somewhat of a problem or a big problem. Their expanded descriptions emphasize the serious challenges they experienced retaining and supporting staff, meeting health and safety requirements, and providing good quality care. Many of the comments address more than one issue.

Figure 2: In 2020-2021, How much of a problem was….



Problems retaining staff

It was difficult to find/hire qualified ECE staff — I went through multiple rounds of trying to fill positions — people who applied were not qualified, or not a good fit.... It was impossible to find subs!

Not a problem to recruit much harder to retain staff!

Children have higher needs as many are from families at risk and sometimes staff just get tired of constant difficult behaviours… It takes a special kind of educator to work at this centre.

Meeting health and safety standards – the toll on teachers

It was hard. Staff morale was down. "We felt like we were janitors first, pre-school teachers second." Cleaning was a priority…we were exhausted at the end of the day.

We shortened class hours to give us an hour between classes to clean — it was terrible. I know that there were long-term supervisors (colleagues) who retired at that point… "We're done… This isn't what we wanted to do" …That was the hardest, I think. And parents were very scared… but they were also understanding. They were very good about keeping their children home if they were sick.

The two biggest challenges were staff morale and cleaning — just so many rules to follow…. We had to have COVID policies, checklists on the wall (This centre was in a public City building — so they had to follow municipal rules as well as licensing regulations.) Had to have signage on the walls… stay apart…, limiting the number of children in a space, keeping the door open when it was cold…. I'm so glad it's over….

One major aspect was staff sickness. When they were sick, they had to be off for a long time, which meant many subs who did not know the children. When a child got sick, they had to be isolated immediately which meant a staff too, so we had to work on the ratios. That put a lot of stress on the staff, so their mental health declined a lot.

Staff having to isolate meant we were paying sick time whether or not staff had accrued that sick leave, and we had to pay for their substitutes too. It put us into a deficit for the first time ever in the centre's long history.

Challenges Providing Good Quality Care

Having to be so busy with safety and health, who had time to play?

Educators did their best, but it was very difficult to provide the quality of connections they were used to.

Especially for new children and toddlers, it was difficult to comfort and reassure them — "We couldn't even sing!"

It was also much more difficult to connect with parents, which impacted how the educators could best support the children.

A big problem: We could not go out in the community. We lost the social aspect, the verbal. We had to wear masks. Kids could not see our mouths moving, so the speech delays. We were very focused on the cleaning, rather than the child care. We stopped doing sensory tables. We did

individual bowls but that is a lot harder for staff to do, it takes a lot more time which we did not have.

It was very difficult to connect. It was really difficult being in the classroom and trying to connect with children when you had this great big blue mask on your face and these giant goggles on your eye balls. When you couldn't catch your breath when playing with the children. It was significantly less fun as an educator to do that job, and it wasn't rewarding … I don't have beautiful memories from that time … it was garbage, it was horrible."/ "I feel like I didn't do my job, like I couldn't accomplish what I had to do as an educator.

We were working at odds with the ECE philosophy- and how child-led it's supposed to be. There's a philosophical disconnect.

It felt like [we] were giving 150 percent and [we] still were holding back. And that's really hard…It still wasn't enough.

Children were safe and secure, but it definitely had an impact on mental health. … Masks prevented children from connecting emotionally or to see educators express wonder or sadness…We had to be careful that infants wouldn't get scratched by our shields when trying to comfort them.

Having the children not see our faces was very difficult and challenging and heartbreaking. I felt torn between what I felt was morally correct and what was socially needed at that time… Very hard time. It just felt wrong.

There were also several comments on how masks impaired communication for children with disabilities.

Especially children with special needs, we couldn't provide models for language in the same way and our speech was muffled.

Masks hindered communication and engagement especially for children with special needs — medical grade masks especially — and no leniency to allow for windowed masks, so the educators did their best to model language as best they could, but even pulling masks down from afar was not ideal for most children, especially children with disabilities.

Other Challenges:

Two other problems were clearly evident in directors' comments. One was difficulty following guidelines and having clear guidance. The other was disrupted relationships and communication with parents and the overall impacts on mental health for all — children, parents, and early childhood educators during this traumatic period.

Guidelines, protocols and procedures

Clearly, COVID-19 put everyone in uncharted territory. Guidelines and policy requirements rolled out at different times and often did not

address critical questions directors had about implementation, access to PPE and cleaning supplies, financial costs, etc.

Frustration about following guidelines as well as the stress related to lack of information /mixed messages/ ambiguity and ongoing changes. "They were ever changing, and you never knew if you were doing the right thing or not […] It was changing so quickly."

Just the sheer knowledge to navigate the regulations was so challenging.

Interestingly, two directors described circumstances that were advantageous to them that provided clarity and support. One director of a centre that was affiliated with a local hospital who had a doctor as chair of the centre's board commented that, "We were in better shape because the centre had a pandemic plan in place from the SARS/H1N1 scares and followed it to the tee… Never had one case of COVID among staff or children. Our steady chairperson helped keep everyone calm."

Another centre had a Public Health nurse on their board who provided "lots of information about COVID, protocols, etc." This director described the benefits she was lucky to have in this circumstance. "We met before the end of the shutdown and put a COVID plan in place, helped by the public health nurse on the Board. We were the first centre to do this and advised others what to do."

These comments and others indicate that future planning must take advantage of what has been learned through recent experience. Directors sometimes found out about policies and practices second hand from local schools. Several commented that being able to call a "help line" or talk to someone with expertise in early childhood programs would have been invaluable — both for obtaining accurate information in a timely fashion and for the support it would have provided to them.

Communication with parents; Impacts on mental health for all

Many directors commented on how COVID practices affected communication with parents and disrupted relationships at a time when parents were particularly anxious and needed support. Several directors commented on the challenges experienced by parents who were essential workers, placing their child in an environment they were not familiar with and with educators they did not know. Others spoke of lost opportunities for communication when parents were not allowed in the centre. All in all, it was a time when valued relationships were weakened: a loss for ECEs, directors, and parents.

Staff sickness, uncertainty and worries among the team. Parent concerns— staff were yelled at, cried on. "The world was in an uncertain state."

CHANGES IN CENTRE PRACTICES

Centre directors described changes to their program and practices because of COVID. Many were required by their provincial government

and/or public health; others were simply more practical accommodations in a group care setting. Directors recounted the following changes:

1. Limiting parents' entry into playrooms and dressing areas — and even into the centre at all.

This common practice reduced the number of people in contact with children and staff, especially in enclosed spaces. The obvious downsides included parents not being able to facilitate their child's physical and emotional transition at the beginning and end of day and parents not having the opportunity to communicate with their child's teacher.

During COVID families were not permitted entry into the centre. Met at the door. Very hard for new families who did not have trust yet or know most of the centre team

2. Cessation of visits from external contacts

Similarly, contacts with people who were external to the centre (including early interventionists, inclusion consultants, and therapists, as well as students and volunteers) came to an abrupt end to limit exposure.

3. Stringent handwashing and sanitation, masking, health concerns

Many directors commented on repeated handwashing and sanitizing of surfaces and materials — a task that largely fell to ECEs. During the worst parts of the pandemic, anxiety about contact with surfaces and materials that could be sources of infection was a constant, palpable concern. Several directors mentioned the additional costs incurred for cleaning supplies and personal protective equipment (PPEs) — masks, gloves, etc. that sometimes came out of their own pocket. Some ECEs were hypervigilant when children had runny noses or coughed — a not atypical circumstance in child care centres.

4. Attempting to maintain social distancing; fewer instances when children shared toys and materials

Efforts to maintain distance between children often took the form of limiting the number of children in a room or in specific areas. It also fundamentally shifted the nature of activities from promoting cooperation among children sharing materials and playing together to individual or parallel activities. Sand and water tables, dramatic play, soft toys, sharing arts and crafts materials, even circle time with reading and singing together were limited.

There was a challenge trying to keep the kids in their groups…. We could let siblings be together… but not others, if at all possible.

They were saying individual activities, but we are a day care!... but to not have been engaged … it wasn't right.

5. Less close contact, hugging and touching

Sadly, and contrary to normal practice, close contact and touching between children and between ECEs and children was reduced.

These restrictions seemed to be the most difficult ones for ECEs who found themselves policing young children's movements and behaviour, constantly cleaning, and unable to relax and enjoy learning activities and social interactions with children that are considered the cornerstones of developmentally appropriate practice and natural ways of responding to children in child care settings. Many directors and staff drew the line at such limitations and refused suggestions not to hug and comfort children who needed close contact and were often distressed, especially given the strangeness of masks and difficulties of teacher-child communications.

6. Changes in how meals and snacks were provided and served

Typical family dining practices and having children participate in making snacks were among the activities that changed in all programs. In some centres, food preparation at the centre was suspended and each child's parents provided their child's meals and snacks. In most centres, children were served individually. Eating together ceased to be a relaxed occasion for sharing and trying new foods.

7. Other changes to policies and practices

Directors commented on other changes they experienced. Among them were:

Spending more time outdoors

Cancelling field trips, neighborhood walks, etc.

Monitoring children's health (in a few cases involving a serious check including taking children's temperatures upon arrival) and requiring parents to keep children home if a child had slight cold symptoms that would have been tolerated under "normal" circumstances

Staff being more careful and taking more time off if they were not feeling well.

PERMANENT CHANGES:

We asked directors when we interviewed them in 2024 whether any of the changes that had been introduced during 2020-2021 had become permanent. Three practices were more likely to have been continued. By far, directors mentioned maintaining more stringent handwashing and sanitation practices. This practice was described as a continuing feature by 73 percent of the directors we interviewed. While handwashing and cleaning practices are not of the same magnitude in 2024 as during COVID, greater attention to handwashing and sanitation is considered beneficial for reducing bacterial contamination and viruses such as the flu, RSV, etc. Two other practices were mentioned as still in place. Fifteen directors (27 percent) said they continued to have individual servings of meals and snacks or have staff serve the children. In these centres, involving children in cooking or baking was also eliminated. Another nine directors (16 percent) have continued to limit parents' access to playrooms or have changed practices to reduce the number of parents arriving at the same time at the beginning and end of the day.

5. Inclusion — Specific Experiences During COVID

We particularly wanted to learn how children with disabilities were affected during the pandemic. Were they more likely to leave their centres than other children? Were they more or less likely to return when centres reopened and welcomed more children back? How was access to inclusion support in centres affected? What about access to therapists and interventionists children used to see at the centre who also provided support and guidance to ECEs?

WITHDRAWAL OF CHILDREN WITH DISABILITIES FROM THEIR CENTRES

Approximately half the directors reported that one or more of the children with disabilities or health issues left their centre while it was open. In almost all cases withdrawal resulted from parents deciding to withdraw their child — either temporarily or for an undetermined period. Parents' decisions were, no doubt, influenced by their concerns about their child being at potential risk of infection, but also reflected the fact that some parents lost a job or withdrew from work. Based on directors' reports, we estimate that 54 of the 92 children with disabilities who left a centre returned at a later date.[1]

INCLUSION SUPPORTS

What happened to inclusion supports? One third of directors reported that there was reduced staff support for inclusion (funding or additional staff) for children who continued to attend. Similarly, we asked about resources in the form of visits from interventionists and therapists that had been provided to the children at the centre. Almost without exception, visits to the centre stopped, even for children with disabilities who continued to attend. Instead, therapists either saw the child at home or, more commonly, maintained contact with a parent on line. In either case, contact with the centre was dropped completely.

"We lost all support."

All early intervention was on hold during the beginning of the pandemic.

[1] It was not possible to determine if the proportion of children with disabilities who withdrew from their centre, or who withdrew and returned, was greater or the same compared to other children.

One mother took her hearing-impaired child to SLP privately, as she was no longer coming to the centre. Two children with disabilities received no services — these children "fell through the cracks." They would have benefited from services like speech, OT/PT, but did not get that when they began at the centre and for the year after. They are still not getting the EI service. They still fall through the cracks. They are with their grandmother, so child welfare is involved. And they are in kindergarten.

There were no services for children with identified needs and no services for children in need of assessment (waitlists were closed for a time). When services did become available to children again, they were offered online, which didn't work for many — especially for the children that needed them most.

OUTREACH TO PARENTS AND CHILDREN

We asked directors, "Did any centre staff visit the children with disabilities on an at-home basis or provide support to parents online when they were not attending the centre?" As was the case with other questions, directors did not distinguish between children with disabilities who were not attending and other children who were still registered but were not attending the centre for a period of time. We were pleasantly surprised to find that more than half of the directors described efforts they and ECEs made to maintain contact with parents and children.

Some delivered packages of craft materials to children's homes, including pictures of the ECEs and the centre. Others offered on-line music and story times and even yoga exercises for the children via zoom. One centre that provided care in a very low-income community via a family service agency delivered meals to families, a practice that had been offered before the pandemic, and which they knew children and families depended on — especially since the children were no longer having the meals and snacks that they would have had at the centre.

Staff emailed, wrote notes, sent videos, set up a private YouTube channel so parents and children could see the staff's faces while they read a story, sang a song, did a flannel board. Families resumed access finally in spring of 2023.

Teaching team offered services and tried connecting with families online via Story Park and Zoom (i.e. daily circles and newsletters with activity ideas for families to do with their children).

Despite these efforts, directors commented on the challenges of communicating with newcomer and vulnerable families and with parents who might have been trying to homeschool older children and felt overwhelmed.

Many families reported that online was too difficult (i.e., to attend and/or for their children to engage virtually).

WERE CHILDREN WITH DISABILITIES WHO COULD NOT ATTEND THE CENTRE INVISIBLE?

We note here that the question we asked was about outreach to children with disabilities and that directors responded regarding efforts to maintain communication with all of the children and families. One director began to reflect on her responses to our questions at this point:

"The one thing that came out of all your questions, that I hadn't really thought about and was miffed at myself about, is that we really didn't think about the kids with additional support needs who left our program. You are so absorbed in what you are doing…we did do a one-time check-in of all our families…but none of our children with additional support needs were considered children of essential workers so they did not qualify to come back into the program….it wasn't on my radar at the time. It was a lost opportunity. "

DIRECTORS' VIEWS OF HOW CHILDREN WERE AFFECTED BY THEIR EXPERIENCES DURING AND FOLLOWING THE COVID PANDEMIC

Directors were very articulate in describing how children were affected by their experiences during the Pandemic. Their comments refer to the children who attended their centre during 2020-2021 as well as children who enrolled at a later point (up to and including Fall, 2023) who had spent the first few years of their life at home with limited opportunities to engage with other children and adults. Some directors referred to these children as "COVID babies." While the question we asked referred specifically to children with disabilities, many directors commented on the impacts of COVID on all children in ways that affected their development, capacity to engage in social interactions, and difficulty regulating their emotions. Indeed, because they observed so many children with emotional and social/behavioural issues, some of whom in earlier years would have been likely to be identified as a child needing extra support, the distinction between children with identified emotional/behavioural problems and other children became blurred.

Our specific question was, "Some studies suggest that young children's development was hampered as a result of lack of experiences in early learning programs during the Pandemic — and that children with disabilities were particularly affected. Based on your observations, would you say this is true of any of the children with disabilities in your centre? If so, please describe what areas of their development you saw as being particularly affected."

