

# occasional paper 27

a Childcare Resource and Research Unit publication

## Inclusion of young children with disabilities in regulated child care in Canada A snapshot: Research, policy and practice

Occasional Paper No. 27

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July 2013

Childcare Resource and Research Unit



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Occasional Paper No. 27  
July 2013  
57 pp.  
ISBN 978-1-896051-54-3

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### **Library and Archives Canada Cataloguing in Publication**

Inclusion of young children with disabilities in regulated child care in Canada  
A snapshot: Research, policy and practice/Shani Halfon and Martha Friendly

ISBN 978-1-896051-54-3

1. Child care services—government policy—Canada; 2. Early childhood education—government policy—Canada; 3. Children with special needs. 4. Disability 5. Canadian Union of Postal Workers; 6. Halfon, Shani; 7. Friendly, Martha; 8. Childcare Resource and Research Unit.

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## **ACKNOWLEDGEMENTS**

This report on the inclusion of children with disabilities in regulated child care was funded by the Canadian Union of Postal Workers' Child Care Fund. It is part of the union's longstanding commitment to providing resources and support for families with children with disabilities, along with much needed resources to the field of early childhood education and child care across Canada.

The researchers are most appreciative of the review and comments provided by Dr. Sharon Irwin, Dr. Donna S. Lero, Debra Mayer and Brenda Frey.

**TABLE OF CONTENTS**

ACKNOWLEDGEMENTS ..... 2

TABLE OF CONTENTS..... 3

Executive summary..... 4

Résumé..... 7

I. INTRODUCTION ..... 11

III. LITERATURE AND DATA ..... 26

IV. HOW PROVINCES/TERRITORIES APPROACH REGULATED CHILD CARE FOR CHILDREN WITH DISABILITIES ..... 36

V. CONCLUSION..... 43

REFERENCES ..... 45

APPENDIX – Tables 2 - 8..... 48

# **Inclusion of young children with disabilities in regulated child care in Canada**

## **A snapshot: Research, policy and practice**

### **Executive summary**

This report aims to provide a “snapshot” or inventory of the state of regulated child care for children with disabilities in Canada. It establishes a baseline for considering issues and progress on inclusion of children with disabilities in regulated child care programs. This is especially important as child care continues to receive relatively limited support in policy development and research even as early childhood education and early learning more broadly has begun to enjoy enhanced recognition and policy support.

Although neither Canada as a whole nor individual provinces/territories offer entitlement to service or inclusion for children with disabilities in regulated child care, the child care sector has led the way in early years inclusion in a number of ways. Since the 1980s, community-based child care centres have voluntarily expanded their mandate (often with the support of provincial/territorial funding) to include children with disabilities. Through the leadership of early childhood advocates, researchers, service providers and policy makers, inclusion in regular child care programs has become accepted “best practice” in Canada, if not necessarily the reality.

The report includes as its context an overview that includes both the situation for children with disabilities and regulated child care in Canada. It then presents a review of Canadian literature on child care inclusion of children with disabilities and/or special needs. The concluding discussion focuses on approaches to facilitating inclusion of children with disabilities in regulated child care across provinces/territories and the unmistakable need for a universal, high quality, Canada-wide—and inclusive—early childhood education and child care program in Canada. Information on the details of provincial/territorial programs and policies regarding children with disabilities in regulated child care is included as an Appendix.

#### *Framework: Inclusion as a children’s rights issue*

This report treats the issue of inclusion of children with disabilities in regulated child care first and foremost as a human rights issue. Canada signed the United Nations Convention on the Rights of the Child (CRC) in 1990, and—more recently—signed the UN Convention on the Rights of Persons with Disabilities (CRPD). Article 18 of the CRC clearly assigns responsibility to States Parties for “rendering appropriate assistance to parents” and “ensuring that children of

working parents have the right to benefit from child care services and facilities”; in UN parlance, “States Party” refers to national governments—not parents or community services. Second, “it is significant that this Article identifies the benefit to children from child care as a right” although, as Friendly notes, the CRC’s call for “recognizing the right of the disabled to special care” is somewhat dated<sup>1</sup> in light of more contemporary understandings of inclusion rather than separate treatment (2006: 18).

While the CRC was the first core international human rights treaty to explicitly include disability, the 2006 UN Convention on Persons with Disabilities (CPRD) has since provided an “opportunity to re-read the CRC with a new understanding of disability and what is required to ensure that the rights of children with disabilities are being realized in progressive ways” (Coalition for the Rights of Children, 2011).

Taken together, the implications of these two pertinent human rights documents are that (based on the CRC), children with disabilities have the same rights as all Canadian children, and children with disabilities have the right to be included in the same early childhood education and child care programs and spaces as children without disabilities.

### *Discussion and conclusions*

Through research by researchers, NGOs and governments, it is evident that some child care programs across the country are including children with disabilities to the best of their abilities—sometimes very well. It is also clear that persistent challenges hinder the amount and quality of these inclusive experiences. While provincial/territorial governments offer extra supports to include children with disabilities in regulated child care programs, overall the information shows that there are consistent barriers to access to inclusion across Canada.

A lack of a coherent system that plans, funds and provides regulated child care makes full inclusion difficult (if not impossible) in many if not most centres. Across Canada, supports for inclusion of children with disabilities are part of a patchwork of policies, funding arrangements and programs that often fail to meet the needs of Canadian children and families. Provision of child care for children with disabilities is left to a mixed market of non-profit and for-profit providers who are individually responsible for securing the necessary resources to include

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<sup>1</sup> The CRC was adopted by the UN General Assembly in 1989.

children with disabilities. The extent to which policies or frameworks are followed in this context may be inconsistent.

The report notes that Canadian research and available data regarding children with disabilities to inform policy development and practice is quite limited and is becoming more so. This knowledge gap reflects the ongoing challenges that face the implementation of full inclusion.

The lack of progress and perpetual exclusion of children with disabilities from regulated child care across Canada is tragic for families and children. Not only is access to high quality early childhood education and care considered to be every child's right but quality ECEC programs provide a crucial opportunity for children with disabilities to be integrated into their peer groups and communities while providing parents with a range of vital supports. In some cases, regulated child care programs may be the only place where children and families can get the specialized supports they need to make sure that a child with a disability can grow and develop to her/his fullest potential (Underwood and Frankel, 2012). As Friendly and Lero have argued, "for young children [with disabilities] and their parents, the opportunity to participate in and benefit from appropriate supports is critical for children's development, for supporting parents and for normalizing their lives" (2002: 9).

The research is quite clear: inclusion benefits not only the child and family who are included but is good for both the community and the larger society as a whole. But perhaps most important—inclusion in high quality ECEC is a human right. From this perspective, Canada needs a national, publicly-funded, publicly-managed universal system of high quality early childhood education and child care program that mandates and supports the inclusion of children with disabilities.

This report on the inclusion of children with disabilities in regulated child care was funded by the Canadian Union of Postal Workers' Child Care Fund. It is part of the union's longstanding commitment to providing resources and support for families with children with disabilities, along with much needed resources to the field of early childhood education and child care across Canada.

**Inclusion des jeunes enfants ayant des limitations fonctionnelles au sein des services de garde réglementés au Canada**  
**Aperçu : Recherche, politique et pratique**

**Résumé**

Le présent rapport donne un aperçu de l'état des services de garde réglementés destinés aux enfants ayant des limitations fonctionnelles au Canada. Le rapport établit un point de référence pour examiner les questions touchant l'inclusion des enfants ayant des limitations fonctionnelles au sein des services de garde réglementés et évaluer les progrès réalisés dans ce domaine. Il s'agit d'un enjeu particulièrement important, car la garde d'enfants continue de recevoir un soutien limité en matière de recherche et d'élaboration de politiques, même si, de manière plus générale, les services de garde et d'éducation à la petite enfance ont commencé à bénéficier d'une reconnaissance et d'un soutien politique accrus.

Bien que ni le Canada dans son ensemble ni les provinces et territoires ne garantissent l'accès à des services ou l'inclusion des enfants ayant des limitations fonctionnelles au sein des services de garde réglementés, le secteur de la garde d'enfants a tout de même pris l'initiative de diverses façons en matière d'inclusion des jeunes enfants. Depuis les années 1980, des garderies communautaires ont volontairement étendu leur mandat (souvent grâce à une aide financière du gouvernement provincial ou territorial) de manière à inclure les enfants ayant des limitations fonctionnelles. Grâce au leadership des intervenantes et intervenants dans le domaine de la petite enfance, des chercheuses et chercheurs, des fournisseurs de services et des décideurs, l'inclusion au sein des services de garde réguliers est maintenant reconnue comme une « pratique exemplaire » au Canada, bien que ce ne soit pas nécessairement la réalité.

Le rapport présente, à titre de contexte, un aperçu de la situation relative aux enfants ayant des limitations fonctionnelles et aux services de garde réglementés au Canada. Il fait ensuite le survol des études publiées au Canada qui portent sur l'inclusion, au sein des services de garde, des enfants ayant des limitations fonctionnelles ou des besoins spéciaux. Le rapport se termine par une discussion sur les démarches adoptées dans les provinces et territoires pour faciliter l'inclusion des enfants ayant des limitations fonctionnelles au sein des services de garde réglementés et sur le besoin incontestable d'un programme de garde et d'éducation à la petite enfance de qualité qui soit universel, pancanadien et inclusif. Des renseignements détaillés sont inclus en annexe sur les services et les politiques de chaque province et territoire en ce qui



concerne l'inclusion des enfants ayant des limitations fonctionnelles au sein des services de garde réglementés.

*Cadre de référence : L'inclusion en tant que droit de l'enfant*

Le présent rapport aborde l'inclusion des enfants ayant des limitations fonctionnelles au sein des services de garde réglementés d'abord et avant tout en tant que droit de la personne. En 1990, le Canada a signé la *Convention des Nations Unies relative aux droits de l'enfant*, et, plus récemment, la *Convention des Nations Unies relative aux droits des personnes handicapées*. L'article 18 de la *Convention relative aux droits de l'enfant* stipule clairement que les États parties doivent prendre « toutes les mesures appropriées pour assurer aux enfants dont les parents travaillent le droit de bénéficier des services et établissements de garde d'enfants ». Par « États partis », on entend les gouvernements nationaux des États qui ont signé la *Convention*. Il ne s'agit donc pas des parents ni des services communautaires. De plus, il est important de noter que l'article 18 considère comme un droit les avantages dont bénéficient les enfants en ayant accès à des services de garde. Toutefois, comme le constate Martha Friendly, l'appel de la *Convention* pour la reconnaissance du droit « des enfants handicapés de bénéficier de soins spéciaux » est quelque peu désuet<sup>2</sup> à la lumière des connaissances plus contemporaines relatives à l'inclusion par opposition à un traitement séparé (2006: 18).

Bien que la *Convention relative aux droits de l'enfant* soit le premier traité international de base en matière de droits de la personne à inclure explicitement les limitations fonctionnelles, la *Convention relative aux droits des personnes handicapées*, adoptée en 2006, a depuis permis « [traduction] une relecture de la *Convention relative aux droits de l'enfant* à partir d'une nouvelle compréhension des limitations fonctionnelles et de ce qui est requis pour veiller à ce que les droits des enfants ayant des limitations fonctionnelles soient respectés de manières progressistes » (Coalition canadienne pour le droit des enfants, 2011).

Ensemble, ces deux documents pertinents en matière de droits de la personne font en sorte que (selon la *Convention relative aux droits de l'enfant*) les enfants ayant des limitations fonctionnelles bénéficient des mêmes droits que tous les enfants du Canada, y compris le droit

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<sup>2</sup> L'assemblée générale des Nations Unies a adopté la *Convention relative aux droits de l'enfant* en 1989.

d'être inclus au sein des mêmes services de garde et d'éducation à la petite enfance que les enfants n'ayant pas de limitations fonctionnelles.

