

# RESEARCH AND EVALUATION IN CHILD, YOUTH AND FAMILY SERVICES

2019 | Volume 1 (Special Issue). Pages 103-120

## Factors that Enable Full Inclusion of Children with Extra Support Needs in Universal Child Care

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**Citation:** Joensuu, S., Mannoe, M., & Mikesh, H. (2019). Factors that enable full inclusion of children with extra support needs in universal child care. *Research and Evaluation in Child, Youth and Family Services*, 1, 103-120

<https://doi.org/10.14288/recyfs.v1i1.197578>

### Abstract

This evaluation research project was done in partnership between the Ministry of Children and Family Development ("MCFD") Inclusion Supports and Services Policy Division and University of British Columbia ("UBC") School of Social Work. The two research questions were: (1) what are the key factors that enable full inclusion of children with extra support needs that British Columbia should consider as the province moves towards universal child care, and (2) what are the potential benefits and challenges for all children when inclusion of children with extra support needs is implemented in child care settings. Researchers analyzed six expert interviews using qualitative research methodology. Thematic analysis highlighted five areas to consider when establishing a universal child care system that fosters and promotes inclusion. Access to affordable child care poses a challenge for many families in British Columbia ("BC"), especially families of children with extra support needs. To address this challenge, the provincial government has committed to developing an accessible universal child care system. The government recognizes that its commitment to accessibility must be equitably extended to all children, and inclusive of children with extra support needs. This program evaluation research begins with a literature review, which informs the theoretical framework, conceptual approach, and the two research questions. This research approaches the research questions through the lenses of structural social work, disability justice, and principles of inclusion. This is primarily a qualitative research project, with a limited amount of data collected through a quantitative survey. Eligible research participants were defined as Regional and Provincial Advisors ("Advisors") to MCFD Inclusion Supports and Services Policy Division. Advisors work in MCFD-contracted agencies in Supported Child Development ("SCD") and Aboriginal Supported Child Development ("ASCD") Programs. There were six research participants. This quantitative data was collected through a demographic survey which sought information about years of related work experience, one dimension of participants' expertise and experience. Qualitative data was collected through semi-structured phone interviews, which were then transcribed verbatim. All research participants completed the Qualtrics survey and took part in the qualitative interview. This data was transcribed, coded, and analyzed using thematic analysis methodology. Following rigorous data analysis, researchers determined five themes: exclusionary practices, inclusive values, interdisciplinary collaboration, Indigenous cultural safety, and systemic issues. These themes should inform key considerations for the provincial government as it establishes a universal child care system that enables full inclusion of children with extra support needs. This evaluation project has limitations which are related to eligibility criteria, use of purposive non-probability sampling, geographic scope, data collection tools, and lack of respondent verification. Limitations are detailed in the report. This research concludes with three recommendations for future research: (1) evaluate the experiences and perspective of community service providers connected to child care settings and families receiving ASCD/SCD supports, (2) apply a disability justice lens to supporting children with varying abilities through examination of the use and impact of language relating to varying abilities in policy and practice, and (3) expand the notion of cultural competency by exploring multidimensional understandings of cultural safety and cultural humility in child care settings with diverse populations. Overall, this research emphasizes the importance of intentional, well-articulated government strategy when developing inclusive child care. Results of this research indicate that inclusion benefits children with extra support needs, and inclusion actually benefits all children and their families.

**Keywords:** Child care, children with extra support needs, inclusion, disability justice, universal child care



DOI: 10.14288/recyfs.v1i1.197578

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## Introduction

This research seeks to explore key components of inclusion, in order to understand the development of child care programming that benefits children with extra support needs, and further benefits all children. This project has two primary research questions: (1) what are the key factors that enable full inclusion of children with extra support needs that British Columbia should consider as the province moves towards universal child care, and (2) what are the potential benefits and challenges for all children when inclusion of children with extra support needs is implemented in child care settings?

The scope of this research is limited to analysis of expert interviews, and the researchers did not explore community and/or caregivers' perspectives. Based on expert interviews, the research findings provide high-level recommendations and key considerations to ensure inclusion occurs as the provincial government develops universal child care.

### **Provincial Policy**

BC has committed to the development of an accessible universal child care system, achieved through a multi-year implementation plan, as outlined in the report *Child Care B.C. Caring for Kids, Lifting up Families* (Province of BC, 2018). In the journey towards universal child care, the provincial government recognizes that its commitment to accessibility must extend to all children, through inclusion programming and policy (Province of BC, 2018). The inclusion of children with extra support needs in child care has been highlighted as an area of concern, in both market-based and universal child care systems (Province of BC, 2018). Children with extra support needs are diverse, as this category includes children with a formal diagnosis of disability and those who do not have a formal diagnosis but are experiencing developmental delay(s). Delay(s) may result from neurobiological, social or structural factors in a child's life. When a child is experiencing developmental delay(s), early interventions in child care may prevent or reduce the impact of disability in the child care setting and over their life course (M. Foster, personal communication, October 14, 2018).

## **Child Care in BC**

In BC, child care is delivered through a market-based system, where parents or guardians fund the cost of a preschool or child care placement, and the provincial government funds supports for the inclusion of children with extra support needs (Inclusion BC, 2015). This market-based model leads to individual child care operators exerting significant control over access to their programs, which results in exclusion and inequitable access for children with extra support needs (Inclusion Supports and Services Policy Team, 2018). Data from the 2016/17 fiscal year indicates that MCFD-contracted agencies provided services to 6,640 children and their families through SCD (M. Foster, personal communication, October 14, 2018). This figure does not reflect services that would benefit all children with extra support needs, as SCD programs maintain waitlists for services, SCD does not serve all rural and remote communities, and furthermore, this figure does not include children and families served by ASCD programs (M. Foster, personal communication, October 14, 2018). Additionally, this figure only reflects services based on existing child care spaces: as the number of child care spaces increases, the need for inclusive child care spaces will similarly increase.

