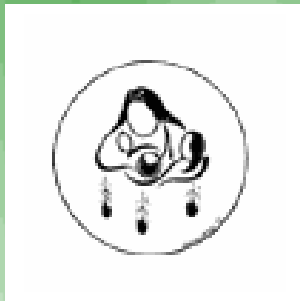




Centre of  
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Adolescents  
with Special  
Needs



Substance Abuse Task Force:  
University of Northern British Columbia

Understanding Us As Community:

An Overview of Services for Young  
Children Living with Special Needs in  
On-Reserve Communities in  
British Columbia

Developed through the collaborative efforts of:  
Margo Greenwood, Shelly Littlechild,  
Sarah de Leeuw, Kim Vander Woerd,  
and Karen Isaac.

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Substance Abuse

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# Understanding Us As Community:

## An Overview of Services for Young Children Living with Special Needs in On-Reserve Communities in British Columbia

Developed through the collaborative efforts of:  
Margo Greenwood, Shelly Littlechild, Sarah de Leeuw,  
Kim Vander Woerd and Karen Isaac.

## **Contents**

Sommaire Exécutif	i
Acknowledgements	ii
I Executive Summary	1
II Introduction	4
III Background	6
A Definitions	7
B Who is involved?	8
C What are the issues?	10
D Inclusive childcare	17
E Childcare programs	20
F Ongoing areas of research	22
IV Methods	27
V Results	29
A Questionnaire data: quantitative	29
A. i Profile of Children Served	30
A. ii Profile of Employees	31
A. iii Profile of Special Needs	32
A. vi Profile of Support Services	33
B Questionnaire data: qualitative	36
VI Conclusions and Recommendations	43
References	48

## Sommaire Exécutif

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## **Executive Summary**

This report represents the results of combined research undertaken between the British Columbia Aboriginal Children Care Society (BCACCS) and the Centre of Excellence for Children and Adolescents with Special Needs, the UNBC Task Force on Substance Abuse. The goal of the collaborative research project upon which this paper is based was to establish an understanding of children with special needs (and associated services) in Aboriginal communities of British Columbia. The research also focused on special needs associated with substance abuse, a category of special needs that remain under-evaluated and not entirely understood. In total, 62 on-reserve Child Care<sup>1</sup> Centres across British Columbia had contact initiated with them through the process of this research. The Child care centres included Infant Development Programs (0-3 year olds) and programs receiving Head Start funding.

A total of 59 Child care centres partook in the research, translating into a 95% success rate of those Child care centres contacted who ultimately completed the survey upon which the research is based. The questionnaire that participants were asked to complete was comprised of 19 questions addressing three primary themes: program description, needs description, and access to services and supports. The 59 participating Child care centres provide a total of 15 programming services, including: Infant/Toddler programs, Preschool, Group Daycare, Before and After School programming, Special Needs Day care, Parent and Child Drop In, Parent Support and Outreach, Urban Early Childhood Development, Toy Lending Program, Aboriginal Head Start Program, Family Daycare, Infant Development Program, Home Potage, Parent's and Tots, and Family Cultural Support Programming.

The results of this research suggest a prevalence of undiagnosed special needs in young children living within on-reserve settings in British Columbia. The results also suggest that services are at a

premium for children living on reserve with both diagnosed and undiagnosed special needs, corresponding with data that suggest community members desire both support for greater numbers of trained caregivers and increased capacity and resources to support them in efforts to provide not only basic early childhood services to those with special needs, but also culturally appropriate and specific services to Aboriginal children with special needs living in reserve communities. Finally, the results corroborate existing research concerning the need to integrate both culturally diverse and cultural specific early child care services geared toward First Nations children. The survey data collected in this research provides an understanding of the needs which exist in on-reserve First Nations child-care settings in British Columbia. Importantly, the research also allowed voices of care-givers to speak about challenges and solutions in First Nations child care settings.

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<sup>1</sup> In this paper, child care is meant as an inclusive term that encompasses early childhood services that are delivered in child day care centres, Aboriginal Head Start Programs, and Aboriginal Infant Development Programs.



## Introduction

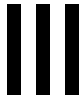
British Columbia is home to 196 First Nations, including 19 distinct linguistic groups. In the year 2000, 55 Aboriginal Child Care Services were being delivered across British Columbia, from as far north as the Yukon Border to as far south as the border with the United States of America. These services are formalized services and are by no means the only services delivered. Indeed, a wide variety of child care practices have been offered and conducted by Aboriginal peoples for as long as Aboriginal peoples have lived on the land now known as British Columbia, a truth acknowledged by Shuswap Elder Mary Thomas when she states that:

We have been caring for our children since time immemorial. The teachings of our values, principles, and ways of being to the children and youth have ensured our existence as communities, nations and peoples. It is to the children that these values are passed. The children are our future and our survival. The care of these children was a shared responsibility by the family and the community. (Quoted in Greenwood, 2003:4)

Despite longstanding delivery of childcare practices, processes of Euro-colonization demand Aboriginal child-care and educational services adhere to constructs mandated at the provincial and federal levels: childcare services funded either provincially or federally are required to meet licensing and regulatory stipulations and evaluative criteria are applied to ensure expectations are met (for example, licensing of on-reserve early childhood services are often premised on the application of regulations which are not derived from community and are often times culturally inappropriate). This is not to suggest unilaterally that the delivery of child related services within on-reserve contexts are services that adhere purely to Euro-colonial mandates and expectations; indeed, many programs are very successful in ensuring cultural relevancy and local autonomy. It does, however, acknowledge that many government-funded or government-associated on-reserve services, including child related services, are engaged in a constant effort to ensure local cultural relevancy while simultaneously adhering to (often) prevailing external forces. Understanding this enables the research in this project to be contextualized, namely that in striving to understand child care and education services in First Nations communities in British Columbia, there simultaneously

exists a need to understand contextual cultural and political issues. In addition to these contextual considerations, there also exists an acute need to understand the specifics of providing early childhood services to children living with special needs in First Nations communities: indeed, issues of special needs in on-reserve settings remain an understudied area of early childcare practices in Canada.

This report represents one attempt to document the realities of service providers whose efforts in providing early childhood practices in First Nations communities are often not included in understandings of early childhood services in British Columbia. Done in partnership with the British Columbia Aboriginal Childcare Society, the research builds on existing work done concerning childcare services across Canada and the United States, adding to that existing knowledge base the more particularized voices and views of those working with children with special needs in First Nations communities.



## Background

Early childhood services in Canada are both widely accepted and utilized. Suitable early childhood services make it possible for parents to enter the labor market if necessary. Early childhood services generally provide care for typically developing children, and more recently, for children with special needs. Brennan (2001) posited that the number of children with special needs has increased. It is therefore critically important to gain a thorough understanding of the many issues associated with caring for children with special needs. Delivery of effective child care becomes even more complex when factors are considered such as meeting the needs of rural populations, and culturally diverse populations such as Aboriginal<sup>2</sup> communities.

The background component of this document establishes six streams of information pertinent to the provision of child care services for children with special needs in Aboriginal communities. First, it provides a brief background of special needs children in terms of population representation and definitions. Second, it discusses who is involved in the care of children with special needs. Third, it describes the many issues associated with those children who have special needs in the child care setting, specifically child focused issues, bureaucratic and political issues, staff and training issues, and finally, issues related to the needs of the child care centre. Fourthly, it provides a brief overview of inclusive care, including a definition of inclusive care, underlying principles, advantages and disadvantage of inclusive care, and the development an inclusive program. The fifth purpose is describing existing child care programs in Canada that have integrated into their programs inclusive policies for children with special needs. Finally, the background section of this research provides recommendations based on the literature and a review of programs, ultimately allowing for the research to build from a concrete foundation. These recommendations focus on 1) child care centres and staff, 2) parent issues, 3) rural issues, 4) government policy and

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<sup>2</sup>The term Aboriginal and First Nations will be used interchangeably and will all be intentionally capitalized. This terminology will be used to define the first inhabitants in Canada, including the Métis, Innu and Inuit people. It is not the intention to group First Nations peoples into one homogenous group. The authors value and respect the diversity of beliefs and attitudes that exist among First Nations people.

responsibilities of the child care community, and 5) topics for future research.<sup>3</sup>

## **A. Definitions**

Numerous advances in the medical field have dramatically increased the survival rates of children born with special needs, and also increased the mobility of those children who were once confined to hospitals or their homes (Norton, 2002). There are differing opinions on the actual numbers of children with special needs in Canada. One approximation states that one in ten children have some type of emotional, physical, cognitive or communicative special need (Norton, 2002). Another estimate found there are between five and 20% of children with special needs in Canada (Child and Family Canada, 2002a). One study found that rates of disability varied with age, noting children between the ages of zero to four reporting the lowest percentage (4.5%) (Child and Family Canada, 2002b). Finally, one study found that the rates of children with disabilities varied by gender, noting that 10% of males and 9% of females were children with special needs (Hope-Irwin, Lero, & Brophy, 2000). These estimates may vary due to a lack of consistency in defining what 'special needs' includes. A useful definition for children with special needs is "children whose disabilities/disorders/health impairments meet ... eligible criteria for additional support of funding in child care settings" (Hope-Irwin et al., 2000, p.11). This definition does not, however, include areas where there is no extra funding or support. In that case, 'special needs' can usefully refer to children with moderate to severe intellectual or physical disability (Hope-Irwin et al., 2000). The definition of special needs adopted in 2001 by the Centre of Excellence for Children and Adolescents with Special Needs is slightly broader than that of Hope-Irwin: the definition recognizes that Children and adolescents with special needs have the same types of needs as others, but their needs vary in amount, quality and intensity. The definition further recognizes that all children, who require additional public or private resources beyond what are normally required for healthy development, have special needs, including those children who are typically

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<sup>3</sup> Where possible, literature pertaining specifically to Aboriginal populations will be included. Due to an overall paucity of academic literature focusing on Aboriginal child care issues, a majority of the research will come from non-Aboriginal literature.

categorized as gifted children or children who excel.