### *Discussion et conclusions*

Les études produites par les chercheurs, les organismes non gouvernementaux et les gouvernements démontrent qu'il existe des services de garde à différents endroits au pays qui incluent de leur mieux les enfants ayant des limitations fonctionnelles, et que cette inclusion est parfois très bien réussie. De plus, ces études indiquent clairement que des obstacles limitent toujours le nombre et la qualité de ces expériences d'inclusion. Bien que les gouvernements provinciaux et territoriaux fournissent une aide supplémentaire pour faciliter l'inclusion des enfants ayant des limitations fonctionnelles au sein des services de garde réglementés, dans l'ensemble, les études indiquent que des obstacles continuent de bloquer l'accès à l'inclusion partout au pays.

Compte tenu de l'absence d'un système cohérent de planification, de financement et de prestation de services de garde réglementés, la pleine inclusion est difficile (voire impossible) dans un grand nombre de garderies, sinon dans la majorité d'entre elles. Partout au Canada, le soutien à l'inclusion des enfants ayant des limitations fonctionnelles fait partie d'un ensemble disparate de politiques, de mesures de financement et de programmes qui ne répondent pas aux besoins des enfants et des familles du Canada. La responsabilité de prendre des mesures à l'intention des enfants ayant des limitations fonctionnelles est laissée à un marché mixte de fournisseurs à but non lucratif et de fournisseurs du secteur privé qui doivent individuellement trouver les ressources nécessaires pour assurer l'inclusion des enfants ayant des limitations fonctionnelles. Dans un tel contexte, le respect des politiques ou des cadres de référence peut être inégal.

Le rapport note que les études canadiennes et les données disponibles au sujet des enfants ayant des limitations fonctionnelles et destinées à informer l'élaboration des politiques et leur mise en pratique sont assez limitées, et qu'elles le deviennent de plus en plus. Cette lacune sur le plan des connaissances témoigne des obstacles qui se dressent encore sur le chemin de la mise en œuvre d'une pleine inclusion.

L'absence de progrès et l'exclusion perpétuelle des enfants ayant des limitations fonctionnelles en matière de garde d'enfants partout au Canada constituent une situation tragique

pour les familles et les enfants en question. Non seulement l'accès à des services de garde et d'éducation à la petite enfance de qualité est un droit pour tous les enfants, mais de tels services fournissent aussi aux enfants ayant des limitations fonctionnelles des occasions cruciales d'intégrer des groupes de pairs tout en fournissant aux parents un large éventail de soutiens importants. Dans certains cas, la garderie réglementée est le seul endroit où l'enfant et sa famille peuvent obtenir le soutien spécialisé dont ils ont besoin pour veiller à ce que l'enfant ayant des limitations fonctionnelles grandisse tout en développant son plein potentiel (Underwood et Frankel, 2012). Comme l'ont soutenu Friendly et Lero, « [traduction] pour les jeunes enfants [ayant des limitations fonctionnelles] et leurs parents, la possibilité de bénéficier des appuis appropriés est essentiel au développement de l'enfant et au soutien des parents et à la normalisation de leur vie quotidienne. » (2002: 9).

Les études sont très claires à ce sujet : l'inclusion profite non seulement à l'enfant visé et à sa famille, mais aussi à la collectivité et à la société dans son ensemble. Mais ce qui est peut-être le plus important, c'est le fait que l'inclusion dans des services de garde et d'éducation à la petite enfance de qualité est un droit fondamental. Dans cette optique, le Canada a besoin d'un programme de garde d'enfants national, financé et administré par l'État, universel et de qualité qui rendra obligatoire l'inclusion des enfants ayant des limitations fonctionnelles et qui fournira du soutien à cette fin.

Le présent rapport sur l'inclusion des enfants ayant des limitations fonctionnelles au sein des services de garde réglementés a été financé au moyen du fonds de garde d'enfants du Syndicat des travailleurs et travailleuses des postes. Il découle de l'engagement de longue date du Syndicat à fournir des ressources et du soutien aux familles qui ont un enfant ayant des limitations fonctionnelles, ainsi que des ressources grandement nécessaires destinées au secteur des services de garde et d'éducation à la petite enfance partout au Canada.

## I. INTRODUCTION

### **Terminology**

Throughout this report, the terms “children with disabilities” and “children with special needs” are used more-or-less interchangeably. Some experts prefer the term “special needs” to “disability” since the latter term may leave out children with emotional or behavioural issues and children who are medically fragile. In Manitoba, for example, the term now used in child care is “children with additional support needs”. Most often, however, the term “special needs” is used in provincial/territorial programs or reports, although it isn’t necessarily used in the same way in different provinces/territories.

Except where the term “children with special needs” is used in a direct quotation or in the specific context of a document or program that uses that term, we decided to use the term “children with disabilities” for this report. “Children with disabilities” aligns with the various human rights conventions cited in this report. Disability is conceptualized using the definition stated in the UN Convention on the Rights of Persons with Disabilities, which states that “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (Convention on the Rights of Persons with Disabilities, Article 1).

This report aims to provide a “snapshot” or inventory of the state of regulated child care for children with disabilities in Canada. It establishes a baseline for considering issues and progress on inclusion of children with disabilities in regulated child care programs. This is especially important with regard to child care, which continues to receive only limited support in policy development and research even as early childhood education and early learning more broadly has begun to enjoy enhanced policy support.

Across Canadian provinces and territories, inclusion of children with disabilities in public education systems is generally mandated through legislation and/or written policy, usually beginning in kindergarten at age five. The Canadian Coalition for the Rights of Children notes, however, that “there are still incidents...where schools and school boards inappropriately separate children with disabilities or fail to provide appropriate support” (2011a: 77). Despite these incidents, the overarching policy and legislation usually entitles children with disabilities—theoretically, at least—to publicly funded education in the same setting as children without

disabilities. As well, children with disabilities may be able to obtain the appropriate supports needed to participate in the classroom through the public education system.

Until very recently, there was no policy or legislation in place in Canada specifying entitlement to service or inclusion for children with disabilities in child care. However, one of Prince Edward Island's requirements for the province's new more publicly-managed and funded Early Years Centres is that children with disabilities and/or special needs cannot be refused a place in the program because of their disability or special need.

Despite the general absence of entitlement, however, the child care sector has led the way in early years' inclusion in a number of ways. Since the 1980s, community-based child care centres have voluntarily expanded their mandate (often with the support of provincial/territorial funding) to include children with disabilities. Thanks to the leadership of early childhood advocates, researchers, service providers and policy makers, inclusion in regular child care programs has become accepted "best practice" in Canada, if not necessarily the reality.

Inclusion is now generally understood as a critical component and indicator of high quality early childhood education and child care. Leading Canadian experts state that "whether one views effective inclusion as an optional add-on to high quality programs or as a more recently recognized dimension of high quality child care, the two concepts are inextricably linked" (Irwin, Lero and Brophy, 2000). Canadian early childhood educators are trained within a framework<sup>3</sup> that assumes children with disabilities will be in their work settings. The philosophies and strategies used in child care programs tend toward recognizing each child's individual strengths and needs, while emphasis on community and parental involvement contributes to a broader conception for inclusion.

However, a lack of coherent policy and sustained funding plagues the child care sector across Canada, limiting access for all children. This is especially so for specific groups of children and families, including children with disabilities. In the Canada Background Report for the 20-nation Organisation for Economic Cooperation and Development's (OECD) Thematic Review of Early Childhood Education and Care, Doherty, Friendly and Beach wrote that "access

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<sup>3</sup> It is important to note, however, one expert's comment that in some ECE training programs, "inclusion is interpreted as a technique or an aid to help educators fix the problem rather than as a philosophical point of view that values and respects the diversity of all individuals" (Personal communication, Brenda Frey, 2013).

to child care for children with special needs is limited in two ways: first, there are usually no requirements that child care services enroll children with special needs. Second, there may be a waiting list for the additional funding required to make program modifications or to hire additional staff” (2003: 43). As a result, parents of children with disabilities continue to face great difficulty accessing regulated child care in their communities. The Canadian Association for Community Living’s 2011 report card identified parents’ “tremendous challenges in obtaining inclusion for their children in early childhood and educational systems” (2011: 4).

The Canadian Coalition for the Rights of Children (2011b) observed that “the Convention (on the rights of the child) secures a universal right to education for all children” and that the [UN] Convention on the Rights of People with Disabilities (CRPD) further articulates that right to mean inclusive lifelong learning”. The Coalition notes, however, that “it is clear that this right is not being achieved for all children with disabilities” (2011b: 6).

This report is intended as a useful starting point for assessing the state of regulated child care with respect to children with disabilities (or “special needs”) in Canada at the present time. An overview that includes both the situation for children with disabilities and regulated child care in Canada provides the context for the report. It presents a review of Canadian literature on child care inclusion of children with disabilities and/or special needs, and information on the details of provincial/territorial programs and policies regarding children with disabilities in regulated child care. The concluding discussion focuses on approaches to facilitating inclusion of children with disabilities in regulated child care across provinces/territories and the unmistakable need for a universal, high quality, Canada-wide—and inclusive—child care program in Canada.

### **The Canadian Union of Postal Workers (CUPW) Special Needs Project**

This report on the inclusion of children with disabilities in regulated child care was funded by CUPW. It is part of the union’s longstanding commitment to providing resources and support for families with children with disabilities, along with much needed resources to the field of early childhood education and child care across Canada. The union began to prioritize child care inclusion issues in the early 1990s, when union staff and reps discovered that there was a small but significant group of CUPW parents who had children with disabilities and nowhere to turn for support. By 1996, the union had implemented a summer pilot project, the Special Needs

Project—which came out of a major recommendation in a study CUPW had commissioned to examine the workplace barriers faced by parents with children with disabilities. The summer pilot was so successful that the union made it a permanent year-round project, funded by the CUPW Child Care Fund, which was negotiated with Canada Post in 1992. The Child Care Fund is administered by CUPW and financed by Canada Post. The Special Needs Project is now a well established and highly respected initiative that has had far-reaching effects on the postal worker families who have used it, as well as on the union and its members, who have an increased awareness of the challenges of parenting a child with disabilities.

Another CUPW project—the Moving On Project—was put in place to provide support for members' adult daughters and sons with disabilities after they turn 19 and are no longer eligible for the Special Needs Project. A growing number of postal workers have become eligible for these projects in recent years—CUPW's Rural and Suburban Mail Carriers, as well as members of the Union of Postal Communications (a component of the Public Service Alliance of Canada), which negotiated a Child Care Fund with Canada Post (CUPW administers this fund too.)

The Special Needs and Moving On Projects consider children's and family's needs within the larger context of policy and practice, including adequate monitoring, data collection and research on how to best support children with special needs and their families. The projects provide the following to eligible members:

- Funding to help with additional costs directly related to having a child or adult daughter or son with disabilities, including child care or respite fees, inclusive summer programs (for children), transportation, equipment, services, and uninsured medical expenses, equipment and supplies.
- Special Needs Advisors, who call members three times a year to listen, provide ideas and strategies for community resources, and help in any way possible.
- Phone-based support through a 1-800 number at the Special Needs Office in Baddeck, Nova Scotia, which has three full-time staff.
- Interview surveys during advisor phone calls to seek out members' concerns and ideas.

- Information and resources, including a newsletter, Member-to-Member Connection, which features articles, parent letters, listings of support and disability groups, and offers and requests for specific help.
- [www.specialneedsproject.ca](http://www.specialneedsproject.ca), the projects' bilingual website for participating members to access specific information and resources on a range of disabilities.