More than 46 of 56 directors (82 percent) said that children with disabilities were negatively affected or more negatively affected than other children. We note however, that 21 directors (38 percent) commented that, in their view, almost all children had experiences that negatively affected their development — particularly their emotional/behavioural capacities to function effectively and to cope with changes and frustration.

With respect to how children with disabilities (and other children) were affected, directors referred to

Speech and language delays (41 percent)

Social skills (82 percent)

Emotional and behavioural capacities (59 percent) — with a common observation that children were emotionally dysregulated and often distressed

Physical development (9 percent)

Delays in/missed opportunities to identify special needs and refer children appropriately (20 percent)

Parental anxiety and depression as an additional factor (20 percent)

COVID negatively impacted developmental domains. Especially for the children with special needs, the gaps got wider, including social, emotional, language/speech (especially due to masks and a major challenge for children with cochlear implants); self-help skills were significantly affected…"huge gaps" for children who were not attending child care.

When working with children with special needs: "The children were like, 'I can't see you, this is wrong, this isn't working for me.' And they were seeking a connection that I couldn't give them with the health and safety requirements that were imposed […] It was absolutely garbage."

We're really sensing that a lot more children now have language delays. Having a lot more difficult conversations with families. It's a sensitive subject. Socially as well … for many children it's their first experience in a group setting. We're also really working on emotional regulation.

During the time when child care was only for essential workers' children, we found this to be especially challenging for families with special needs. Some of these parents weren't working so they were home so their child couldn't come, but they really needed to be here. There was:
A lack of resources
Online therapy wasn't effective
Children needed more hands-on support
Language development was especially negatively impacted due to masks and distancing

COVID babies that were born during the pandemic are getting sick more often and their social skills are behind and even language. Kids with special needs are going to be even more behind. It really impacted those kids big time.

More behavioural concerns, language delays, social/emotional (big emotions, anxiety). "DYSREGULATED"

Our 2-3 year olds come in with zero social skills...We see extreme behaviour in our school agers. Everything is so much bigger than it ever was. I think there is still some anxiety left over. Psychological and social issues from COVID.

Generally, children lacked stimulation; these impacts were seen among children who continued to attend but was especially significant for those not enrolled in child care. "Early learning centres take children further."

I really saw an impact on those families with children with behaviors. Services for families after the Pandemic are unbelievable. Waitlists have grown so long; some children are now waiting up to or more than a year. And some of these families just don't have the skills to advocate for themselves.

Definitely, all children were affected during the Pandemic. Children didn't come in with the same experiences that children came in with before COVID. And there [weren't] eyes on them: they weren't going to see doctors in person, they weren't going to their immunization appointments— the whole world stopped."

Parents weren't seen. Children also isolated. Socialization was limited so they had a lot to learn... transitions were exceptionally difficult.

There was a huge lack of early intervention services. "More children were missed." Missed opportunities. Especially difficult to identify special needs because so many children suffered developmentally from lack of exposure during COVID.

We saw a huge shift in language skills for all of the children and definitely changes in social/ play skills. Even just emotional resilience—being around other children, being around new adults—it felt like the last couple of years it has taken a lot longer for children to settle into the programs […] They just didn't have the same exposure to other adults or other children.

These children were impacted a lot and then also by their own family dynamics — their parents' mental health — and how well they had coping skills and could manage.

LONGER-TERM ENROLLMENT TRENDS FOR CHILDREN WITH DISABILITIES —THE DISABILITY CALCULUS

We asked directors to tell us about centre practices related to enrolling children with disabilities in the period between March 2020 and the point they felt things were "more normal." All but nine centres enrolled new children with disabilities; however, directors indicated that their capacity to include children with disabilities was not the same as it had been earlier. Seventeen directors (30 percent) said they had either declined to accept children with disabilities or limited the number they enrolled between March 2020 and when they felt things were more normal. Nine directors commented that the number of hours children with disabilities could attend the program was limited (due to lack of funding for full days).

Directors expressed considerable unhappiness about the fact that they

could not accept children with special needs that they would have enrolled at an earlier point. Their responses reflected the difficulties they experienced when weighing the responsibilities and commitment they would be making to the children with extra support needs and their parents against the following factors:

i. the stability and capacities of their ECE staff,

ii. the additional financial and staffing support they would require from government (but might not have),

iii. whether they would have support from therapists and inclusion consultants, and

iv. the additional needs that many children in the centre were exhibiting as a result of COVID experiences.

This "disability calculus" was painful, but directors felt they had little choice. Directors elaborated as follows:

Yes, first time ever to decline enrolling a child in December '23. Our centre is way over the 10 percent and many children are exhibiting significant behavior challenges. All children (typical and those with special needs) dysregulated. I had to tell parents who have been on the wait list for 2 years "No, we have too many children already with high needs." … For our centre, we don't rely only on a diagnosis. Those children who require support from staff more than 50 percent of the day are considered special needs.

During the summer, children with disabilities did not attend — only children of essential service workers. We did enroll children, but did not meet the desired percentage by September. We had children with these needs but were really challenged in recruiting staff to provide additional supports.

We lost a lot of staff during the Pandemic. They changed what they wanted or were afraid to come back to work. We have had such a turnover, and no one was applying. I can't fill those spots with children who require support if I cannot find anyone to work with them. It continues to be a problem today… Hard to find someone and the funding became an absolute nightmare in 2022.

We have a massive wait list now — can't take on any more children regardless of disability.

More recently, we have had to decline because of limits on staff funding. Our centre received approval for fewer staff hours than we feel is required. We may hold off starting the child and continue to advocate for all the hours they need.

In the community, we are known to say yes, so we do get a lot of referrals […] but there is a certain point where we've reached our max or we need to be cautious of safety and the staff not burning out …Also, we're only

allowed one PA per class, so it depends on the needs in the classroom and what we can accommodate.

It was a space and capacity issue — You have to look at what staff can manage... find that balance.

In addition to these specific concerns, directors noted that since the Canada-wide agreements came into effect, many centres, including their own, have long waitlists. Several directors noted that there are likely to be children with disabilities (assessed or not) on those waitlists whose presence is not recognized, further diminishing their opportunity to participate in the early learning and child care programs that could be of such benefit to them.

CHANGES TO INCLUSION PRACTICES SINCE COVID

We asked directors whether they had implemented any changes specifically for children with disabilities in their centre in comparison to pre-COVID times. Most directors said that they had not implemented specific changes to inclusion practices (beyond those that affected all children). When asked directly, however

8 directors said they paused work on goals outlined in children's individual plans,

14 directors said there were changes in routines they had been following previously,

14 directors said there were changes to their pedagogical approach, and

15 mentioned an assortment of other changes.

We stepped back on a few goals because we had to go back to basics. More emotional regulation goals now.

We need to be realistic about what the educator can provide. Definitely the children have more needs. "Educators are limited because they have …a lot more kids with needs." "They're just trying to maintain the daily routine — the basics.… They're just trying to survive."

We also asked directors if they had become more or less involved in helping children with disabilities transition to kindergarten or Grade One. Most directors said there was no change; however almost one quarter of our directors said they were less involved than they had been previously. In almost all cases, directors said that the local schools had changed their practice and did not seek out or invite ECEs' or directors' involvement and experience in transition planning.

6. Inclusion in the Current Context

In addition to understanding experiences during and following COVID, a major goal of the study was to learn about current inclusion experiences in these centres — approximately four years after COVID-19 was declared a public health emergency. Directors' responses reflect the long-term impacts of COVID experiences on the centre, staff and children; the effects of changes introduced in their province/municipal area as a result of policy changes under CWELCC; and any specific changes or limits to access to inclusion supports that are affecting their current practices.

CURRENT ENROLLMENT OF CHILDREN WITH DISABILITIES

All but two centres included at least one child with a disability or medical condition when interviews were conducted between December 2023 and April 2024. The most common response was that the centre included 4 or 5 children with a disability (30 percent of the centres). Six centres (11 percent) enrolled 1-3 children with a disability, while 40 percent enrolled 10 or more children with extra support needs. We note that these numbers are approximations, since directors had told us that many children came into their programs with deficits in social skills and significant emotional/behavioural challenges and were not diagnosed as having a disability or support needs that would qualify for funding for additional staff support.

When asked how the number of children with disabilities or health issues currently enrolled compares to enrollment patterns before the Pandemic, 55 percent of directors said that their level of enrollment then and now was about the same. Almost one third said they had more children with extra support needs now and 13 percent said they had fewer children with disabilities enrolled at the present time.

WAITING FOR ASSESSMENTS AND FOR INCLUSION SUPPORT

We also asked directors if they had children who currently attend their centre who are waiting for an assessment to qualify for additional supports. Indeed, this was a common occurrence. Almost three quarters of directors (73 percent) replied yes, with nine directors indicating that more than 5 children in their program were waiting for an assessment at the present time. In most provinces an assessment is required before funding for additional staff, equipment, and other supports is allocated

to support the child's participation in the centre. But long wait times for assessments seem to be common and more prevalent since COVID, as well as being a result of more parents seeking more affordable early learning and child care in the last two years.

The wait lists for assessment are too high…. often over a year.

We need more support for children who are undiagnosed. Wait lists are a problem. "These children on these 18-month to 3-year wait lists… Something needs to be done in the meantime."

It is very unfair when a few parents can afford private assessments, and their children get support while those relying on the public system wait years and the early support that could make such a difference to their child is lost.

The wait lists for supported child development (SCD) are so long that children only begin at the centre when they are 4 and then go to kindergarten. Having them here for a longer time would be so much better. Children would benefit.

ARE CHILDREN WITH DISABILITIES BEING TURNED AWAY?

We next asked about current practices regarding accepting or declining new children with disabilities. Our specific question was, "During the last six months did your centre have to refuse admitting one or more children with a disability or medical condition (or limit the hours they could attend?"

a. Because you did not have sufficient qualified staff?

b. Because staff were reluctant to do so?

c. Because your province or municipality did not provide sufficient funding to hire support staff?

d. For another reason?

In total, 22 directors (39 percent) said they had recently refused to enroll one or more children with a disability or medical condition or limited the hours a child could attend for one or more of these reasons. Nine directors (16 percent) said they declined enrollment because they did not have sufficient qualified staff, and the same number said that they declined one or more children or limited hours because they did not receive sufficient funding to hire appropriate staff. Only two directors said that staff were reluctant. Other reasons that were mentioned were that the centre was full with a long waitlist or that the centre had as many children with special needs as the director felt they could handle.

The sheer number of children with special needs that we already have… just being at capacity.

As a program I was concerned about maintaining quality of care and mindful that we were "already putting out fires" while adhering to ratios. "You want children to go to a centre where they are going to receive quality care."

Several directors commented on the low wage rate provided for additional staff (child care assistants) to work with children with disabilities — below the level they paid ECEs.

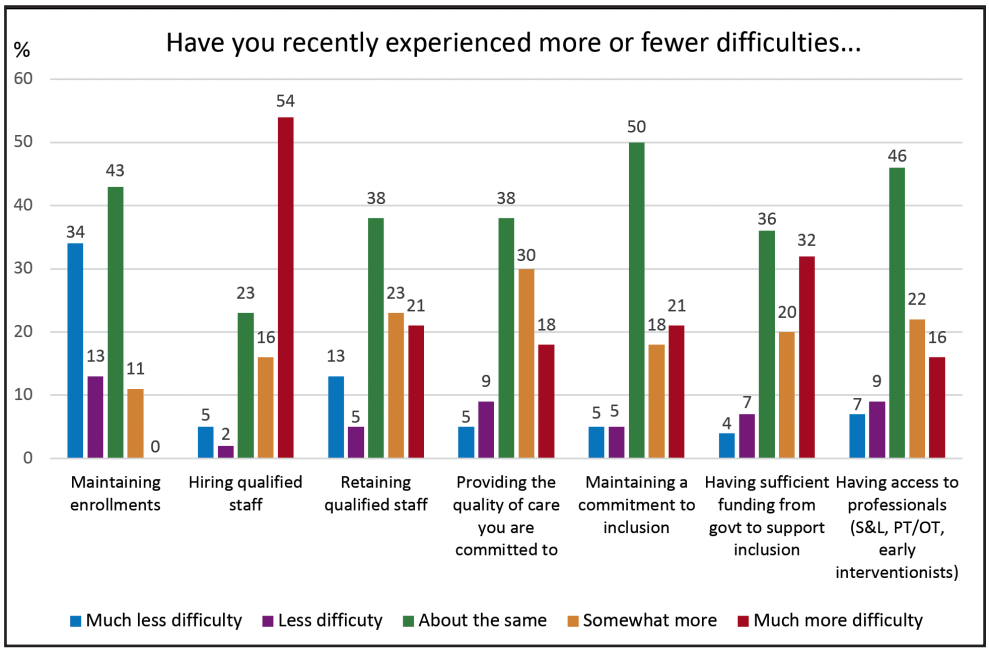
A combination of too many children with high needs and trying to find another staff is hard when you can only pay the lowest salary.

Directors' comments on this question echoed their comments in other parts of the interview. While committed to including children with disabilities in child care programs as a valued practice, directors often had to make difficult decisions engaging in what we call a "disability calculus" in which directors must weigh whether they can meet the needs of these children if they don't have stable, qualified staff and additional supports required for positive inclusion experiences for children and for the early childhood educators in their centre.

CURRENT DIFFICULTIES AFFECTING INCLUSION

Our next question to directors was, "Compared to the period before the Pandemic, have you recently experienced more or fewer difficulties…?" We asked about seven specific issues. There were four general aspects (maintaining enrollments, having qualified staff, retaining qualified staff, and providing the quality of care you are committed to). Three additional issues were more specific to inclusion: maintaining a commitment to including children with disabilities, having sufficient government funding to support inclusion, and having access to professionals such as speech and language therapists, PT/OT, and early interventionists. We recognize that the first four more general items are also important influences on inclusion capacity and inclusion quality. The results are shown in Figure 3.

Figure 3: Directors' Perceptions of Current Difficulties Affecting Centre Quality and Inclusion



Directors' ratings and comments about hiring and retaining qualified staff are sobering. Seventy percent of directors said that hiring qualified staff is somewhat or more difficult now, with fully 54 percent saying it is much more difficult. Forty-four percent of directors said that retaining qualified staff is somewhat more or much more difficult currently, with more than one fifth (21 percent) saying it is much more difficult. Almost half said that providing the quality of care they are committed to is somewhat more difficult or much more difficult with close to one fifth saying it is much more difficult currently compared to pre-COVID times.

Hiring and retaining qualified staff and providing the quality of care directors are committed to are important for all children, but are major factors that affect inclusion capacity and inclusion quality. Difficulties in these areas not only affect teacher-child interactions and the quality of children's learning experiences, but also affect the stability of staff for children and create additional stress for directors and ECEs.

Despite difficulties regarding staffing and providing quality care, half of the directors said that there had been no change maintaining their own commitment to inclusion; however, almost 40 percent said that it is more difficult or much more difficult. Slightly more than half of directors (52 percent) said that obtaining sufficient funding and staffing to support inclusion is somewhat or much more difficult and 38 percent said that access to professionals is somewhat or much more difficult. Considering all of these aspects together, one can say that as many as 40-50 percent of this sample of directors, who are generally strongly committed to inclusion, are experiencing more difficulty having access to stable, qualified staff and having access to funding, staffing, and/or specialized professionals to support their centre's efforts to provide children with disabilities with quality early learning experiences that meets their specific needs.