Child care services vary in quality for many reasons, including funding, experience and education of staff, and available resources. One study found that child care centres that received low scores in quality of care did not demonstrate support for diversity (with respect to culture and special needs children), attend to staff needs, encourage basic hygiene, or supply stimulating resources for the children (Doherty & Stuart, 1997). Conversely, high quality child care, or, the ideal definition of child care, would include the assessment of a seven dimensional structure. The highest quality child care centre would score high in the following five dimensions: 1) organization, 2) autonomy and achievement for the child and staff, 3) stimulation, 4) firmness and warmth from the staff, and 5) caregiver availability (Pierrehumbert, Ramstein, Karmaniola, Miljkovitch & Halfon, 2002). Given the variety of special needs a child may have, and the varying quality of care, it is important to consider many of the issues that are involved in quality child care.

## **B. Who is involved?**

It is beyond the scope of this research to discuss the intricacies of all the levels or people and organizations involved in child care for children with special needs. It is important to remember that children with special needs, their families, and even child care centres, all interact on a daily basis, and in many ways. Specific attention, however, will be paid in this paper to the role of parents who have children with special needs. It should be noted that a multidisciplinary or team approach to caring for children with special needs is effective, including interaction between the family, specialists, teachers, and child care workers (Norton, 2002; Waterman, 1994).

As with children developing in a typical manner, the role of parents who have children with special needs is very important. These parents have many roles, such as acting as supporters to their children, and acting as advocates for the rights of children with special needs (Hope-Irwin et al.,

2000). Child care for children with special needs allows the parents to be involved in the labor force, which may be particularly necessary if the special needs of the child require additional resources and equipment (Brandon, 2000; Hope-Irwin et al., 2000). When considering the impact of caring for children with special needs, Olson and Ceballo (2002) found that mothers of children with challenging behaviors were more likely to encounter emotional stressors, to use punitive discipline practices, and have lower levels of satisfaction with child care resources, when compared to other mothers. Multiple risk factors such as low income or unemployment, emotional stressors, and lack of access to (and satisfaction with) supportive resources profoundly influenced the role of parents, and subsequently, their participation in the lives of their children with special needs.

Parental involvement is crucial for the optimal development of a child with special needs. Many factors will influence whether a parent will be involved, including differing parenting styles (aversive vs. positive styles), the level of parental stress, and the mother's education level (Doherty, 1998). For example, if a parent has minimal stress, a positive parenting style, and a higher education level, they are more likely to be involved with the child care centre, and with their own child. Parental involvement benefits the child, the parent, and the child care centre. Parental involvement in a child care centre can reduce feelings of isolation for both the parent and the child (Special Child, 1997). Furthermore, parents are better able to articulate the ideal care for their child with special needs, because often only a parent comprehends what it is like to live with the child on a daily basis (Child and Family Canada, 2002a; Porter, Munn, Buysse, & Tyndall, 1996). When parents are involved, the child care centres can treat the parents as partners, working together to develop goals for the child (Kaiser & Rasminsky, 1999; Michal, 1997). From the perspective of a child care centre, when parents are involved inclusive child care is more effective and less limited. Finally, it was found that child care centres who developed specific roles and functions for parents, such as volunteers in the centre or being involved on the board, had increased involvement from parents (Brennan et al., 2001; Hope-Irwin et al., 2002). It is critical to have parental involvement in both child care centres and in the lives of the children with special needs.

### **C. What are the issues?**

Changes in societal attitude and advancements in technology have assured that children with special needs are surviving longer (Goldson, 1998). These changes have not, however, been without expense for the children. For example, Goldson (1998) found that mistreatment of children was increasing and has become an issue for workers in child protection, for doctors, nurses, teachers, and for others in the child care field. Furthermore, children with special needs are often the victims of an educational, social or medical system that does not know how to (or is unwilling to) support their needs. The disparity in child care services between typically developing children and children with special needs is thought to be related to a lack of legislation and policies. Specifically, the lack of legislation and policies are thought to be directly related to the disparities experienced in child care in First Nations communities (Ball & Pence, 2001). Changes in attitudes and advancements in technology have probably progressed faster than the child care system is willing or able to bear.

Despite disparities in child care, and the lack of legislation, there are still child care centres in Canada that admit and enroll children with special needs. Many reasons exist for accepting (and not accepting) children with special needs. It has been found that centre staff were more positive about accepting children with physical disabilities and less positive about accepting children with behavioral disabilities (Hope-Irwin et al., 2000). The most common reasons for not accepting children with special needs included: funding or program restraints, difficulty working with the parents, the perception that the centre would not be able to accommodate or meet the needs of the child, the attitudes of the staff and directors, or insufficient training (Hope-Irwin et al., 2000). Finally, Buell, Gamel-McCormick and Hallam (1999) assessed the willingness of child care workers to include children with special needs. Barriers to including children with special needs included: other children in the centre having limited care due to the extra time with the child with special needs, a lack of information about the disabilities, and the potential need for acquiring specialized equipment. Despite all these barriers, many reasons have been cited for accepting children with

special needs, including higher quality of care for all the children in the centre, and meeting the needs of the parents (Porter et al., 1996). Advantages and disadvantages for inclusive care will be detailed further in this paper.

Cultural issues related to child care are of growing concern, particularly the knowledge that minority children are over represented in special needs education and child care settings (Waterman, 1994). It has been thought that a substantial bias exists toward children who are financially poor, and who are from culturally diverse backgrounds. In many cases, child care centres have to deal with diversity issues with respect to children with special needs, in addition to a child's culture, and social economic status. There is the belief that exposure to multicultural and diverse teaching is very important, and can influence whether stereotypes develop (Gomez, 1991). It is imperative to nurture diversity, because it is important for children to understand that there are different perspectives, people and beliefs in the world. Finally, Gomez (1991) posited that the purpose of multicultural and diverse teaching was to instill a positive feeling toward other cultures, and to ensure that each child feels valued, welcomed and included in the child care setting.

Issues related to the parents of the child with special needs are also important to consider. For example, a parent may be in denial about the diagnosis or special needs label for their child, or a parent may not have an interest in the care of their child. This may be the case because of the pain the parent goes through when discovering that their child may not be developing typically (Nowak, 2003). It is essential to foster positive attitudes in the parents of the child with special needs, especially around the decision to place their child in an inclusive child care situation, or (where appropriate) segregated care (Porter et al., 1996).

Many bureaucratic and political issues also exist with regard to child care for children with special needs. The first issue to consider revolves around ethical considerations – who should the child care centre accept into their program, and who should a child care centre not accept? Often this decision will be based on the attitudes and experience of the staff, but the question remains as to whether or not child care centres should accept all children with special needs. For instance, should a child care centre accept children with HIV/AIDS? Mulligan (1997) discusses the ethical

issues of admitting children with HIV/AIDS and concluded that each decision made by the child care centre should be ethically defensible (accountable) because the decision will reveal individual characteristics and traits of the person making the decision, and, the decision will also impact the community.

Issues related to cut backs in services and funding for children with special needs must also be considered when highlighting the considerations of child care. It has been found that two-thirds of children with special needs have been refused services by licensed facilities, and under half of the children with disabilities do not have transportation services available in their community. Finally, the two most common cited barriers to activities for children with special needs were costs and lack of nearby facilities (Child and Family Canada, 2002b). Cut backs in services pose a significant barrier for parents of children with special needs, and centres that have inclusive policies are further challenged (Hope-Irwin et al., 2000). For example, parents now face long waiting lists, and some have to travel great distances to obtain services because services in their communities have been discontinued. In some cases, when a child care centre does not have a special needs license, parents will not qualify for financial assistance (Hope-Irwin et al., 2000). Cut backs to services for children with special needs have resulted in significant barriers for parents, and for child care centres, in providing adequate care.

It has been noted several times that there is a lack of legislation in Canada to deal with child care programs for children with special needs (Hope-Irwin et al., 2000; Child and Family Canada, 2002c). In Canada it is illegal to exclude a child from care because a child has a disability (Hope-Irwin, 1997), though the policies for child care services that do exist are, at best, ad hoc, and tend to deal with children on a child-by-child basis. Any policies that have existed have been fragile and vulnerable to ever-changing fiscal and political priorities. It has also been noted that no leadership in government exists to deal with child care for children with special needs, and this poses a significant barrier to effective child care (Child and Family Canada, 2002c; Hope-Irwin et al., 2000). Related to the lack of legislation is a lack of clear administrative policies and leadership. To effectively care for children with special needs, a child care centre must have the appropriate

administrative procedures in place to deal with issues such as liability and insurance coverage (Norton, 2002). Administration and legislation are vitally important in ensuring effective care for all children in Canada.

The final political issue with regard to child care for children with special needs concerns the diagnosis or non diagnosis of a child, and what that means for child care. Every year, millions of children in North America are assessed to determine whether they have special needs (Waterman, 1994). Assessing children for special needs serves some primary purposes, including: the identification of special needs, determining whether the child is eligible for special education or services, developing specific programming, and evaluating the progress of that child (Waterman, 1994). It is often the case that children do not get diagnosed with special needs, even though they are 'at risk'. In Canada, 68 percent of centres interviewed reported providing services to children who were considered 'at risk' or had significant delays, but were not diagnosed as having special needs, primarily for financial purposes. It has also been the case that either the child care system or the parents have had to wait for the child to fail before they can get the child diagnosed, have a label of disability applied, or access funding (Nowak, 2003). Children at the greatest risk appear to be children who have invisible or undiagnosed special needs (Hope-Irwin et al., 2000). Sometimes there is concern that diagnosing a child with special needs will attract negative attention and judgment toward both the child, and the child's parent (Nowak, 2003). It is not always the case that disabilities are noticeable. Some disabilities are hidden. In the case of hidden disabilities, it is difficult to diagnose them, and behaviors can often be misinterpreted. For example, one may assume that the child is unmotivated to participate, or has a lack of attention (Nowak, 2003; Warshaw, 2003). Finally, in the context of service cutbacks, and potentially long waitlists, it can be a battle to get the child diagnosed with a special need. Furthermore, some parents find the diagnosing process too painful when also dealing with the notion that their child will not develop typically (Nowak, 2003). Lack of diagnoses and cutbacks in funding, labeling, misinterpretation of behaviors, and parental emotions are all major factors that play into the discussion of diagnosing versus not diagnosing children with special needs.