## Methods

Two main strategies were used to gather data for this report on the current situation for children with disabilities in regulated child care. A literature review was completed to identify the state of research and commentary on the topic, as well as to inform the research on current issues and trends. The literature review was restricted to research dating back to 2000. Relevant searches were done using Google, Google Scholar and key word searches of databases available through a university library. Literature was gathered from a variety of sources including federal and provincial governments, peer-reviewed journals, and NGO reports. Articles and reports that specifically addressed inclusion of children with disabilities or special needs in regulated child care are included in a chart to provide a quick overview of the research and literature directly pertaining to regulated child care in Canada. Other literature regarding children with disabilities and their families, and additional support systems such as early intervention (but not regulated child care) were collected and considered as context only but not included in the literature chart.

The second strategy was to compile provincial/territorial information based on two sets of questions regarding: a) provincial/territorial programs for children with disabilities in regulated child care and b) provincial/territorial policies about the inclusion of children with disabilities in regulated child care. Some of the data in these two charts are derived from the provincial/territorial sections of *Public investments in early childhood education and care in Canada 2010*, a compilation of Canadian ECEC data developed for the federal government by the Childcare Resource and Research Unit, and published in 2012<sup>4</sup>. Additional information was gathered from provincial/territorial government information available online and in government

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<sup>4</sup> *Public investments in early childhood education and care in Canada 2010* is available online at <http://www.childcarecanada.org/documents/research-policy-practice/12/10/public-investments-early-childhood-education-and-care-canada>



documents. The provincial/territorial information was verified where possible but if there are any discrepancies or suggestions, people are encouraged to contact the authors.

## **Rights framework**

This report treats the issue of inclusion of children with disabilities in regulated child care first and foremost as a children’s rights issue. Canada signed the United Nations Convention on the Rights of the Child (CRC) in 1990, and—more recently—signed the UN Convention on the Rights of Persons with Disabilities (CRPD). Article 18 of the CRC clearly assigns responsibility to States Parties for “rendering appropriate assistance to parents” and “ensuring that children of working parents have the right to benefit from child care services and facilities”; in UN parlance, “States Party” refers to national governments—not parents or community services. Second, “it is significant that this Article identifies the benefit to children from child care as a right” although, as Friendly notes, the CRC’s call for “recognizing the right of the disabled to special care” is somewhat dated<sup>5</sup> in light of more contemporary understandings of inclusion rather than separate treatment (2006: 18).

While the CRC was the first core international human rights treaty to explicitly include disability, the 2006 UN Convention on Persons with Disabilities (CPRD) has since provided an “opportunity to re-read the CRC with a new understanding of disability and what is required to ensure that the rights of children with disabilities are being realized in progressive ways” (Coalition for the Rights of Children, 2011b).

Specifically, the CPRD secures a right to lifelong learning that is inclusive, an approach that is not as explicit in the CRC. The CPRD also further clarifies the State’s role in providing appropriate assistance to parents to ensure the right of children with disabilities to live at home, with their families, and in their communities. Clause 3 of Article 23- *Respect for home and family*, says that “States Parties shall ensure that children with disabilities have equal rights with respect to family life. With a view to realizing these rights, and to prevent concealment, abandonment, neglect and segregation of children with disabilities, States Parties shall undertake

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<sup>5</sup> The CRC was adopted by the UN General Assembly in 1989.

to provide early and comprehensive information, *services and support to children with disabilities and their families*” (italics added by authors).

Taken together, the implications of these two pertinent human rights documents are that children with disabilities have the same rights as all Canadian children, and children with disabilities have the right to be included in the same early childhood education and child care programs and spaces as children without disabilities.

High quality regulated child care provides an opportunity for social inclusion of children of all abilities; acts as a site for early identification and intervention; creates opportunities for all children to learn and develop to their fullest potential; and allows parents to work and support their families with the peace of mind that their children are safe and well cared for. In this sense, the issue of access to inclusive regulated child care is linked to multiple commitments the Government of Canada has made to all children—with and without disabilities—and their families.

Finally, from a right’s perspective, it is important to recognize that access to regulated child care is also a women’s rights issue. Canada is a signatory to the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW, 1979). CEDAW clearly states that access to high quality child care is an integral component of achievement of women’s full equality. Canadian data show that women continue to be overwhelmingly responsible for the care of young children, and are more likely than fathers to stay home full-time, or work part-time and shifts to care for children. Women also head the majority of lone-parent families and continue to experience much higher levels of poverty than men.

Data on children with disabilities and their families show that these demographics are amplified for mothers of children with disabilities. According to the most recent data, mothers’ employment situations are affected approximately 90% of the time in families with a child with a disability (Human Resources and Skills Development Canada, 2011).

From a women’s rights perspective, all mothers should be able to access inclusive regulated child care as part of their rights to equal opportunity. For mothers (and fathers) of children with disabilities, access to regulated child care can be even more difficult since child care providers are not obligated to accept children with disabilities, and often do not (or cannot). This puts these families at greater risk, and makes it much more difficult to cope with the extra

time and money it can sometimes take to care for a child with a disability. As articulated by Mayer, “when inclusive child care *is* available, it allows both mothers and fathers to continue to work, which can be crucial to meeting disability-related expenses and to the mother’s economic and psychological well-being, both in the short term and the long term. Furthermore, when their children attend inclusive early years programs with typically developing children, all learn at the youngest of ages about our inclusive, welcoming society” (2009: 166 – 167).

## II. CANADIAN CONTEXT

### **Inclusionary practice**

As an idea, the concept that children with disabilities should be included in regular early childhood education and child care programs has been well accepted in Canada. *You bet we still care!*, a national survey of the child care workforce found that “49.7% of centres had one child or more with an identified special need and 39.8% had staff whose primary job it was to support inclusion” (Flanagan, Beach & Varmuza, 2012, p. 15). A key force in the progress of child care inclusion in Canada has been SpecialLink: The National Centre for Child Care Inclusion, a national education, research and advocacy organization that has played a key role in promoting, explaining and supporting inclusion in regulated child care programs since the mid-1990s.

Inclusion has evolved to mean that children with disabilities not only attend the same programs/spaces as children without disabilities, but that they participate fully in the program through accommodations and modifications. Hanvey describes inclusion in the “broadest sense” explaining that “it means children and families are able to participate with choice. It means that individual children are involved in activities and social structures in a way that is meaningful to their own unique experience...Rather than making it the responsibility of children and families to fit the ‘program’, real inclusion starts from the experiences of the child and challenges society to provide a meaningful place for them” (2002:7).

Thus, when children with disabilities are fully included in child care programs, there are no “pull-out” sessions, or half days in other specialized programs. The supports needed to facilitate inclusion are brought into the regular program and integrated in a way that ensures the program meets all children’s needs. The resource consultant model used to facilitate inclusion across Canada is based on the abovementioned ideas of inclusion. Frankel et al. have explained that the consultant model “is based on a strong belief about the individual and human rights of children to attend and to be serviced in the communities in which they live” (2010: 6- 7).

The SpecialLink Early Childhood Inclusion Quality Scale (Irwin, 2009) was developed to assess child care inclusion at the service level. The Inclusion Quality Scale has two parts: “the Principles scale is designed to assess a centre’s commitment to inclusion in policy and practice,

while the Practices measure is designed to assess the quality of practices used to support inclusion in a specific classroom” (Lero, 2010: 14).

The six principles in the Quality Scale provide a useful framework for understanding what full inclusion in child care entails. Thus, in a perfect system, all child care programs would meet all the following principles:

- **Principle 1: Zero reject** – In fully inclusive child care centres, *all* children are welcome, regardless of type or level of disability.
- **Principle 2: Natural proportions** – In fully inclusive child care centres, the proportion of children with disabilities is roughly that of their natural proportion in the general population (10-15%).
- **Principle 3: Same hours/days of attendance available to all children** – In fully inclusive child care centres, all attendance options available to typically developing children (such as full day, mornings, two days per week, etc.) are also available to children with special needs.
- **Principle 4: Full participation** – In fully inclusive child care centres, children with special needs have their needs met within the regular group activities and routines, through accommodations, modifications, and extra support where necessary.
- **Principle 5: Maximum feasible parent participation at parent’s comfort level** – In fully inclusive child care centres, adjustments are made by the centre to encourage attendance at IPP planning meetings, committee meetings, and training sessions, arranging times convenient to parents; transportation and babysitting when necessary; translators at no cost to parents; encouraging parents to bring relatives and/or trusted advisors to meetings and/or observations, etc.
- **Principle 6: Leadership, pro-active strategies and advocacy for high quality inclusive child care** – Even when the regular child care program is available and adequate, many families of children with special needs are excluded by reasons such as staff training, support staffing, transportation, funding and therapeutic support. In fully inclusive child care centres, these limitations are not passively accepted by the director, board, parents or staff. Advocacy activities on behalf of high quality inclusive child care

include appeals to civic organizations, work with government officials to change rules that limit the inclusion of children with special needs, and presentations on inclusion to staff, associations and community. (Irwin, 2009).

### **Data regarding children with disabilities in Canada**

The most recent Canadian data from the 2006 Participation and Activity Limitation Survey<sup>6</sup> (PALS) showed that 27,540 children under five years of age (1.7% of the young child population) had an identified disability. The most common types of disabilities among small children are activity limitations caused by chronic conditions and developmental delays. Among young children with disabilities, 63.4% were classified as mildly or moderately disabled, while 36.6% were classified as severely or very severely disabled (Human Resources and Skills Development Canada (HRSDC), 2011). Children in this age group had the lowest rate of disability, which HRSDC suggests may be “because the experiences and development of young children at home vary, [therefore] barriers can be difficult to observe and disability difficult to detect” (2011: 6). As children enter the public education system, more disabilities may be identified; the PALS included five additional categories of disability for children aged 5 -14, including emotional/psychological, communication and learning disabilities.

The data show that children with disabilities in Canada typically live at home and are valued members of their families. However, the data indicate that despite families’ best efforts, having a child with a disability can lead to some intense challenges, an ongoing problem in Canada. In a discussion paper for the National Children’s Alliance for the First National Roundtable on Children with Disabilities, Hanvey wrote that “many children with disabilities and their parents are not fully included in all aspects of society and do not enjoy full citizenship” (2002: 7). Since then, research and data continue to show significant challenges for these children and their families.

The 2006 PALS showed that children with disabilities are more likely to live in low-income households than children without disabilities (HRSDC, 2011). Using this data, Campaign 2000’s 2012 report card highlighted that 27% of children between 0-14 years of age with a

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<sup>6</sup> It should be noted that the PALS, a post-censal survey based on the Long-Form Census (which was eliminated by the Government of Canada in 2010) is no longer being conducted.

disability were living in poverty, compared to 18% of all children (Campaign 2000, 2012). This may be linked to two factors. First, children in low-income families are more likely to develop health problems, consequently experiencing disability. Second, the extra time and costs associated with caring for a child with a disability may push a family into a lower income bracket (HRSDC, 2011). *Disability in Canada: A 2006 profile* reported that “in almost 50% of cases of disability in children, one or more family members have altered their employment situation because of the child’s condition. The choices families make can differ, from working more hours to help financially support the child’s needs, to working fewer hours or outright quitting a job to care for the child” (HRSDC, 2011: 13).

As well, many families cannot access the disability-related supports they need for their children. The Canadian Association for Community Living’s annual report stated that “almost 55% of children with disabilities who need aids and devices do not have access to them, with cost cited as the most common reason” (2011: 4).

