

Chapter 4

Palmerston Child Care and Learning Centre: Palmerston, Ontario

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The rural community of Palmerston, located in Wellington County in Southern Ontario is at least a one hour's drive from any main urban area, and has a population of roughly 2,500.²¹ This case study was created in partnership with Wellington County and Registered Early Childhood Educators (hereafter referred to as "Educators" at the organization's request) from the Palmerston Child Care and Learning Centre. The project began by holding a session with Educators to brainstorm and discuss the IECSS findings concerning the barriers to successful inclusion of children with disabilities. After this discussion Educators identified how these barriers impacted children and families within their community. Following this, Educators were invited to conceptualize a strategy that would be implemented and evaluated in their childcare centre. It is however important to note the specific barriers to inclusion the Educators identified within this specific community before discussing the implementation and evaluation strategy they selected.

Problem Identification

Though a number of complex barriers were noted, elaborated on, and explored, three overlapping themes could be identified: the first was the low socio-economic status of community members; the second was how the remoteness of the community from the children's therapeutic services impacted the amount of direct contact between families and their children's therapy providers; and the third was the varying literacy levels of parents and caregivers. The following section will elaborate on each specific theme in more detail.

Socio-economic status (SES). Consistent with the research on barriers to inclusion,²² Educators in the community named low SES as a challenge faced by many of their families in accessing disability support services. When elaborating on how this impacted the accessibility of supports, Educators noted that that in addition to creating difficulties with reliable transportation, challenges of purchasing specialized equipment for their children, and precarious work status and/or hours of work which presented complications of attending their child(ren)'s scheduled appointments,²³ that additional barriers were felt by families in this particular region.

In 2018, through the Government of Canada's 2016 Social Infrastructure Fund and the Government of Ontario's Investment in Affordable Housing for Ontario Program, \$1.5M

²¹ Statistics Canada, Town of Minto, Ontario, Census Profile (2016).

²² Katherine. E. Pickard and Brooke R. Ingersoll, "Quality versus Quantity: The Role of Socioeconomic Status on Parent-Reported Service Knowledge, Service Use, Unmet Service Needs, and Barriers to Service Use," *Autism* 20, no. 1 (May 2015): 106-115; Themba Carr, Wendy Shih, Kathy Lawton, Catherine Lord, Bryan King, and Connie Kasari, "The Relationship between Treatment Attendance, Adherence, and Outcome in a Caregiver-Mediated Intervention for Low-Resourced Families of Young Children with Autism Spectrum Disorder," *Autism* 20, no. 6 (August 2015): 643-652.

²³ Consistent with the work of Pickard and Ingersoll (2016) and Carr et al. (2016).

was allocated for the construction of affordable housing for families in Palmerston.²⁴ Eleven new geared-to-income housing units were created in the community and families from across the County (some as far away as an hour or more) were relocated to better support their housing needs. Though the importance of affordable housing cannot be overstated, this change in community for some families inadvertently created additional barriers. Two such barriers, cited by Educators, were that i) many families were thrust into a new town and consequently cut off from the supportive networks that they had previously built, and ii) that many families began to experience additional financial burdens associated with travelling greater distances to both their places of employment as well as to attend their child's or children's therapy and service appointments. In some cases, families were closer to their child's therapy and had greater access to services before their move, but had precarious housing. Now, though they have stable housing, they face barriers to attending the services/therapies their children require to thrive. This brings us to the second theme and barrier to inclusion: the remoteness of the community.

Remoteness of Community/Lack of Direct Contact with Service Providers. Because the community of Palmerston is roughly an hour's drive from any urban centre, many families face difficulty acquiring necessary diagnoses for their children, and later face difficulties accessing the disability support services their children require. There is no public transit in Palmerston reliable enough to depend on to travel to appointments, which means families have to drive themselves. As such, attending these appointments often becomes a stressful and financial burden. Travel expenses include the cost of gas and mileage, lunch out, childcare for other children not requiring services in the city, and sometimes a loss of income for taking a day off work. This, for obvious reasons, creates obstacles for many families to actually receiving the services their children need.