Directors' comments explain their concerns:

Hiring and retaining qualified staff

It's not uncommon for us to have postings that just don't get filled for months.

It's very difficult. We are competing, but there is a real need now with CWELCC: there are not enough educators to meet the needs.

Much more difficult to hire qualified staff…even supply teachers…which is especially challenging since staff are also more likely to use sick days (whereas they would previously work despite being ill).

We are hiring new people all the time; a lot of them are coming not trained enough. It's a little too much for them. They need to be trained more to understand the quality of care we are looking for in our program.

We're constantly trying to find qualified teachers and it's not an easy task. More foreign workers applying, without ECE backgrounds… Those who have gone to private "pop-up" ECE programs are not appropriate,

don't live up to our standards for our program. It's really hard. Huge problem…

I have three pages of subs and still have a difficult time finding someone who is available, who wants to work and who will travel here. It's really hard. Very difficult to retain teachers. Even though we pay good wages, it's hard to find those qualified teachers who want to be here for the children… It's terrible!

Trained staff go directly to the school as an E.A.

When it's harder to attract and retain qualified staff, the staff who are more experienced also burn out more quickly because so much falls on their shoulders when their colleagues aren't as knowledgeable. I didn't have enough to give to compensate for my colleagues.

Providing the quality of care you are committed to.

We are working on it — we are getting a lot of "fresh out of school" staff.

Because of continuous staff changes and leaving. "I feel like we are a stepping stone."

"It's all intertwined. We're having a hard time retaining educators, you're struggling to offer quality care." The program itself is a very high quality program. We've been able to maintain that throughout. It's just getting the people…and keeping the people.

A lot of people are not trained or experienced, so much less familiar with inclusion or providing quality care. A lot more support is needed to help teaching teams with their programming.

Maintaining a commitment to inclusion

Educators are doing their best and they are burning out. As much as our philosophy is we want to accept anyone in our program, at some point you say: I can't add more needs to the program because I am going to be losing my educators.

We are struggling with all of the children's behaviours…Educators' resiliency is being affected.

In the community, we are known to say yes, so we do get a lot of referrals […] but there is a certain point where we've reached our max or we need to be cautious of safety and the staff not burning out.

Having sufficient funding from government to support inclusion. I find it much more difficult to obtain funding.

Enhanced staff support funding criteria is more restrictive than pre-pandemic. More paperwork, less money.

Funding does not cover the needs… more children coming into preschool now that require support…

We would like to always offer more, but it is difficult when children don't have a diagnosis. This is often needed for funding as well as other types of supports. We adapt activities and routines as much as we can.

The problem is the unknown… some [funding] eventually comes, but there is no knowing, when you actually need it, how much you will get or when.

Having access to professionals

They are overwhelmed with requests.

We have children who do not qualify for ISP but do have external professionals who visit them at the centre for therapy. But then I do not have staff who can go off the floor to meet with them.

There has been turnover with the therapists — so not always are positions filled and then there are gaps in service.

More children are being assessed and there is less time/access to professionals. They are now in maybe once a month — used to be a couple of times a week

Case loads are huge for the therapists and there are not enough therapists to go around.

Wait lists are months and months long

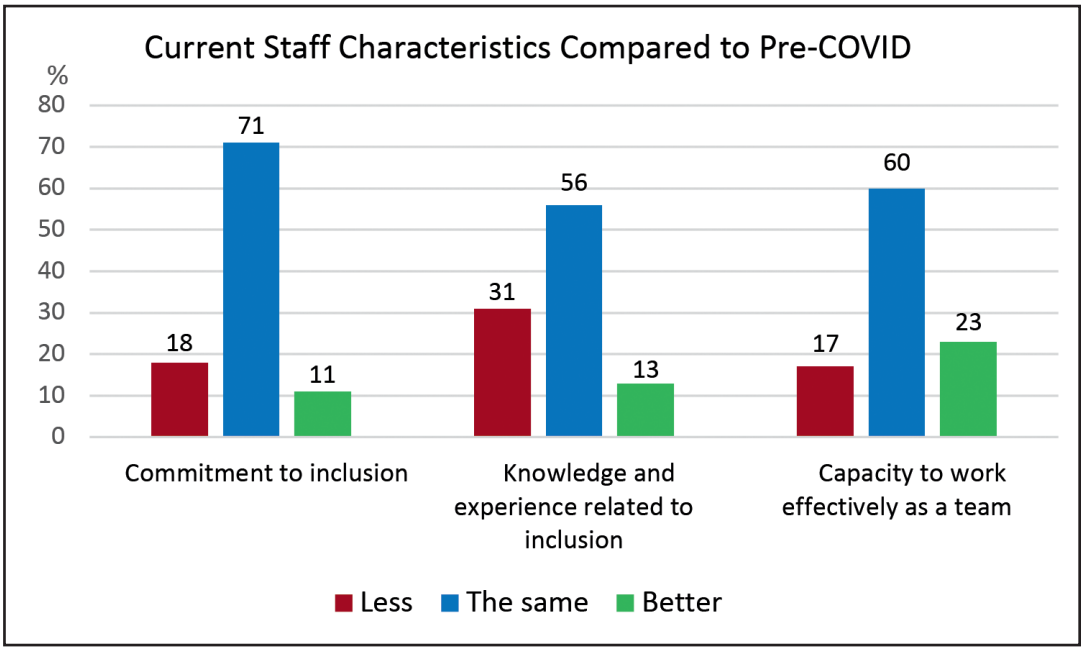
There are some parents who are privately funding professionals to come into the centre and support their child. It's expensive but parents are doing whatever they feel they need to do to support their child

STAFF'S CURRENT COMMITMENT, KNOWLEDGE AND EXPERIENCE, AND CAPACITY TO WORK WELL AS A TEAM

We next asked directors to comment specifically on their staff's current commitment to inclusion, their knowledge and experience related to inclusion, and their capacity to work well together as an effective team in supporting children with special needs. All three components had been identified as extremely important in our earlier study of inclusion quality. We again framed this as a comparison between pre-COVID times and views of staff at the current time.

For the most part, directors described staff as more or less the same on these three characteristics compared to pre-COVID times. Less knowledge and experience and less capacity to work effectively as a team was often attributable to the amount of staff turnover and to having more new and inexperienced staff.

Figure 4: Directors' Views of Staff Characteristics Currently and Pre-COVID



These conclusions were evident in these direct quotes from the directors.

It's not staff reluctance; it's their lack of training about inclusion and experience with it. If the leaders could be on the floor, you would see the experience in motion. The untrained staff overreact, don't see the connections and nuances.

The new educators are experiencing and learning about inclusion for the first time — they are committed, but it's a process. They also have less availability than the previous staff to attend trainings…. "We're starting all over again."

50 percent of our current team is younger, less experienced but it's all very positive. Our strategic plan: renewed importance of staff cohesiveness, guiding the staff's professional learning in-house and also external workshops.

Current knowledge has improved…something good that's come out of COVID. There are lots of webinars and PD…to the point that we are sick of webinars.

It was very difficult during COVID and took the teaching team a while to bounce back, but it's continuously improving. I think who we have is good, but we need more staff in general. The senior staff are great, but the new ones need more experience.

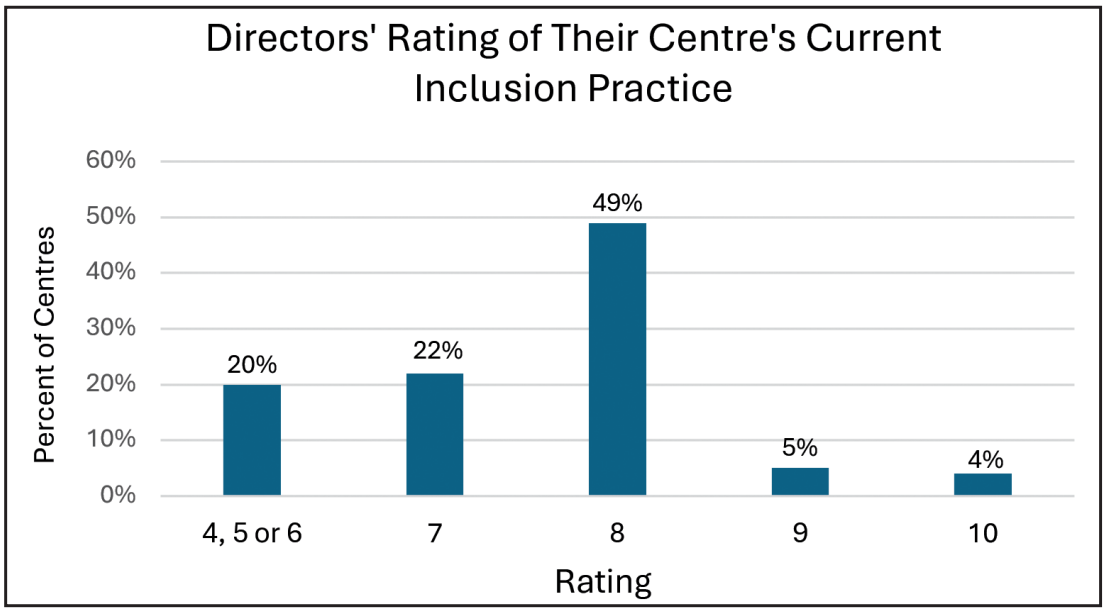
7. Directors' Perceptions of Current Inclusion Quality in Their Centres

In addition to telling us about current difficulties that are affecting inclusion practices, we asked directors three more questions. Specifically, we asked them to rate their centre's current inclusion quality and to tell us what they see as both the strengths and the biggest challenges they are experiencing. Since these three questions were asked of directors in our 2019 study of Inclusion Quality (Irwin & Lero, 2020), we were able to examine how responses we obtained then (pre-COVID) compare to directors' views of their centre's current practices.

DIRECTORS' RATINGS OF THEIR CENTRE'S INCLUSION PRACTICE

Directors were asked, "How well do you feel your centre and staff are currently doing in providing inclusive child care using a scale of 1 to 10 where 1 would indicate that you are not doing at all well and 10 suggests ideal, or close to your ideal of inclusive practice?" This question, by design, elicits directors' subjective assessments of current inclusion practice and is informed by what they see and experience daily. The average rating of the centre's inclusion practice was 7.6 with a standard

Figure 5: Directors' Ratings of Their Centre's Current Inclusion Practice



deviation of 1.137. Ratings ranged from 5 to10 with a median rating of 8. Indeed, almost half of directors (49 percent) rated their centre's current inclusion practice as 8 out of 10, indicating they were doing reasonably well, but could improve. Significantly, while one in 10 directors gave their centre a rating of 9 or 10, 42 percent of directors rated their centre's current practice as 7 or lower, including 20 percent of centres that were rated 4, 5 or 6.

Directors commented:

We have the supports available to include the children… although there is always room for improvement. We pride ourselves on inclusion, on advocating for children and families. (rated 9.5)

I think we can always do better, but in the grand scheme of things, I think we do it pretty well. (rated 8.5)

Employees lack experience and knowledge; families have higher needs. (rated 6)

Doing the best we can, but it is a two-part problem: not enough trained staff as well as low staffing grants from the province. (rated 5.5)

DIRECTORS' PERCEPTIONS OF STRENGTHS AND CHALLENGES

Directors were asked to describe what they perceive to be strengths of their program in providing inclusive care and education for children with special needs as well as challenges or difficulties they are currently experiencing or aspects they would like to change. Both were open-ended questions, and many directors identified more than one strength or challenge.

Perceived Strengths

Directors could provide up to four answers to this question. Most identified three specific factors that were contributing to their success. The majority of responses focused on two categories that reflect resources within the centre: ECEs' attitudes, knowledge, experience, and commitment to inclusion (93 percent of centres and 61 percent of all responses) and the centre's philosophy and inclusion culture (52 percent of centres and 20 percent of all responses.) A smaller number of responses referred to resources provided to centres in the form of access to therapies and services, extra funding for additional staff, and access to specialized materials and equipment (25 percent of centres and 10 percent of all responses.) The number of centre directors that identified each strength or provided one or more responses that fit a major category are presented in Table 2.

Directors commented:

Team is passionate, flexible, experienced. We go the extra mile to meet family goals.

Staff's outlook…all children need support in some way; team approach; inclusive centre — very strengths-based approach

Full participation: "Each child, where you are at is where you are being met." Team approach, Pedagogical leader in-house
Extra staff supports entire class - not 1:1

Proactive pursuit of funding and resources for training and other enhancements…Excellent rapport with disability agencies and parents

Table 2: Centre Strengths That Contribute to Inclusive Practice as Described by Directors

Inclusion Strengths	Number of Centres	Percent of Centres
ECEs' Characteristics and Competencies *	**52**	**93%**
Staff committed to inclusion, open, seeking new ways to be effective	15	27%
Staff knowledgeable, staff training; Staff includes an inclusion coordinator, someone with special training	17	30%
Staff work well with agencies, professionals	10	18%
Staff work well together, effective team, do strategic planning	13	23%
Staff experienced, long-term staff, experienced with inclusion	14	25%
Staff supportive of parents	15	27%
Director involved, mentoring staff to support inclusion	10	18%
The Centre's Philosophy, Inclusive Culture	**29**	**52%**
Resources Provided to Support Inclusion	**14**	**25%**
Access to therapies, services	4	7%
Extra staff, enhanced ratio, funding for extra staff	5	9%
Resources and materials, accessible environment	5	9%
Supportive Parents, Effective Partnership and Communication	**6**	**11%**

* Numbers and percentages do not total to 100 percent as directors gave multiple responses

Perceived Challenges and Difficulties

Fifty-four centre directors provided 120 responses when asked what challenges or difficulties they are currently experiencing or what aspects they would like to change. About 70 percent of the directors identified two or more specific challenges. Three main categories of challenges emerged as shown in Table 3. The most prevalent concern identified by directors relates to ECE staff capabilities (65 percent of centre directors, 38 percent of responses).

Directors expressed concerns about educators' knowledge and training generally and particularly related to inclusion, as well as broader staffing issues such as finding qualified staff, a shortage of relief staff, and staff turnover. Directors also referred to the lack of time available for staff to plan, to work as a team, and to meet with parents and professionals, as well as the importance of providing emotional support

to early childhood educators who are dealing with many children with additional needs.

A second major category of responses relates to insufficient funding to support inclusion (54 percent of centre directors, 40 percent of responses). Directors commented on the frustration they experienced with bureaucratic processes to obtain or retain inclusion funding for children in their care.

A third category of challenges included lack of access to specialists and resources including long waitlists for support, services and assessments (13 percent of directors, 7 percent of responses). Two additional categories that emerged related to difficulties communicating with parents or lack of support for parents (6 percent of directors) and inaccessible space in the centre or its playground and/or lack of funds to purchase or replace equipment to support inclusion (17 percent of directors.)