Balancing the need for income and time requires access to child care for the families of children with disabilities. The 2006 PALS found that cost was the number one barrier parents experienced in trying to access child care for their child with disabilities. As well, Statistics Canada (2008) reported that 21.5% of families said that child care services or programs had refused to provide care for their child with a disability. Further, the severity of the child’s disability had an effect on whether child care was refused or not; 31.7% of children with severe to very severe disabilities were refused child care services (Statistics Canada, 2008). Yet an HRSDC report on the PALS data show that “approximately 51.6% of parents of young children [0-4 yrs] with disabilities use some form of child care, such as a babysitter or a daycare centre” (HRSDC, 2011). Given the 31.7% rate of families with children with severe disabilities being turned away, together with the overall 20% regulated child care coverage rate (for all children), it can be inferred that many families are using unregulated private arrangements for child care for their children with disabilities.

This lack of support combined with high rates of financial insecurity can lead to family breakdown, which further complicates the picture for children with disabilities and their families. Hanvey noted a higher rate of single parent households among children with disabilities and commented that “the stresses of multiple responsibilities, lack of adequate support, and the

juggling of multiple roles take a toll on many families” (2002: 13). The 2006 PALS data indicated that 30.9% of parents felt that having a child with a disability “caused problems” in their current relationship. The Canadian Coalition for the Rights of Children (2011b) reported that children with disabilities continue to be over-represented in provincial/territorial child welfare systems and are more than twice as vulnerable to violence and abuse as other children.

Thus, a number of Canadian reports (Hanvey, 2002; Valentine, 2001; Canadian Association for Community Living, 2011; Canadian Coalition for the Rights of Children, 2011a, 2011b) have identified the persistent issues facing children with disabilities and their families. The reports conclude that Canada is failing to meet the basic human rights of these children and their families. Citing the three main United Nations human rights instruments relevant to disability issues (CRC, CRPD and CEDAW), the Canadian Coalition for the Rights of Children has argued that the lack of support for families and inclusion of children with disabilities in their communities and public institutions means that, “in Canada we have created poverty and unemployment as the likely outcomes of life with a disability” (2011b: 8).

### **Regulated child care in Canada**

Provinces and territories have jurisdictional responsibility for Canadian education, including kindergarten and child care. Canadian child care, developed as a social welfare service under the aegis of social services ministries, is only now beginning to be widely recognized as an education issue in Canada. Although seven provinces/territories now administer regulated child care through education departments, Canadian child care is largely considered to be a private family responsibility. Child care is situated as a market service, not a system, in contrast to the Canada-wide entitlement for five year olds to early childhood services in universal, publicly funded, publicly delivered kindergarten programs.

The range and quality of regulated child care programs vary enormously by region and circumstance across Canada. Each province and territory has a program of regulated child care that includes centre-based full-day child care, regulated family child care (in private homes), school-age child care and usually part-day nursery or preschools. Each provincial/territorial child care program has its own Act and legislated requirements, or regulations, specifying how services may be operated, and each has its own funding arrangements. Each province and



territory also sets a maximum number of children permitted in an unregulated child care arrangement in a care provider's home (unregulated family child care). Aside from specific programs for Aboriginal, military and some newcomer families, the federal government plays only a limited funding role and no policy role to speak of in regulated child care.

All provinces/territories take responsibility for regulating (licensing) and providing some funding in the form of operational or base funding but overall, finding, arranging and paying for child care is mostly a private, family responsibility, reflecting the market-based (as opposed to system-based) approach to child care in Canada.

There is no assumption that access to high quality child care is an entitlement or a children's right. In 2010 there were regulated spaces for only 19.9% of children aged 0-12 and 21.8% of children aged 0-5 in Canada (HRSDC, 2012). Based on the high percentage of mothers with young children in the labour force (69% with a youngest child 0-2 years, and 75% 3-5 years) it is assumed that many children are in some type of unregulated care, either provided by a caregiver in her private home or in the child's home without the public oversight of regulation or monitoring.

With limited public management or planning, parents must rely mostly on the private sector—both non-profit and for-profit—to set up and operate regulated child care services, resulting in uneven provision across regions. As Prentice explains, “reliance on the private sector, mainly non-profits, to provide child care services means that neighbourhoods high in social and other capital are at an advantage” (2006: 529). Access is especially limited in northern, rural and remote areas.

Inadequate public funding means that most child care services rely on parent fees as a main source of funding. Each province/territory—with the exception of Quebec, which funds child care services operationally (“base funding”)—has a fee subsidy program aimed at lower income families, but as Friendly and Prentice note, “many low-income parents are excluded using provincial fee subsidy systems in various ways” (2009: 38). In most provinces, the bulk of public funding is used for fee subsidies, while additional funding, usually in the form of operating or wage grants, is more limited. This approach to funding makes it difficult for service providers to provide equitable access, sustain high quality and keep overall fees low. The result

is that across Canada access and quality in regulated child care are ongoing issues for governments, service providers and—especially—for parents.

### **III. LITERATURE AND DATA**

#### **Overview**

The literature search conducted for this project included academic journals and reports from government and non-governmental organizations dating back to 2000. In all, there were 12 documents specifically about inclusion of children with disabilities in regulated child care in Canada (see table below). In addition to this specific literature, there were a number of relevant studies that considered early intervention for children with, or considered to be at risk of, developing disabilities. As regulated child care can be a site for early intervention, this literature was included separately.

Data on children with disabilities and their inclusion in regulated child care is also quite limited. As part of developing multiple editions of *Early Childhood Education and Care in Canada* (1992-2008), the Childcare Resource and Research Unit recurrently compiled some data about provincial/territorial programs for including children with special needs in regulated child care. The Statistics Canada data collected through the post-censal Participation and Activity Limitations Survey (PALS) was also been extremely useful. However, both these data sources have become limited or have disappeared due to federal funding cuts in the past few years.

The next section summarizes the research, data and resources available to inform about the state of child care for children with disabilities in Canada. A table that lists recent research literature is included.

#### **Research and reports**

The research on inclusion in regulated child care in Canada is diverse in focus and purpose. At the national level, SpecialLink: The National Centre for Child Care Inclusion, a leader in research on child care inclusion for some years, produced two major studies since 2000, *A matter of urgency: Including children with special needs in child care in Canada* (Irwin, Lero and Brophy, 2000) and *Inclusion: The next generation in child care in Canada* (Irwin, Lero and Brophy, 2004). These focused on the factors that influence child care centres' acceptance of children with disabilities and the factors that affect the quality of children's experiences. Both were concerned with the people who work directly with children. These included front-line early childhood

educators, specialized centre staff who served as in-house resource teachers, centre directors and itinerant/travelling resource consultants.

Irwin et al's (2000) findings confirmed the importance of adequate support—both material and time—within the centre. The study also identified a “virtuous cycle of inclusion” that was evident in centres that had positive experiences with inclusion; these then contributed to more positive attitudes and, in turn, increased commitment to inclusion.

The 2004 Irwin et al study built on the 2000 study's findings with respect to the role of the centre director in promoting inclusion and influencing staff's attitudes and experiences. It concluded that “directors' commitment to inclusive practice as part of quality provision and as a basic value is a critical factor that underpins their leadership for inclusion in their centre and in their community” (2004: 9).

This study also compared two models for supporting inclusive child care. The first model supported centres through an in-house (permanent) resource teacher or an additional early childhood educator (enhanced ratio). The second model supported inclusion through an itinerant resource teacher and other supports such as training consultation and program assistants on a case-by-case basis, allocating resources that “follow the child”. The research findings suggest that the first model contributed to higher program quality as well as inclusion of more children with disabilities. The report notes that having a full-time resource teacher helps build a sustainable inclusive program, contributes to educators' confidence and positive attitudes towards inclusion, creates an ethos of inclusion within the centre, and allows centres to “meet new challenges, address the needs and concerns of children and parents, and build on an important set of shared experiences” (2004: 17).

In addition to the above-mentioned research, Specialink developed and published the *Specialink Early Childhood Inclusion Quality Scale* (Irwin, 2009). Lero confirmed the internal reliability and external validity of the scale, and highlighted the importance of having a reliable and valid measure of inclusion quality that “can contribute to public accountability for investments in programs and indicate where improvements are needed” (2010: 4).

A number of provincial reports have investigated various aspects of child care inclusion. Lero and Irwin (2008) used the *Specialink Inclusion Quality* scale to evaluate the effect of the

Partnerships for Inclusion Nova Scotia project. This program was aimed at enhancing overall quality and inclusion quality through use of on-site assessment, consultation and support. Both Community Living Manitoba (2009) and Parsa-Pajouh, Stockburger, Greenwood and Prediger (2005) investigated access to regulated child care for children with disabilities in rural parts of Manitoba and British Columbia, respectively. Community Living Manitoba (2009) looked at the particular experiences of mothers accessing child care for their children with disabilities while Parsa-Pajouh et al (2005) looked more closely at how supports were affecting inclusion at the program level in northern British Columbia. In Alberta, Wiart, Kehler, Rempel and Tough (2011, 2013) used a mixed-methods approach to investigate inclusive child care across the province.

A common finding of these provincial reports was the systemic barriers to full inclusion in child care and a need for enhanced resources to support better quality and quantity of inclusive programs. Probably most shocking were the findings from a smaller study done in Toronto in which Killoran, Tymon and Frempong (2007) explored inclusion and exclusion of children with disabilities in child care, and found that a majority of directors interviewed said they would turn away a child because he/she had a disability.

Frankel (2004) and Frankel, Gold and Ajodhia-Andrews (2010) looked at child care inclusion at a broad conceptual and system level. Frankel (2004) compared approaches to child care inclusion in Ontario, British Columbia, the US and Australia, while Frankel et al (2010) compared Canada, the US and Guyana. Frankel (2004) observed that “the early childhood resource consultant model has become a primary approach to supporting children with special needs in community-based early childhood programs.” However, as one key informant noted, even “the consultative models differ across the province from a hands-on direct approach with a child to building the capacity of the provider” (2004: 314). Both these studies indicated that a lack of clear policy, inadequate funding support and a limited amount of inclusive programs stymie intentions to move forward with full inclusion in child care in Canada. These issues were also identified in the aforementioned provincial reports.

Frankel et al concluded that “above all, inclusion requires the adoption of attitudes of acceptance and tolerance” (2010: 12). Mayer’s commentary on inclusive child care in Canada pointed to attitudes as a significant obstacle and concluded that “turning children away [from a

child care program] based on “disability” still appears to be one of the accepted forms of discrimination in Canada” (2009: 165).

In research for the Child Care Human Resources Sector Council, Flanagan and Beach (2010) surveyed key stakeholders, including supervisors and staff in full-day centres and regulated family child care providers, and found that the majority of them agreed that more children with special needs were in regulated child care and that early childhood educators were better prepared to support them than three years prior to the survey. A majority of employers surveyed reported that they enroll children with special needs but that recruiting ‘special needs educators’ had become more difficult over the last three years. The main issues identified were poor wages, benefits and career advancement. Key informants in Flanagan and Beach’s research, however, suggested that many early childhood educators “do not understand what it means to work in a truly ‘inclusive’ environment” (2010:16).

The literature review also yielded a number of articles concerning young children (0-4) with disabilities based in the broader field of early intervention. Early intervention refers to a “broad range of policies, programs, and services that promote the healthy development of vulnerable children and their families from conception to age 6 or 7” (Frankel and Gold, 2007, cited in Underwood and Frankel, 2012: 2). Early intervention programs can be situated in various government and community organizations, including those focused on education and health. Parents typically access these programs at their own initiative or may be referred to them through a variety of services including regulated child care.