Notwithstanding the debate between diagnosing and not diagnosing, assessing a child with special needs is essential to ensuring that the child gets the kind of care that they specifically require. It is thought that optimally this assessment should include many people -- including parents, teachers, child care workers, doctors, nurses, and any other person involved in that child's life -- and be multidisciplinary in approach (Waterman, 1994). There are many political and bureaucratic issues related to caring for children with special needs, including ethical considerations of who should be accepted into inclusive care, cutbacks in services and funding, lack of legislation, and issues around the diagnosis of special needs.

In addition to the issues just reviewed, there are also specific concerns related to caring for children with special needs, issues that particularly concern child care centres. Some questions to consider when thinking about the needs of the child care centre or facility include: how many children with special needs are in the centre, does the centre have policy and procedures in place that address children with special needs, and does the child care centre have the necessary structure to house and accommodate children with special needs? While these questions may not be fully answerable based on the literature, they are important to consider when deciding whether to accept children with special needs into a facility. When one considers the policies that need to be in place, the centre should ensure that the classroom setting is able to provide for dietary needs, medication, and self-care requirements (Severe disabilities, 1990). Child care centres that accept children with special needs also need to ensure that they have adequate resources to deal with the child. Michal (2002) noted that child care centres that do not have adequate resources do not provide benefits to children. It is now found that parent and child expectations are not being met with regard to the resources available for child care for children with special needs (Hope-Irwin et al., 2000). It is also important for child care centres that offer services to children with special needs to have appropriate curriculum for all of the children in the centre. It has been suggested that curriculum be grounded in five major areas: cognitive skills, self-help, motor skills, communication, and social/interpersonal skills (Severe disabilities, 1990; Brennan, 2001).

Many barriers exist that affect the success rate of child care centres, including availability (or lack

of availability) of resources and funding and distance and isolation with respect to additional resources. For instance, child care services in rural areas have been thought by some to develop more slowly than their non-rural counterparts because in rural areas child care may be seen as a 'modern evil' that is not compatible with traditional family values (Arksey, 2002). Although this is a rare position, other issues make rural child care particular, including distance and isolation from services (Greenwood & Shawana, 2000). Furthermore, it has been suggested that both rural communities and reserve communities have not had the same kinds of pressures as urban communities to address issues of diversity with respect to children with special needs (Perron & Woehl, 1998). Unique challenges exist in providing services of any kind to rural areas. Rural areas are frequently populated with seasonal employment, high levels of unemployment, low income families, and are typically difficult to serve (BC Association of Child Care Services, 2000). It has been found to be the case that "programs in rural areas ... may receive more than a typical number of referrals, both for children with special needs and for those who are not identified as such, but who require additional supports and curriculum modification" (Hope-Irwin et al., 2000, p.68). Child care centres located in rural communities have faced difficulties such as recruiting and retaining qualified child care workers (turn over in staff can be very high) and long wait lists for child care services for children with special needs. In addition, obtaining resources such as food and centre supplies may be more difficult and expensive in rural communities (BC Association of Child Care Services, 2000). Overall, living in a rural community limits access to child care, simply by geographic distance and lack of services. Traveling great distances to obtain child care services has been identified as a substantial barrier to effective child care (Ball & Pence, 2000; Child and Family Canada, 2002a). It can thus be understood that many issues exist related to child care centres, including ensuring that a centre or child care facility has sufficient resources, appropriate curriculum, and issues related to services provided to rural communities.

Yet another consideration in caring for children with special needs is related to staffing in the child care centre. Child care workers are a group of employees who are often very poorly paid, with inadequate benefit packages. It has been thought that insufficient wages for staff reflect a general value for child care. Wages, benefits and working conditions are very important issues for child

care workers (Child and Family Canada, 2002c). Of considerable importance is the question, “does the staff have enough time to care for the typically developing children in the centre, and children with special needs?”. In addition to sufficient time to divide among children in the centre, centre staff requires time to discuss special cases with colleagues for support (Michal, 1997). A designated leader among the staff is also important (Brennan et al., 2001). DeGennaro (1995) found that positive and accepting attitudes of the staff were the most essential ingredient to successful care of children with special needs. Of additional importance was for staff to have both a common goal in caring for the child and to be committed to this goal and child care (Hope-Irwin et al., 2000; Kendrick & Poulin, 2002).

Previous experience in working with children with special needs is another essential ingredient in caring for children with special needs. Buell et al. (1999) and Hope-Irwin et al. (2000) found that child care workers who had previous experience working with children with special needs were more likely to report wanting to care for them in the future, and feel more comfortable working with the children. It is important that staff have the appropriate qualifications and experience to work with children with special needs.

Training is a final consideration in need of review, given that it has been related to child care centres and caring for children with special needs. Key questions to ask include whether or not the child care centre staff have the necessary training to assess children with special needs, and whether or not staff want this sort of training. It is thought that the post-secondary training that child care workers receive for centre-based care and pre-school age care will transfer to a variety of settings. It is vitally important that child care centre staff and directors acquire an adequate level of training, because children with special needs may have extra needs that are specific and specialized (Child and Family Canada, 2002c; Roberts & Lawton, 2001).

Individuals who require additional training in working with children with special needs include child care centre staff and directors, parents, and educational institution instructors (Michal, 2002; Talay-Ongan, 2001). Even though Early Childhood Educators are identified as the individuals who would

train child care workers, these educators also need training on interventions and other issues relating to children with special needs (Talay-Ongan, 2001). When considering the educational background of child care centre directors, 7.6% did not have a diploma or educational background related to their work, 55% had obtained a college diploma, and 38.4% had obtained a university degree or higher (Hope-Irwin et al., 2000). Despite the additional training needs for child care workers, there are barriers to acquiring this extra training. The cost of training for the worker was identified as the most significant barrier to acquiring additional training for dealing with children with special needs (Child and Family Canada, 2002c). Attitudes and previous experience with children with special needs may also pose a motivational barrier for acquiring additional training. Many training topics have been identified for child care workers who work with children with special needs. Hadadian and Hargrove (2001) identified that training priorities should include classroom integration procedures, assessment and identification of developmental delays, and curriculum adaptations. Norton (2002) suggested four training areas for child care workers who work with children with special needs: child-specific and condition-specific information, skills in nursing tasks, and background information about special health care. Brennan et al. (2001) suggested that there should be specific training for including children with special needs in child care. Child and Family Canada (2002c) suggested there be leadership training for child care centre staff when working with children with special needs. Finally, Marshall (2000) and Perron and Woehl (1998) suggested that training on cultural and linguistic diversity was necessary for working with First Nations children with special needs who live on reserves in Canada.

Many different modes of training exist, including distance education, regional conferences, school district programs, and community programs (Child and Family Canada, 2002c). Hadadian and Hargrove (2001) and Michal (1997) found the most preferred mode of training for child care workers was conferences and workshops.

#### **D. Inclusive child care**

The fourth purpose of this section was to provide a brief overview of inclusive child care. Different

definitions of inclusive child care suggests that inclusion is the philosophy that states all children, regardless of their (dis) abilities be able to participate in community-based events (Erwin, 1996). Child and Family Canada (2002a) defined inclusive care as the removal of barriers and the provision of supports that allow children with special needs to participate in all aspects of life. For the purpose of this paper, inclusive child care will refer to “a child with special needs receiving comprehensive services in a developmentally appropriate program side-by-side with children without special needs and participating in the same activities, with adaptations to those activities (or the children’s involvement in them) as needed” (Hope-Irwin et al., 2000, p.5).

Inclusive child care is based on principles of equality and social justice, in that all children should have access to appropriate care and education. A child should be more than just able to apply to attend a child care centre; they should also be welcomed by the centre (Hope Irwin, 1997; Hope-Irwin et al., 2000). Uffelmann (1998) stated that inclusion in the child care setting should also consider aspects of diversity such as race and sexuality, gender, belief, class, culture, ability, age, appearance, and family composition. Hope-Irwin (1997) identified five principles that inclusive child care should be based on, and they are as follows (though it is beyond the scope of this paper to fully delineate each principle, and thus they will simply be listed): 1) zero rejection, 2) naturally occurring proportions, 3) some range of options, 4) full participation, and 5) pro-action, parental involvement, and advocacy. The principles of anti-bias education are also useful to consider when reviewing inclusion principles. Chud (1998) stated that anti-bias education principles stipulate children should be enabled to have a strong sense of self, to feel comfortable around both one another and others with differences, to be able to think critically and seriously about inequities, and to foster the strength needed to stand up for oneself.

In Canada, inclusive child care is voluntary and no specific legislation is in place to ensure inclusive care. Despite the lack of legislation, child care centres in Canada have made advancements (Hope-Irwin, et al., 2000). Hadadian and Hargrove (2001) surveyed 189 child care centres and found that 90% of the child care workers agreed with the concept of integration, and 76% of the child care workers reported that they believed integration to be beneficial for children with special

needs. Many advantages and disadvantages exist for including children with special needs together with typically developing children in the child care setting. Identified disadvantages include increased costs for the child care centre, and potentially challenging behaviors (Brennan, et al., 2001; *Special Child*, 1997).