Table 3: Current Challenges / Difficulties That Affect Inclusive Practice as Described by Directors

Inclusion Challenges	Number of Centres	Percent of Centres
Staff Capabilities	**35**	**65%**
Staffing issues: finding qualified staff, shortage of trained staff, staff turnover	19	35%
Need for more training for staff re: inclusion - both pre-service and professional development; support to enable staff to attend training; more personal, hands-on mentoring	9	17%
More time needed for staff to plan, work as a team, collaborate with parents and professionals	10	19%
Staff need emotional support, challenging to work with children with special needs	21	39%
Lack of Funding to Support Inclusion	**23**	**54%**
Lack of funding for inclusion; Funding required for staff to meet children's needs, enhance ratio, allow children to attend full time.	19	35%
Too many needs in each class; difficulty meeting needs of all children, lack of inclusion space, having to turn children away	3	6%
Need to improve funding process; bureaucratic, slow, requires unnecessary reassessments	4	7%
Access to Professionals, Waitlists for Services	**7**	**13%**
Long waitlist for support, services, assessments	7	13%
Lack of access to inclusion consultants, therapists, other professionals	2	4%
Communication with Parents; Lack of Support for Parents	**3**	**6%**
Some Areas not Accessible; Funds to Purchase Equipment	**9**	**17%**

Based on responses from 54 directors

Directors described these difficulties as follows:

Lack of experience with new staff; not enough funding to cover salaries and supplies; not enough staff to maintain quality and inclusion; not enough specialized training for inclusion

Staff burnout and illness

Number One challenge is staffing and finding good quality subs…If anyone was to leave, what would I do?

Wages for ISP support staff do not match what we need to pay. It takes a long time to find staff.

We need assured funding for staffing so that [inclusion] staff can be retained. It is hard when you cannot promise a continuing position because you are dependent on funding being approved.

Only one inclusion coordinator (IC) for our three centres — we need one for each centre. Each classroom needs additional support… It is desperately needed.

Assessments should be done much faster…waitlists are ridiculously long.

Higher needs get a lot of support - other needs not so much, or the waiting lists are too long… Interventionists are stretched too thin.

The process required to get funding started…The limit on the amount they pay child care assistants. They should be paid the same amount as ECEs.

The funding process — the reassessment required for already approved, diagnosed children.

There are very few additional support grants from the government. No funding for supports for materials, equipment, lighting. Inclusion support grant does not cover the full salary of this person. Plus one position does not cover the number of children with health and disability needs in the centre.

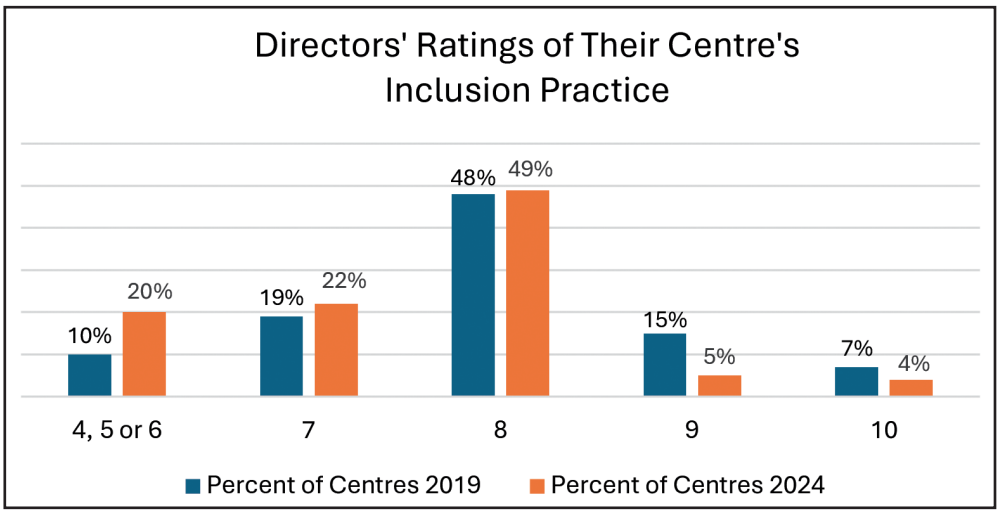
Challenges getting help for the school-age children. The Child Development counsellors won't even look at the school-age children and the schools are not talking to us. We actually had to expel one of our school-age children. We can't get anyone to come help us.

COMPARING DIRECTORS' VIEWS OF THEIR CENTRE'S INCLUSION PRACTICE IN 2019 AND 2024

Directors' Ratings of Their Centre's Inclusion Practice

We deliberately asked the same three questions in the current study (how directors rate their centre's inclusion practice, and what they see

Figure 6: Directors' Ratings of Their Centre's Inclusion Practice in 2019 and 2024



Data obtained from 67 centres in 2019 and 56 centres in 2024 (50 centres were the same)

as their centre's strengths and challenges in providing inclusive care) as we had in our earlier study of Inclusion Quality in 2019. A comparison of responses provided at these two times identifies trends that may generalize more broadly, even though our samples are relatively small.

Three points stand out from the data shown in Figure 6.

1. *In both 2019 and 2024, about half of centre directors rated their centre's inclusion practice as 8 out of 10, indicating that they felt they were doing reasonably well, but that there was still room for improvement.*
2. *Fewer centre directors rated their inclusion practice as 9 or 10 in 2024 compared to 2019. In 2019, 22 percent of directors rated their centre as 9 or 10 compared to only 9 percent currently.*
3. *More centre directors rated their inclusion practice as 7 or below in 2024, with twice as many centres rated as 4, 5, or 6 in 2024 (20 percent) compared to 2019.*

Clearly, this information suggests that more centre directors are struggling to provide the quality of inclusive education and care they believe children deserve in the current context.

Directors' Views of Inclusion Strengths in 2019 and 2024

Overall, directors' views of what constitutes inclusion strengths in their centres were similar at both times. In both 2019 and 2024, the most important strengths were ECEs' characteristics and competencies and the centre's philosophy and culture that affirms inclusion as a right and important value.

In 2024, 93 percent of centre directors identified features of their staff as critically important, as did 86 percent of directors in our 2019 sample. In both years, staff being knowledgeable about inclusion and being committed to inclusion and seeking new ways to be effective were the

two aspects that were most salient as centre strengths. More directors identified staff who were experienced with inclusion as a centre strength in 2024 than in 2019 (25 percent and 12 percent, respectively).

At both times, the centre's philosophy and inclusive culture was seen as the second most common strength. In 2024, 52 percent of centre directors identified this as a strength in their centre compared to 39 percent of centre directors in 2019. Resources provided to the centre in the form of access to therapies, funding for extra staff, and materials and equipment was identified as a strength by 25 percent of directors in 2024 and 19 percent of directors in 2019.

Directors' Views of Inclusion Challenges in 2019 and 2024

Directors' responses to the question about the challenges centres were facing varied somewhat across the two time periods. At both times directors identified staff characteristics and lack of funding to support inclusion as the main challenges to providing consistent, high quality inclusive experiences.

Table 4: Challenges / Difficulties That Affect Inclusion Practice in 2019 and 2024

Inclusion Challenges	% of Centres in 2019	% of Centres in 2024
Staff Capabilities	**79%**	**65%**
Staffing issues: finding qualified staff, shortage of trained staff, staff turnover	25%	35%
Need for more training for staff re: inclusion - both pre-service and professional development; support to enable staff to attend training; more personal, hands-on mentoring	34%	17%
More time needed for staff to plan, work as a team, collaborate with parents and professionals	13%	19%
Staff need emotional support, challenging to work with children with special needs	7%	39%
Lack of Funding to Support Inclusion	**52%**	**54%**
Lack of funding for inclusion; funding required for staff to meet children's needs, enhance ratio, allow children to attend full time.	39%	35%
Too many needs in each class; difficulty meeting needs of all children, lack of inclusion space, having to turn children away	7%	6%
Need to improve funding process; bureaucratic, slow, requires unnecessary reassessments	0%	7%
Access to Professionals, Waitlists for Services	**12%**	**13%**
Communication with Parents; Lack of Support for Parents	**8%**	**6%**
Some Areas not Accessible; Funds to Purchase Equipment	**7%**	**17%**

Staff characteristics and competencies were described as a challenge by 79 percent of directors in 2019 compared to 65 percent of directors in 2024. As shown in Table 3, the need for additional training on inclusion was the most important staff challenge identified by directors in 2019 (34 percent). In 2024, the most significant staff challenges were hiring and retaining qualified staff (35 percent) and providing emotional support to staff (39 percent).

About the same percentage of directors identified one or more aspects of funding as a serious challenge (52 percent in 2019 and 54 percent in 2024). Lack of funds most often translated into lack of additional staff to support inclusion, putting more stress on the ECEs who are seeing more children with emotional and behavioural issues in 2024.

In summary, directors' responses to the same questions in 2019 (pre-COVID and prior to changes in provincial policies that may have occurred as part of systemic transformation under CWELCC agreements) and in 2024 reveal many similarities, but also some important differences.

1. *While half of directors rated their centre's inclusion quality as 8 out of 10 in both years, fewer centres were rated as 9 or 10 in 2024 and sadly, twice as many centres (20 percent) were rated as 4, 5, or 6 now compared to 2019.*
2. *Centre directors had similar views in 2019 and 2024 as to the factors that comprise inclusion strengths in their centre. At both times, directors emphasized staff's knowledge and experience and their commitment to making inclusion work for the children in the centre, as well as the centre's philosophy and support for inclusion.*
3. *In comparison to 2019, directors in 2024 were less likely to identify lack of training specific to inclusion as a challenge but were more likely to refer to difficulties hiring and retaining qualified staff. More directors in 2024 explicitly identified the importance of providing emotional support to teachers who are experiencing stress in their jobs generally, and in their work with children with extra support needs specifically.*

8. Initiatives and Enhancements to Support Inclusion

We asked directors two questions to learn about (i) initiatives they and their staff have participated in to improve program quality or inclusion effectiveness, and (ii) additional funding the centre had received to improve inclusion capacity.

INITIATIVES TO IMPROVE PROGRAM QUALITY OR INCLUSION EFFECTIVENESS

Two-thirds of centre directors reported that they and their staff had participated in one or more initiatives to improve program quality or inclusion effectiveness in the last three years. These efforts typically involved some form of training, workshops, or professional development and covered a wide range of topics and types.

The initiatives most commonly referred to by name were Circle of Security, Little Warriors, the Pyramid Model, Non-violent Crisis Intervention, Applied Behavioural Analysis (ABA) training, inclusion workshops, Pedagogical Network workshops, Professional Learning Leaders, Quality Matters, and Infant Quality grant modules.

Training and professional development initiatives were accessed through a variety of sources with funding/sponsorship provided by the provincial government, the municipality in which a centre was located, a provincial professional association, a child care resource centre, or through a family service agency or the YM/YWCA, if a centre was affiliated with one.

Participation in training and mentoring programs not only exposes the staff to new ideas and resources, it also helps reinforce ECEs' commitment to inclusion and helps build their capacity to work together as a team — critical elements for inclusion success. In some cases, only the director or a few select staff participated, but directors appreciated those opportunities when all staff could learn together. Several directors commented that since COVID, more learning opportunities were being made available through webinars and other on-line tools. While on-line learning opportunities were appreciated, almost a quarter of our directors requested opportunities for in-person training and mentoring, including child-specific, rather than general situations. It is important to recognize that enabling ECEs to participate in these activities

can be difficult unless provinces provide funding to cover replacement staff or the centre actually closes for a professional development day (in which case parents must make alternate arrangements). Expecting ECEs to attend training in the evening after a full day of caring for children or on a weekend is hard to justify, especially as wages and working conditions are a serious concern that affects recruitment and retention in this field.

ADDITIONAL OR EXPANDED FUNDING TO IMPROVE INCLUSION CAPACITY

Thirty-two of our 56 directors (57 percent) said they had received additional or expanded funding through specific government grants or through other sources to improve inclusion capacity in the last 12 months. Almost all directors in Manitoba referred specifically to their province's Quality Enhancement and Diversity and Inclusion grants, which provided funds to purchase equipment and supplies and for renovations to the centre, or for professional development opportunities, respectively. Directors in other provinces referred to provincial accessibility grants, ESDC's Enabling Accessibility Fund, an Indigenous Programming grant, or funds provided by a local foundation. Funds were typically offered as one-time grants that enabled improvements to the centre's physical structure or playground or for the purchase of specialized equipment.

Centre directors actively applied for these grants and were responsible for administration and financial oversight. These grants were separate from and did not include money to hire additional staff to reduce ratios or for one-to-one support for children with extra support needs, or for an inclusion coordinator who could mentor and supervise early childhood educators.

9. Directors Speak Out: Necessary Steps to Improve Inclusion Quality

This chapter is based on two separate questions in our interviews that provided rich insights. The first question asked directors, "What additional supports/resources/training would assist you and your staff to provide high quality inclusive care?" The question followed those that asked directors to rate their centre's current inclusion practice and to identify what they saw as their centre's strengths and challenges in providing inclusive care. As such, directors' responses focus primarily on the challenges they have experienced providing high quality inclusive care and education in their own centres, although some responses reflect wider concerns affecting centres' capacities and government policies.

The second question was asked at the end of our interview. We asked directors if they had any "specific recommendations they would like to make either to their province or the federal government to support universal, high quality child care for all children, including children with disabilities."

There was substantial overlap in the responses directors provided to these two questions. The main difference is that responses to the second question included two groups of suggestions: those that refer to changes needed to improve child care quality generally and those that focus specifically on improving inclusion. We provide the responses to each question below and then summarize what we heard.

ADDITIONAL SUPPORTS / RESOURCES / TRAINING THAT WOULD ASSIST YOU/YOUR STAFF TO PROVIDE HIGH QUALITY INCLUSIVE CARE

Fifty-four of our 56 centre directors identified specific steps that could be taken to improve inclusion capacity and inclusion quality in their centre. Many directors provided two or three suggestions. Most responses can be grouped into four main categories:

1. Enhanced inclusion training and professional development;
2. Funding to hire additional staff with inclusion-specific skills as well as additional time off the floor for staff to plan and to collaborate with others;
3. Additional funding for equipment, materials and accessibility improvements; and

4. Other suggestions that encompass more coherent or improved policies and procedures and access to therapists and consultants.

Table 5: Directors' Suggestions for Changes That Would Improve Inclusion Quality in Their Centres

Resources That Could Improve Inclusion Quality	Number of Centres	Percent of Centres
Inclusion Training and Professional Development		
Training and PD specific to inclusion; updated; range of topics	17	31%
On-site training and mentoring - centre/child specific	14	26%
Funding and time allocated for PD to allow staff to attend	9	17%
Promote shared learning about best inclusion practices	7	13%
Better, consistent inclusion training in pre-service education	4	7%
Training and resources to support parents	2	4%
Additional Staff with Inclusion-Specific Skills		
Staff with inclusion-specific knowledge; inclusion coordinator	12	22%
Funding for staff to work with specific children and/or lower ratio	10	19%
Time for staff to plan, meet with therapists and parents; refresh	9	17%
Additional Funding to Support Inclusion		
Equipment, materials, accessible space	13	24%
Other Suggestions		
More coherent policies; less paperwork	5	9%
Better access to therapists, consultants	4	7%
Address needs of school-age children	4	7%

Based on responses from 54 of 56 centre directors

In all, 72 percent of responding directors provided one or more suggestions that referred to inclusion-specific training opportunities for staff to extend their knowledge and skills. Directors commented specifically on the importance of providing funding and time to enable staff to attend and to participate together. There was a clear preference for on-site training and mentoring to complement webinars and off-site training.