### **Literature Review**

#### **Defining Inclusion & Inclusive Child Care**

Inclusive child care ensures equitable access to child care for all children, including children with extra support needs (Inclusion Supports and Services Policy Team, 2018). Halfon and Friendly (2013) specify that inclusion "mean[s] that children with disabilities not only attend the same programs/spaces as children without disabilities but that they participate fully in the program through accommodation and modifications" (p. 19). Informed by an equity framework, inclusion fosters environments wherein children with extra support needs have access to - and are benefited by - full and meaningful participation in child care. This inclusion occurs through the provision of accommodations meant to enhance and positively impact participation for all, regardless of ability or needs.

The current conception of inclusion is well-developed for children with disabilities, due to the work of non-profit stakeholders such as Inclusion BC. Inclusion BC is a provincial federation which includes community agencies, families and people with “intellectual disabilities” (Inclusion BC, 2015). Inclusion BC (2018a) has long advocated against the institutionalization and segregated care of people with developmental disabilities. According to Inclusion BC, inclusion occurs “when a whole school embraces diversity and creates an environment where everyone belongs,” an approach that embraces children’s needs as a community value (2015, p. 6). In contrast to integration, inclusion, reflected as a best practice approach, is a holistic practice.

### ***Rights-Based Framework***

The Canadian Charter of Rights and Freedoms (The Constitution Act, 1982), Canada Human Rights Act (1985), and BC Human Rights Code (1996) outline protections for individuals regardless of “mental or physical disability.” In Canada, these protections are bolstered by the ratifications of the UN Convention on the Rights of the Child in 1990, and the UN Convention on the Rights of Persons with Disabilities (“UNCRPD”) in 2007 (Government of Canada, 2007; Government of Canada, 2014; (United Nations General Assembly, 1989; United Nations General Assembly, 2006) . Through international, federal and provincial legislation, the Canadian government affirms a “strong commitment to ensuring that persons with disabilities enjoy full participation in society and can contribute to the community to their full potential” (Government of Canada, 2007). Any universally-funded child care system must recognize the rights of people with disabilities, and key advocates argue that the government has a responsibility to ensure inclusion in a universal child care system (Inclusion Supports and Services Policy Team, 2018). Koller, Le Pouesard and Rummens (2018) outline how a rights-based model of disability links the barriers of social inclusion with the disabling effects of the environment – rather than the disabling effects of the body. This model of disability informs

contemporary notions of inclusion, in contrast to the “medical model” of disability, which treats disabilities and the need for extra supports as a defect in a bodily system, thereby pathologizing individuals (Olkin, as cited in Retief & Letšosa, 2018). Inclusion discourse is strongly informed by people living with disabilities and their allies. In BC, there is a robust rights-based framework that informs social policy for people living with disabilities and may be translated into inclusion in child care.

### ***Structural Considerations***

Following ratification of the UNCRPD, Canada’s First Report (2014) noted particular challenges, recognizing that “the rights of children with disabilities are protected on an equal basis with other children, Canada recognizes the challenges facing children with disabilities, and their families” (Government of Canada, 2014, p. 7). Relevant literature suggests addressing barriers in three areas: (1) adequate support services for children in child care settings, (2) education of child care providers to increase skills to work with children with special support needs, and (3) adequate funding and physically accessible child care spaces (Wiert, Kehler, Rempel & Tough, 2014). The critical literature review, conducted by Koller et al. (2018) reviewed 54 studies conducted in the last ten years, and found that inclusion in child care requires overcoming significant structural barriers for children and their families, including social, economic and political dimensions. As Koller et al. (2018) further note, social inclusion must address the stigma and marginalization that groups face based on dimensions of structural oppression, such as socioeconomic status, race, gender or disability.

Inclusion in child care requires specific conceptual approaches and programming considerations. Currently, SCD and ASCD Programs are funded by MCFD, through contracts with community agencies to deliver services locally (Infant & Child Development Association of BC, 2018). SCD programs assist families and child care providers to develop and implement an individual plan to meet the child’s needs during early childhood (Inclusion BC). Inclusion BC notes that SCD programs remain under-funded and children with extra support needs are “either not

receiving adequate supports in their early childhood education settings or are excluded because of waitlists, income testing for subsidies and other eligibility criteria” (p. 5)

The current market-based model, through which the provincial government funds supports for children with extra support needs may be described as “resources that follow the child approach” (Halfon & Friendly, 2013). In this approach, resources supporting inclusion - recognized to benefit all children - are only available when a designated child is present (Halfon & Friendly, 2013, p. 38-39). Notably, children with extra support needs are more likely to be raised in low-income households than children without extra support needs (Halfon & Friendly, 2013, p. 21). These socioeconomic conditions have a particular impact, especially in a market-based child care system that relies on individual operators to accept and include children.

### ***Considerations for Indigenous Contexts***

Addressing stigma and marginalization of Indigenous children with extra support needs is essential in the settler-colonial context of Canada. There are both historic and contemporary oppressive practices which impact Indigenous Peoples and their communities (Truth and Reconciliation Commission of Canada, 2015). Comparative research across Canada, New Zealand and Australia has demonstrated that colonial structures substantially impact access to child care, especially for children with extra support needs (Gerlach, Browne, & Greenwood, 2017; Sims, Siggers, & Frances, 2012). Sims et al. (2012) found that, as a result of these structures Indigenous children are typically underrepresented in child care settings. Research from BC relates this underrepresentation to forceful and violent government interference in Indigenous ways of being (Gerlach et al., 2017). This research notes the impact of “systemic racism and discrimination, such that many Indigenous caregivers are hesitant about engaging in early childhood programmes” (Gerlach et al., 2017, p. 1763). Furthermore, in the First Nations and First Nations Persons with Disabilities Engagement on Federal Accessibility Legislation (2017), the Assembly of First Nations calls attention to “insufficient data and

information specific to students with disabilities, and access to inclusive education” (p.27). The available data and research fails to capture the experience and specific needs Indigenous children with extra support needs (Assembly of First Nations, 2017). Insufficient information underscores the significant inequities faced by Indigenous children with extra support needs and their caregivers.