In an attempt to alleviate this burden, Inclusion Support Service (ISS) workers will make visits during the day to the childcare to provide the identified children with their necessary therapies. Though this appears to be an effective way of bringing the services to the children that need them, this approach creates an additional dilemma as family members who are at work during the day rarely get an opportunity to speak to ISS professionals directly working with their children. Educators noted that families often become frustrated with this process and frequently feel helpless. Parents and caregivers notice supports are changed or dropped for their children while often experience long wait-periods between supports with little-to-no understanding of why this is occurring. Though attempts are made by ISS workers to connect with families, these attempts are predominantly done in writing, through hand-written notes, surveys, and information forms, which may be suitable methods of correspondence in some instances, but create additional barriers for families who struggle with literacy, which is the third theme that was identified.

Varying Literacy Levels. Educators spoke at length about an additional barrier faced by its community members—that of varying literacy rates. Many parents and caregivers in the community cannot fully comprehend the written correspondence provided by ISS

²⁴ Wellington County, "County Announces 11 New Affordable Housing Apartments Coming to Palmerston," press release, December 7, 2016.

workers. Moreover, due to the stigma of illiteracy many parents and caregivers are unwilling to disclose their difficulties even to trusted staff with whom they have built relationships with. This subsequently leaves many parents and caregivers largely in the dark about what services their child may be receiving. It also makes the already complicated and confusing process of navigating services and supports for their children even more overwhelming, subsequently shaking caregivers' sense of confidence in navigating supports for their children, affecting their sense of agency and autonomy, and negatively impacting their self-esteem as parents.

Strategy Description

Method

In response to these barriers, Educators brainstormed and then selected, designed and implemented a strategy that they hoped would alleviate some of the stressors that complicated the inclusion process for their community members. To begin the brainstorming session, the IECSS study's findings were shared with Educators, who were encouraged to select at least one of the IECSS findings to tackle. The Educator team decided on "Navigating support services is a lot of work for families." The strategy they designed to achieve their goal was to hold an open-house-style event where ISS professionals could mingle with children and families, share information about their services, and build relationships with families new to the community as well as with other families and community members.

Procedures

The open house was held in the childcare facility on a summer evening. Three ISS providers were in attendance: a speech and language pathologist, a social development consultant, and an occupational therapy specialist. It was estimated that family turnout was roughly 75% to 80%. Educators introduced families to service providers who were working with their children or would be in the near future. The ISS workers in attendance came with a variety of information materials that could be shared with families, including information display boards that could be used as conversation guides as well as information that could be sent home. Educators chose to evaluate the success of this strategy by way of administering questionnaires before and after the open house. Attempting to support varying literacy levels of the caregivers, the questionnaires were set up on childcare iPads and Educators who had relationships with caregivers helped them to read and record the answers to the different questions by way of short interviews. Parents were asked to rate questions 2 to 7 on a 5-point scale, with 1 being "Not at all" and 5 being "Extremely":

1. What agencies/services are you and your family currently using to support your child's learning and development?
2. How confident are you that your child is receiving the supports/therapies they need to learn and thrive (not just in childcare but through other services and agencies as well)?
3. Do you feel comfortable asking questions about what your child is learning in childcare and how they are progressing in their supports/therapies?

4. Do you feel comfortable bringing up issues that concern you regarding your child's learning and development?
5. Do you feel confident that you know the best supports/therapies available to you and your child?
6. How satisfied are you with the level of support that is being provided to you and your family—both at childcare and through other agencies?
7. Do you feel confident finding additional supports for your child?

Outcomes

15 questionnaires were administered before the open house and 9 after the open house were collected. The responses indicated that families ranked their degree of awareness of and confidence in the supports provided to their children as quite high on both pre- and post-tests. The mean of the combined pre-intervention scores and the post-intervention scores was consistent at 4.6/5. Although there were differences between pre- and post-tests on individual responses, which will be discussed in the next section, it is important to note a possible reason for the pre-test scores being so high. Knowing that many parents and caregivers are not confident about their literacy levels, Educators chose an evaluation method that would avoid further alienation and discomfort for families; they also decided that those Educators who already had a relationship with caregivers would be the ones to administer and record the answers of the questionnaires. This strategy, designed to make the process for caregivers as simple and seamless as possible, may have inadvertently skewed the results, since it is possible (perhaps even likely) that caregivers provided responses they felt Educators would like to hear rather than their honest opinions.