In addition to providing funds to support ECEs' participation in training and professional development, 40 percent of directors confirmed the importance of funding for additional qualified staff with inclusion-specific knowledge and skills for their centre. Some directors referred to the need for 1:1 support for children with high needs. More often directors preferred someone who could work with several children with extra support needs in a classroom/centre in addition to the required staff: child ratio. Both the capacity to have ECEs with inclusion-specific knowledge and experience and lower ratios were described by directors as very important elements for improving inclusion quality. Several directors specifically mentioned the value of having an on-site inclusion coordinator to address children's needs, mentor other staff, and coordinate planning across the centre's programs and with therapists and parents. Funding would also be required to provide staff with time off the floor to plan and to meet with therapists and/or parents. Four

directors specifically mentioned the importance of providing mental health support for ECEs working in challenging circumstances to avoid burnout and sustain their continued commitment to the work.

Additional funding was also requested for inclusion-specific equipment and materials, or to make space in the centre or playground more accessible by almost one-in-four responding directors.

The fourth category of directors' responses refers to the importance of coherent government policies and good communication with centres, as well as the importance of reducing paperwork and unnecessary delays in approving inclusion supports. Better access to therapists and consultants and reduced waiting periods for assessments were also mentioned. Several directors referred specifically to the fact that current government policies and supports fail to address the needs of school-age children with disabilities and behavioural issues in centres. This situation creates additional stress for centre staff and potentially affects a large number of children, both throughout the year and in summer programs. All of these items were referred to as well in responses to the later question on recommendations for government actions.

DIRECTORS' SUGGESTIONS INCLUDE:

Inclusion Training and Professional Development

Better training for the ECE field… There should be a core, consistent training base on inclusion in all training programs.

We need a crash course on inclusion supports. Staff do not have enough training. Everyone has to do CPR and First Aid every 3 years. There should be a centre-specific orientation to inclusion and a basic course on inclusion for all staff.

Training for veteran staff for this changing world; training on how to deal with trauma and aggression. The needs of the children are constantly changing… We need to update our strategies.

More embedded mentors/coaches/practical help/teaching strategies… More on-site training and modelling with children; more in-person professional development.

Funded PD days to assist staff to get more training… Any training is on our own time or on weekends.

Assessment of our classrooms — both curriculum and inclusive practices — with resources to improve.

Additional Staff with Inclusion-Specific Skills

Increased funding and broader eligibility for PA funding (much more limited than before).

Provincial funding for inclusion support person is inadequate and below what we pay ECEs.

We need support in addition to ratio... This would make an enormous difference in our ability to continue to support inclusion with way lower levels of frustration.

Funding to have a resource person in the centre on a daily basis; an in-house resource consultant as part of the centre's full-time staff.

More support to liaise with families, connect with therapists to relay information to the teaching team... Resource consultants are no longer doing this, and being a Head Start program with so many families with children who have special needs, this is a big weight tor the educators to take on.

Additional Funding to Support Inclusion

Mobility supports for children and for the centre

Regular base funding (sustained funding) for new equipment and sensory materials

Time to work/reflect/plan/meet together/participate in workshops

Other Issues — Government Policies and Procedures; Access to Therapists; School-age children

There are mixed messages from the province… The Child Development Workers encourage enhanced staff, inclusive practices, paying fair wages, but then their accountability to that doesn't match. The money is not there for what they are advocating for.

The Child Care Inclusion Committee and the workshop series being developed, one of them is about navigating the Inclusion Support Program (ISP) system. They make the changes, but do not tell people about them. There are lots of resources on the ELCC website that people do not even know about.

You almost need a training program to fill out the paperwork. There has to be more understanding of what expertise people have. A balance … and trust between the field and the province is needed.

Children with special needs continue to receive minimal support from therapists or specialized support. This is especially problematic for children who are undiagnosed and/or on waiting lists (sometimes for 18 months to 3 years).

Access to more professionals, developmental interventionists, speech/language professionals and more….

The school-age care is a need being unmet…We are a little lost on that. …Lower ratios for school-age program.

School-age children receive their supports in school. But there is a gap for school-age children — they attend our centre full time in the summer. Even if they get physio at school, they do not get it during the summer. Some of the equipment the children use in school does not go back and forth. Last year for the first time we had approval for an OT to come out and train the staff with a child's equipment, how to do a two-person lift — that was really good.

We have to make inclusion easier. Directors are too busy, I know that once they start being inclusive, they will not want to turn back. There are so many beautiful success stories about what inclusion does for your entire centre, not just the child with disabilities, but all children, all families, all staff.

DIRECTORS' RECOMMENDATIONS TO GOVERNMENTS

The final question we asked directors was what specific recommendations they have for their province or the federal government to support universal, high quality child care for all children, including children with disabilities. While directors had already identified what resources, training or supports would enable them to improve inclusion quality in their own centres, this question provided an opportunity for directors to reflect on issues that are affecting child care provision and child care quality generally in their province, as well as issues affecting inclusion. The question provided an opportunity for some directors to be quite critical and to express their frustration with the gap they see between aspirations and reality, given shortfalls in funding and resources. We found it useful to separate responses that pertain to broader child care issues from those that are specific to inclusion.

Recommendations To Sustain High-Quality Child Care for All Children

Forty-five directors identified issues that are affecting the provision of high-quality early learning and child care generally. Readers will note that many of the responses (i.e., the need for better training and professional development opportunities and issues that affect the child care workforce - wages, benefits and working conditions) have been identified in earlier sections of this report when directors discussed challenges they were experiencing. In addition, this question elicited recommendations to address specific issues such as the need for more respect and recognition for the field, improved communication with government, and more equitable resources across centres and, in comparison, to schools. Of note is the observation that 3 BC directors provided positive comments, expressing appreciation for annual wage grants for ECEs and additional funds recognizing those with certificates in special needs. "It is an encouragement for the field and an incentive".

Most responses could be grouped into five main categories:

Improve wages, benefits, and working conditions for the child care workforce. Directors clearly see this issue as reflecting recognition and respect for early childhood educators and as critical to address workforce shortages and retention problems.

Increase funding to centres to cover a range of needs – including equipment replacement and upkeep and increased rental costs. 30 percent of directors commented on their province's budgets and funding formulas, which do not reflect current costs.

Enhance training and professional development opportunities.

Other issues that affect the quality of practice

Maintain high standards for qualified staff (do not water down requirements)

Lower ratios — especially given the number of children with extra support needs. This issue was also flagged specifically for rooms with school-age children.

The need for better communication and real engagement with provincial governments to address funding difficulties and inadequate resources; respectful relationships between government and the ECE field; plans to address long waitlists.

Table 6: Directors' Suggestions for Changes to Improve Child Care Quality Generally

Recommendations to Improve Child Care Quality	Number of Centres	Percent of Centres
Address Child Care Workforce Issues		
Wages, benefits and working conditions	25	45%
Time off the floor for planning, team work, renewal, stress relief	10	18%
Additional Funding	**26**	**46%**
Enhanced Training and Professional Development		
Updated on range of issues; On-site training and mentoring	10	18%
Funding; incentivise participation in PD	8	14%
Better, consistent training in pre-service education	3	5%
Focus on Quality		
Lower ratios; address inequities in resources	25	45%
Government Policies and Practices		
Improve operating budgets; annual budget for equipment, upgrades; budgets to be known in advance	17	30%
Recognition and respect for early childhood education and care	8	14%
Better communication with directors; real consultation and engagement	4	7%
Address waitlists	5	9%

Based on responses from 45 directors

The following quotes provide a sample of directors' recommendations:

ECEs' Wages and Working Conditions

Support a wage grid for ECEs… More money for educator wages. We lose staff to the school. Invest in ECEs and recruit qualified staff. Higher pay would make it more appealing, especially considering the cost of living.

The new funding model for wages does not cover sick days or vacation time. It only covers those in ratio; not getting time off in lieu of overtime or attending training/professional development.

We don't have enough supply educators. It would be great to have a floater or extra educator available to support each program so educators can take sick days when they need them and not feel guilty or stuck.

We are missing a ton of staff. And if the government doesn't change something soon, I don't know what the sector will look like in 10 years […] Something really needs to be done.

Additional Funding

Funding — It's not everything, but it is Huge!

The funding support. It comes down to money.

Enhanced Training and Professional Development

More workshops — without having to beg and plead.

Funding to cover the costs of training (so it could happen during program hours).

Training (especially for new ECEs) regarding disabilities and inclusion so they can "keep current"; ongoing professional learning and PD; need for inclusion practices to be modeled (not just online).

Focus on Quality

Quality staff is Number One. Compensation and the right kind of training.

Children deserve high quality environments. We need those kinds of spaces. No church basements; need access to the outdoors.

More support for classrooms as "staff are overworked, exhausted and mad at me. It's not my fault."

Budgets and System Planning

Revise the funding formula. The province has just announced a food program for schools. Will they include child care centres? Recognize that some centres have fewer resources, higher rents… This creates issues in developing a universal, high-quality system.

The centre has not been allowed to increase fees since May 2020 — funding is based on this revenue, which does not cover the increases in prices for so many things.

Find a way to address waitlists.

A recent survey showed the need for 9,000 new child care spots in

the Lower Mainland. But if built, where are we going to find ECE staff? Burnout rates are incredible and there are already shortages.

Engagement and Communication

We have never been included. Grassroots people should be consulted. Policies should be based on real experiences…. The Department needs to do a better job of communicating what they want and consult better to be able support centres.

"Come to our centres. See what we do. Have respect for who we are and what we have done… We bust our butts."

This week media referred to a cabinet minister being "demoted" to child care. That is so discouraging… and 6 years ago, they changed our "License to Practice" to teach to an ECE certificate. Lack of respect for us. We are teachers, educators — not staff, not babysitters... Lack of respect.

"When Mr. Churchill decided that 3 ½ years olds don't learn in licensed child care centres and need to go to school 'to learn', he put an already stressed professional sector in more stress. He literally disrespected ECEs and children."

Government — at all levels — need to work together [to support] the children, families and caregivers.

It's a great thing if every family could access $10-a-day child care, but before we get there — and promising these things to families — talk to the child care community so that we're all on the same page. Sometimes the reality is not feasible, so you have to make it feasible, but it's causing even more struggles for educators who are trying their best.

Recommendations to Improve and Sustain Inclusion Quality

Forty-one directors made recommendations for their provincial government to help sustain inclusion capacity and improve inclusion quality. The recommendations they made echo responses to earlier questions in the interview when directors identified the challenges they were experiencing and, particularly, the question about resources and supports that could help improve inclusion quality in their centre. Many directors expressed disappointment, frustration, and sadness that they are not receiving the support they need to provide good quality, responsive, inclusive care to children and families who need it and would benefit greatly.

As shown in Table 7, the majority of recommendations directors made to better support inclusion can be grouped into five main categories:

1. **Additional Funding** Increase funding to support inclusion:

to provide the human resources needed for this work — additional ECEs with specific inclusion training and skills to work with individual children, but also to reduce staff: child ratios and enable a team approach;

for in-house inclusion coordinators who can help coordinate planning, liaise with therapists and parents, and mentor and support other ECEs in the centre; and

to purchase or replace specialized equipment and materials and renovate centre spaces that are inaccessible.

2. **Address Child Care Workforce Issues** Improve wages and working conditions for all staff — but especially for those who work with children with disabilities. Directors were quite specific about the low hourly rates allocated to "child care assistants" in some provinces who are paid below the level of ECEs — contributing to difficulties hiring and retaining them for any length of time.

3. **Enhance Training and Professional Development Opportunities.**

4. **Reduce Waiting Time for Assessments; More Contact with Specialists** Improve access to a range of professionals (early interventionists, speech & language therapists, PT/OT).

5. **Government Policies and Practices** Improve communication and coordination between child care centres and provincial policy makers/inclusion program officers. Reduce burdensome paperwork and speed up approvals for support; recognize unmet needs, increase funding allocations for inclusion, especially as new spaces are added; and appreciate the important work that is being done.

IN THE DIRECTORS' OWN WORDS:

Increase funding to support inclusion

Consistent extra funding to centres to support inclusion…The funding and support need to be there.

Increased funding!! We simply do not have enough to support basic needs — let alone adaptive equipment or to support training.

Easier access to the funding; eligibility needs to be broadened…Ensure that children with trauma and mental health issues are included in the disability conversation and not just be considered as "behaviours" — funding and training.

Funding for Inclusion Staff

Funding for additional staff with inclusion-specific knowledge and skills to work with individual children in addition to ratio and to support other ECEs in the centre.

It's much harder to get Enhanced Staff Support Funding, making inclusion more challenging.

Fund the IC role adequately so that at least level 2 and 3 are ensured to get the position.

Table 7: Directors' Suggestions for Changes to Improve Inclusion Quality

Recommendations to Improve Inclusion Quality	Number of Centres	Percent of Centres
Additional Funding		
Funding to support inclusion (in general)	25	61%
Funding for additional staff with inclusion-specific knowledge and skills to work with individual children in addition to ratio and to support other ECEs in the centre.	24	59%
Funding for equipment, materials, accessibility	11	27%
Address Child Care Workforce Issues		
Improve wages, benefits and working conditions for all - but especially for those working with children with disabilities/support needs	8	20%
Provide additional support to ECEs - Recognize staffing challenges, burnout, need for time off the floor for planning, team work, renewal, stress relief	5	12%
Enhanced Training and Professional Development	**16**	**39%**
Reduce Waiting Time for Assessments; More Contact with Specialists	**10**	**24%**
Government Policies and Practices		
Better communication with directors; real consultation and engagement to support inclusion goals; Recognition and respect for early childhood education and care	7	17%
Better coordination with schools; more equitable resources	7	17%
Reduce paperwork and time to approve funding requests.	6	15%
Increase allocations for inclusion supports as new spaces are approved.	5	12%

Based on recommendations from 41 directors

We need higher wages for staff taking on inclusion roles. $ 17.04/hr is not enough. Any centre takes on a CCA with the hope that they become a permanent staff, a core staff, building capacity in your centre. But now, child care assistants leave to get jobs in the school system as EAs.

"Staff who are brought in to support inclusion are paid at a lower rate than our ECEs. Three of my inclusion staff have been long term. We have had to make up the shortfall. We had a serious discussion at our Board meeting… can we afford to keep our inclusion program without the funding to match what it costs?... If I pull the inclusion program, what would happen to these families? Programs are put in the position of wanting to keep these children, and government not wanting to fund them….Our province is failing these children. It's very sad."

Funding for Equipment, Materials and Improved Accessibility

Have more funding for special renovation projects to make things more accessible as needed.

Support for making accommodations and enhancements to buildings, classrooms, etc. e.g. wider openings, ramps, etc….All new childcare buildings/programs to be universally inclusion designed

Create a lending library for specialised equipment to loan out to centres, e.g., tomato seats, wheelchair, etc.

Address Child Care Workforce Issues — Especially for ECEs Who Take on Inclusion Roles and for Assistants; Support Team Approach

You can't just fund the program. You need to fund the people with decent wages. The program is the people... Support consistent staffing; staff in such a way that educators are given the resources they need to be successful.

The teaching teams are trying their best to promote inclusion in the centre but are struggling to meet the current demands without burning out. There are serious challenges providing quality inclusive care due to being understaffed, underpaid, undertrained, overstressed and overwhelmed.

It is so important to have a team teaching model — not just 1:1 for a child. There so many benefits to the child and to ECEs... Spreads workload, reduces burnout, especially with high needs children. Share that load with the team.