The Truth and Reconciliation Commission of Canada’s Calls to Action (2015) support Indigenous self-governance and self-determination. This extends to the development of practices and programming in child care. The principles outlined by the United Nations Declaration on the Rights of Indigenous Peoples (2008), and ASCD principles (Aboriginal Supported Child Development, n.d.) are also key references to consider when developing inclusive, universal child care systems in partnership with Indigenous communities.

### ***Inclusion Benefits All Children***

Odom, Buysse, and Soukakou (2011) conducted an extensive long-range, 25-year literature and research review on inclusion, finding that inclusivity and equitable child care benefits “typically developing” children. This research suggests that inclusive settings result in “typically developing” children having similar developmental gains as in other types of settings (i.e. non-inclusive settings). Developmental gain indicators include developing friendships, actively engaging in activities, and demonstrating increased knowledge and positive attitudes towards children with extra support needs (Odom et al., 2011). A qualitative research study in the U.S. conducted by Grisham-Brown, Cox, Gravil, and Missal (2008) supported previous research which demonstrated that inclusive preschool programs earned higher scores on global quality measures, and language and literacy observational measures when compared to non-inclusive preschool classrooms.

There are gaps, and understudied areas. For example, inclusive child care programs tend to have larger class sizes, and the impacts of class size are unknown, although class size does not necessarily correlate to the adult-to-child ratio (Weglarz-Ward, & Santos, 2018). Multiple qualitative research studies

have also demonstrated concerns from parents and child care providers in inclusive child care settings. These concerns relate to the quality of child care personnel's training to work with children with extra support needs, reduced individualized services for children with extra support needs, whether of note the safety needs of all children are met, the impact of modifications in curriculum and/or environment, aptitude of child care personnel using adaptive specialized equipment, and legal liability (Buysse, Wesley, Keyes & Bailey, 1996).

Overall, literature in this field has led to a number of best practices that are recommended for early child care and education to support the inclusion of all children. These best practices are: (1) specific training for child care providers in child development and supporting children with extra support needs, (2) developmentally appropriate care (e.g. hands-on learning, child-centered), (3) low care-provider to child ratios, (4) coordinated services with other agencies (e.g. therapists, early interventionists, etc.), (5) family-centered programming in all aspects of child care philosophy, (6) inclusive spaces, (7) environmental planning, and (8) policy development and environment (Grisham-Brown et al., 2008). Research also indicates the necessity of training and coursework for child care providers, specific to caring for children with extra support needs (Essa, Bennett, Burnham, Martin, Bingham & Allred, 2008; Wiart et al., 2014). These interventions are strong predictors for positive, inclusive, and quality child care. The foundation of effective training is grounded in the recognition that inclusion benefits all children: training intended to effectively support children with extra support needs directly benefits all children (Baker-Ericzen, Mueggenborg & Shea, 2009). One area necessitating further research is the role of collaboration between early child care providers and specialists, such as occupational therapists, special educators, and therapists (Weglarz-Ward, & Santos, 2018).

### **Theoretical Positioning**

The research draws from multiple theoretical lenses, primarily nestled under the umbrella of structural social work. Initially conceptualized by Maurice Moreau, structural social work is an orientation to social work

practice with goals that include: maximizing resources for people, reducing power inequalities, unmasking sources of oppression, and contributing to social transformation in practice (Mullaly, 1997). The research questions, literature review and methodology are also informed by research and advocacy from the disability justice movement, which recognizes that people with extra support needs constitute a diverse community, whose life histories, present realities, and intersectional identities exceed traditional conceptions of disability. Frazee (2003) examines disability through a social lens, stating that “disability is not situated in an individual pathology, but in society’s failure to embrace diverse ways of being in the world” and further posits that disability is “the manifested outcome of social barriers and deeply entrenched patterns of discrimination” (p. 26). The experiences of children with extra support needs in a child care setting are shaped by a range of biopsychosocial, economic and structural conditions. The research draws upon a “disability reconceptualist” framework, which recognizes that disability is also a social construction without denying physiological aspects of impaired function or developmental delays (Baglieri, Valle, Connor & Gallagher, 2011). The re-conceptualist approach emphasizes structural changes required to create inclusion. This structural emphasis intends to develop a “caring society that accepts human differences without labeling” (Baglieri et al., 2011, p. 268). In addition to the disability justice framework, literature also emphasizes the role of ableism in the lives of children with extra support needs. Ableism describes discrimination against those with abilities that differ from what is typically viewed as “able-bodied” within cultural norms (Coleman, 2015; Goodley, 2014). Ableism commonly takes its form in language, assumptions, and attitudes towards people with varying ability levels.

This research project also adopts an ecological model, which treats micro-, meso- and macro-systems as essential components of inclusion (Frankel, 2004). The ecological model recognizes the exosystem, which denotes organizational; structures

policies, and external resources (Frankel, 2004). In this program evaluation, the exosystem is composed of MCFD's Inclusion Supports & Services division, SCD, and ASCD Programs. SCD and ASCD are MCFD-funded, community-based programs that offer consulting and support services to children, families and child care centres, to promote full inclusion of children with extra support needs (Representative for Children & Youth [RCY], 2018). SCD offers a range of consulting and support services to children, families and child care centres; ASCD specifically supports Indigenous children within the context of their families, extended families, communities, and culture (RCY, 2018). In addition to SCD and ASCD programs, MCFD funds Provincial and Regional Advisors who provide guidance to SCD and ASCD program staff across the province.