Many advantages however, have also been identified with respect to inclusive child care. Goldson (1998) found that with increased training and education, integration policies may decrease any maltreatment experienced by children with special needs. Buysse, Goldman and Skinner (2002) found that when children with special needs were included with typically developing children in the formal education setting, typically developing children were more likely to develop friendships. Interestingly, when children with special needs were included in the child care setting, there were no differences in abilities to develop friendships, as both groups developed friendships easily. The friendship formation skills developed in the child care setting would be beneficial to children as they leave that environment and move to the education setting or into other community activities. Schoen (1997) found that successful integration of children with special needs into child care centres with typically developing children was a benefit to all children and staff. Martin (2000) found that as a result of integrating children with special needs and typically developing children in play activities, motor responses for children with special needs improved, and social development in the play activities increased. *Special Child* (1997) outlined benefits of inclusive practices for both children with and without special needs. Typically developing children had the opportunity to learn more accurate and realistic information about children with special needs and were also more likely to develop positive attitudes toward differences. The benefits for children with special needs included the chance to learn essential personal and social skills that may not develop in segregated child care settings; the children would be provided with role models that they could imitate to develop new skills; and they were able to develop relationships with typically developing peers. Finally, Porter et al. (1996) and Brennan et al. (2001) found that when child care centres practiced inclusive policies for children with special needs, the overall quality of child care was higher, for all children. Advantages such as improved social skills, motor responses, and education provide a powerful argument for embracing inclusive policies in the child care setting.

Inclusive child care is important for many reasons, including providing all children with a sense of belonging in their community, healthy development, social skills development, enabling children with special needs to live active and independent lives, and most essentially because inclusion is a basic human right (Child and Family Canada, 2002a). Incorporating inclusive policies into a child care setting is a developmental, and incremental, process (Hope-Irwin, 1997). Reece (1993) identified potential steps of incorporating, and developing, inclusion in the child care setting. The first step is to ensure that staff and the director are committed to the principle of inclusion. Secondly, staff and administrators need to participate in training workshops and observe other child care centres that have inclusion. The third step is to ensure that the centre has the technical assistance and to ensure that the program can be evaluated and engage in an independent evaluation. Finally, staff and administrators should be given the opportunity to publicize the centre's policy of inclusion. Carr (2002) also recommended that child care centres that have inclusive policies not forget the importance of play for the child. Play enables children to work on their intellectual functioning, fine motor skills, and large muscle development.

## **E. Child Care Programs**

A myriad of child care programs that have inclusive policies have been implemented across Canada. In British Columbia, child care centres that are operated by Aboriginal governments or post-secondary institutions make up less than five percent of all centre-based centres. In total, 44 child care centres reported that they were located on reserves (Ministry of Community, Aboriginal and Women's Services, 2001). In 1994, an initiative was announced to implement a Transition Project over a five year period to improve access to child care (Human Resources Development Canada, 2000). This improved access included access for typically and atypically developing children. For children with special needs, the transition project was toward a "supportive child care system". This transition was meant to include a gradual inclusion of children with special needs into the broader child care system. This transition emphasized the importance of family centred care, shared responsibility and individual and specific planning to provide support for the child with

special needs. The transition project was scheduled over five years (Human Resources Development Canada, 2000). The transition project to Supportive Child Care was considered successful.

Supportive Child Care (SCC) is the primary policy in B.C. that focuses on children with special needs. SCC includes children with physical challenges such as hearing or sight impairments, developmental delays, and motor or intellectual delays (Ministry of Children and Family Development, 2001). The operating principle of SCC was to ensure that children who require extra support are able to participate in the typical child care centre. SCC also incorporated principles of inclusive child care in that it detailed that child care should be available for all children, all families should have the same options for care, parents should be given choices in their decisions for care, and finally, when possible, SCC will provide training and extra resources to child care centres that require them. It is generally believed that SCC is beneficial to all involved. One parent was quoted in 1997 that she was grateful “for being allowed to see people as individuals, not as (disabled), my daughter has learned many things: kindness, tolerance, and acceptance of people not for what they can or can’t do, but for who they are inside” (British Columbia Ministry of Children and Family Development, 2001).

The province of Alberta has an Inclusive Child Care Program that provides funding support to children with special needs. The funding is approved when the child with special needs is accepted into a child care setting that has an inclusive environment and has developmentally appropriate programs (Alberta Child Care Services, 2002a). Other supports offered by the Inclusive Child Care program include professional development of the child care staff, resource and referral information, consultation, and increased funding for additional staff. The Alberta Ministry of Children’s Services recognizes the importance of the inputs from the Métis and Aboriginal communities who aspire to a major role in the development of effective care for their children, both typically developing and those with special needs (Alberta Child Care Services, 2002b). The majority of on-reserve child care in Alberta is delivered by delegated First Nations child and family service agencies. The Alberta Ministry of Children Services endeavors to recognize the Aboriginal family’s unique cultural,

social, spiritual, and familial heritage.

The Yukon Territories Child Development Centre (CDC) outreach program engages in early interventions for children with special needs from birth to school age (Corniere, 1998). The children that come to this centre may have developmental disabilities, behavior problems, or may come from families who have experienced stress due to low socio-economic status (SES), lack of support, or have personal problems. This child care centre is centred on the role of family, and community values are promoted and respected. The program also promotes inclusion of children with special needs, and uses culturally and developmentally appropriate techniques. One of the keys to success for this program is the coordinated effort between staff, family and community when working with a child with special needs (Corniere, 1998).

Finally, New Brunswick implemented a program called "You Bet I Care." The focus of this program was to move away from a deficit model and toward a proactive approach that included enhanced services for all children in the program (Lysack, 2001). The philosophy of the "You Bet I Care" program was that if the child care program was delivering developmentally appropriate programs for all the children in the centre, meeting the needs of all the individuals, then individual children would not stand out as all children have individual needs. The most important aspect in the development of this program was the collaborative action plan that provided a framework for addressing needs and facilitated working together with staff, family and children (Lysack, 2001). In sum, programs across Canada are conscious of integrating children with special needs. Many of the barriers that existed with regard to inclusion have now been reduced, and it is important that child care does not regress (Hope-Irwin et al., 2000). There is ample evidence that inclusive care is beneficial for all those involved.

## **F. Ongoing areas of research**

Reviewing the literature supports not only the key tenets upon which this project was based (the need for greater understandings regarding how inclusive child care is made manifest, particularly in

First Nations communities) but also supports many of the basic findings ascertained by the research (discussed in the Findings and Discussion section of this report). Reviewing the literature pertaining to inclusive child care, however, also points out the need for additional and ongoing research on the topic, particularly in the area of inclusive child care and First Nations communities and cultures, an important consideration in the inclusive child care field yet one that remains under-contemplated in the research to date.

Child and Family Canada (2002c) recommended that strategies should be developed to ensure that wages, benefits (sick leave, medical care, family responsibility leaves) are appropriate and worthy of the important task child care employees are doing. It is also essential to develop strategies to improve the working conditions at the child care centres. Ball and Pence (2001) recommended that child care centres incorporate the generative curriculum model that would include a bicultural model to bring culturally relevant course materials to child care centres. This curriculum model would be owned and developed by First Nations people. It is also important for early childhood education training to include specific and specialized training with regard to working with children with special needs, while also ensuring that training requirements and training upgrades are accessible and available for child care workers (Child and Family Canada, 2002c). Finally, it was recommended that there be increased representation of culturally and linguistically diverse children, and staff who work in the centre (Child and Family Canada, 2002c).

Suggestions were made regarding what staff and directors could do to ensure effective care for all children. Specifically, it was recommended that employers/directors be understanding and supportive of workers who have children with special needs in their centre, be flexible, and ensure that policies benefit all workers. Recommendations for child care workers included being sensitive to the feelings of the parents and not overwhelming parents with bad news. Rather, it was recommended to emphasize the strengths of the child. It is also important for the workers to ensure that families of children with special needs have the necessary information regarding support services that exist in the community (Child and Family Canada, 2002a). Hope-Irwin et al. (2002) recommended that child care centres both strengthen the roles of parents, and also share with the

parents the resources a centre might have. Finally, Carr (2002) and MacDonald (1997) recommended that child care workers not forget the importance of play for children, and thus encourage child care workers to have fun in their job. When children get older, they need to have the skills to make decisions and organize their time. MacDonald (1997) posited that play in the child care setting was considered a child's work and was crucial in developing skills. Suggestions for child care centres in rural areas included having extended hours for those parents who work in seasonal jobs. It was also recommended that some of the materials used in child care settings be translated to meet the language needs of that specific community (BC Association of Child Care Services, 2000). Providing accessible and quality services to rural areas is understood to be an incredibly complex and challenging venture.

Child and Family Canada (2002a, 2002c) recommend that governments develop and implement specific policies and legislation for working with children with special needs. If these policies were to be developed, there are many co-occurring responsibilities for government, educational institutions, the public, child care centres, First Nations leaders, and families (Alberta Child Care Services, 2002c; Child and Family Canada, 2002c). To begin, the government should be responsible for ensuring both continued funding and a commitment to stable infrastructure. The government should also be responsible for collecting and synthesizing data pertaining to child care, such that programs can be evaluated and improved upon. The educational institutions should be responsible for providing appropriate training for working with children with special needs, and successfully graduating students to work in the child care field. The educational institutions should also ensure that training materials be current with the latest research, and updated when necessary. Finally, the educational institutions could also ensure that training bursaries and grants are available for students interested in pursuing an education for working with children with special needs. The public is responsible for developing and maintaining a commitment to quality child care for all children, and, if that is not in place, to lobby for such care (Hope-Irwin et al., 2000). Child care workers are responsible for ensuring that their staff and directors are appropriately trained. Child care workers are also responsible for the identification of gaps in training such as rural issues, diagnosing versus not diagnosing children, and diverse cultures. Specifically, this training

should reflect what the social environment looks like. In addition, the child care community could also implement a cost sharing program that would include all children in the program, regardless of abilities, such that all families have access to care (Szautner, 1995). Finally, it was recommended that First Nations leaders provide effective leadership and commitment to improving access to, and availability of, child care for First Nations children with special needs (Alberta Child Care Services, 2002c; Child and Family Canada, 2002c). When every stakeholder involved in the child care community is considered, it was recommended that targets and timetables be developed around training and improving access to and availability of services for children with special needs (Child and Family Canada, 2002c; Hope-Irwin et al., 2000). The responsibilities of the government, educational institutions, child care centres and First Nations leaders all include the same end goal: ensuring that children with special needs are appropriately and respectfully cared for.