Educators are struggling. Behaviors are increasing. There is never enough staff. We are at capacity and are unable to do any more with what we have.

Ratios/fewer children per group (current 1:15 for school age does not work, should be 1:10 or less considering that now there are more older children with special needs. 1:8 in preschool is a lot when there are additional needs: 1:6 would be better)

We have to create a separate job description because we are unionized and we pay them less. We are creating an ISP job. We are creating a 1:1 job. We are creating and funding exclusion. You are preaching inclusion but funding exclusion.

Training and Professional Development

More training that is affordable. We want to be inclusive.

More adequate training for ECEs, as most training institutions barely touch on inclusion…and education about inclusion is not consistent across all training programs. There should be a core, consistent training base for inclusion — NOT ad hoc…. Students/ new grads are not well equipped to work in the sector.

Teaching techniques need to support adult learning as well. Educators are overwhelmed and are struggling to implement the basics of ECEC. "They're in survival mode […] and the quality of child care is increasingly shrinking."

Staff need to understand and get training for the many newcomer children that have trauma — refugees, come from bad situations.

High quality mentoring/coaching program and available for all centres — a program that is mandatory to all centres.

Assessments and Support from Specialists

We are desperate for faster, easier access to assessments.

More support for families — diagnosis should be happening at a young age and should be caught sooner for more intervention. Waitlists for referrals are too long. It should be so much more accessible and quicker.

Funding for OT and PT positions to be in/at the centre regularly — part time or similar. This position could be similar to the ECDC position at the department.

Restructure the inclusion program so that they have enough developmental interventionists and that they have the time to be hands-on.

Government Policies and Practices; Planning and Coordination

As more children are coming into the system, more children with special needs are too. But ISP funding has not increased accordingly. This is affecting the quality of care, and for centres that have not been inclusive, what is the incentive for them to be spending their own money to include a child?

The biggest thing? Advocating for those funds. The pot needs to be equal to the increase in spaces. When you open new spaces, there should be an associated increase to the inclusion fund. Anywhere you are going to have children with additional support needs, but if you are not funding it, you are not being inclusive no matter how many policies you have. You are not practicing what you are spewing out.

We need to know, as administrators, what we are working with at the beginning of the year, not the end of the year (in terms of funding) so we can tell our staff, 'This is what our budget looks like."

To support families, it is important for us all to communicate consistently (e.g., with CHEO re. service delivery, waitlists, programs available to support parents) "So that we, as the people dealing with parents at the frontlines […] with children that we have flagged, we can better guide them."

Transparency and collaboration with schools, families, childcare.

Seamless transition to schools. Once the kids leave, everything we know is gone. It's sad. Why make the child go back to square one when we already have systems in place that help.

Teaching teams are frustrated by the inequalities in the treatment and expectations of educators working in child care versus those working in the schoolboard (e.g., salaries, availability of support staff, PD, etc.)

Less involvement in the management of centre from government. We do not need more policies in place. More support from and with them and not a top-down model…We want to work with them. Admin work is so complicated, and tasks take much more time.

The director is challenged by the amount of paperwork required. Very arduous and repetitive, too many layers for approvals. Currently, the province requires a reassessment of the same child each year.... Lack of trust in what the field is doing with grants, does not allow for any autonomy.

I wish they would assess the paperwork more quickly. They take a long time to approve. Quicker turnaround would be desirable!

More funding and more trust; less paperwork. Full re-assessments for the same child should not be required each year.

There should be an evaluation or a rating for centres of excellence for those going above and beyond in inclusion and with that comes the privilege of having some autonomy to have additional staffing as a funded ongoing piece of the organization. So you always have one permanent ECE on staff, to maintain experience and training, no matter the individual children who come and go. If the centre maintains their 10 percent of children with disabilities — this would be a very welcome conversation.

The findings in the SpeciaLink Project in 2019 are clear that we are doing the children a huge disservice. The province promotes quality inclusive child care — they speak the language, but they have to put supports and resources in place and fund it properly to be truly a quality inclusive child care system.

"I hope that the powers that be will be listening."

WHAT WE HEARD

Directors were articulate and passionate about the need for additional support in order to continue to provide inclusive care and education for children in their communities. They are committed to doing so, but many are struggling and frustrated at being asked to be heroines and heroes without sufficient support. As directors, they are having to make difficult decisions, engaging in what we refer to as a disability calculus — weighing what children and families need and deserve against the capabilities of the ECEs in their centre, the funding provided for inclusion supports, and the cost to staff and to the centre of including children without having adequate resources.

Two quotes exemplify this circumstance:

"I'm not letting funding stop my inclusion.… I try my very best. But do I feel funding is sufficient? No, I don't. And it leads to that burn-out

factor with staff when they're not adequately supported to work with these kiddos."

"Educators are doing their best and they are burning out. As much as our philosophy is 'we want to accept everyone in our program', at some point you say, 'I can't add more needs to the program, because I am going to be losing my educators.'"

10

Voices of Parents of Young Children with Disabilities During COVID-19

Looking back at Spring 2020 and the beginning of COVID when there were no vaccines, no sense of how long the pandemic would last, and very little sense of how intense the virus would be in the lives of young children or their adult caregivers, we recognize many of the challenges that encouraged us to research that period.

Schools closed. Child care centres closed; many stores shifted to online shopping and remote delivery. Many workplaces became home-based.

Still, there remained a need for essential workers — medical, public transportation, police, grocery store clerks and so forth. Many of these essential workers had young children — especially an issue if the young children had disabilities and needed extra support. Most provinces funded child care for these essential workers, usually in centres that were closed to their regular families. Some provinces continued to include children with disabilities, even when their parents were not essential workers.

As some child care centres re-opened for children of these essential workers, some as early as March 2020, governments proclaimed Regulations to accommodate these children. The initial Regulations were rigorous, concentrating on keeping the children safe, minimizing their exposure to other children.

By June of 2020, many "regular" centres began to re-open for children whose parents were not essential workers — simply parents who needed child care in order to work or who just wanted it for the child's development.

Our project — and this book — was developed to explore the experiences of children with disabilities or major health issues in regular child care centres. Given the presence of COVID, we assumed that there would be additional issues. Because we wanted to understand the issue from the perspective of parents, we interviewed thirty parents as well as directors and regular staff.

We were able to employ experienced interviewers from our three previous projects related to child care and the inclusion of children with disabilities. These interviewers were tasked to speak with centre directors whom they had previously interviewed about inclusion quality and were now interviewing them about the centres in the time of COVID.

We anticipated that they would be able to guide us to parents of children with disabilities who might agree to be interviewed about their experiences with child care during COVID.

Parent Participation Summary

Most of the thirty parents had children in child care; a few had taken children out of child care for a variety of reasons. After testing, we settled on a survey of 9 questions, short enough to limit intrusion into parents' time, but long enough to encourage parents to extend their answers to questions of importance to them.

In addition to collecting data related to the children's issues and history, and to family circumstances, the survey asked nine questions related to the child's participation in the centre. The yes/no questions were:

1. Parents were not allowed in playrooms or dressing areas.
2. Fewer early interventionists and therapists continued to come into the centre to work directly with the children during the period of COVID.
3. Adults were required to wear masks when they were with the children.
4. Children were required to wear masks in the centre.
5. Social distancing, fewer children per room, and consistent cohort routines followed at most times in the centre.
6. Children were not allowed to share toys and/or materials in the centre.
7. Close physical contact, hugging and touching was discouraged in the centre.
8. There were many substitutes among staff, and there were no or few substitutes for staff breaks.
9. Was there any impact of COVID on your child?

The yes/no responses were often followed by explanations offered by the parents, as quoted below.

1. **Parents were not allowed in playrooms or dressing areas**. All 30 parents said "Yes."

> One parent told us that his children weren't too affected by parents not being able to go into the classrooms. But when asked how he felt about that, he teared up. He found it extremely difficult to just leave his children at the door. Lately his youngest did not want to go to the centre and so he, as the parent, would have liked to be able to go in and have conversations with the teacher. As it happened, the regular teacher was away on holiday. He also felt that there would be fewer issues regarding children's items

(wrong shoes sent home, missing water bottles, etc.) if parents were allowed to dress them.

"We had no idea if staff changed since we would just leave children at the door."

An interviewer reported: Parents could not go into the centre at all; staff took the child from Mom's arms on the playground and as the child was an infant, one year old—she felt that this was why he was so upset—too abrupt separation. At the end of the day, staff said only, "He was fine." No other details or anecdotal stories.

2. **Fewer Interventionists or therapists (OT, PT, Speech & Language, behavioural) came into the centre than prior to the period of COVID**. 25 of the 30 parents interviewed, said, "Yes."

Some therapists discontinued in-person visits; others spoke with parents (and children) on-line at home, trying to do some therapy. A few actually visited the children at their homes.

"It took longer to get a therapist (6 months) for a second child, compared to the first child. Therapy was done online. It was very difficult for our child to follow directions that way."

No therapists at the centre, although they were aware of his disability. Therapists started in elementary school.

No support at the centre. Therapist sent work home, but the child found it difficult to concentrate while watching Zoom, and Mom and Dad could not help him because they did not know how to teach him the right way.

His therapist's organization only worked online. Some called regularly to check in. Some would only do meetings online. Some gave ideas for social skills online.

Now (in early elementary school), he is followed by the learning centre, and the guidance counsellor. OT, PT and the ADHD clinic at the Children's Hospital, plus getting cognitive behaviour therapy.

Mom wished that she had been told sooner what kind of therapies might have been available for her child. She did not know that families could do self-referrals to the Children's Hospital. Nor did she know that the school would pay for psychological testing; she thought they would have to pay. She is worried that he will age out of after-school care and is wondering what supports she can get.

"He was assessed when he was 3 years old, but did not receive therapy until he was 4." The family wanted to get some mental health intervention and did not know where to turn. They got some — which took time, and then discovered that the school could have supplied this. They are not too happy with communication between the school and themselves regarding what resources are available.

"Lack of consistency" did not help Brodie as an infant with his emotional development.

"When she was two years old she was very verbal and active. Then she stopped making eye contact and wasn't listening to what anyone said to her. A definitive diagnosis was made when she was four (ASD). She is observed at the centre, but interventions are all done off site."

No interventions during the early years of the pandemic. Then, all kinds of interventions, some in person and some online.

Many parents noted that fewer therapists were coming into the centre. Some therapists discontinued completely; others spoke with parents (and children) on-line at home, trying to do some therapy. A few actually visited the children at their homes or online, mainly speech and language therapy.

3. **Adults were required to wear masks**. All 30 reported "Yes."

   He struggled with adults in masks — lack of understanding.

   Mother felt that COVID protocols were "over the top."

   Masks on adults at both centres certainly delayed talking and speech development.

   Masks were certainly an issue when he was learning to lip read. It held back son's social play.

4. **Children wearing masks**. "Yes" from 20 parents.

   "He also hated wearing a mask — which was expected at the centre and later when returning to school. If we were out shopping, he would refuse to wear a mask, and the family and Connor got a lot of nasty looks and comments, which did not help his emotional equilibrium. Excessive handwashing was an issue also — it created a lot of anxiety. He eventually got used to it."

5. **Social distancing, fewer children in room, consistent cohorts**. "Yes" from 20 parents.

   The cohorts definitely affected socialization "for him."

   "Cohorts were difficult as Issah couldn't be with his friend. He really enjoys playing with one specific child."

   "He became more emotional and lashed out when more children returned to the centre and when he went back to school. He became worried that he would lose the one-on-one friend he had been used to. It took some time for him to get used to large groups again."

   He was sent home from school a lot for lashing out — throwing furniture, etc. He hurt no one. He was over-stimulated. He learned that if he threw anything, he was sent home, so he acted out to get

home. He was sent home so many times that the family went to therapy, whose opinion it was that it was something the school was triggering. It became so bad that Mom took stress leave. Connor was telling his family, "I want to die." Things are a lot better now as he is beginning to understand how his brain takes a different route than others. Mom feels that this has delayed his development and he hasn't caught up yet.

For some time, smaller groups were created for him so he could succeed, and not feel so frantic.

Mom also felt that socially he was and is behind because of the cohorts and the lack of consistent socialization.

Mom feels that if they had been around families and children during the pandemic that would have helped him more.

School he will attend in the Fall is ready for him, with head set (noise is a problem for him), more tolerance of his intolerance of putting his hands in water (or whole self in water) and his limited diet.

6. **Very few instances were planned to allow children to share toys and/or materials**. 10 parents reported "Yes."

Rooms were set up to discourage sharing of toys and materials, to limit exposure to COVID. Children got individual containers of art supplies, individual items to play with, even individual snacks and meals.

7. **Close contact, hugging and touching were discouraged**. "Yes" from 20 parents.

"Francis loves hugs and close contact, so it was very difficult for him."

"She loves to hug children. She has to be taught to ask for consent before she hugs, etc."

8. **There were many substitutes among staff, and no substitutes for staff breaks**. "Yes" from 20 parents.

No idea if staff changed as parents had to leave the children at the door.

9. **Were there impacts of COVID on your child?**

Definitely — limiting socialization and speech development.

His experiences at child care have been beneficial, even if delayed because of COVID. He now makes eye contact, sits with other children and knows his name. She will keep him in child care (rather than in pre-primary) because of the ratios, because he will not get an Education Assistant (EA) until primary, and because he is a flight risk.

"Many of the questions affected Eddie both at the school age program and the elementary school he was attending. He is very

> rigid and does not do well with any change. The lockdown upset him as his routines were totally disrupted. He did not respond well to "home schooling" as he only recognized the activities and materials as "these things are done at school, not at home." He is still having difficulty. They are wondering — but do not have an appointment for assessment yet — if he also has OCD. He was also very dysregulated being at home as mom was working, but his father was laid off during the shutdown. Not part of his routine at all! If outdoors, shopping, etc, he refused to wear a mask, and as he has no idea about personal boundaries, he would go up to people with masks really closely, and this made people angry with him and his parents. He feeds into other people's emotions so that would also dysregulate him. This was a problem as he loves shopping."

As researchers, we were not surprised to learn that parents found speech and behaviour as the two most problematic issues. "Speech," of course, suffered since children were encouraged to wear masks during the first COVID year and staff had to wear masks even longer. The children were delayed in their speech because the adults' mouths were covered. Behavioural growth was delayed because normal activities were limited — no touching, no playing close to each other — play times were designed to limit closeness.

Early Interventionists and speech and behavior therapists, who had generally not been involved in regular physical contact with the children during COVID, were desperately missed. Parents often told us that the absence of regular therapies was probably a major factor in their children's delays. On the other hand, parents realized that if interventionists and therapists visited their children at home, they would also be visiting other children at their homes too, risking being carriers of COVID virus.

Margaret Burke (2024), a longtime child care provider, summarized the child care experience during COVID this way:

"We found that children with special needs or any kind of health condition were the ones staying out longer when it was optional. Parents were scared of the virus. And even now, we are finding parents with kids who have special needs are keeping their kids home more often when they have been sick.

"Another thing that happened was that our wait list had grown longer than normal. During that period we were only allowed to enroll 50 percent capacity in the centre to keep children at distances from each other while families had the option to keep their children home, but daycares were asked to hold their spots and government would pay for the space. So even though we were still enrolling under the number of children who had been allowed before COVID, we couldn't offer a spot to people who were waiting.