### **Conceptual Framework**

This research explores key components of inclusion in order to understand the development of child care that benefits children with extra support needs, as well as all children. By exploring inclusion through a holistic, intersectional lens, this research aims to establish a dynamic range of biopsychosocial considerations that will inform child care providers. The biopsychosocial model recognizes that inclusive practices impact children's lives and their life course, whether or not they have extra support needs (Black & Hoeft, 2015). This evaluative research aims to establish baseline knowledge, which will inform the MCFD Inclusion Supports and Services Policy division as the provincial government develops universal child care.

### **Methodology**

This research was conducted by three UBC Masters of Social Work student researchers. The researchers utilized a brief demographic questionnaire and semi-structured qualitative phone interviews to generate data to answer the research questions. The research collected qualitative data through purposive non-probability sampling in order to reach identified experts in the field of inclusive child care (Grinnell & Unrau, 2014). The experts in the field are ASCD and SCD Advisors, contracted by the MCFD Inclusion Supports and Services Policy Division. Quantitative data was collected through a Qualtrics survey, and qualitative data was collected through semi-structured phone interviews.

### **Sampling & Recruitment**

This study utilized purposive non-probability sampling (Grinnell & Unrau, 2014). The study population was Advisors to the MCFD Inclusion Supports and Services Policy Division. Regional and Provincial Advisors work in MCFD-contracted agencies, including Child Development Centres and Indigenous agencies. This research received approval from MCFD Research Ethics, Privacy, and Security, facilitated by Stephanie Bethune, MCFD Research Analyst and Research Course Facilitator.

Research participant eligibility was specified by the following criteria: (1) research participants were currently employed by an MCFD-contracted agency as an Advisor for Supported Child Development or Aboriginal Supported Child Development at the regional or provincial level, and (2) research participants had a minimum of two years' experience working with children with extra support needs and/or providing consultation to programs providing child care for children with extra support needs. Individuals who did not fit the criteria outlined above were excluded from the research. Participants were contacted according to the "MCFD Sponsored Research Courses - Facilitated Contact: For Students" protocol. Student researchers provided an electronic Invitation to Participate letter to Melanie Foster, Manager of Inclusion Supports - Inclusion Supports and Services Policy. Melanie Foster sent the Invitation to Participate letter directly to MCFD-contracted Regional and Provincial Advisors that she had identified as prospective research participants through an internal MCFD directory. Interested research participants contacted the researchers directly via-email. The research sample size was six participants.

After receiving an email from potential research participants indicating voluntary interest, student researchers supplied them with a consent form, sent via email attachment and returned electronically. Student researchers provided research participants with a minimum of two weeks to review, sign and return their consent form.

Student researchers requested that all research

participants complete a voluntary brief demographic survey.

The demographic survey was hosted on the UBC Qualtrics survey platform, and research participants were advised to complete the survey prior to the qualitative interview. Subsequently, telephone interviews were scheduled.

### **Data Collection & Analysis**

This research involved expert interviews, meant to obtain factual accounts specific to research participants' roles as Advisors to ASCD and SCD programs. During interviews, Advisors were asked to share routine information and knowledge associated with their role. The interviews included limited, if any, sensitive questions; researchers determined there was minimal or no risk to the interviewees.

Qualitative interviews took place over the phone and were digitally recorded. The interviews were conducted in a private room at the School of Social Work on UBC Point Grey Campus. Qualitative phone interviews ranged from 40 to 75 minutes in length. The semi-structured interview included 13 questions (see Appendix A). The digitally recorded phone interviews were transcribed verbatim into a written transcript, generating the qualitative dataset. The participants and corresponding transcripts were assigned an ID number for anonymity, and all identifying information was redacted prior to coding. Researchers set an inter-coder agreement, to triangulate analyses and increase the dependability of the data. In order to triangulate analyses, researchers first read all transcribed interviews and conducted thematic coding independently (Braun & Clarke, 2006). After initial coding, researchers met and collectively analyzed thematic codes, developed shared codes, and subsequently coded transcripts with the agreed-upon codes to ensure inter-rater reliability (Grinnell & Unrau, 2014). The researchers conducted multiple iterations of coding, and each transcript was coded three times by each researcher, such that each transcript was analyzed nine times, demonstrating a high level of intercoder reliability.

The evaluation research was exploratory, and therefore there were no outlined expectations of specific themes. Through this methodological

approach, researchers articulated themes that emerged from the transcribed, coded data.

## **Results**

### **Demographic Survey**

The demographic survey provided information about research participants' experience in the field of inclusive child care. On average, research participants had 30 years of work experience in areas related to services for children with extra support needs and had been working as ASCD or SCD advisors for an average of 8.2 years.

All six research participants indicated they have completed specialized education and/or training related to inclusion of children with extra support needs. The results of the demographic survey highlight the participants' longstanding commitment to inclusion in child care. This length of service allowed them to bring long-term perspective of the field to the interviews.

### **Thematic Analysis**

Five themes emerged from the analysis of data: (1) exclusionary practices, (2) inclusive values, (3) interdisciplinary collaboration, (4) Indigenous cultural safety, and (5) systemic issues. The key considerations are visually conceptualized in Figure 1.

**Figure 1:** Visual conceptualization of the five thematic areas



**Exclusionary practices.** Participants identified three primary exclusionary practices currently found in child care settings. These practices relate to preventing attendance, exclusive policy, and barriers for parents.