To address many of these ongoing needs, more research is needed. Child and Family Canada, (2002c) found there was a clear weakness with respect to data collection and analysis of all subjects related to caring for children with special needs. Brennan et al. (2001) found that to successfully integrate children with special needs and their families into the child care setting, it was imperative to continue research on child care centres that have successfully integrated children. It is very important to keep abreast with the most innovative knowledge and technologies to best serve the needs of the child with special needs (Child and Family Canada, 2002c). Many topics of research should thus be considered. For one, it is essential to consider whether the instruments used to assess children are culturally appropriate and meet the needs of the different communities. It is also important to understand the effects of inclusive care for all those involved, typically and atypically developing children and their families, staff and directors, and the community at large (Hope-Irwin et al., 2000). Finally, it is important to synthesize the research findings, such that one can determine the gaps in both the literature and the program service strategies. Organizing research in this manner is important to promote public education, and also to inform practice (Child and Family Canada, 2002c). In sum, many recommendations focus on improving child care services for children with special needs. The government, educational institutions, child care centres, staff, directors, and families should all be involved in a collaborative

effort to work toward this goal.

Hope-Irwin et al. (2000) summarize the current state of child care for children with special needs, stating that child care is a consistently mixed picture. "On the one hand ... child care programs and staff [are] gaining more confidence in their work with children with special needs and a stronger commitment to inclusion ... on the other hand, [there are] limited resources and additional stress" (p.151). As child care workers balance this state of affairs, it is imperative to remember the big picture and enjoy the children (Michal, 1997). It is often the case that we can become consumed with the program and the child's skills, but it is essential to remember that we are there to foster the development of the whole child, build a genuine relationship with the child, identify a child's potential gifts and abilities, and facilitate the recognition of the child's full potential.

# IV

## Methods

Collaborative research, the outcome of which is often more “rich and complex” (Kahneman: 2003; Stith et al., 1992) than more traditional research developed without the benefit of partnerships, is many times a more time-consuming and resource demanding process (Macmillan & Scott, 2003): this does not, however, lessen its benefits. Successful research partnerships can be established in a variety of ways: researchers might come to agreement with a subject who will be researched, the subject agreeing that the potential benefits of the research for her/him constitute a meaningful partnership between both parties; partnerships might be established between two equally established research bodies, the goal being to graft research opportunities in the effort to advance new possibilities which would have proved impossible without collaboration; and finally, partnership might also constitute two (or more) parties bringing disparate but complementary items to the relationship with the goal of unifying them in order to achieve results impossible to any of the individuals had they operated alone. Regrettably, the terminology of research partnerships has been extended to relationships that have less to do with productive and equal partnership and more to do with one party’s desire to access research opportunities (data, ethnographic information, geographic/territorial space, history, narratives, and the list continues). Unfortunately, the use of “research partnership” terminology in this exploitative way has often been deployed in research relationships between Indigenous and non-Indigenous people (Tuhiwai Smith, 1999) whereby the role of Indigenous people in the so called “research partnership” is simply to have research done upon them (Kosasa, 1998).

Given that this project relies on 1) a collaborative and partnership model, and 2) work with (and by) Indigenous people in British Columbia, efforts early in the research process had to address and work through research expectations of all involved. Early development of the research parameters ensured the inclusion of two considerations: 1) relevancy to a First Nations community organization, and the service agencies with which it worked, and 2) applicability to a research discourse concerned with service provision to children with special needs in British Columbia’s First Nations communities. Provision for both these expectations was easily achieved through

early meetings, the clear establishment and articulation of expectations, and the vetting through community and research advisory committees of how the expectations might best be met. Fundamental to the research partnership process which guided this work was the involvement of the BC Aboriginal Childcare Society: in fact, the Society partnered in building the questionnaire, in vetting the questionnaire with community representatives, and in contacting the community agencies to whom the questionnaire was distributed. This process ensured a transparency in the research process, one mirroring the very foundations upon which the research focused: that the best results for children (and by extension, for research about children) were achieved through open and meaningful partnerships between families, communities, service agencies, and researchers.

A total of 59 child care centres partook in the research, translating into a 95% success rate of those child care centres contacted who ultimately completed the survey upon which the research is based. The questionnaire that participants were asked to complete was comprised of 19 questions addressing three primary themes: program description, needs description, and access to services and supports. The 59 participating Child care centres provide a total of 15 different programming services, including: Infant/Toddler programs, Preschool, Group Daycare, Before and After School programming, Special Needs Day care, Parent and Child Drop In, Parent Support and Outreach, Urban Early Childhood Development, Toy Lending Program, Aboriginal Head Start Program, Family Daycare, Infant Development Program, Home Potage, Parent's and Tots, and Family Cultural Support Programming.

# V

## Results and Discussion

### A. Questionnaire Data: Quantitative

It is important to note, at the onset of the quantitative component of this research, that quantitative data is best understood within contextual considerations and the experiential knowledge of those working in the front line of Aboriginal child care in British Columbia. Consequently, while this section presents quantitative data and its subsequent analysis, the numbers have been critically reflected upon by researchers and representatives of the British Columbia Aboriginal Child Care Society (BCACCS). This subjective reflection on the data allows for a broader understanding of the numbers presented: for example, while survey results indicate that the majority of participating on-reserve child care centres do not have wait lists, it is imperative to augment that finding with the experience and knowledge of those with the BCACCS, experience and knowledge which stipulates that a great number of British Columbia's on-reserve child care centres are not compiling waitlists out of frustration and a sense of hopelessness regarding the likelihood of those waitlists even being addressed.

In total, 62 on-reserve child care centres across British Columbia were contacted in the process of this research project. The child care centres included Infant Development Programs (0-3 year olds) and programs receiving Head Start funding. A total of 59 child care centres partook in the research; translating into a 95% success rate of those Child care centres contacted who ultimately completed the survey upon which the research is based. The questionnaire that participants were asked to complete was comprised of 19 questions addressing three primary themes: program description, needs description, and access to services and supports.

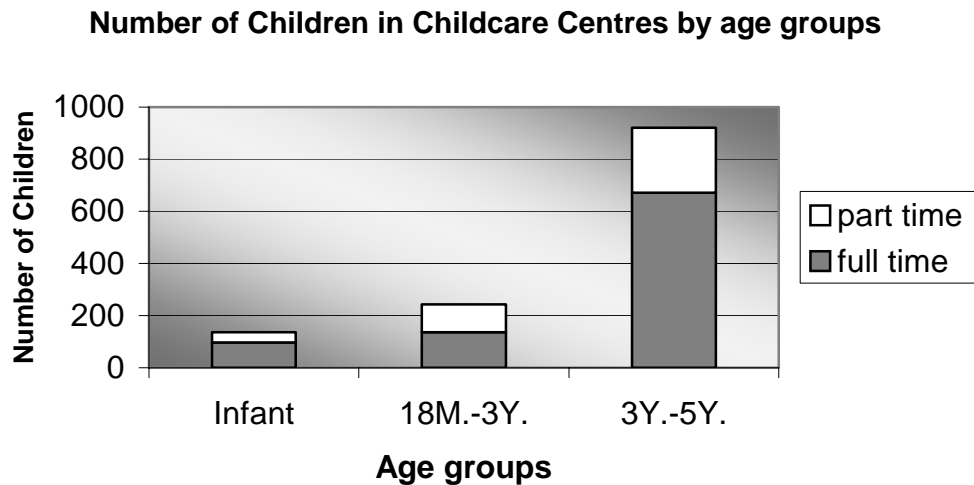
The 59 participating child care centres provide a total of 15 programming services, including: Infant/Toddler programs, Preschool, Group Daycare, Before and After School programming, Special Needs Day care, Parent and Child Drop In, Parent Support and Outreach, Urban Early Childhood Development, Toy Lending Program, Aboriginal Head Start Program, Family Daycare,

Infant Development Program, Home Potage, Parent's and Tots, and Family Cultural Support Programming.

**A.i Profile of Children Served**

A total of 1299 children between zero and five-years are served in both full and part-time capacities by the 54 Child Care settings. Children between the ages of 3 and 5 comprise the greatest single group to whom full time services are offered (71%). This is followed by children between 18 months and 3 years (19%) and infant and toddler (10%). Overall, 65% of children are served full time in Child care centres (Chart 1.).

Chart 1: Number of Children Served in Child care centres



**A.ii Profile of Employees**

A total of 250 full and part time employees staff the programs in 54 child care centres. Approximately 78 percent of staff of centres had formalized training, including college or university degrees and/or related qualifications. The single greatest qualification held by staff was in the form of an Early Childhood Education (ECE) certificate, a certificate held by 89 of the 250 staff (approximately 36%). Other forms of staff qualification included an ECE Diploma (32%), Infant/Toddler (22%) training, Special Needs Education (16%) or Educational Administration training.

Bachelors and masters degrees of education and/or psychology were the final areas of staff training and development: these degrees were held by 12 percent of the staff surveyed. While almost all of ECE Certificate employees (99 %) were full time, more than half of the administration employees were part time (55%) (Table 1.). Overall, then, staff were well qualified: this does not, however, diminish the need and desire of staff for timely and ongoing development and upgrading in order that they keep up to date on the most recent and applicable skills in their line of work.