Some provincial initiatives have moved towards greater integration of early intervention services with early childhood education and regulated child care programs. However, the literature reviewed for this report did not indicate any comprehensive integration of the two fields. Underwood and Frankel observed that “the inclusion and participation of young children with disabilities in typical community child care programs have been used as an early intervention strategy in Canada since the 1980s” (2012: 3), and “in many regions, inclusive early education and care centers are the only settings available outside the home for children with disabilities” (Underwood and Frankel, 2012: 4).

Finally, a number of reports about the broader needs and experiences of children with disabilities in Canada provide valuable information. In reviews of various programs for children

with disabilities, Valentine (2001) and Hanvey (2002) identified child care as a crucial service—one that they noted is not easily accessed by children with disabilities and their families. Hanvey (2002) concluded that “parents experience a number of barriers to working—the main one being access to high quality, affordable and inclusive child care” (2002: 12) while Valentine spoke to the lack of infrastructure to provide “inclusive generic supports” such as child care programs within the community that can accommodate and include children with disabilities on a regular basis (2001). Valentine further commented that provincial governments tend to “focus policy and programs primarily on providing functional, rehabilitative and therapeutic supports and services to children with disabilities” (2001:4) such as those considered in the realm of early intervention. Annual reports from organizations such as the Canadian Coalition on the Rights of the Child and the Canadian Association for Community Living continue to track children with disabilities’ access to child care as a human and children’s rights issue.

**Table 1: Canadian literature on children with disabilities in regulated child care 2000-2012**

Title, authors, year	Type of study	Purpose	Findings	Source and access
<i>Alberta inclusive child care project</i> Wuart, L., Kehler, H., Rempel, G., Tough, S. (November 2011)	Mixed methods – focus groups (parents, service providers) and surveys (child care programs and family day homes)	“To provide information that would support the development of strategies for improving access to inclusive child care for children with special needs in Alberta.”	-Survey respondents reported positive attitudes towards the philosophy of inclusion. However, the development of policies to support inclusion and formalized, goal-setting processes with families were not widespread practices. Knowledge about specialized support services and success in accessing these services was inconsistent among child care centres and family day homes agencies in Alberta. - Children with special needs experience decreased access to child care programs.	Alberta Centre for Child, Family and Community Research  Online access: <a href="http://www.research4children.com/public/data/documents/AICCPFI_NALREPORTDecember2011pdf.pdf">http://www.research4children.com/public/data/documents/AICCPFI_NALREPORTDecember2011pdf.pdf</a> Also published as Wuart, L. Kehler, H., Rempel, G., and Tough, S. (2013). Current state of inclusion of children with special needs in child care programmes in one Canadian province. <i>International Journal of Inclusive Education</i> .
<i>Assessing inclusion quality in early learning and child care in Canada with the SpeciaLink Child</i>	Mixed methods Observation/scale (SpeciaLink Inclusion Principles Scale, SpeciaLink	“To examine the internal reliability and structural properties of the SpeciaLink Inclusion	-SpeciaLink Inclusion Principles Scale and the Inclusion Practices Profile evidenced both internal reliability and external	SpeciaLink Canada Online access: <a href="http://www.specialinkcanada.org/about/pdf/SpeciaLink_Report_on_Inclusion_Quality">http://www.specialinkcanada.org/about/pdf/SpeciaLink_Report_on_Inclusion_Quality</a>

<p><i>Care Inclusion Practices Profile and Principles Scale</i> Lero, D.S. (2010)</p>	<p>Inclusion Practices Profile), interviews with directors</p>	<p>Principles Scale and Inclusion Practices Profile (recently combined in the SpecialLink Early Childhood Inclusion Quality Scale 2009) as two new measures to assess inclusion quality, and to provide initial evidence of their validity.”</p>	<p>validity. - The scale “assesses the extent to which early learning programs have consciously adopted a set of principles that reflect a strong commitment to include all children in the community” and “the extent to which physical and human resources are in place and parents, staff, and external professionals work together to ensure that each child’s individual needs are met, while promoting full participation and positive social interactions within an early learning program” (p. 2-3).</p>	<p>RatingScale.pdf</p>
<p><i>International preschool inclusion: Bridging the gap between vision and practices</i> Frankel, E.B., Gold, S. &amp; Ajodhia-Andrews, A. (2010)</p>	<p>Review of the theory behind inclusion and comparison of approaches to inclusion in Canada, U.S. and Guyana</p>	<p>“This article will conceptualize inclusion as a set of values and principles that bridge the gap between the dream of inclusivity and actual practice.”</p>	<p>“Inclusion requires transformational changes in the way policy makers, administrators, and teachers conceptualize and deliver services to children with disabilities. Successful and sustainable inclusion requires laws and policies to protect and support the rights of young children with disabilities and their families. Diverse sociocultural perspectives of parents and participants must be understood and appreciated. But above all, inclusion requires the adoption of attitudes of acceptance and tolerance” (p. 12).</p>	<p><i>Young Exceptional Children</i>, 13(5), 2-16.  Access to journal through university library access or payment for online access</p>
<p><i>Examining the human resource implications of emerging issues in early childhood education and care (ECEC)/communications strategy development: Inclusion</i>  Flanagan, K. &amp;</p>	<p>Survey (preliminary only, sample not representative), key informant interviews, and literature review</p>	<p>To examine the human resource implications of the increased awareness and practice of inclusion of children with special needs and diverse backgrounds in early childhood education and care programs.</p>	<p>Survey results showed that compared to three years ago people working in the ECEC sector perceived: -There were more children with special needs in child care. -ECEs were better prepared to work with children with special needs and offered more related professional development.</p>	<p>Child Care Human Resources Sector Council Online access: <a href="http://www.csc-cssge.ca/sites/default/files/uploads/Projects-Pubs-Docs/EN%20Pub%20Chart/Emerging%20Issues%20-%20Inclusion.pdf">http://www.csc-cssge.ca/sites/default/files/uploads/Projects-Pubs-Docs/EN%20Pub%20Chart/Emerging%20Issues%20-%20Inclusion.pdf</a></p>



Beach, J. (April, 2010)			Key informant interviews had some contrary views, noting the need for more training (requirements), professional development and understanding around inclusion.	
<i>Mothers of young children with disabilities and Manitoba's early learning and childcare services: Enhancing women's economic security and reducing work-family conflict for rural and northern Manitoba women</i>  Community Living Manitoba (June 2009)	Survey (no statistical analysis)	"Looks at the particular experience of mothers who have children with special needs accessing child care in northern and rural settings within Manitoba."	-Mothers found services mainly through word of mouth. -Director played a key role in the process of inclusion. -Collaborative relationships with well-trained staff facilitate inclusion. -There is a need for ongoing assistance to obtain diagnosis and support inclusive child care services.	Child Care Coalition of Manitoba Online access: <a href="http://www.childcaremanitoba.org/index.php?option=com_content&amp;view=article&amp;id=52&amp;Itemid=22">http://www.childcaremanitoba.org/index.php?option=com_content&amp;view=article&amp;id=52&amp;Itemid=22</a>
<i>Disability and inclusion- Changing attitudes – changing policy</i>  Mayer, D. (2009)	Commentary and analysis	Discusses the state of inclusive early learning and child care programs in Canada.	"We require a fundamental shift in attitudes among our policy makers, funders and service providers to ensure that all children with disabilities and other special support needs have their rights guaranteed and respected, and have the supports they need to live, grow, and thrive in their families and communities" (p. 159). "Building the capacity of communities is essential to meeting the needs of children and families and this is where the federal government must resume a leadership role both in developing policy and as a funder" (p. 166),	Canadian Centre for Policy Alternatives <i>Our Schools/Our Selves</i> , 18(3), 159 – 167. Online access: <a href="http://v3.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2009/04/Disability%20and%20Inclusion.pdf">http://v3.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2009/04/Disability%20and%20Inclusion.pdf</a>
<i>Improving quality, enhancing inclusion: Partnerships for inclusion Nova Scotia</i>  Lero, D. & Irwin, S.H. (2008)	Mixed methods – survey questionnaires, observation/scale (ECERS-R, SpeciaLink Inclusion Principles Scale, SpeciaLink	To evaluate the effect of the Partnerships for inclusion – Nova Scotia project on program and inclusion quality.	"The <i>PFI-NS</i> approach to on-site assessment, consultation and support results in strong and robust improvements in program quality in preschool classrooms in child care programs. Statistically	SpeciaLink and Centre for Families, Work and Well-being Online access: <a href="http://www.specialinkcanada.org/resources/PFI%20REPORT%202008final.pdf">http://www.specialinkcanada.org/resources/PFI%20REPORT%202008final.pdf</a>

	Inclusion Practices Profile)		significant improvements in inclusion quality (the adoption and implementation of inclusion principles and effective inclusion practices) were observed in centres that already were including children with special needs. More modest improvements in inclusion capacity were evident in centres that did not enrol children with special needs at any time during the project” (p. xi).	
<i>Disabilities and inclusive practices within Toronto preschools.</i> Killoran, I., Tymon, D. & Frempong, G. (2007)	Qualitative - interviews	“To explore how practices within preschools in Toronto include or exclude children of disabilities from schooling.”	“2.4% of students in the 354 licensed preschools included in the study were identified as having a disability... The majority of directors said they would turn away a child with a disability. The most inclusive centres had service providers that came into the centre but very few (17%) had resource teachers as support (p. 81)”	<i>International Journal of Inclusive Education</i> , 11(1), 81-95.  University library access or purchase online.
<i>Inclusive child care in Northern British Columbia: An inquiry into the successes and challenges.</i> Parsa-Pajouh, B., Stockburger, J., Greenwood, M. & Prediger, A. (2005).	Mixed methods - review of the literature, focus groups, survey data	“Aims to ascertain the methods and practices that ensure the successful integration of, and service provision to, children with special needs in child care settings throughout northern British Columbia.”	“The Supported Child Care (SCC) system (BC) of supports (according to survey data) has been deemed ‘successful’ by most. However, participants have clearly indicated that improvements could come in nearly all areas. These areas include: funding and policy; building structures and other environmental concerns; parental inclusion and involvement; issues related to staff, including education, interaction, and teamwork; and creating more equitable access to resources for those living in more northern and rural locales” (p. 63). -There are particular challenges regarding staffing issues in rural and	Centre of Excellence for Children and Adolescents with Special Needs, University of Northern British Columbia: Task Force on Substance Abuse Online access: <a href="http://www.unbc.ca/assets/centreca/english/inclusive_child_care_in_northern_bc.pdf">http://www.unbc.ca/assets/centreca/english/inclusive_child_care_in_northern_bc.pdf</a>

			northern areas.	
<i>Supporting inclusive care and education for young children with special needs and their families: An international perspective.</i> Frankel, E. B. (2004).	Case study (site visits)	“Snapshot of barriers and supports for Inclusion” in Canada (ON & BC), U.S. and Australia.	Three factors influence the inclusion of children with special needs in early childhood settings: 1) government funding; 2) staff training and attitudes; and 3) resource supports and consultative services (p. 311).	<i>Childhood Education</i> , 80(6), 310-316.  Journal access through university libraries
<i>INCLUSION: The next generation of child care in Canada</i>  Irwin, S.H., Lero, D. & Brophy, K. (2004)	Mixed methods – questionnaires, interviews and observations	Two studies: 1) to expand on previous research (Irwin, Lero & Brophy, 2000) exploring the role of centre directors as inclusion leaders; 2) to determine the importance of centre quality and other resources within centres— particularly human resources — that affect inclusion quality	1) Attitude and actions of centre directors have a huge impact on overall inclusion quality.  2) Strong relationship between overall program quality and inclusion quality: -The quality of human resources within centres is critically important for inclusion quality. - There is a need for adequate and consistent resources (in-house resource person, extra staff etc.)	SpeciaLink Canada  Summary available online: <a href="http://www.specialinkcanada.org/books/ING_highlights.pdf">http://www.specialinkcanada.org/books/ING_highlights.pdf</a>
<i>A matter of urgency: Including children with special needs in child care in Canada</i>  Irwin, S.H., Lero, D. & Brophy, K. (2000)	Mixed methods- questionnaires, closed- and open-ended questions, purposive sample of centres including children with special needs.	“Focuses on understanding what has enabled and what has frustrated efforts to include children with special needs in Canadian child care centres.”	-Experiences with inclusion most strongly influence commitment (more than attitudes and beliefs). -Training and adequate resources create more positive inclusion experiences for children, families and staff. -Centre directors play crucial roles as inclusion leaders.	SpeciaLink Canada

## Data

For some years, the main source of Canadian data on children with disabilities (including longitudinal data) was the Participation and Activity Limitation Survey (PALS). The PALS was a post-censal survey (a survey sample made up from persons who answered “Yes” to the mandatory Long-Form Census disability filter questions). The PALS was an invaluable tool for identifying the percentage of the population living with a disability in Canada, their living situations, their participation in society and challenges they may face. It identified important

issues such as access to educational and recreational programs, family incomes, family composition and conditions, and barriers to accessing disability-related supports. Two pertinent reports based on the 2006 PALS data are available: a) from Statistics Canada (2008), *Analytical paper: Participation and Activity Limitation Survey 2006: Families of Children with Disabilities in Canada* and b) *Disability in Canada: A 2006 profile* (HRSDC, 2011), organized by age group beginning with preschool-age children and broken down by province.