First, restrictions preventing acceptance, describes how child care providers have developed internal restrictive policies. These policies outline criteria required to become accepted into a child care setting including, but not limited to, requiring atypically developing children to have one-to-one support and the demonstration of having reached developmental milestones (ex. toileting ability).

Second, participants described attendance restrictions in relation to challenging behaviour. These restrictions occur after a child has been accepted into a child care setting. Participants described additional policies, such as the “three-strike policy,” which are used to exclude children (P03, research interview). A three-strike policy enables child care providers to kick out children after three behaviourally-challenging instances. This type of policy facilitates exclusion. Additionally, participants associated behaviour management in child care settings with systemic issues. Specifically, participants described staff’s un(der)developed behaviour intervention skills and the inappropriate physical layout of some child care settings.

The third exclusionary practice identified was barriers for parents, which are understood as an extension of exclusionary practices because they have a direct impact on attendance at child care. These barriers include employment disruption, unsupported system navigation, transportation difficulties, and financial challenges. One participant summarized this challenge, noting “there’s some very practical obstacles [to inclusion] that I hear from coordinators on a regular basis like transportation... child care fees obviously and... [child care availability for families with] non-traditional hours of work” (P04, research interview).

**Inclusive values.** The importance of inclusive values emerged in two areas: the importance of a family-centered approach to child care, and the recognition that inclusive child care benefits all children, regardless of their support needs.

Participants explained that inclusive values extend beyond the processes in place, and further relate to the foundational attitudes and philosophies of child care providers. One participant acknowledged that child care providers have a responsibility to reflect on their personal experiences, as one “huge influence is your life experience with people with needs [as it] obviously is going to unconsciously impact your perception of children with special needs” (P04, research interview). Research participants conceptualized inclusive values well beyond minimizing barriers or accessible mechanisms.

A family-centered approach to child care includes particular approaches to working with families, such as flexibility, ensuring choice, and community involvement. These broad values fundamentally views the family as part of the team. One participant noted that “they are the ones that are steering the canoe and making the decisions around what their child’s needs are and what their goals are” (P05, research interview). In this family-centered approach, the data suggests that the primary relationship should exist between the child care provider and parents of children with extra support needs. When this relationship is prioritized, partnerships with ASCD/SCD and other professionals will more significantly benefit the child.

The recognition that inclusive child care benefits all children regardless of ability and level of support needs represents the participants’ shared belief about inclusion. Based on research participants’ experience in the field, they identified that prioritizing inclusion benefits the development of all children. One participant proposed that “any time there is... diversity in any group... everybody benefits in terms of... acceptance, and tolerance, and just ideas about being a good friend” (P02, research interview). Overall, research data indicated that inclusive values in child care build empathy, belonging, and participation for all children.

**Interdisciplinary collaboration.** Several participants identified meaningful collaboration between community resources and stakeholders as



an important component of inclusive child care. This type of collaboration can significantly impact the lives of children with extra support needs. The qualitative data illustrated that research participants prioritized the establishment and maintenance of well-developed relationships. Interdisciplinary collaboration can be developed through both formal and informal supports related to the work of ASCD and SCD Advisors.

During interviews, research participants described collaboration as particularly critical during times of transition. For example, when a child is entering an SCD/ASCD program from an Infant Development Program (“IDP”) or when a child is transitioning from an SCD/ASCD program to enter the school system. P01 described this critical involvement by emphasizing the development of programs with the Department of Education, highlighting the “huge” expectations of the school and negative impact on children with extra support needs during that critical transition. Several participants shared that they believe IDP and the Ministry of Education should be involved in the development of inclusive universal child care.

Additionally, the data demonstrated that multiple participants felt specific training regarding one child’s needs should be extended to all employees in the child care setting to support collaboration, rather than only training specific staff. This approach to training was described as a way to facilitate shared learning and extend specific training or education to all staff. P02 described the possibility of interdisciplinary support professionals (i.e. Physiotherapist, Speech and Language Pathologists, and Occupational Therapist) attending the child care program and interacting with the child in their environment. This example was identified as having three primary benefits. First, staff at child care centres can see the child interact with experts and ask direct questions relating to their development, to learn about support a child with extra support needs. Second, the child will be able to maintain their ability to participate in the centre, rather than being removed in order to attend appointments with interprofessional care providers. Third, greater onsite training opportunities for staff directly benefits all current and future children who attend child care program.

In the interviews, research participants recounted that this type of inclusion occasionally occurs, and when it does, it benefits all children, albeit unintentionally. Participants, however, emphasized that they would like to see this collaboration become regularized and intentional in child care. For example, one participant suggested: “Training, workshops, um, also the support of um other service providers like um physio[therapists], speech and language [pathologists], um, O[ccupational] T[herapists] ... Child & Youth Mental Health. Any of those outside services that are able to provide support to the child and... the Supported Child Development Program helps the centre to ... provide those strategies in the regular program rather than pulling them out” (P02, research interview). The same participant further articulated the benefit of onsite interdisciplinary collaboration, “When there’s children with extra support needs who are included in the program and staff are getting the support of other services, whether it be therapists, or Supported Child Development, or taking workshops and training - all that experience and all that... knowledge that they’re gaining... whether it’s specific to the child or whether “It’s general training... the benefit of that, of course... [extends] into the whole centre for all the children” (P02, research interview).

**Indigenous cultural safety.** Through the qualitative interviews, specific data was collected from ASCD Advisors, regarding inclusion for Indigenous children with extra support needs. Analysis of this data demonstrated themes such as inclusive values and interdisciplinary collaboration, but further connected them to foundational principles in many Indigenous communities across BC. ASCD Advisors emphasized mandatory educational staff training specific to Canada’s historical and present-day colonial impacts. Advisors stated that within child care programs, training should highlight the role of intergenerational trauma and be done with involvement from local First Nations. Thematic analysis also identified the importance of child care settings having a connection to an Elder, Wisdom Keeper, or Culture Teacher. Participants also detailed how meaningful physical symbols of culture and history are in child care settings, citing the example of meaningful art or cultural objects.