**Table 1: Qualifications of staff of the centres**

Qualifications	Full time		Part time		Total	
	#	%	#	%	#	%
ECE Certificate	88	99%	1	1	89	36%
ECE Diploma	75	95%	4	5%	79	32%
Infant/ toddler	50	89%	6	11%	56	22%
Special Needs	33	80%	8	20%	41	16%
Responsible Adults	38	67%	18	33%	56	22%
Educational Administration	14	45%	17	55%	31	12%

Fifty-seven of 58 responding child care centres (or a total of 98%) employed staff with a desire for more training in reference to support children with special needs. The most significant areas staff identified as wishing for more training in were in the areas of 1) challenging behavior, 2) FAS/FAE, and 3) language intervention. These three areas, staff stated, emphasize the importance of having community based and local methods of professional development: participants stated Community Programs, Distance Education and Regional Conference is their most preferred methods of development.

**Table 2: Staff preferred training areas**

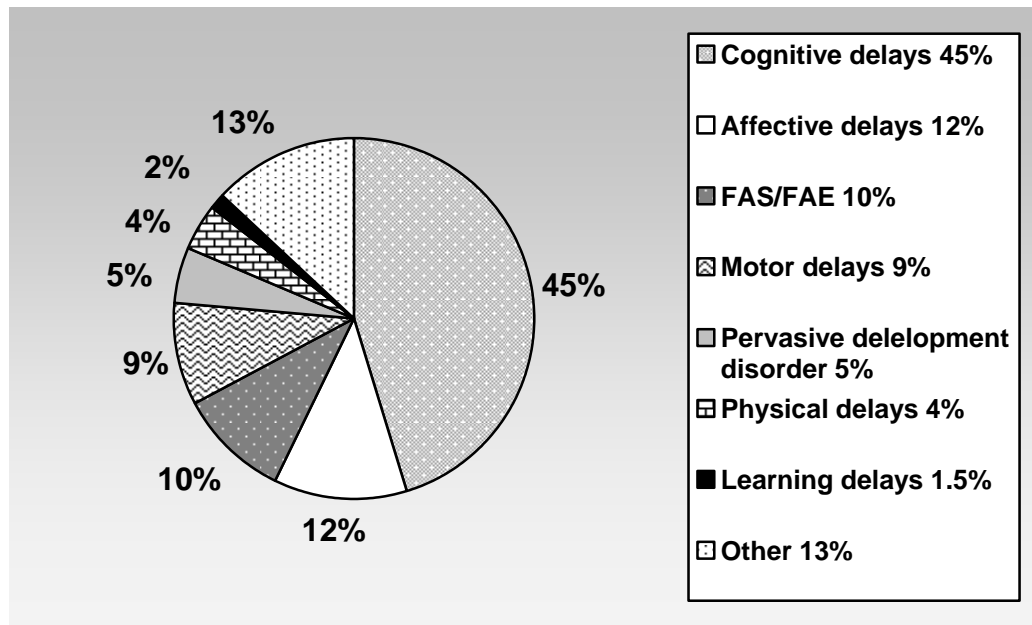
Training area desired	1st		2nd		3rd		4th	
	#	%	#	%	#	%	#	%
Challenging behaviour	32	56%	13	23%	2	3.50%	2	3%
FAS/FAE	8	14%	19	32%	9	15%	5	9%
Language intervention	8	14%	10	3.50%	14	23%	4	6%
Emotional intervention	1	1.60%	3	5.20%	7	12%	5	9%
Social intervention	1	1.60%	2	3.50%	7	12%	4	6%
Self Esteem/Identity	1	1.60%	2	3.50%	6	10%	5	9%

### **A.iii Profile of Special Needs**

A total of 42 responding child care centres reported serving children with diagnosed special needs: in other words, 77% of the responding child care centres serviced children with diagnosed special needs. The three greatest areas of identified special needs diagnosis (in descending order) are: Cognitive delays (45.5 %)- Speech and Language, Concepts; Affective delays (12%) - Play, Social, Emotional and Behavioural; and Fetal Alcohol Syndrome/Fetal Alcohol Effect (10%) (Chart 2).

Using the base line of 1299 (total children in full and part time capacities to whom service is delivered), it can be understood that approximately 6% of children accessing services at the child care centres were children with diagnosed cognitive delays and approximately 2% of children had diagnosed affective delays and diagnosed FAS/FAE. These numbers are significant, particularly in light of the age groups (diagnosis's typically occur in school age children) and in light of the difficulty in attaining diagnoses, particularly in the area of FAS/FAE.

**Chart 2: Type of special needs of children (when diagnosed) in surveyed child care centres**



Children with undiagnosed special needs were present in 90% (or 49 of 54 sites) of the responding child care centres. Significantly, 19% of children (or a total of 248 children) were identified by respondents as “requiring extra employee time” due to a staff identified, yet undiagnosed, special need. It can be surmised, then, that a significant number of child care centres providing services to Aboriginal children are addressing the issue of special needs, yet do not have a concrete diagnosis with which to work. Anecdotally, questionnaire participants referred to a prevalence of FAS/FAE, behavioural challenges, social and emotional issues, and ADHD and learning delays as significant special needs affecting the children to whom they provide service.

Seven of the responding 53 (or 13%) child care centres stated they had denied enrollment in the last two years to a child with a special need, and lack of funding was cited as the greatest reason for that denial. This was followed by lack of trained staff, and lack of community support services as the next most commonly cited reason for enrollment denial. The majority (95 %) of child care centres did not have waitlist for children with special needs, but this does not necessarily reflect

there being adequate services on-reserve for children with special needs. In fact, experience and professional knowledge suggests that an increasing number of child care centres have simply “given up” keeping waitlists, frustrated with a feeling that waitlists were likely never to be met. Other child care centres have noted they do not keep a waitlist because they simply “unofficially” accept children, driven by the desire to offer the best services possible. A total of fifteen percent of child care centres stated they were aware of a child with special needs or their family who could be part of their program, but were not because of a disability.

### **A.vi Profile of Support Services**

A total of 45 (85%) responding child care centres indicated a need for support services which would assist in better accommodating children with special needs (Table 3). The two areas of support services which staff most desired additional assistance in are: 1) assessment, and 2) training for current staff.

**Table 3: Areas (in order of prioritization) of support services needed to better accommodate children with special needs.**

<b>Prioritized Choices</b>	<b>1st</b>		<b>2nd</b>		<b>3rd</b>		<b>4th</b>	
Assessment	16	35%	2	4%	3	6%	0	0%
Training for Current Staff	12	26%	9	20%	9	20%	5	11%
Tem. Support to model Strategies	8	17%	6	13%	5	11%	3	6%
Permanent Staff Offering Suggestions	3	6%	10	22%	0	0%	3	6%
Consultation re Specific Child	2	4%	5	11%	10	22%	2	4%
Consultation re General Programming	2	4%	1	1%	4	8%	3	6%

In addition to support services aimed at staff, front line workers also identified further support structures which they envisioned would allow them to more effectively meet the needs of children with special needs in their child care centres. Wheelchair accessibility, providing education for parents around special needs issues, and increased budgets for developmentally appropriate toys and books were other areas of support services that participants suggested. All of the centres indicated some kind of Supported Child Care services were available for them. A Community health professional was the most available service for the centres. In total, 81 percent of centres

indicated that they had access to community health professional. In contrast, Urban Early Childhood development, recreation therapist, and the Head Start program were cited as the least available service to the centres. Only 7 percent of centres had access to these three services (table 4).

**Table 4: Types of supported child care services currently available for the centre and have been available for the centres within the last two years.**

Type of Supported services	Services available		Accessed within last 2 years	
	Number	%	Number	%
Community Health Professional	44	81%	37	68%
Speech and Language Pathologist	40	74%	39	72%
Doctor/ Nurse	39	72%	30	55%
Supported Child Care	36	66%	34	65%
Infant Development Program	32	59%	29	54%
Aboriginal Head Start Program	30	55%	28	52%
Occupational Therapist	24	44%	17	31%
Toy Lending Program	24	44%	19	35%
Family Support Worker	23	43%	17	31%
Physiotherapist	22	41%	11	20%
Counsellor	18	33%	13	24%
Parent Support Outreach	17	31%	17	31%
Mental Health Services	14	26%	5	9%
Regional Health Board	13	24%	7	13%
School Board	12	22%	8	15%
Parent and Child Drop in	10	18%	14	26%
Head Start Program	4	7%	3	5%
Urban Early Childhood Development	4	7%	2	4%
Recreation therapist	4	7%	2	4%

It was indicated that within last 2 years the most available service for the centres had been speech and language pathologist. In total, 72 percent of centres had accessed this service within the last 2 years. Access to a speech and language pathologist was followed by the availability of a

community health professional (available for 68% of centres), the presence of Supported Child Care (63%) and doctor and nurse (55 %). Similar to current services available for the centres, the majority of centres (96%) had not accessed the Urban Early Childhood Development program, a recreation therapist, or a Head Start program within the last 2 years (table 4).

Almost half of the participants (48%) believed that support services that were available for them were successful. In total, 30 percent of participants, however, believed that the success level of support services was limited and 26% of participants indicated that support services were only somewhat successful. Seventy seven percent of the responding child care centres agreed there were barriers facing both children with special needs and a programs' ability to access support services. Distance and isolation (35 %) and a lack of funding (20 %) were identified by respondents as the two most significant barriers preventing a child with special needs and/or the program from access (needed) support services (Table 5). Respondents offered additional comments concerning the barriers faced by their programs and the children with special needs to whom they provided services. These comments included the observation that it was impossible to rank barriers as each barrier was equally significant, citing transportation as a barrier, a lack of information and/or uncertainty as to how to access information, length of waitlists, and a lack of funding.