The PALS survey and the Long-Form Census have now been discontinued. It is noteworthy that almost all the reports referenced in this paper relied on the PALS for basic data on children with disabilities in Canada. Thus, the loss of national data means loss of one of the major tools for policy development and advocacy for appropriate supports and programs for children with disabilities and their families.

A different kind of information relevant to children with disabilities came from the Childcare Resource and Research Unit (CRRU). CRRU has been collecting and publishing administrative data on regulated child care across Canada since 1992. Data provided by provinces/territories included the number of children with disabilities or special needs in regulated child care (or receiving special needs funding); annual funding supporting inclusion in regulated child care and some descriptive information about provincial/territorial programs for inclusion. Federal funding for this work has also been discontinued.

In 2001, Valentine's report *Enabling citizenship: Full inclusion of children with disabilities and their parents*, highlighted the federal government's "central role in funding research and knowledge generation and dissemination in the area of disability policy" (2001: 85), while in 2011, the Canadian Association for Community Living identified the "major gaps in data collection and analysis of the situation of children with disabilities across Canada" (2011: 4).

## **IV. HOW PROVINCES/TERRITORIES APPROACH REGULATED CHILD CARE FOR CHILDREN WITH DISABILITIES**

### **Overview**

To assess the state of regulated child care for children with disabilities, information on programs and policies that support inclusive child care was compiled for this report from publicly available information. Each province/territory has its own approach to inclusion or support for children with disabilities/special needs in its regulated child care program. Provincial/territorial approaches typically consist of: a funding mechanism that provides supports (usually on a per child basis) to the centre or regulated family child care home to help cover extra costs associated with inclusion, and a range of supporting policies.

The next section of this report presents a summary of the information compiled, framed by a number of questions that the researchers answered using available provincial/territorial information:

1. Does the p/t have a definition of a “child with special needs” or a “child with a disability”? If yes, what is it?
2. Does the p/t have an explicit policy of inclusion? If yes, how is inclusion defined?
3. Does the p/t have a specific approach or guidelines re: how children with disabilities are included in the classroom? If yes, what is it? Are there specific guidelines/categories that set out how provincial/territorial funding directed towards children with disabilities is used?
4. Does the p/t require specific training or education for a staff working with children with disabilities?
5. What is the annual p/t budget directed towards children with disabilities in regulated childcare?
6. Is a fixed amount of provincial funding allocated to each child with a disability? If yes, how much is it? If no, describe how it works.
7. Does the p/t require full parent fees to be paid in regulated child care for children with disabilities?
8. Are there segregated programs?
9. Is a child care space an entitlement/priority for a child with disabilities?
10. Does the province require regulated child care programs to accept children with disabilities?

Detailed information in response to these questions is found in the Appendix in a series of tables. The tables are organized by jurisdiction and relevant policy and program features.

- Table 2 shows basic information about each jurisdiction’s approach, including department and other administrative responsibility, program and child eligibility and supports, including what kinds of supports the funds may be used for.

The next tables summarize provincial/territorial child care inclusion policies:

- Table 3 is concerned with whether the province/territory has an articulated definition of a “child who has special needs” or a “disability”.
- Table 4 provides information responding to the questions: Does the province/territory have an explicit policy of inclusion? How is inclusion defined?
- Table 5 is concerned with whether the province/territory has a specific approach or guidelines for how children with disabilities are included in the program.
- Table 6 lists the annual provincial/territorial budget directed towards children with disabilities in regulated child care.
- Table 7 is concerned with how the funding works, whether there is a fixed amount allocated to each child and if not how it is allocated.
- Table 8 answers the question: Are parents required to pay full fees in regulated child care for children with disabilities?

### **Summary of provincial/territorial information**

The research found that all provinces/territories provide some financial support to assist children with disabilities to participate in regulated child care within the community. Segregated child care programs for children with disabilities are no longer common, although there are some specialized child care centres, for example, Daybreak in St. John’s, NL, and Yukon’s Child Development Centre in Whitehorse, which provides support and programming across the territory.

Financial support for inclusion or special needs support, usually in the form of recurring funds or grants, is paid directly to regulated child care services in all provinces/territories; child care providers are usually responsible for applying for the support to help cover extra costs associated with including children with disabilities. Generally, a child must be diagnosed with a

disability or referred for the centre to be eligible for the extra funding. However, in Saskatchewan and Nova Scotia, centres may receive block funding to support inclusion for the centre generally. Nova Scotia is the only province where centres can apply for inclusion funding without having a child with a disability enrolled in order to build the inclusion capacity of the centre, while in Saskatchewan block funding is available if a program has a high number of children with diverse needs.

In Alberta, the criteria for additional funding include a requirement that the child's parents are working/studying, although a formal diagnosis is not needed; rather, the definition is that "the child's needs are significantly higher than his/her peers...and present a barrier to successful inclusion in the program." In all provinces/territories, parents pay regular child care fees unless they receive a fee subsidy but are not required to pay for the additional supports related to including the child with a disability. In British Columbia, there is an additional Special Needs Supplement for families who are eligible for fee subsidy that provides up to an additional \$150 per month towards the cost of child care. In Prince Edward Island, Ontario, Manitoba, Nunavut, Yukon and the Northwest Territories, having a child with a disability or a special need may also be taken into consideration when child care fee subsidies are calculated; children may be eligible whether or not parents are in the paid labour force but may need a referral from a medical professional.

Across the provinces/territories, inclusion funding can be used for a number of supports. These include: hiring extra staff, buying necessary equipment/materials, and accessing specialized training for staff.

In five provinces and one territory there is a fixed amount of funding for each child; otherwise funding is variable, based on individual needs of the child (or the centre, in Nova Scotia).

## **Discussion**

As Frankel notes, resource consultants play an integral role in facilitating child care inclusion across Canada (2004). Resource consultants can be hired using inclusion funding, while in some jurisdictions consultants are an ongoing part of the funding program. Overall, the general approach to funding resembles what Irwin et al describe as "resources that follow the child"

(2004). That is, even when resource consultants are a permanent part of the provinces/territories' funding program, they are usually not ongoing within an individual centre; access to a consultant is available only when a child with disabilities or extra needs is attending. Similarly, other resources that support inclusion usually depend on attendance by a child with a disability.

Irwin et al's 2004 research found that this model does not support consistent inclusion quality. This research found that models providing less transient inclusion resources—such as the in-house consultant model—lead to higher quality programs as well as the inclusion of more children with disabilities. As this research described, “programs that evidence high inclusion quality require ongoing support if their success is to be sustained over time. The loss or withdrawal of trained and committed resource teachers, and/or the retirement of a director who has been a strong inclusion leader can destabilize a centre's effectiveness” (2004, Highlights document: 14).

Other Canadian literature on child care inclusion has identified concerns about the “resources that follow the child” approach to funding. Community Living Manitoba concluded that “funding and resources ought to be available for each centre with the assumption that they will encounter a situation where a child will have extra requirements, rather than funding being contingent on an assessment of each child with special needs” (2009: 13). Parsa-Pajouh et al came to similar conclusions in Northern British Columbia and wrote that “having inclusive centres will require a set and consistent amount of money” (2005: 56).

Overall, the models in place require that individual programs must apply for special funding each time on a case-by-case basis. This requires that centre directors have a thorough understanding of the available supports and how to obtain them. In Alberta, Wiart et al reported that [centres] “lack of knowledge about funding mechanisms and how to access supports and resources was identified as a barrier [to inclusion]” (2011: 8).

As well, children with disabilities and their families are vulnerable to individual providers' attitudes and commitments to inclusive child care when each program is responsible for applying for supportive funding on a case-by-case basis. As Frankel (2004) found, when the funding is reliant on a formal assessment and/or diagnosis, centres and families may face yet another barrier to accessing extra support for inclusion. Overall, these barriers can create



stressful and negative experiences of inclusion that may weaken an individual centre's commitment to including children with disabilities (Irwin et al, 2001).

As Table 2 (Appendix) shows, provincial/territorial funding programs appear to be targeted at a variety of appropriate supports and enhancements for inclusion in regulated child care such as human resources, which are demonstrated to play a key role in inclusion. However, the chronic human resource issues that persist in child care generally tend to undermine both overall quality and inclusion quality.

As well, multiple studies have found that specialized training in working with children with disabilities, and levels of training in general, have an impact on child care educators' experiences and attitudes towards inclusion (Irwin, Lero & Brophy, 2004; Crowther, 2010; Ostrosky, Laumann & Hsieh, 2006). However, none of the provinces/territories require early childhood educators working with children with disabilities to have specialized training (including those extra staff hired using extra funding for the child). Providing specialized training on an ad hoc basis, often attached to the specific needs of one child, does not seem to address educators' needs for ongoing professional development in the area of inclusion. When ongoing supports are provided, as they were through the Partnerships for Inclusion project in Nova Scotia, they can have a tremendous impact on inclusion quality. However, Lero and Irwin found that "staff turnover was a particular challenge in many centres, and was the biggest impediment to making and sustaining positive changes over the course of the project, substantially slowing progress in a number of centres" (2008: 127). The recruitment and retention of well-trained and specialized staff is identified as one of many systemic issues plaguing regulated child care throughout Canada (Flanagan & Beach, 2010; Child Care Human Resources Sector Council, 2013).

Most of the provinces/territories have at least basic guidelines with regard to children with disabilities in child care programs; some have developed more robust policy than others and mandated certain aspects of practice. For example, in Manitoba centres must follow a curriculum framework that is based in inclusion, have an explicit inclusion policy, and must use Individual Program Plans (IPPs) to monitor children's needs and progress in the inclusive program. In New Brunswick, centres are required to follow a curriculum framework that provides a guiding philosophy of inclusion for all programs.

Manitoba is also the only province, outside Saskatchewan (which does not provide any public funding to for-profit providers) that restricts inclusion funding to non-profit providers. As noted earlier, only Prince Edward Island (in Early Years Centres but not other centres) mandates regulated child care providers to accept and include children with disabilities.