Participants expressed their perceptions of the distinct differences between how colonial systems and Indigenous communities discuss and respond to children with diverse abilities. The term “children with extra support needs” was explicitly critiqued as a culturally inappropriate term. Participants expounded the notion of cultural safety and noted that generalist approaches to Indigenous children in child care often fail to account for uniqueness and variability across Indigenous communities. One participant suggested that cultural humility was necessary. This participant remarked that “Indigenous populations vary across the province and just because you become trained in Indigenous culture doesn’t mean that it is relevant in all areas of BC” (P01, research interview). Similarly, participants shared that Indigenous individuals and families accessing ASCD relate to their ancestry differently, which must to be respected. ASCD Advisors strongly cautioned against child care providers making assumptions in this area. Regardless of individual cultural identities, research participants did not negate the importance of meaningful access to culture or culturally competent practices embedded in inclusive child care.

**Systemic issues.** Data analysis differentiated two areas of focus, related to systemic issues: Early Childhood Education (ECE) ongoing training and program-specific considerations. Participants shared the view that ECE certification and ongoing training vary in content delivery which poses a challenge in service delivery. One participant explained the variability: You go into one centre and they have an ECE certificate and they have very good training and you go into another centre and they have the same certificate, but the level of training that has gone into that certificate is very different (P01, research interview).

Many participants described how they found ECE programs fell short of incorporating inclusive principles and ensuring translation of theory into practice for new workers. Furthermore, participants related that their efforts to advocate for the incorporation of inclusion into the ECE curriculum have been largely unsuccessful. One participant noted that “the ECE program is amazing, don’t get me

wrong, but it totally doesn’t prepare you to work in the field [supporting inclusion]” (P03, research interview).

Another participant shared a concern about how ECE staff were evaluated, based on their ability to work with children who have extra support needs. This participant recounted, “We have lots of ways to understand a child’s mastered [skills] in emerging developmental... informally and formally. But we don’t have any ways to understand where a child care provider or ECE person might fit in terms of their... knowledge, skills, and abilities of inclusive practice” (P04, research interview).

Participants’ program-specific considerations were variable. First, data analysis identified the importance of a community-based approach to program development. This includes considering the varying needs of communities based on geographical location, including differences between urban, rural and reserve communities. Participants noted that a community’s available infrastructure impacts how easily child care providers can foster inclusion. For example, the availability of child care settings that are structurally inclusive and equipped with required equipment. Second, participants acknowledged that the children who are currently on their caseloads experience complex needs that require a high level of commitment and time, and caseloads remain high. All participants expressed that they were motivated to meet the needs of all the children and their families referred to ASCD or SCD, however, high caseloads and program waitlists impact children’s ability to successfully gain entry to or attend child care.

## Discussion

In this qualitative research study, we sought to understand the key factors that enable full inclusion of children with extra support needs in child care settings and the benefits and challenges for all children when inclusion is implemented in child care settings. The analysis of our findings is informed by a theoretical lens comprised of structural social work, disability reconceptualism, disability justice, and the ecological model of social work practice. We will analyze the five themes we gleaned from our qualitative interviews through this multifaceted lens.

The lens of structural social work highlights inequitable resource allocation and the impact of power and oppression, particularly relevant to themes of exclusionary practices and systemic issues (Mullaly, 1997). The current model of child care is not well structured, due to discrepancies between federal and provincial legislative commitments to inclusion (Government of Canada, 2007). The market-based model of child care in BC has a demonstrable impact on families of children with extra support needs. Interviews with ASCD and SCD Advisors highlighted the role of resources, including child care itself, as well as the availability of skilled and willing child care providers and physically accessible child care programs. Given that the current model of inclusion in child care uses a “resources that follow the child” approach, the flow of resources is an important consideration (Halfon & Friendly, 2013). In the prevailing model, child care centres receive funding to support children with extra support needs once they accept an individual child into the centre. Families, therefore, rely on individual operators to accept their child into the centre, while inclusion supports are pending. As one research participant explained, “[children with extra support needs] has come to mean children who need extra staffing support” (P04, research interview, February 22, 2019). The current allocation of resources to children with extra support needs impacts their full inclusion in child care settings.

Furthermore, in BC’s market-based system, families of children with extra support needs are subject to waitlists, enrollment criteria, and program mandates of individual operators. Consider that providers with limited or little experience providing inclusive child care may be reluctant to accept children with extra support needs because they assume it will exceed their capacity. Previous research has articulated the need for training and coursework specific to caring for children with extra support needs, as these interventions are strong predictors for positive, inclusive, and quality child care (Essa et al., 2008; Wiart et al., 2014). ASCD and SCD consultants recounted how providers would also cite inadequate staffing or an inability to meet child-to-staff ratios as grounds for exclusion. When resources follow the

child, individual operators typically lack the infrastructure and staffing to best support children with extra support needs, possibly even after they enter a child care program.

ASCD and SCD consultants also discussed exclusionary practices during qualitative interviews. There were numerous examples of mechanisms which allow child care operators to refuse children with extra support needs from their programs. For example, restrictions that prevent attendance based on typical developmental milestones exclude some children with extra support needs from child care settings. Similarly, three-strikes policies that reference “challenging behaviours” allow child care operators to oust children from their programs based on a nebulous set of criteria. Challenging behaviours were regularly referenced, but there was no clear set of evaluative criteria - the term lacks clarity and specificity, and research participants alluded to its use as a nebulous term in the industry. The lack of coherent criteria relating to challenging behaviour means that programs that use these restrictions to exclude children are effectively creating disability.