**Table 5: Barriers preventing children with special needs and/or a program from accessing support services.**

Barriers	1 <sup>st</sup>		2 <sup>nd</sup>		3 <sup>rd</sup>		4 <sup>th</sup>	
	#	%	#	%	#	%	#	%
Distance & Isolation	19	35%	9	16%	0	0	3	5%
Lack of funding	11	20%	7	13%	10	18%	2	4%
Time	5	9%	0	0	5	9%	4	7%
Parental denial or attitude	4	7%	9	16%	8	15%	7	13%
Lack services	1	2%	15	28%	8	15%	4	4%

Little doubt exists that those providing and delivering inclusive child care services in First Nations

communities across British Columbia are driven toward excellence and are guided by the desire to provide the best possible care for children with special needs in their agencies. In this way one of the fundamental tenants for success in inclusive programming is being met: the desire of staff to provide inclusive services and to work toward full and transparent integration of children living with special needs. There remains, however, significant barriers to fulfilling these desires, although it is clear many of the agencies and service providers are aware of the barriers, can articulate them, and have a sense of what is needed with regard to solutions for the challenges faced. It can be extrapolated, then, that Hope-Irwin's (1997) assessment of incorporating inclusive policies as being a developmental and incremental process, is underway in most child care settings in First Nations communities across British Columbia; this simply reinforces, however, the need to pay more attention to Reese's (1993) recommendations regarding 1) the need for staff and administrators to participate in training workshops and observe other child care centres that have inclusion, 2) the need to ensure that a centre has the technical assistance, 3) the need to ensure that the program can be evaluated and engage in an independent evaluation, and 4) the need for staff and administrators to be given the opportunity to publicize the centre's policy of inclusion. Although many of these recommendations might be extrapolated from the quantitative data garnered during this research, a analysis of the qualitative component goes further in linking the needs and voices of those providing child care services in British Columbian First Nations' communities.

## **B. Questionnaire Data: Qualitative**

Like many things in life, numbers tell only one part of the story: in research, understanding numbers conjunction with the stories behind them often results in a more nuanced and ultimately more rewarding picture. In the case of this research, done in conjunction with the BC Aboriginal Childcare Society, it was agreed upon early in the research partnership that allowing room for the voices and perspectives of research participants was of vital importance. Generally speaking the perspectives of research participants confirmed not only what the quantitative data suggest, but also what a review of the literature suggests: First Nations communities face significant challenges with regard to providing culturally specific early child care services and although communities are

often well aware of the needed solutions to their challenges, accessing support structures remains complicated.

The bulk of responses elicited from open ended questions on the survey can be best understood within the rubrics of three themes: 1) holism of service, family, and community; 2) physical and cultural environments of service provision; 3) strategies to attain flexibility and continuation. Beyond these three themes, however, is what can be best described as an “overarching tone,” a tone of some confusion, some frustration, but (perhaps most commonly), a tone of resilience. This tone is exemplified in the statement of one respondent who observed of her<sup>4</sup> program that “we have great people, and very good support for what we can get. [We do well] with what little that we do have...what we have is pretty successful”. The respondent’s caveat of “pretty successful” is telling: service providers in First Nations communities are often aware that like-programs in urban communities, or communities that are not predominantly First Nations, are often able to access more support structures and resources, often resulting in a more specialized and attentive environment for children with special needs. This knowledge, however, does not dampen the spirits of those who provide early child care services in First Nations communities: conversely, the knowledge often contributes to an increased dedication regarding creative and innovative programming.

The family unit has long been understood as the most basic of all social structures: in First Nations communities the family unit is often an extended structure which embraces holism and thus encompasses more than a child’s parents and immediate siblings (Little Bear, 2000). Comments made by respondents to this survey, in fact, tended to reference “family” as opposed to “parents” (this is not to undermine those respondents who did reference parents) and in many responses “family” was associated with Elders, extended family, and sometimes community members. Themes of family and community were dominant in respondents’ narratives. Family and parents

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<sup>4</sup> The authors are aware that many wonderful men are involved in providing childcare services, particularly within “informal” contexts (family, extended family, etc.). The vast majority of respondents in this research, however, were women and the authors thus made the decision to reference all respondents as female.

were often identified both as a potentially rich resource from which service providers might draw in efforts to support children with special needs and as a significant challenge toward providing appropriate care to children with special needs. For instance, one respondent noted that working with a child based on that child's special need is often difficult "because parents are in denial after we have communicated a delay and they're not willing to acknowledge the delay" while two other respondents noted that the foundation of any successful program was "families...Elders and parents, [should] be able to drop in [because] basically it all about community involvement... partnerships with parents increases involvement and interest". These responses are consistent with the literature: families are sources of both tension and potential resource for service providers working with children who have special needs. In First Nations communities, however, there are some specific challenges that service providers face in reference to families and their children living with special needs. These challenges often revolve around cultural specificities and marginalization in a wider context. One respondent noted that parents in her community "have a fear of professional services and non-Native professionals. They feel the need to cover up drug and alcohol abuse or neglect issues". The candid reality of the respondent's comment has particular resonance given that FAS and FAE were often cited within this research as being significant special needs areas. Another respondent offered that "many of the programs listed [as those comprising the network of special needs resources in my community] are funded by MCFD [the BC Ministry for Children and Family Development] and so families do not want involvement and [because they are] suspicious of MCFD. MCFD has made it difficult for Supported Child Care and families to have a trusting relationship". Again, the candor of the respondent highlights a very significant challenge facing First Nations communities in efforts to provide early child care services to children with special needs: the Ministry for Children and Family Development is the ministry responsible for apprehending children from their families and it is thus of little wonder that parents might hesitate in seeking services funded by MCFD, particularly if those services are associated with special needs stemming from drug or alcohol misuse.

Many First Nations communities in British Columbia are rural and isolated, some situated in excess of 100 km from their nearest urban local (and here "urban" must be understood in a relative sense:

for instance, in northern BC a community such Smithers – with a population of under 6,000 and a primarily resource-based economy – might be understood as ‘urban’ compared with small reserve communities, although in comparison to more southerly centres like Prince George or Vancouver, it remains ‘rural’). The issues of rurality and of isolation can be understood within the theme of “physical environment”: physical environment, while encompassing the geographic locale of a child care service, also encompasses the physical characteristic (for instance structural adaptations) of the site or building the service is housed in. The physical environment addresses issues of a building “being up to code” or having the capacity to accommodate children living with special needs. Physical environment also encapsulates the abilities of a service agency to provide transportation, to address therapeutic needs of a child, and the capacity of staff to ensure meaningful care as that care is dictated by the physical setting of an agency. Little question exists with regard to the very real challenges faced by providers of early child care services in isolated or rural communities: respondents mentioned lack of diagnostic services; lack of training and educational opportunities; transportation difficulties; difficulty in obtaining treatment services for children; and the increased demands on staff associated with larger distances, including commuting to meet with parents or driving children home where public transit options did not exist. That rural and isolated Canadian communities are, in the twenty-first century, increasingly moving toward a service-poor environment is well established (Collier, 1993). Respondents in this research often cited isolation and remoteness as contributing to frustration when offering services to children with special needs. One respondent noted that “due to a lack of access to get professional diagnosis’s, we have not had any [children] diagnosed”. In other words, an agency may have a number of children with special needs, all of them displaying characteristics which require additional resources and attention, but associated funding is difficult to secure given the lack of diagnosis and the training of staff to best suit the child’s needs is similarly difficult because it remains uncertain what specific training the staff might do best to receive. Thus the challenges facing health care provision in rural and isolated communities is directly linked to service provision to children with special needs; yet another indicator that those in rural and isolated communities (in the case of this research, primarily First Nations people) are increasingly being relegated to a second-class position when compared with their urban counterparts. One respondent summed this

sentiment up in her statement that “getting treatment [in our communities] is difficult due to distance”.

In addition to the challenges associated with no diagnostic services (including an uncertainty of what specific training service providers should perhaps receive) there exists the challenge of simply having no resource options which would allow staff to upgrade or augment their existing training and education. As one respondent wrote, “if we want to attend ECE programs, [we have to] attend them in Nanaimo [an urban centre of considerable distance from the community] but there is no ECE at [the local] college. So we have to organize on our own for support programs to be implemented in our community”. Notwithstanding the resiliency that shines through in the respondent’s statement, it remains clear that isolation is a contributing factor in reduced service provision possibilities for children with special needs in First Nations communities. For some smaller northern First Nations communities, isolation means services are “spread out” over a significant distance: as one respondent stated, “because when you look at the fact that [educators and service providers] have to service our whole valley, that has four communities spread out in it, ours is very limited when we do get their services – it is the same with doctors, because they have to travel to all the communities and there is such a distance between all communities”. The issue of services being spread out often means a reduction in the quality of service. Thus while rural communities in reasonable proximity to an urban centre, where localized services may mean a higher quality of service, communities wherein services are shared or spread out may face never being able to access a high quality of options.

Respondents also noted very practical concerns associated with distance and isolation, the most basic of which was transportation challenges. Transporting children with special needs remains challenging in large well-served urban centres. Areas with no public transit, long and prohibitive winters, and poor transportation infrastructure (roads, sidewalks, etc.) compound the challenges in providing effective early child care services to children with special needs. Respondents noted that having to drive children home was often a reality, and one that provided significant challenge in an isolated setting. Little education or training directly address how a care provider might navigate

rain, snow and ice on unpaved roads: these challenges, however, are the basis of the reality of providing child care services to children with special needs in some rural and isolated First Nations communities.