Exclusion may be particularly acute with regard to children with physical disabilities. Wiart et al found that in Alberta 36% of programs and 29% of family day homes studied were “unable to accept children with special needs into care”, while less than half the programs and only 4% of family day home agencies were accessible to children who use wheelchairs (2011: 8). Killoran, Tymon and Frempong (2007) reported similar findings in their investigation of inclusive practices within Toronto preschools where 51% of the centres studied were not wheelchair accessible; physical space was cited as the number one barrier to inclusion, followed by staff training, funding and ratios (Killoran et al, 2007). The barriers reported in northern British Columbia by Parsa-Pajoueh et al (2005) were very similar to these two studies: children with physical disabilities were again at the greatest disadvantage. Parsa-Pajoueh et al wrote that “building structure is the most limiting of the components for the centres to accommodate children with special needs” (2005: 27).

These findings indicate a substantial barrier to inclusion that is not addressed through provincial policies: physical facility limitations. Manitoba includes “renovations” in the list of supports available through inclusion funding and in Nova Scotia centres may apply for a separate “repair and renovation loan” that can be used to upgrade a centre’s accessibility. Most provincial funding programs can be used for specialized materials and equipment and/or transportation. It is not entirely clear if “specialized materials” can include renovations but (particularly in jurisdictions that allocate a specific amount of money per child), it would be unlikely that there would be enough funding to support adequate renovations.

Overall, lack of a coherent system that plans, funds and provides regulated child care makes full inclusion difficult (if not impossible) in most centres. Across Canada, supports for inclusion of children with disabilities are part of a patchwork of policies, funding arrangements and programs that often fail to meet the needs of Canadian children and families. Provision of child care for children with disabilities is left to a mixed market of non-profit and for-profit providers who are individually responsible for securing the necessary resources to include

children with disabilities. The extent to which policies or frameworks are followed in this context may be inconsistent. Indeed, the limited Canadian research reflects the ongoing challenges this creates for implementing full inclusion.

A final point of discussion should be about the range of related issues that this paper does not cover. For example, the question of children without clear diagnoses arises, particularly for children with behavioural issues in provinces that require a formal diagnosis for any support, together with child care programs' generally cash-strapped and resource-challenged state. Another question that arises is that of diversity in ability in staffing child care programs; that is, there has been little or no attention to the issues related to early childhood educators with disabilities and their lack of employment possibilities. Other issues arise regarding support for parents with disabilities: How does a mother dependent on a wheelchair pick up her own children from an inaccessible child care centre?

These and many other questions, together with the limited amount of research, data and policy development with regard to children with disabilities in regulated child care reflect the fragmented and underdeveloped state of child care in Canada overall.

## V. CONCLUSION

This report has aimed at providing a snapshot of regulated child care for children with disabilities in Canada using data and information from 2000-2013. Through the research done by SpeciaLink and other researchers, groups and governments, it is evident that some child care programs across the country are including children with disabilities to the best of their abilities—sometimes very well.

It is also clear that persistent challenges hinder the amount and quality of these inclusive experiences. The provincial /territorial governments have all acknowledged the need for extra supports to include children with disabilities in regulated child care programs. Overall, however, the information shows that there are consistent barriers across Canada.

The lack of robust policy; limited planning; poorly directed, too-little sustained public funding; and the absence of coherent, systemic development of regulated child care services across Canada hinder access and quality for all children, with children with disabilities a key under-served group. The research conducted for this report confirms what Valentine reported more than a decade ago when he wrote about access to child care for children with disabilities: “gaps persist because legislation does not mandate inclusion...[and] the system suffers from an overall lack of funding, a shortage of trained staff, and negative attitudes towards inclusion among some child care providers” (2001: 20).

The lack of progress and perpetual exclusion of children with disabilities from regulated child care across Canada is tragic for families and children. Not only is access to high quality early childhood education and care every child’s right, but quality ECEC programs provide a crucial opportunity for children with disabilities to be integrated into their peer groups and communities while providing parents with a range of vital supports. In some cases, regulated child care programs may be the only place where children and families can get the specialized supports they need to make sure that a child with a disability can grow and develop to her/his fullest potential (Underwood and Frankel, 2012). As Friendly and Lero have argued, “for young children [with disabilities] and their parents, the opportunity to participate in and benefit from appropriate supports is critical for children’s development, for supporting parents and for normalizing their lives” (2002: 9).

The research is quite clear: inclusion benefits not only the child and family who are included but is good for both the community and the larger society as a whole. But perhaps most important—inclusion in high quality ECEC is a human right. From this perspective, Canada needs a national, publicly-funded, publicly-managed universal system of high quality early childhood education and child care program that mandates and supports the inclusion of children with disabilities.

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APPENDIX – Tables 2 - 8

**Table 2. Characteristics of provincial/territorial programs for child care inclusion**

Province/ territory	Program name	Department responsible for policy	Administrative responsibility	Eligibility	Supports
NL	Inclusion supports	Health and Community Services	Regional inclusion consultants	Licensed child care providers apply to the program for funds and support. - Child eligibility definition: Child has a delay and/or exceptional ability in any of the developmental domains and/or presents with emotional, behavioral, sensory and/or learning difficulties unrelated to a particular diagnosis or condition.	Various services provided by regional consultants; staff training in inclusion and special needs; and grants to support replacement staffing for ISSP meetings, funded spaces, ratio enhancement and child-specific support.
PEI	Special needs grant	Education and Early Childhood Development	Department of Social Services and Seniors	Licensed child care providers apply to the program for funds and support. - Child eligibility: Child must have a diagnosed disability and, in order to attain the usual developmental goals, requires additional and/or specific types of stimulation/care.	The role of these grants is to lower ratios to allow for more successful inclusion into early childhood settings for children with special needs.
NS	Supported Child Care Grant (SCCG)	Department of Community Services	Regional early childhood development consultants	Licensed child care providers apply to the program for funds and support. Following consultation with the Department's Regional Early Childhood Development Consultants (ECDC), facilities may access funding support creation or enhancement of existing inclusive child	SCCG funding can be used for specialized training and professional development for early childhood educators, additional staff to enhance ratios for the delivery of a facility's inclusive program, and to purchase educational and resource materials directly related to

				care program. Both the application process and use of SCCG funding are the responsibility of the facility. Funding is not attached to a child or diagnosis, and must be used to enable provision of inclusive care.	inclusive programs.
<b>NB</b>	Integrated Daycare Services	Social Development (Early Childhood Initiatives)	Regional health authorities	Licensed child care providers apply to the program for funds and support. - Child eligibility: Children from birth to 4 years with identified special needs in 1 of 3 categories: a confirmed diagnosis at birth, developmental issues after birth or family risk factors.	Funding is primarily to provide a support worker; may also be used for transportation, materials and equipment, nutritional needs of the child.
<b>QC</b>	Enfants ayant des besoins particuliers <sup>7</sup>  Funding to CPEs, garderies and family child care for integration of a child with a disability	Ministère de la Famille et des Aînés	Ministère de la Famille et des Aînés	Licensed child care providers apply to the program for funds and support. - Child eligibility: Child has a diagnosed disability, or meets the ministry definition of a “disabled” child.	A one-time grant of \$2,200 (of which \$1,800 is for equipment or improving the set-up to meet the child’s needs); and an additional \$37.30/day/child. There is also an assistance measure to promote integration of children with “significant” special needs.
<b>ON</b>	Support for children with special needs	Ministry of Education	Consolidated Municipal Service Manager (CMSM) or District Social Services Administration Board (DSSAB) (municipal or regional governments)	Licensed child care providers apply to the program for funds and support. - Child eligibility: Child with special needs up to 18 years.	Special needs resourcing to pay for staff, equipment, supplies and other services to support inclusion of children.

<sup>7</sup> <http://www.mfa.gouv.qc.ca/fr/services-de-garde/parents/services-programmes-specialises/enfants-handicapes/Pages/index.aspx>

<b>MB</b>	The Inclusion Support Program	Department of Family Services and Labour	Children's disABILITY Services	Licensed child care providers apply to the program for funds and support; only non-profit centres are eligible for funding. - Child eligibility: Children must have an eligible cognitive, developmental or physical disability or a behavioural or emotional issue, and need additional accommodation or support to meaningfully participate in the program.	Most additional support needs funding for staff; also may be grants for renovations, equipment, training or professional services. As well, may be funds for nursing support for medically fragile children.
<b>SK</b>	Child care inclusion program <sup>8</sup>	Ministry of Education	Regional early learning and child care offices	Licensed child care providers apply to the program for funds and support. - Child eligibility: A referral (not necessarily a diagnosis) is needed; the child must attend the program for a minimum of 20 hours per month.	Basic grants provide support and consultation to the child, family and staff. An additional staff person may be provided if necessary. Enhanced Accessibility Grant – up to \$2000/mo to support the inclusion of a child with “exceptionally high diverse needs”. As well, there is a grant for adapted equipment and for staff training and resources.
<b>AB</b>	Inclusive child care program	Ministry of Human Services	Child and Family Services Authorities	Licensed child care providers apply to the program for support. Child eligibility: Child's needs are significantly higher than his/her peers in	Consultation, information and referral, program professional development, funding supports for ratio enhancement.

<sup>8</sup> Centre Inclusion Block Funding replaced Individual Inclusion grants in certain centres with a high percentage of children with diverse needs such as coming from a very low income, transient or single parent family. Eleven centres receive \$75/month/licensed space in block funding.

				the same group, present a barrier to successful inclusion in the program. Child's parents must be working/ going to school.	Day home agencies can apply for funding to compensate for taking fewer children or for other additional supports.
<b>BC</b>	Supported Child Development Program (SCDP)	Ministry of Child and Family Development	Local SCD agencies, or local MCFD office	Licensed child care providers apply to the program for funds and support. -Child eligibility: Children 0 – 19 years (priority 0 -6), with documented disability and/or diagnosed or documented need.	Individualized planning, training, information and resources, referrals to other specialized services and when required, staffing supports.
<b>NWT</b>	Higher operating grants	Department of Education, Culture and Employment (Early Childhood and School Services)	Department of Education, Culture and Employment (Early Childhood and School Services)	Licensed child care providers apply to the program for funds and support. -Child eligibility: Medical referral from a recognized health care professional.	
<b>NU</b>	Daily operating grants increased by c. 50% for child with identified special need	Department of Education	Regional early childhood services offices	Licensed child care providers apply to the program for funds and support. - Child eligibility: Letter from a recognized health care professional is required for the centre to receive the additional funding for a child.	Centres may apply for funding to the Healthy Children's Initiative for adaptive equipment or for a one-on-one worker if necessary.
<b>YT</b>	Supported child care fund  (Whitehorse Child Development Centre provides special needs programming and supports across Yukon)	Health and Social Services	Health and Social Services	Licensed centres and family day homes apply to the program for funds and support. Child eligibility: A child is designated special needs on the assessment of a child care professional.	Adaptive equipment, transportation, programming support and additional staff.