"COVID babies that were born during the pandemic are getting sick more often, and their social skills are behind as is their language. Kids with special needs are going to be even more behind. It really impacted those kids big time.

"I really saw an impact on those families with children with behaviours. Services for families after the pandemic are unbelievable. Waitlists have grown so long; children are now waiting up to or more than a year. And some of these families just don't have the skills to advocate for themselves.

"Because of the pandemic, parents now seem so unsure of when to bring their child and when to keep them home. Toddlers can have runny noses and they can have coughs. So what we tell families is, 'You know your child. Some have allergies, asthma, or they just have a runny nose a lot. If this is not normal for your child, keep them home and observe it.' If it's anything that required medicine, then they should stay home. If symptoms are mild and not getting worse, yes, you can send them to daycare.

"During the pandemic we found that a couple of our children with special needs stayed out longer than other children. There was a couple of little guys with autism that we had, and there was a little girl with us during the pandemic and I found that those kids missed a lot more time than typical developing kids.

"There was some concern with the restrictions with children who mouth things. But we couldn't discriminate against those children. We can't be perfect and I don't think we were even expected to be. We just had to do our best with what we could and be extra cautious and aware of where those children were and what they were playing with or handling.

"Right now we're seeing more sickness but without the restrictions. We are still sanitizing everyone who comes in the door and have kept up the additional cleaning, but we are experiencing a lot of absences due to the flu, stomach bugs and other things going around — and still cases of COVID.

"During the pandemic we really missed forming connections and bonds with the families. As director, I was the one person who was around and greeting people at the door because I'm not in one specific class. So, I was the face parents were seeing every day which was nice for me. But they were missing that connection with their child's teacher who they're with every day and I'm so glad to see that happening again."

11. Conclusions and Lessons Learned

SUMMARY AND CONCLUSIONS

Our main goals in this project were:

To learn how the COVID-19 Pandemic affected young children with disabilities;

To understand how changes in policies, practices, needs and resources have affected centres' inclusion capacity and inclusion quality since the Pandemic began; and

To recommend changes that are required now, and in the future, to strengthen inclusion capacity and inclusion quality in Canada's early learning and child care centres.

To do so, we undertook in-depth interviews with centre directors to understand what has happened and is happening in inclusive child care centres. Our interviews and the analyses we undertook used two lenses and three time periods.

One lens is a specific focus on inclusion practices and experiences in child care centres and directors' observations of how children with disabilities were affected by the Pandemic and are faring currently.

A second lens focuses on experiences and resources that are critical for maintaining quality early learning and care experiences for all children, but particularly for children with extra support needs.

This study allowed us to understand what happened/is happening at three points of time:

The period starting in March 2020 when the Pandemic was declared a national emergency requiring immediate adaptations to ensure public health while maintaining essential services, as well as the time that followed as systems came back on stream, but with changes to reduce the likelihood of further infection (lasting roughly until about the end of 2021).

A middle period, defined by centre directors as a gradual, if not full, return to pre-COVID practices, which, for about half of our directors, took until the end of 2022. Other directors indicated that there could never be a return to pre-COVID times and that they were functioning

in " a new normal," marked by long-term changes in children, families, ECEs, and external resources that require ongoing adaptations.

The third period was defined as "currently" — the six months prior to our interviews — to give us a sense of current practices, resources, and challenges facing inclusive child care programs.

It is important to underscore that our study captures the impacts on centres and on inclusion of both COVID-related impacts on children, families, and ECE provision and the effects of major system change simultaneously. The introduction of multi-year funding by Canada's Liberal government in the 2021 budget to expedite a Canada-wide Early Learning and Child Care (CWELCC) system in collaboration with provinces/territories/Indigenous governing bodies has been historic and transformative. CWELCC agreements follow the goals of the 2017 Multilateral Framework and focus on developing a universal system of early learning and child care for all children, families and communities based on the principles of affordability, accessibility, quality, flexibility and inclusivity.

To date, bilateral CWELCC agreements have focused mostly on affordability, reducing parent fees substantially to the desired goal of $10/day by 2026. Initiatives have also included efforts to increase spaces, improve wages and benefits, and, to a lesser extent, to support inclusion — with significant variation between jurisdictions in the specific actions that have been introduced and their timing. The demand for affordable, licensed care has increased dramatically; however child care workforce shortages have been a major factor inhibiting expansion and, we would argue, inhibiting consistent efforts to include children with disabilities effectively.

Our interviews with centre directors were designed to address a number of specific objectives:

1. To understand child care centres' journeys through COVID, with a specific focus on inclusion practices, resources, and program impacts both in the first year of COVID and in the following period;
2. To learn how COVID-related experiences affected children with disabilities and their experiences in child care programs;
3. To understand the changes that have taken place in centres' capacities to include children with disabilities and how current experiences differ from the period before the Pandemic;
4. To identify current issues affecting inclusion practices and inclusion quality; and
5. To give voice to child care centre directors and present what they see as current unmet needs and necessary policy changes in order to sustain and improve inclusion capacity and inclusion quality.
6. To give voice to parents of children with disabilities who used child care.

MAJOR FINDINGS:

1. Child Care Centres' Journeys Through COVID

Centres' Early Experiences with COVID

Early childhood educators', parents' and children's experiences during the 2020-2021 period were difficult, frightening and stressful. It is fair to say that during this time no policies or practices were developed or applied that focused specifically on children with disabilities who had been attending the centres or those who enrolled following the initial period marked by mandatory closures and/or restricted enrollment for children of essential workers.

Government policies, procedures and supports were announced and changed with little advance notice and initially with little awareness or sensitivity to the needs of child care centres — and particularly without any concern about their role in supporting children with disabilities and their families. Other than two centres that happened to have a doctor or public health nurse on their board, centre directors had no one specific they could talk to for information and support.

During this time, almost 70 percent of the centres in our sample closed for several months and then reopened with lower enrollments; just more than a third focused mainly on providing care to children whose parents were essential workers. Financial support to centres eased some stresses, but it was an extremely difficult time. Most centre directors reported problems retaining staff, meeting health and safety standards, and providing good quality care for children given the required use of masks, the focus on sanitation, and restrictions on learning and social activities. Directors also commented on disrupted relationships with parents and the mental health toll on ECEs and parents.

Inclusion-Specific Experiences During the Early and Middle Phases

Children's experiences:

Half of our centre directors reported that one or more of the children with disabilities or health issues left their centre while it was open. Our best estimate is that almost 60 percent of children with disabilities who left a centre returned at a later date, but 40 percent did not. Children with disabilities who remained or returned experienced challenging conditions that differed dramatically from their pre-COVID experiences. The focus of the fewer staff who remained was on cleaning and managing children rather than shared learning and social experiences. Masks (that were both frightening and that affected communication), social distancing, managing children's behaviours, and individual activities dominated. Transitions at the beginning and end of the day were strained as parents were not allowed in playrooms (and in most cases were not allowed in the centres). While having fewer children in a classroom or centre occasionally allowed for

more individual attention, those circumstances were few. Individual program plans and educational goals were largely ignored; staff did the best they could under trying circumstances. An additional factor that inevitably resulted from staff absences and turnover during the Pandemic for many children was the loss of stable relationships with the early childhood educators who knew them best and to whom they were attached.

Loss of inclusion supports:

Directors reported that contracts with additional staff who had been hired to support inclusion for children with disabilities who remained in the centre were reduced and, more commonly, paused or terminated. Moreover, interventionists and therapists who had visited the children at the centre and provided guidance and support to staff quickly pivoted to providing support to individual children and their parents at home, most often online, with varying degrees of success. That practice, seemingly, continued even when children returned to the centre. Directors also reported that assessments of children's support needs were put on hold, that children's needs "fell through the cracks" and that, consequently, many children did not receive services such as speech and language therapy, PT/OT, etc. that would have been so beneficial to them in their early years.

Children with disabilities became invisible:

We were struck by the fact that questions about children with special needs often elicited answers about all of the children and their experiences. Directors recognized that the COVID-related stresses young children experienced both in the centre and at home had serious impacts that resulted in many children experiencing delays, difficulties interacting with other children, and major problems with emotional regulation. Facilitating their participation in the centre demanded much more effort on the part of fewer and, often, newer and less experienced staff.

2. How COVID Affected Children with Disabilities

While almost 40 percent of directors felt that all children had negative experiences — particularly in ways that affected their capacities to function effectively and to cope with changes and frustration, more than 80 percent said that children with disabilities were negatively affected or more negatively affected than other children. Directors observed that the impacts on children with disabilities resulted in "widening gaps" — a consequence of the multiple impacts of social isolation, stressful days with difficult communication with others in the centre, and lack of appropriate supports and therapeutic assistance. One fifth of the directors commented that parental anxiety and depression were additional factors that affected the children.

With respect to how children with disabilities (and other children) were affected, directors referred to:

Speech and language delays (41 percent)

Impacts on social interactions with other children (82 percent)

Emotional and behavioural capacities (59 percent) — with a common observation that children were emotionally dysregulated and often distressed

Delays in/missed opportunities to identify special needs and refer children appropriately (20 percent)

Physical development (9 percent)

At the same time, children who enrolled in centres from 2021 through 2024 and who were born in the first year or two of the COVID-19 pandemic were sometimes described by directors as "COVID babies" who often displayed delays in speech and language development, developmental milestones such as being toilet trained, social skills, and emotional regulation. These children have extra support needs to function well with other children, adapt to routines, and be comfortable in new surroundings with new adults and other children, but do not qualify for additional assistance. Children with disabilities who enrolled at the same time were often on long waitlists for assessments — again precluding additional support at a time centres were struggling to meet higher needs among many children with fewer and/or newer staff.

3. Effects on Centres' Capacities to Provide High-Quality Inclusive Care

Changes to Inclusion Practices Since COVID

Most directors said that they had not implemented specific changes to inclusion practices (beyond those that affected all children) in comparison to pre-COVID times. When asked directly, however

8 directors (14 percent) said they paused work on goals outlined in children's individual plans,

14 directors (one quarter) said there were changes in routines they had been following previously,

One quarter said there were changes to their pedagogical approach, and

One quarter said they were less involved in helping children with disabilities transition to kindergarten or Grade One, largely as a result of local schools changing their practice and not seeking out or inviting ECEs' or directors' involvement and experience in transition planning.

Limitations Accepting New Children with Disabilities in the Centres

Almost 85 percent of the centres enrolled at least one new child with disabilities between March 2020 and the point they felt things were "more normal"; however, directors indicated that their capacity to include children with disabilities was not the same as it had been earlier. Thirty

percent of the directors said they had either declined to accept children with disabilities or limited the number they enrolled. One sixth of directors commented that the number of hours children with disabilities could attend the program was limited due to lack of funding for full days.

Directors expressed considerable unhappiness about the fact that they could not accept children with special needs that they would have enrolled at an earlier point. Their responses reflected the difficulties they experienced when weighing the responsibilities and commitment they would be making to the children with extra support needs against the following factors:

i. the stability and capacities of their ECE staff,

ii. the additional financial and staffing support they would require from government (but might not have),

iii. whether they would have support from therapists and inclusion consultants, and

iv. the additional needs that many children in the centre were exhibiting as longer-term impacts of COVID experiences.

This "disability calculus" was painful, but directors felt they had little choice.

In addition to these specific concerns, directors noted that since the Canada-wide agreements came into effect, many centres, including their own, have long waitlists. Directors noted that there are likely to be children with disabilities (assessed or not) on those waitlists whose presence is not recognized, further diminishing their opportunity to participate in the early learning and child care programs that could be of such benefit to them.

4. How Current Inclusion Practices and Resources Compare to Those Observed in 2019 (Pre-COVID)

In both 2019 and 2024, about half of the centre directors rated their centre's inclusion practice as 8 out of 10, indicating that they felt they were doing reasonably well, but that there was still room for improvement. In 2024 fewer centre directors rated their inclusion practice as 9 or 10 (9 percent compared to 22 percent in 2019). More importantly, twice as many centres were rated as 4, 5, or 6 in 2024 (20 percent) compared to 2019.

In both 2019 and 2024 centre directors indicated that ECEs' knowledge, experience and commitment to inclusion were the most important factors that contributed to inclusion quality in their centre, as well as being the factors that created the greatest challenge to inclusion success. While at both times, directors clearly identified additional inclusion-specific training as critical to better support educators (along with time off the floor for planning as a team and consulting with therapists and parents), in 2024, more directors explicitly referred to difficulties hiring and retaining qualified staff, a shortage of relief staff,

and the importance of providing emotional support to ECEs as critical factors that affect daily practice, motivation, and inclusion quality.

Additional and important challenges to inclusion quality in both 2019 and 2024 were insufficient funding to support inclusion — particularly limited funds to hire additional staff with inclusion skills and/or to lower child-to-staff ratios. At both times, 52-54 percent of directors identified lack of funds to support inclusion as one of the centre's biggest challenges. In addition, directors lamented the long waitlists for assessments of children's needs, and limited access to specialists.

5. Current Challenges and Needed Improvements

Directors were very clear about improvements that are needed to enable their centres to be more successful in providing high-quality inclusive care. They were also articulate when asked what recommendations they would make to government policymakers to support high-quality early childhood education and care for all children, and particularly for children with disabilities.

Additional Supports / Resources / Training That Would Assist Centres and Staff to Provide High-Quality Inclusive Care

Directors identified four main categories of support that they see as important for improving their capacities:

- Enhanced inclusion training and professional development for ECEs;
- Funding to hire additional staff with inclusion-specific skills as well as additional time off the floor for staff to plan and to collaborate with others;
- Additional funding for equipment, materials and accessibility improvements;
- More coherent and improved policies and procedures for accessing inclusion support, and better access to therapists and consultants.

Almost three-quarters of directors referred to inclusion-specific training opportunities for staff to extend their knowledge and skills. Directors commented specifically on the importance of providing funding and time to enable staff to attend and to participate together. There was a clear preference for on-site training and mentoring to complement webinars and off-site training.

In addition to supporting ECEs' participation in training and professional development, directors confirmed the importance of funding for additional qualified staff with inclusion-specific knowledge and skills for their centre — most often an on-site inclusion coordinator or someone who could work with several children with extra support needs, mentor other staff, and coordinate planning across the centre's programs and with therapists and parents.

Both the capacity to have ECEs with inclusion-specific knowledge

and experience and lower staff: child ratios were seen by directors as necessary, critical elements for improving inclusion quality. Directors commented on the importance of supporting ECEs working in challenging circumstances to avoid burnout and to sustain their continued commitment.

Additional funding is also required to improve accessibility and for inclusion-specific equipment and materials.

Directors referred to the importance of coherent government policies and good communication with centres, as well as the importance of reducing paperwork and unnecessary delays in approving inclusion supports. Better access to therapists and consultants and reduced waiting periods for assessments were seen as imperative to ensure that children and centres have timely access to the support they need. Several directors referred specifically to the fact that current government policies fail to address the needs of school-age children with disabilities and behavioural issues in centres. This situation creates additional stress for centre staff and potentially affects a large number of children, both throughout the year and in summer programs. All of these items were also referred to when directors made specific recommendations for government actions.