Disability re-conceptualist approaches, as described by Frazee (2003), explain how children with extra support needs may be impacted by impaired function or developmental delays; however, they are also shaped by how they are socially constructed by child care providers, who may use their support needs to justify exclusion. Exclusionary practices in child care settings illustrate how children and their families are excluded from child care settings, often by design. Some providers utilize internal policy documents to set out “criteria for attendance,” which may be employed to exclude children who do not meet certain developmental criteria. Other centres cite challenging behaviours to provide grounds for the exclusion or expulsion of children with extra support needs from a child care program, as evidenced by the three-strike policy. From the disability re-conceptualist framework, we can see how “extra support needs” are constructed in a particular way in the field of child care. This construction, paired with inconsistent education and training of ECE staff, is negatively impacting children with extra support needs and their

families. As Frazee (2003) notes, disability is not merely a set of pathologies: it is marked by a failure to embrace diverse ways of being.

Child care settings may also be inaccessible to parents of children with extra support needs. The examples cited by research participants included limited operating hours, that do not accommodate parents who may have irregular work hours, such as shift work. As Halfon and Friendly (2013) note, children with extra support needs are more likely to be raised in low-income households, when compared to children without extra support needs. For families with precarious or non-regular work, discordant child care operating hours may further limit their ability to gain stability in the workforce. Likewise, parents of children with extra support needs may not be able to attend school unless the schedule conforms to child care centre operating hours. In contrast to the prevalence of exclusionary practices, we also developed a stronger understanding of what constitutes inclusion in child care. Although each ASCD and SCD Advisors defined inclusion in slightly different terms, there were common threads: the importance of a family-centered approach and the positive impact of inclusion on all children.

Interviews highlighted the role of inclusive child care in Indigenous communities and families. We spoke with ASCD advisors about unique considerations for Indigenous children and families, and they recounted the historical divisions between “mainstream” programs and Indigenous-led programs. Colonialism continues to impact Indigenous communities and families when they navigate the child care needs of children with extra support needs. Indigenous cultural safety was a key theme that emerged from the interviews with ASCD Advisors. There are relatively straightforward actions that child care providers can undertake, such as including culturally relevant symbols, books, and toys in the centre. Beyond first steps, however, child care providers must recognize the impacts of colonization, the Indian Residential School System, the Sixties Scoop, and the Millennium Scoop. As Gerlach et al. (2017) note, systemic racism and discrimination have led Indigenous caregivers to be hesitant about

engaging in early childhood programs. In an attempt to remedy the impact of colonial practices, one participant referenced the Truth and Reconciliation Commission of Canada’s *Calls to Action* (2015). The most relevant Calls are #7, #10, and #12 which relate to education, primarily *equitable* education funding for Indigenous children receiving supports on- or off-reserve. Additionally, Calls #62 and #63 relate to education about reconciliation and the intergenerational impacts of colonization, and Calls #18, #19, #20, and #22 refer to physical and emotional health.

Advisors also noted physical barriers to inclusion, such as inaccessible child care in facilities that are not purpose-built. In these facilities, an inappropriate layout contributes to the exclusion of children with extra support needs; for example, they may not be able to enter or move around the centre, or the acoustic environment may not be suitable. The construction of disability impacts all children in a child care setting, and their personal conceptions of inclusion and exclusion.

From an ecological approach, research interviews revealed a much more complex exosystem shaping inclusion in child care than researchers originally envisioned. When describing inclusion in child care, the exosystem is comprised of SCD and ASCD Programs, as well as relevant organizations such as First Nations organizations, Infant Development Program, school districts, and health clinicians. Interdisciplinary collaboration is the theme that best relates to the role of the exosystem in child care settings. This research finding is supported by documented best practices in child care studies (Grisham-Brown et al., 2008), where collaboration was proven to be integral in the facilitation of inclusive and accessible child care. Meaningful interdisciplinary approaches support children with extra support needs, and these strong relationships further benefit all children. Previous research conducted by Odom et al. (2011) found that inclusive child care settings provide a higher quality of care and outcomes of all children regardless of their level of ability. The exosystem also includes organizational practices and policies, such as restrictions regarding attendance,

and ableist expectations of children with extra support needs.

In the course of research, we had the opportunity to speak with a group of highly experienced, knowledgeable ASCD and SCD Advisors. Each of these advisors had over two decades' worth experience working in inclusion, specifically supporting children with extra support needs. Using the data gathered from qualitative interviews, we were able to analyze research findings through a theoretical lens informed by structural social work, disability re-conceptualist frameworks, disability justice, and ecological social work.

### **Limitations**

Researchers identified five evaluation limitations in the course of this program evaluation: (1) research participant eligibility criteria, (2) impact of purposive non-probability sampling, (3) geographic scope, (4) qualitative research data collection tools, and (5) lack of respondent verification. These limitations impact the generalizability of our research findings and are detailed in this section. In this program evaluation, our research criteria specified that eligible participants were Advisors to ASCD and SCD programs, at either a regional or provincial level. Based on these criteria, our study population was limited. In addition to the research participant eligibility criteria, the use of purposive, non-probability sampling to identify eligible research participants also impacted our findings. MCFD outlined appropriate procedures for contacting eligible research participants in the document "MCFD Sponsored Research Courses - Facilitated Contact: For Students" (MCFD, 2018). Based on the facilitated contact protocol, our Project Sponsor distributed information about our research, which may have impacted the uptake by eligible research participants. This outreach to eligible participants may have led to sampling bias, as the Manager of Inclusion Supports was circulating the request to individuals who work in roles contracted by MCFD. The geographic limitation of this project relates to a lack of representation from all areas of BC; we did speak with ASCD and SCD advisors from all five MCFD service delivery regions. Due to the geographic limitation, this research has limited transferability, even within BC. The final

limitations relate to our research methodology, the data collection tools and lack of respondent verification. First, through the use of semi-structured interviews, researchers collected data in the form of verbatim transcripts which are coded to develop themes. During this type of data collection, there is no independent verification process. Additionally, our methodological approach did not include a respondent verification process, which would have been an opportunity for research participants to review the themes which we developed or provide feedback. This was an oversight, and we recommend that future qualitative research in this area incorporate a respondent verification process. Despite these limitations, the research we conducted was foremost intended to provide a high-level perspective on the role of inclusion in child care. This research was primarily exploratory, and future investigations will likely delve more deeply into micro-level practice and the experiences of direct child care providers, recipients, and families.