**Table 3. Does the province/territory have a definition of “a child with special needs” or a “child with a disability”? If yes, what is it?**

NL	Policy manual <sup>9</sup> states that “special needs refers to delay and/or exceptional ability in any of the developmental domains (social, cognitive, language, physical and/or self-help).”
PE	Special needs grant guidelines <sup>10</sup> state that “a child with special needs is defined as a person who is under the age of 12 years, has a diagnosed disability and, in order to attain the usual developmental goals, requires additional and/or specific types of stimulation/care.”
NS	Early intervention program <sup>11</sup> (EIP) describes a child with special needs as a child who has “a developmental delay of 6 months or more, in two or more areas of development <b>or</b> is at risk for developmental delay due to a diagnosis or health history.”
NB	Three categories of special needs: 1. a confirmed diagnosis at birth; 2. developmental issues after birth; 3. family risk factors <sup>12</sup> .
QC	No
ON	No
MB	Children’s disABILITY Services <sup>13</sup> serves children with a mental disability; a developmental delay; Autism Spectrum Disorder; a lifelong, physical disability that results in significant limitations in mobility; or a high probability of developmental delay due to a pre-existing condition, significant prematurity with medical and/or biological factors, or a parent who has a mental disability.
SK	Children with special needs are “children with diverse and intensive needs” <sup>14</sup> .
AB	No
BC	Supported child development program policy and procedures manual <sup>15</sup> defines disability as condition that persists over time and limits the activities of the person (from Society for Children and Youth of BC, Position Statement, May, 2002)” (p.8).
NT	No
NU	No
YT	No

<sup>9</sup> [http://www.gov.nl.ca/cyfs/publications/childcare/child\\_care\\_services\\_inclusion\\_of\\_children\\_with\\_special\\_needs\\_policy\\_manual.pdf](http://www.gov.nl.ca/cyfs/publications/childcare/child_care_services_inclusion_of_children_with_special_needs_policy_manual.pdf)

<sup>10</sup> <http://www.gov.pe.ca/eecd/index.php3?number=1027711&lang=E>

<sup>11</sup> <http://novascotia.ca/coms/families/childcare/EarlyInterventionPrograms.html>

<sup>12</sup> HRSDC, 2012

<sup>13</sup> <http://www.gov.mb.ca/fs/pwd/css.html>

<sup>14</sup> HRSDC, 2012

<sup>15</sup> <http://www.scdp.bc.ca/resources.htm>

**Table 4. Is there an explicit policy of inclusion? How is inclusion defined?**

NL	The policy manual states that “Inclusion of children with special needs in child care entails much more than children being able to access and be physically present in a child care centre/home: the program and practices must be able to foster the development of all children, including those with special needs, to help ensure their optimal overall development” (p. 5).
PE	No explicit policy.
NS	Grant guidelines state that “Inclusion means that as a value, supports the right of all children, regardless of their diverse abilities, to participate actively in natural settings within their communities. A natural setting is one in which the child would spend time had he or she not had a disability” (p. 12).
NB	No explicit policy. Curriculum framework <sup>16</sup> states: “we emphasize the need for a curriculum that is responsive to differences, with the capacity to provide additional support as required to ensure each child’s right to full participation” (p. 5).
QC	No explicit policy
ON	No explicit policy
MB	Regulations require that centres have an inclusion policy, provide a daily inclusive program, have an IPP for each child in the inclusion support program, and ensure staff are aware of policy and IPP process <sup>17</sup> . The government website <sup>18</sup> states that “Inclusion in early learning and child care is the practice of educating and caring for children of all abilities together in the group setting. The goal is to enhance each child’s development within the regular daily program and foster positive social attitudes toward all abilities.”
SK	No explicit policy
AB	The inclusive child care program overview <sup>19</sup> states that “an inclusive child care setting is one where children with and without special needs participate in the same routines and play experiences as their peers. It is a setting where the staff or providers recognize children as distinct individuals with special strengths and needs and continually make modifications to routines and activities so that each child benefits from participating.”
BC	The policy and procedure manual for the funding program states that “inclusive refers to the active participation of children with special needs with typically developing children in the same child care setting” (p. 9).
NT	No
NU	No
YT	Child care regulations state that children with special needs in mainstream child care programs must be integrated to the fullest extent possible and IPPs must be developed for each child.

<sup>16</sup> <http://www.gnb.ca/0000/ECHDPE/pdf/Section1-e.pdf>

<sup>17</sup> [http://www.gov.mb.ca/fs/childcare/pubs/writing\\_inclusion\\_policy\\_aug\\_2009\\_en.pdf](http://www.gov.mb.ca/fs/childcare/pubs/writing_inclusion_policy_aug_2009_en.pdf)

<sup>18</sup> <http://www.gov.mb.ca/fs/childcare/inclusion.html>

<sup>19</sup> [http://www.centralalbertacfsa.gov.ab.ca/home/documents/ProgramsServices/Inclusive\\_Child\\_Care\\_Program\\_Overview.pdf](http://www.centralalbertacfsa.gov.ab.ca/home/documents/ProgramsServices/Inclusive_Child_Care_Program_Overview.pdf)

**Table 5. Does the p/t have a specific approach or guidelines for how children with disabilities are included in the program? What is it? Are there specific guidelines/categories that set out how funding directed towards inclusion is used?**

NL	Yes, the policy manual uses an itinerant consultant model to support providers and administer inclusive initiatives. Individual supports services Plans (ISSPs) are used to promote integrated/coordinated services with other agencies and support providers. Funding can be used to bring in other professionals for support, staff training, reducing ratios, reducing group size, child-specific support person.
PE	No specific guidelines for inclusion. Extra funding can only be used to bring in an extra staff person and lower ratios. Funded Early Years Centres may not refuse to admit a special needs child.
NS	Yes, the grant includes six principles of inclusion (p. 12). An itinerant consultant model is used to facilitate inclusion for individual centres. Funding is to be used for wages for additional staff, approved professional development and approved education or resource materials directly related to the delivery of an inclusive program.
NB	Beginning in 2012-13 the province will use community-based facilitators to support inclusion in regulated child care <sup>20</sup> . Available funding is primarily to provide a support worker. The funding may also be used for transportation, materials and equipment, and/or additional nutritional needs of the child.
QC	n.a.
ON	An itinerant consultant model is used to facilitate inclusion for individual centres. Funding is used for consultation, training, hiring extra staff, materials, etc.
MB	Yes, the inclusion policy guidelines include principles of inclusion. Centres have to use IPPs to plan and monitor inclusion. Itinerant consultants are used to coordinate and place children into child care programs, and to facilitate the transition to school. Most of the funding is for staff. There may also be grants available for necessary renovations, equipment, training or professional services.
SK	Program is guided by inclusion principles set out in the application. To apply for extra funding there must be a meeting that includes the parents, child care director, supporting professionals, early learning and child care consultant, and individuals who will be working with the child, including the school teacher if applicable. Family involvement and a team approach to inclusion is promoted. Funding for inclusive child care is intended to support the centre as a whole and not to provide a worker allocated to a specific child (HRSDC, 2012). Grants provide support and consultation to the child, family and staff. An additional staff person may be provided if necessary.
AB	Program overview provides guiding philosophy. Funding is used towards consultation, information and referral, program professional development, funding supports for ratio enhancement (Home Agencies can apply for funding to compensate a provider for taking fewer children to reduce the ratio) or other additional supports (programs may apply for funding to offset the additional or extraordinary costs related to providing care to children with disabilities)
BC	There are no strict guidelines. Supported Child Development Consultants help determine the family and child's needs and match these with the resources available in their community. Parents are involved at every step as the key partners in their child's success. In addition, SCD Local Advisory Committees (LACs) involve parents and other key government and community partners in many aspects of program planning and service delivery. Funding is used towards individualized planning, training, information and resources, referrals to other specialized services and, when required, staffing supports.
NT	No specific guidelines for inclusion. Operating grants are increased to facilitate inclusion.
NU	No specific guidelines for inclusion. Daily operating grants increased by approximately 50% for a child with an identified special need. In addition, centres may apply for funding to the Healthy Children's Initiative for adaptive equipment or for a one-on-one worker if necessary.
YT	An Individual Program Plan (IPP) must be developed for the child in consultation with staff, parents and professionals in the community, which outlines goals and objectives for the child. The guidelines make clear that children with disabilities must be able to participate in all aspects of the program. Funding may be provided for adaptive equipment, transportation, programming support and additional staff.

<sup>20</sup> <http://www.gnb.ca/0000/publications/comm/ChildhoodActionPlanReport.pdf>

**Table 6. What is the annual provincial/territorial budget directed towards children with disabilities in regulated child care?<sup>21</sup>**

NL	\$997,500
PE	\$1,315,000
NS	\$3,961,372
NB	\$1,836,200
QC	Information not available
ON	\$48,500,000
MB	\$11,325,600
SK	\$3,317,768
AB	\$2,914,000
BC	\$57,280,000
NT	Information not available
NU	Information not available
YT	Information not available

**Table 7. Is a fixed amount of provincial/territorial funding allocated to each child with a disability? If yes, how much is it? If no, how does it work?**

NL	No fixed amount. Consultants decide needs of individual children and centres and recommend from a variety of supports available.
PE	There is a fixed amount of up to \$11.50/hour/child plus Mandatory Employment Related Costs (MERCs), based on the training and experience of the staff hired. No limits, no waitlists.
NS	There is a fixed amount determined by a funding model (10% of licensed capacity x \$15 per day x annual number of operating days).
NB	There is a maximum payment for a child with high needs (\$5,250/year; average of \$3,400/year/child for children aged 2-5 years).
QC	Fixed amount; for each child there is a one-time grant of \$2,200 and an additional \$37.30/day/child.
ON	No fixed amount; the level of service per child can vary, depending on the child's needs, the local service model, and available resources.
MB	No fixed amount; most of the additional support needs funding is for staff. There may also be grants available for necessary renovations, equipment, training or professional services.
SK	Fixed amount; individual inclusion ranges from \$200 to \$300/month per child. Block inclusion grants are \$75/space/month. Enhanced accessibility grants provide \$2000/month/child with exceptionally high needs.
AB	Funding varies depending on the special needs of the child, the type of service required and the region.
BC	No fixed amount.
NT	n.a.
NU	Yes, there is a set amount per day equal to an increase of 50% of the operating grant for that space.
YT	No fixed amount, based on individual need.

<sup>21</sup> Source: HRSDC, 2012.



**Table 8. Are parents required to pay full fees in regulated child care for children with disabilities?**

NL	Yes, regular fees or be subsidized; parents do not pay for additional supports related to including a child with a disability.
PE	Yes, regular fees or be subsidized; parents do not pay for additional supports related to including a child with a disability and may be eligible for a subsidy even if they are not employed or in school.
NS	Yes, regular fees or be subsidized; parents do not pay for additional supports related to including a child with a disability.
NB	Yes, regular fees or be subsidized; parents do not pay for additional supports related to including a child with a disability.
QC	Yes, regular fees; there are no subsidies. Parents do not pay for additional supports related to including a child with a disability.
ON	Yes, regular fees or be subsidized; parents do not pay for additional supports related to including a child with a disability and may be eligible for a subsidy even if they are not employed or in school (with a referral from a medical professional).
MB	Yes, regular fees or be subsidized; parents do not pay for additional supports related to including a child with a disability. There is an added exemption in the child care subsidy assessment if any member of the family has a disability.
SK	Yes, regular fees or be subsidized; parents do not pay for additional supports related to including a child with a disability.
AB	Yes, regular fees or be subsidized; parents do not pay for additional supports related to including a child with a disability.
BC	Yes, regular fees or be subsidized; parents do not pay for additional supports related to including a child with a disability. The Ministry of Children and Family Development (MCFD) provides a Special Needs Supplement of up to \$150 per month to assist families eligible for the Child Care Subsidy Program.
NT	Yes, regular fees or be subsidized; parents do not pay for additional supports related to including a child with a disability and may be eligible for a subsidy even if they are not employed or in school (with a referral from a medical professional).
NU	Yes, regular fees or be subsidized; parents do not pay for additional supports related to including a child with a disability and may be eligible for a subsidy even if they are not employed or in school (with a referral from a medical professional).
YT	Yes, regular fees or be subsidized; parents do not pay for additional supports related to including a child with a disability and may be eligible for a subsidy even if they are not employed or in school (with a referral from a medical professional).