Nevertheless, some interesting and suggestive differences between individual questions should be noted. The first important finding is that for all questions that addressed the parent's/caregiver's "confidence" and "satisfaction" (questions 2, 5, 6, 7), all mean scores went up after the open house. Even though scores only increased slightly (and therefore not statistically significant), findings suggest that the open-house model was helpful for parents/caregivers.

Though there were certainly limitations to the evaluation strategy (i.e., the size of the sample, the reliability of responses, and the fact that the short period of time this project ran there was only one open house to measure), it is important to recognize that there are other ways to mark the success of the program. During the writing of this report, the supervisor shared the following story:

The Educators work hard to develop relationships with the families in our childcare centre. As that relationship develops, families will share their joys and their struggles with the Educators that they have come to know best. The Educators will then begin to guide families to information, strategies or services that can support them. Sometimes these conversations can be difficult for both the family and the educator. During the time of this study, one particular instance stands out. A family developed a positive relationship with their child's Educator and then felt confident enough to share their struggles at home. The Educator gave them several ideas, including strategies

and places that they could access supports—one of which being a referral for ISS supports at the childcare centre. The family did not feel that they could move forward with sharing their story with an unknown individual and therefore did not access any of the suggested supports. During the family open-house event, the Educators introduced families to the ISS staff who had been coming to the childcare to help support their children. They also made sure to introduce the ISS staff to all families and to share with them what their role was. This allowed all families to ask questions and get answers without having to fill out forms or make a phone call. In this instance, the family who refused the supports was able to talk with the ISS staff who would normally be calling them, writing them notes, and visiting their child at the childcare centre if a referral had been made. This introduction created a safe space for the family to ask questions and begin to create a positive relationship with a professional who they most likely otherwise might see once a year or only talk to on the telephone. The family in turn felt confident, was able to move forward with a referral for additional supports for their child, and entered the complex system feeling safe and finally comfortable enough to discuss their child's individual needs.

This anecdote, which paints a more vivid picture of the effect on a family and a child of the family open-house event than the results of the questionnaire alone, demonstrates the impact that such a meeting can have.

Recommendations

Though Educators agreed that the family open house was a successful event, when coming up with recommendations on how to best support children and families in their community they pointed to larger systemic changes that were required. These fell largely into three areas: the importance of adequate, inclusive, and affordable childcare for all families; the necessity of localizing disability services, supports, and programs; and the provision of additional resources that would be necessary to properly create inclusive spaces.

Educators argued that many children in the community need disability supports and services but because their families are not able to afford childcare (which is often the first point of entry into additional support services) they are forced to wait until their child is old enough to enter the elementary school system. This lack of affordable childcare therefore creates an additional barrier to inclusion for families to overcome.

Next, Educators reiterated the importance of providing disability services, supports, and programs to families within their own communities. Though the open-house model provided a good opportunity for the service providers to meet the families where they were, Educators acknowledged that these one-off type events are not enough. Instead, these programs should be housed within the community to provide greater access to those who need them.

Finally, Educators insisted that more resources are necessary to properly practice inclusion. Educators stated that they required greater training in best practices related to inclusion, and expressed a need for more money to build and/or adapt physical spaces (such as by adding ramps, widening doorways, building larger storage spaces for adaptive equipment, and so forth) to support inclusion. Educators also acknowledged the importance of providing opportunities for knowledge-sharing across agencies and organizations so that pertinent information can be shared among service providers about the specific needs of community members and to help eliminate any unintentional barriers that they themselves may be creating.

Educators in Palmerston argued that we must “see all of our children as our future, not a problem to be solved”; they continued by saying that if we make these changes we can provide “our children with accessible learning spaces that give them a chance to participate however they wish to.”