

Inclusion Quality in the Time of COVID

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



Donna S. Lero
Sharon Hope Irwin

**CONCLUSIONS
AND LESSONS LEARNED**



Invitation

Dear Early Childhood Educators, Directors, Policy Makers, Trainers, Advocates, Parents and other interested people:

Here is the “Conclusions and Lessons Learned” from *Inclusion Quality in the Time of COVID: The Impact of the Pandemic on Children with Disabilities in Child Care in Canada*, the latest book from Specialink: The National Centre for Early Childhood Inclusion.

Until recently, child care has been a service on the periphery of federal policy and inclusive child care has been on the periphery of that periphery. In 2017, the Canadian federal government made child care a priority and made inclusion a key priority in child care. It meant, from now on, that the effective inclusion of children with special needs would be on the table as a policy issue — and with that, child care in Canada was on the upswing.

Then in March 2020, everything changed with COVID-19 being declared a pandemic and all the restrictions that came with that designation. The pandemic challenged all of our practices, made us reconsider how we continue to successfully include children with disabilities in child care.

Research in this book delivers detailed elements of the changes created by the pandemic. It also provides suggestions for dealing with future pandemics in light of our continuing goal of fully including children with disabilities in child care and early education.

Copies of the complete book called *Inclusion Quality in the Time of COVID: The Impact of the Pandemic on Children with Disabilities in Child Care in Canada* can be downloaded at no cost at www.specialinkcanada.org.

Authors:

Donna S. Lero, Ph.D., University Professor Emerita at the University of Guelph

Sharon Hope Irwin, Ed.D., Specialink: The National Centre for Early Childhood Inclusion

CONCLUSIONS AND LESSONS LEARNED

SUMMARY AND CONCLUSIONS

Our main goals in this project were:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MAJOR FINDINGS:

1. Child Care Centres' Journeys Through COVID

Centres' Early Experiences with COVID

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

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

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

Inclusion-Specific Experiences During the Early and Middle Phases

Children's experiences:

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

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

Loss of inclusion supports:

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

Children with disabilities became invisible:

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

2. How COVID Affected Children with Disabilities

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

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

Speech and language delays (41 percent)

Impacts on social interactions with other children (82 percent)

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

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

Physical development (9 percent)

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

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

Changes to Inclusion Practices Since COVID

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

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

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

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

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

Limitations Accepting New Children with Disabilities in the Centres

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

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

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

- i. the stability and capacities of their ECE staff,
- ii. the additional financial and staffing support they would require from government (but might not have),
- iii. whether they would have support from therapists and inclusion consultants, and
- iv. the additional needs that many children in the centre were exhibiting as longer-term impacts of COVID experiences.

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

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

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

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

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

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

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

5. Current Challenges and Needed Improvements

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

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

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

- Enhanced inclusion training and professional development for ECEs;

- Funding to hire additional staff with inclusion-specific skills as well as additional time off the floor for staff to plan and to collaborate with others;

- Additional funding for equipment, materials and accessibility improvements;

- More coherent and improved policies and procedures for accessing inclusion support, and better access to therapists and consultants.

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

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

Both the capacity to have ECEs with inclusion-specific knowledge

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

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

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

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

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

Specific recommendations for government action were:

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

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

Enhance training and professional development opportunities.

Address issues that affect the quality of practice.

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

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

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

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

Directors' Recommendations to Governments to Sustain and Improve Inclusion Quality

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

Their specific recommendations were:

Increase funding to support inclusion. Additional funds are required:

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

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

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

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

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

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

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

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

CONCLUSIONS AND RECOMMENDATIONS:

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

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

Thirty percent of the directors we interviewed who are committed to inclusion said they had recently declined children with disabilities or limited the number they enrolled.

One sixth of the directors commented that the number of hours children with disabilities could attend their program was limited due to lack of funding for full days.

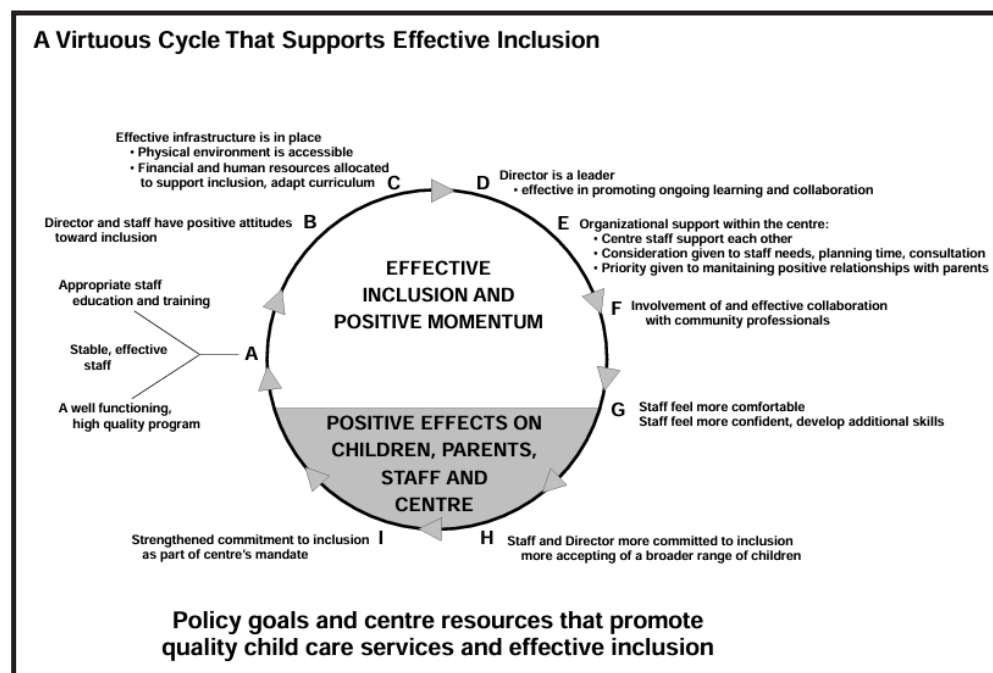
Fewer than 60 percent of directors rated their current inclusion practices as good or very good (8 or above on a 10-point scale) in 2024. Compared to 2019, twice as many centres (one in five) were rated by their director in 2024 as minimal (4, 5, or 6 out of 10) in their current inclusion quality practices.

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

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

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

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



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

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

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

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

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

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

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

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

1. Preparation and Future Planning:

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

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

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

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

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

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

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

3. System Planning for Inclusion

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

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

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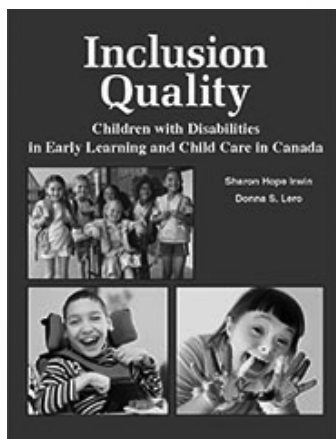
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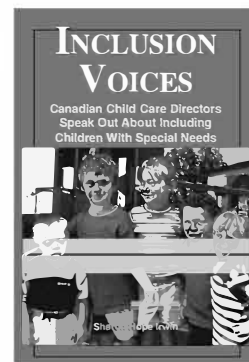
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Before COVID-19, it was a struggle to include children with disabilities in child care in Canada, but the country was on the upswing. Under the Canada-wide Early Learning and Child Care Agreements [CWELCC] the provinces and territories are required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

The first confirmed case of COVID-19 appeared in British Columbia in January 2020



Donna S. Lero



Sharon Hope Irwin



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