Thus far we have highlighted the issues associated with the physical environment of First Nations early child care agencies: it is, however, equally important to address the cultural environment of these agencies, something many of the respondents spoke about. On-reserve child care agencies often exist (as just highlighted in the discussion of physical environments) in isolated and rural environments: on-reserve child care service agencies also, however, have specific cultural realities unique to them and not present in service agencies operating in non-Aboriginal settings. In British Columbia, First Nations peoples are active in re-establishing cultural heritages and resource basis's which were actively compromised by settler and colonial interests: reestablishing cultural heritages and reclaiming the immense wealth of cultural knowledge is a process intrinsically linked to education and children. As a number of Indigenous researchers have suggested, children are the future of British Columbia First Nations people and children are thus understood as an asset to cultural endurance, survival, and self-sufficiency (Greenwood & Shawana, 2000). Within this framework, then, it becomes vitally important to ensure that all children, including children with special needs, are offered educational services which are true to an objective of strengthening First Nations' culture and identity. The need for the integration of cultural specificity with child care services was often voiced through the example of needing to ensure Elders received more support in working with community programs. Many respondents noted the importance of Elder participation, stating that not being able to support Elders translated into a significant loss for their centres. If Elders are understood as embodiments of cultural knowledge and heritage, the responses of participants regarding Elders can be understood as a call for the injection of increased cultural specificity into their special needs programming. One participant took this observation to a specific conclusion, noting that "more staff trained in First Nations literacy" would assist in addressing children with language delays. Language is foundational to culture: having staff trained in the languages of their Nations and people may very well assist in working meaningfully with children who have special needs associated with language delays.

The third and final theme in respondent's answers was, perhaps predictably, focused on flexibility and continuation of services. Like many services in Canada which fall within a context of health or education, anxiety exists with regard to viability of long term continuation. This anxiety was not absent in those who work with children with special needs in on-reserve child care settings. For many, funding lies at the heart of their concerns: many respondents noted the alarmingly long waitlists which had to be navigated in order to receive any types of assessment or diagnosis for the children they worked with, stating that waitlists were directly associated with funding cutbacks. Other respondents noted that while there were waitlist for the services their clients needed to access, the hard truth was that their own agencies (the supported child care service for children with special needs) also had waitlists which were a result of funding shortfalls. For instance, one respondent noted that due to funding challenges "we lost one person and almost another" while another respondent stated "there is a lack of funding which has cut support for those who are border line so then they are not able to access supported child care workers: there is a limited number of supported child care workers for the Squamish Nation". Resulting from funding concerns is, quite obviously, a concern with continuation of services. Little doubt existed for any respondent with regard to the importance of and need for the services they provided. One respondent stated that "there is a lack of services due to a lack of funding so the kids go on a waitlist [and even though] our support services are doing the best they can with what they have" there is still a worry about what will happen in the future. This research would not be the first to suggest that alleviating the stress associated with a lack of core funding, confusing and conflicting messages about reporting on funding, and an overall lack of funding, would result in a higher quality of service provision. That research seems to be particularly poignant with reference to children living with special needs in First Nations communities in British Columbia.

# VI

## Conclusions and Recommendations

Literature pertaining to supported child care service for children with special needs concludes that supported childcare is a much needed service which, although it has made significant advances over the recent past, continues to face a series of challenge which will best be addressed through a holistic response inclusive of individuals, communities, policy makers, and governments at the local, provincial and federal levels. Challenges may be understood as associated with staff training, resource and service availability (particularly assessment and diagnostic services), levels of education and knowledge (on the part of both staff and community members), and attitudes toward inclusion; solutions to many of these challenges rest in paying increased attention to the roles of parents and community in service provision, working toward full integration of teamwork strategies with agencies, and (ultimately) a shift in funding, resource and training infrastructures which will ensure a renewed emphasis on children with special needs.

The results of this research corroborate and add to the findings of existing literature. The realities of providing services to children with special needs in First Nations communities highlight the challenges of living and working in rural or isolated areas. The need to integrate culturally specific training and programming into on-reserve supported childcare programs was also highlighted, as was the very real challenges associated with funding and the viability of long term program continuation. Given the quantitative data results, it seems vitally important to focus on the continuation of services for children with special needs in First Nations communities. In total 77% of the responding child care centres serviced children with diagnosed special needs. The three greatest areas of special needs diagnosis (in descending order) were: Cognitive delays (45.5 %)- Speech and Language, Concepts; Affective delays (12%) - Play, Social, Emotional and Behavioural; and Fetal Alcohol Syndrome/Fetal Alcohol Effect (10%). The research thus suggests that approximately 6% of children accessing services at the child care centres in First Nations communities were children with diagnosed cognitive delays and approximately 2% of children had

diagnosed affective delays and diagnosed FAS/FAE. These numbers are significant, particularly in light of the age groups (diagnosis's typically occur in school age children) and in light of the difficulty in attaining diagnoses, particularly in the area of FAS/FAE.

On the whole, participants in the research demonstrated a great amount of resiliency given their significantly challenging environmental situations. Many providers of on-reserve early childcare services are forced to navigate on a daily basis the realities of isolation, cultural biases, lacks of services and resources, and an increasingly competitive (and shrinking) funding pool. These realities, however, do not seem to dampen the dreams and spirits of service providers, who, throughout the research project, articulated their visions of success. Success for many centred on more successfully integrating communities and families into their service structures in addition to seeking out (and completing) additional educational opportunities. Due to the specific realities of First Nations peoples in British Columbia, narratives regarding culturally specific programming and servicing were also prevalent in this research. For many, the need to call upon (and thus appropriately support and honour) the work of Elders was paramount to success. For others, the integrating and recognizing language and cultural training would add to their ability to work successfully with children with special needs.

The realities of First Nations children with special needs do not enter the everyday discourse of most British Columbians or Canadians. The numbers are small (when compared with the Canadian population on the whole) and thus tragically overlooked. For the communities and agencies which these children live in however, their realities are enormous and bear ongoing attention and research. It is for these communities that the recommendations stemming from this research were developed: it is with these communities in mind that we hope the recommendations will be followed by policy makers, funders, and governmental bodies.

Given the findings of this report, the following recommendations arise:



**INTEGRATE CULTURAL AND GEOGRAPHIC CONSIDERATIONS INTO POLICY AND PROGRAM DEVELOPMENT FOR CHILDREN WITH SPECIAL NEEDS ON-RESERVE**

First Nations reserve communities in British Columbia represent diverse realities (including diverse linguistic and cultural attributes) and are often removed from service realities of urban environments. It is crucial that, when developing programs and policies which are designed to meet the needs of First Nations children living with special needs on reserve, these cultural and geographic realities are taken into account. In the twenty-first century, it is not acceptable that First Nations' needs are met with homogenizing policies that do not delineate between Nations: it is also not acceptable that the geographic differences between Nations are not accounted for in policy and program development. If the requirements of children with special needs are to be meaningfully and appropriately met, services must be developed with care to address the specificity of Nations and locations.



**INCORPORATE, IN ALL FUNDING PROGRAMS TARGETED AT ABORIGINAL EARLY CHILDHOOD PROGRAMS AND SERVICES, ADEQUATE RESOURCES TO ADDRESS FOR SPECIAL NEEDS AND DEVELOPMENTAL DIFFICULTIES.**

Funding remains a significant barrier to adequate service provision for young children living in an on-reserve context. Within this broad reality, the more particular and specific requirements of children living with special needs are often not accounted for in funding programs and initiatives. Specific wording, reference, and thought recognizing and accounting for children with special needs must be incorporated into future funding programs.



**ENSURE POLICIES RECOGNIZE EXISTING COMMUNITY CAPACITY AND STRENGTHS**

Too often First Nations on-reserve communities are viewed through a "deficit lens" which focuses attention on what communities do *NOT* have as opposed to the capacity which

exists. This deployment of a deficit lens, which is understandable as a strategic action designed to focus attention on the ongoing and systemic inequalities facing First Nations in Canada, must not be the sole focus of programming and policy initiatives. In addition to recognizing (and accounting for) the challenges and inequalities which exist in First Nations communities, policies and programs must also recognize the historic and resilient strengths which exist in First Nations communities. Within a policy and program development framework, ensuring the incorporation of existing strengths and capacities might take the form of integrating the knowledge of Elders, of addressing First Nations' ways of knowing and being, and of ensuring integration and recognition of community voice.



#### **INCORPORATE CULTURALLY SPECIFIC TRAINING AND CURRICULA INTO ECE EDUCATIONAL PROGRAMS**

Some headway has been made in Canada with regard to incorporating into curriculum First Nations' knowledges and cultural realities: these positive achievements must now be extended to ECE curriculum. Curriculum designers, educational institutions, and policy makers would do well to synthesize Indigenous knowledges with ECE curriculum and ECE training programs. Efforts should be made to ensure that educational opportunities (including post secondary training courses, conference training, diploma granting sessions, and general knowledge workshops) include specific and tailored linkages between early childcare education and First Nations ways of knowing and being. Both present and future ECE educators should be availed of opportunities to understand (and concretely address) the ways in which programming can, for First Nations children living with special needs, meet cultural needs.



#### **DEVELOP PROVINCIAL ABORIGINAL SPECIFIC RESOURCE AND REFEREL SYSTEM FOR ABORIGINAL COMMUNITIEIES**

With the refocus of Supportive Child Care in British Columbia, it is daunting for some parents to find the services which meet the needs of their children. This is particularly true

for families who live in rural and remote areas of the province. Many Aboriginal families reside rural and remote areas of the province. To meet the needs of families with children living with special needs, a comprehensive resource and referral program is needed which will ensure all children with special needs have access to, and the resources to support, their needs. Such a resource and referral system would be accessed through a variety of means, including online resources, referrals to specialist, and travel supports. Importantly, such a system would account for specific components of Aboriginal cultures, would work with existing strengths in Aboriginal communities, and would support and draw upon resources and programs located in Aboriginal communities.



**PROVIDE OPPORTUNITIES FOR ABORIGINAL CARE PROVIDERS TO MEET AND TO NETWORK**

There is a wealth of knowledges that exists in Aboriginal communities, particularly in the communities of care providers who work with children living with special needs. The ability to access this knowledge from each other begins with opportunities for systematic networking and knowledge sharing at both the provincial and regional levels. This may take the form of email list serves (or other electronic dissemination possibilities) but should not preclude the abilities for service providers to come together face to face in order to share and identify challenges and best practices which exist in Aboriginal communities.

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