### **Recommendations for Future Directions**

The research process has informed three recommendations for future research relating to policy and practice development for inclusion in BC-based universal child care. The three recommendations are described here.

**Recommendation 1:** Evaluation of the experiences and perspective of community service providers connected to child care settings and families receiving ASCD/SCD supports.

As discussed in limitations, the data collected in this research was narrow in scope. Research aimed at collecting broad perspectives will increase the generalizability of results. Ideally, research would be completed in partnership with community service providers including Indigenous Elders or Wisdom Keepers, as well as employees of child care programs, specialized interprofessional care providers (i.e. Occupational Therapists, Physiotherapists, Speech and Language Pathologists, and Mental Health provider). Additionally, by incorporating the perspective of all parents of children attending child care, future research may uncover greater detail pertaining to how inclusion principles benefit all children and their families.

**Recommendation 2: Application of a disability**

justice lens to policies and practices in place to support children with varying abilities through examination of the use and impact of language relating to varying abilities.

Throughout the research process, researchers determined that ableism remains pervasive within inclusion efforts. While the impact of language is beyond the scope of this project, ableism is evident in the language used in academia and throughout child care practice. The term “children with extra support needs” did not resonate for all research participants, given that it carries an ableist deficit-based tone when considering ability and is, at times, culturally inappropriate. The research findings of this project suggest the child care sector would benefit from further research examining the impacts of using deficit-based language in inclusion efforts and evaluating alternative language being utilized in the field.

**Recommendation 3:** Expand the notion of cultural competence by exploring multidimensional understandings of cultural safety and cultural humility in child care settings with diverse populations.

This research intended to explore cultural implications for Indigenous populations and did not explore inclusion needs for all diverse populations. Inclusion in child care requires research that comprehensively and meaningfully explores inclusion and exclusion based on all aspects of personal and familial identity. The experiences of Indigenous families should be explored more in-depth, in recognition of the longstanding barriers to child care they experience. Researchers also acknowledge that inclusion and exclusion based on ability only captures one dimension of a child and family’s biopsychosocial identity. The experiences of marginalized children and their families in accessing ASCD and SCD supports warrants further researched. This includes specific research with low-income families, people of colour, non-English speakers, refugees, immigrants, and LGBTQ2S+ folk. Future research should explore cultural humility in application to working with diverse populations accessing child care.

**Conclusion**

In the development of a universal child care system in BC, the inclusion of children with extra support needs cannot be overlooked. Based on qualitative research interviews conducted with ASCD and SCD Advisors contracted by MCFD, we established five predominant themes: (1) Exclusionary Practices, (2) Inclusive Values, (3) Interdisciplinary Collaboration, (4) Indigenous Cultural Safety, and (5) Systemic Issues. The results of this evaluation provide critical information related to key factors in establishing inclusion and the benefits of inclusion for all children.

The research conducted for this project emphasized macro- and meso-level recommendations and interventions related to inclusion in child care. Future research into this area should engage more deeply with the exosystem of child care, the community service providers connected to child care settings and families receiving ASCD/SCD supports. Additionally, a strong disability justice lens will enable critical examination of the construction of support needs and children’s abilities in policy and practice. Finally, future research should expand the notion of cultural competence by exploring multidimensional understandings of cultural safety and cultural humility in child care settings with diverse populations.

This program evaluation provides the MCFD Inclusion Supports division with a high-level overview of inclusion in child care. We hope these findings will support MCFD staff and contractors to ensure inclusive practices as the Province of BC moves towards a universal child care system.

**Acknowledgement**

We gratefully acknowledge the financial support of the Province of British Columbia through the Ministry of Children and Family Development.

We would also like to acknowledge that the land on which we conducted this work is the unceded territory of the Coast Salish Peoples, including the territories of the x̣m̓əθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səl̓íl̓wətaʔ/Selilwitulh (Tsleil-Waututh) Nations. The work of this research project traverses all

of British Columbia, and we further acknowledge that most of British Columbia occupies unceded Indigenous territory, traditionally under the jurisdiction of distinct Nations who have not ever extinguished their Title and Rights to their land and resources.

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## **Appendix A**

### **Data Collection Instrument: Interview Questions**

1. Can you summarize your professional experience as a Provincial/Regional Advisor to MCFD?
2. Do you work with (a) Supported Child Development or (b) Aboriginal Supported Child Development?
3. If yes to (b) What are key considerations in providing supports to Indigenous children?
4. Based on your experience, what are the key features of inclusion?
5. When talking about inclusion for children with extra support needs, what does the term “children with extra support needs” mean to you?
6. What are the key factors that enable full inclusion of children with extra support needs in child care settings?
7. What are the challenges in creating inclusive child care for children with extra support needs?
8. In practice, what are the key obstacles to ensuring inclusion for children with extra support needs occurs?
9. What are the benefits of inclusive child care for all children regardless of their level of support needs?
10. Are you aware of any promising practices being implemented in BC?
11. Are you aware of any promising practicing being implemented elsewhere?
12. Upon the completion of research would you like to be provided a final report through email?
13. Is there any further information you would like to share?