Directors' Recommendations to Governments to Sustain High-Quality Child Care for All Children

Directors' recommendations for sustaining high-quality child care for all children reflected broader concerns about the need for better pre-service training and professional development opportunities; wages and benefits for early childhood educators; and current funding practices. In addition, directors commented directly on the importance of addressing specific issues such as the need for more respect and recognition for the field, improved communication with government, and more equitable inclusion resources across centres and, in comparison, to schools.

Specific recommendations for government action were:

Improve wages, benefits, and working conditions for the child care workforce. Directors clearly see this issue as reflecting recognition and respect for early childhood educators and as critical to address workforce shortages and retention problems.

Increase funding to centres to cover a range of needs — including equipment replacement and upkeep and increased rental costs. Thirty percent of directors commented on their province's budgets and funding formulas, which do not reflect current costs.

Enhance training and professional development opportunities.

Address issues that affect the quality of practice.

Ensure that all College curricula provide inclusion-specific course work and practicum experiences.

Maintain high standards for qualified staff (do not water down requirements).

Reduce staff-to-child ratios — especially given the number of children with extra support needs. This issue was also flagged specifically for rooms with school-age children.

Improve communication and provide real engagement with the ECE field to address funding difficulties and inadequate resources; address long waitlists for centres and ensure that plans to expand spaces automatically increase allocations for inclusion support.

Directors' Recommendations to Governments to Sustain and Improve Inclusion Quality

Directors made specific recommendations to help sustain inclusion capacity and improve inclusion quality. Those recommendations reflect their sincere commitment to ensure that children with disabilities have positive, supportive experiences as well as their acute disappointment and frustration in not being able to enroll children with disabilities without adequate resources.

Their specific recommendations were:

Increase funding to support inclusion. Additional funds are required:

to provide the human resources needed for this work — additional ECEs with specific inclusion training and skills to work with individual children, but also to reduce staff-to-child ratios and enable a team approach.

for in-house inclusion coordinators who can help coordinate planning, liaise with therapists and parents, and mentor and support other ECEs in the centre; and

to purchase or replace specialized equipment and materials and renovate centre spaces that are inaccessible.

Improve wages and working conditions for all staff — but especially for those who work with children with disabilities. Directors are appalled at the low hourly rates allocated to "child care assistants" in some provinces that contribute to difficulties hiring and retaining them for any length of time and to burnout among all ECEs in the centre.

Provide funding for enhanced training and professional development opportunities — especially in-house training and mentoring.

Reduce delays in obtaining assessments; improve access to professionals (early interventionists, speech and language therapists, PT/OT).

Improve communication and coordination between child care centres and provincial policymakers/inclusion program officers. Reduce burdensome paperwork and speed up approvals for support; increase funding allocations for inclusion, especially as new spaces are added; and appreciate the important work that is being done.

NOTE: We strongly recommend that readers review the direct quotes from directors included in "Chapter 9 — Directors Speak Out" to appreciate how strongly directors feel about these issues and the need for action to sustain inclusion capacity and improve inclusion quality in Canada's child care programs.

CONCLUSIONS AND RECOMMENDATIONS:

The interviews with directors provided sobering insights into how children — particularly children with disabilities, parents, early childhood educators, and centres themselves — have been affected by the COVID-19 pandemic over the short and longer term. Current challenges, especially those related to child care workforce shortages and retention issues, have earlier roots and have been exacerbated both by COVID impacts and the difficulties of adapting to transformational change in Canada's early learning and child care programs. The goals of federal and provincial governments to expand child care spaces and make care more affordable to parents while maintaining commitments to quality and inclusion are laudable. However, the stresses of major system change, including the need for additional resources and attention to avoid undesirable, unintended consequences, is challenging in the best of times — let alone when overlaid on to the impacts of the Pandemic.

The most significant conclusion that can be drawn from our research is that many child care centres' capacities to include children with disabilities and to provide high-quality inclusion experiences are under threat and, in a significant number of centres, have diminished as a result of COVID experiences and ongoing challenges to early childhood programs.

> Thirty percent of the directors we interviewed who are committed to inclusion said they had recently declined children with disabilities or limited the number they enrolled.
>
> One sixth of the directors commented that the number of hours children with disabilities could attend their program was limited due to lack of funding for full days.
>
> Fewer than 60 percent of directors rated their current inclusion practices as good or very good (8 or above on a 10-point scale) in 2024. Compared to 2019, twice as many centres (one in five) were rated by their director in 2024 as minimal (4, 5, or 6 out of 10) in their current inclusion quality practices.

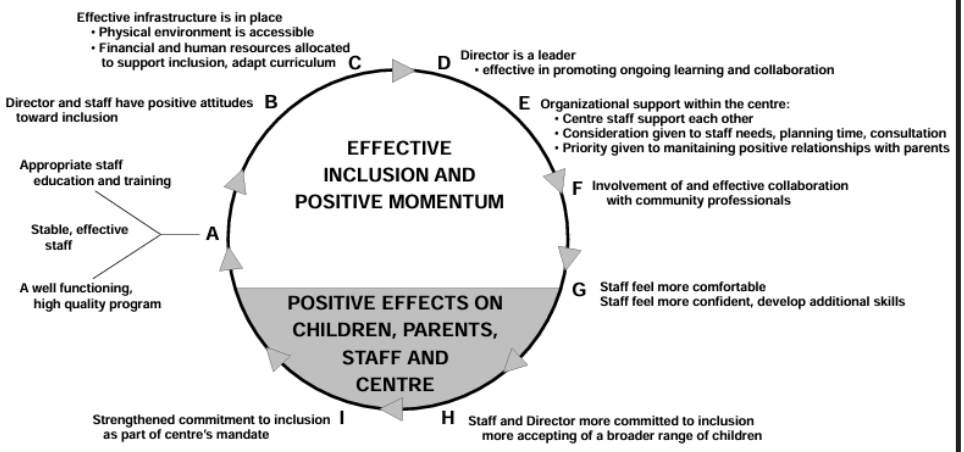
Directors in these centres clearly described having to engage in what has been referred to as a disability calculus…having to weigh whether they could afford to accept a child with extra support needs given the needs of other children, the capacities of their ECEs to meet the child's needs given current circumstances and the real possibility of burning out, uncertainty about whether and when they might have additional government support in the form of inclusion-specific staffing, and whether they would receive appropriate support from therapists or interventionists. These directors, who are committed to providing high quality, inclusive care in their communities, unequivocally shared their

disappointment and frustration in being in this position and strongly voiced the need for improvements now.

Substantial efforts are needed to bolster resources within centres and to provide additional support to centres from government, inclusion consultants, and external professionals to avoid further erosion and to ensure that children with disabilities' rights to fully participate in early childhood programs are met. Our previous research studies on inclusion provide important understandings and confirm the importance of acting now to address the serious issues that this study has brought to light.

Our 2000 study, *A Matter of Urgency: Including Children with Special Needs in Child Care in Canada* was based on questionnaires completed by centre directors, early childhood educators, and in-house resource teachers and external resource consultants. Consequently, we developed two models that identify the elements that operate together to produce either a Virtuous Cycle that Supports Inclusion Quality or a Discouraging Cycle that Jeopardizes Effective Inclusion. The Virtuous Cycle, pictured below, is based on having a foundation of stable, qualified staff in a program that provides good quality experiences for all children. Additional elements identify other important resources within a centre: B) the director and staff have positive attitudes toward inclusion; C) there is an effective infrastructure in place to support inclusion — an accessible physical environment and financial and human resources that are appropriate to support inclusion; D) the director is a leader who supports her/his staff and marshals resources; E) there is organizational support to enable the staff to work well as a team among themselves, with parents and consultants. F) refers to involvement and effective collaboration with community professionals. G), H) and I) are positive outcomes that reflect more confidence and skills among ECEs and directors, reinforcing their commitment to inclusion as part of the centre's mandate.

A Virtuous Cycle That Supports Effective Inclusion



Policy goals and centre resources that promote quality child care services and effective inclusion

The contrasting Discouraging Cycle reveals where resources are insufficient to support positive experiences with inclusion, the ultimate is a situation where, even with heroic efforts, inclusion capacity and inclusion quality are frustrated. In these circumstances, staff and directors ultimately become less committed to inclusion, more cautious about accepting children with disabilities, and less likely to see inclusion as an on-going, positive feature of the centre's practice and identity in the community.

Our 2004 study, *Inclusion: The Next Generation in Child Care in Canada*, had a number of components. The most relevant findings for present purposes are these:

1. Directors who are inclusion leaders (modelling their own commitment to inclusion and ensuring that resources are in place to support children and staff) affect early childhood educators' attitudes, beliefs and commitment to inclusion, their perceived success in working with children with special needs, and their sense of self-efficacy. Consequently, recognition and support of directors can have multiple positive outcomes for children, parents, and ECEs.
2. Observed program quality is correlated with measures of inclusion quality.
3. Inclusion quality depends on an effective mix of resources within centres and supports provided to centres.

Our 2020 study, *Inclusion Quality: Children with Disabilities in Early Learning and Child Care in Canada*, utilized the same questions to directors about inclusion strengths and inclusion challenges that we used in the present study, *Inclusion Quality in the Time of COVID*.

We also administered the *Early Childhood Environment Rating Scale* (ECERS-R) measure of overall program quality and the recently validated *SpeciaLink Early Childhood Inclusion Quality Scales (Principles and Practices)*. Our findings clearly demonstrated the relationship between overall program quality and observed inclusion quality. We concluded that:

1. High program quality is a necessary, but not sufficient, condition to ensure high inclusion quality. Specifically, 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."
2. We also confirmed our earlier finding that a mix of in-centre resources (particularly those that affect ECEs' knowledge, skills, confidence and capacity to work effectively as a team within the centre and with parents and therapists) and resources and supports provided to centres (funding for physical and human resources, additional staff with inclusion-specific knowledge and skills, mentoring, and support from therapists) is required for centres to be successful in including children with disabilities and sustaining their capacity to do so.

The findings from our earlier studies and from the present research are consistent. The recommendations made by directors in this study and those we have put forward in our earlier research are also consistent. Serious, ongoing efforts are needed to implement a multi-pronged and consistent approach led by provincial/territorial governments in concert with provincial child care associations, resource centres and inclusion agencies to ensure both overall program quality and sustained inclusion quality to meet Canada's obligations to children with disabilities and their families and to develop and sustain a Canada-wide system of early learning and care we can all be proud of.

In addition, we offer the following recommendations that are specific to what we have learned from experiences with the COVID-19 pandemic and that would apply to other waves of illness in the future:

1. Preparation and Future Planning:

As we have seen previously, the COVID-19 virus can and does reappear in waves, often as a new variant. Other infectious diseases, including measles, have recently been noted, as well as annual waves of flu, RSV, and gastro-intestinal infections. While COVID-19 was clearly a novel virus, it is projected that such circumstances can be expected again and we should certainly learn from recent experiences — both what was helpful, and what was not.

All provinces and territories should ensure that they have plans in place for child care centres and for schools in the event of another pandemic, or even a local increase in infectious diseases. Plans should include how governments will ensure effective communication and resource distribution. Communication channels should be open and responsive so that centre directors have access to the information they need when they need it from trusted community health professionals.

While all centres typically have a policies and procedures manual that includes information on children's health and prevention of infectious diseases, these materials should be reviewed now and updated. We noted that the Canadian Pediatrics Society's last edition of *Well Beings: A Guide to Health in Child Care*, as a book, was last updated in 2015. Fortunately, the CPS has an informative website, — https://caringforkids.cps.ca — with a section that features resources for child care providers, including sections on COVID and vaccines. This and other useful resources should be updated, promoted to the child care community, and used as a basis for community-wide workshops as soon as possible. In addition to being prepared themselves, child care centres can be an excellent vehicle for providing parents with information and serving as a trusted source of information.

Centres will also want specific information as they plan ahead. In the event of another outbreak, what practices should be followed as far as quarantines? What will be the centre's policy on vaccinations for staff and children? Will there be a government fund to cover staff sick leave? PPE? Can a community register of substitute teachers be developed

and shared among groups of centres? Individual directors should not be left to search out resources and important information on their own in the middle of an emerging situation.

2. Planning Ahead with Children with Disabilities as a Priority, not an Afterthought

Our research revealed that in the case of the COVID-19 Pandemic, directors and staff reacted with an "all hands on deck" approach to meet the needs of all children and families as best they could. But children with disabilities and extra support needs became invisible, exacerbated by the fact that inclusion supports, in the form of extra staff and visits from therapists and inclusion programs, were abruptly terminated and replaced with on-line communication to individual parents at home. A vision of the centre as an essential support for these children was missing. We recommend that directors and community professionals discuss this issue and develop plans for how to maintain contact with the children and ensure their successful return to the centre with supports as soon as possible.

3. System Planning for Inclusion

It is imperative that governments recognize the need for immediate improvements in the supports needed to ensure effective inclusion. Directors noted that communication with government departments about inclusion was often strained, that procedures were burdensome, and that results were slow and often not sufficient. Children with extra support needs were on long wait lists for needs assessments and others were nowhere near being enrolled as many parents' needs for child care were unmet. These issues must be addressed.

We have noted that several provinces have recently announced additional funds to improve physical accessibility and for the purchase of specialized equipment. While reducing one type of barrier to inclusion, it is essential that governments address the human resources needed to enable children with disabilities to fully participate and benefit from Canada's child care programs. Not doing so will leave centres and early childhood educators at risk of having to exclude more children with disabilities and allowing more children who deserve so much more to "fall through the cracks" when we should be providing a strong foundation for their development.

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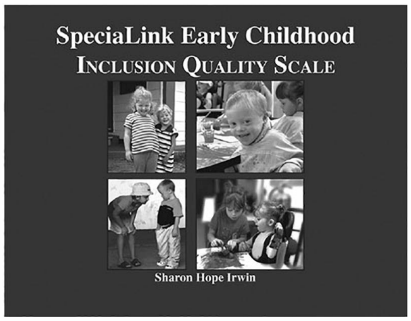

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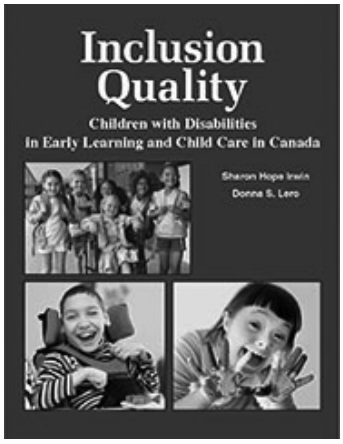

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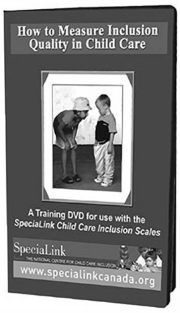

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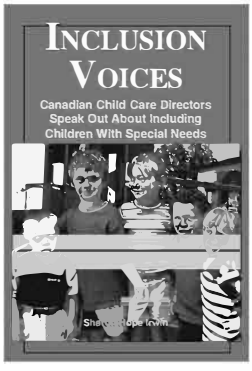

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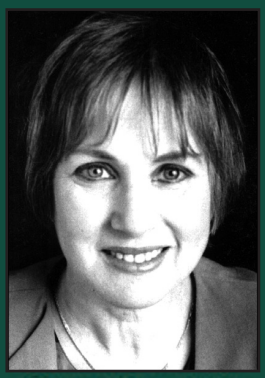

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