Chapter 6
Comox Valley Child Development Association: Comox Valley, British Columbia
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Problem Identification and Strategy Description

The preliminary findings from the IECSS project show that families often interact with many professionals within organizations and during referral processes. One consequence of having contact with multiple professionals is that families are asked to share their story multiple times and develop relationships with many people. At each of these interactions, families are asked to do more work and become vulnerable to new professionals.

The Comox Valley Child Development Association (CVCDA) is a multi-service agency providing services to children with diverse needs and to their families. One of the CVCDA's programs is Supported Child Development (SCD), whose mandate is to support the inclusion of all children, regardless of need, in regular childcare settings through consultation support for families and centre staff, and by providing extra staffing when needed. Some SCD funding is focused specifically on supporting Indigenous children and there is one staff member who leads the Indigenous programming. The activity that the CVCDA implemented as part of the IECSS in Action project was to have that staff member on-site at the local Aboriginal Head Start program one full day a week to facilitate access to the children, their families, and the centre's staff.

The on-site consultant directly supports one of the Inclusive Early Childhood Service System (IECSS) project's findings: "Individual programs may be inclusive, but most families who have children with disabilities are clients of or participants in multiple services. Inclusion beyond single programs across the spectrum of services is rare." Having the staff member on-site at the Head Start program gives her more opportunities to build relationships with both centre staff and families. Specifically, it allows family members to meet the staff member in a less formal setting and for the staff member to reach out to people "where they are" rather than have families attend an additional appointment at an alternate facility. For many families involved in the program, their experiences with service providers has not been entirely positive and in some cases it is necessary to gain their trust more slowly. An added benefit to having the staff member on site at Head Start is that she can also complete the intake process to other needed services and facilitate communication between active service providers, which all facilitates inclusion across programs and lessens the load on families.

"Accessing disability supports and services is a lot of work for families" was another of the IECSS project's findings that the CVCDA felt its on-site consultant addressed. As previously mentioned, when families are repeatedly asked to share their personal lives with various professionals, this contributes to the work they are being asked to do. Reducing the number of relationships that need to be built with professionals is a way of reducing families' workload and the accompanying stress.

The team at the CVCDA discussed a third finding when reviewing the IECSS project's report: "The system of services for young disabled children is predicated on a medical

model, which makes diagnosis or designation of disability central to how the system works. This approach is not consistent with many cultural viewpoints regarding disability and is used as a gatekeeper for services that may be central to inclusion and quality of early learning and childcare for children with disabilities." The CVCDA has an organization-wide commitment to making services accessible to children and families from all cultures and minimize the need for diagnoses as a requirement to receive services when they can. While this is a system-wide challenge, this initiative did address this finding in a limited way. Being on location at the centre allows the staff member to provide specialized support to all of the children who are in the program, regardless of their diagnosis or referral status. Being on site makes it easier for this staff member to support children themselves and to consult with other staff members, increasing their capacity to support child as well.

Method and Procedures

The goal of moving the frontline staff member into the Aboriginal Head Start program one day a week was to facilitate better communication between the CVCDA staff and centre staff, and to facilitate relationship-building and access for families. A focus group (conducted in June 2019) was used as an evaluation technique to discuss with staff at the centre their thoughts on having the SCD consultant on-site at the Head Start program part time and if they had felt that this supported a change in their relationship. The focus group was used to have an open discussion about the communication and relationship-building between the staff, with this goal of addressing the IECSS finding that "Individual programs may be inclusive, but most families who have children with disabilities are clients of or participants in multiple services. Inclusion beyond single programs across the spectrum of services is rare." The focus group also discussed if having a staff member in the Head Start facility helped to facilitate better inclusion among services and programs for both staff and families. Focus groups were used to evaluate the program as they allowed multiple staff members to share together, letting staff discuss issues and share observations and ideas in an open-ended and flexible manner.[31]

The additional activity of having the SCD consultant conduct the intake process was intended to build relationships with families and reduce the number of professionals with whom they have to interact and share their stories, to ameliorate the IECSS finding that "accessing disability supports and services is a lot of work for families." To evaluate if the program moved towards reaching this goal the consultant asked families how they felt about the staff member leading the Indigenous programming being on-site at Head Start and providing the option for them to access other services through this office. To evaluate the program the on-site staff focused on opening the conversation with families about what they feel is going well in the program and how they would like things to possibly change. The frontline staff documented the families' responses in a journal. Staff also self-reflected and noted how they felt the overall strength of their relationships with

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[31] Katherine E. Ryan, Tysza Gandha, Michael J. Culbertson, and Crystal Carlson. "Focus Group Evidence: Implications for Design and Analysis." *American Journal of Evaluation* 35, no. 3 (2014).

families was impacted. The collaboration between families and staff in the self-evaluation of the project takes up an action research approach to evaluation..[32]

Outcomes

Findings both from the focus group and the family inquiries suggested overall that having the SCD consultant's office in the Head Start centre facilitated both access to needed services and the effectiveness of the child's inclusion within the Head Start program. Feedback from staff and families in the evaluation of this program change found that having the SCD consultant at the Head Start centre made it easier to provide families with information about other services they were interested in accessing or had been referred to. Being able to provide families with information about other services also supported inclusion among services, which was a goal of implementing this program change.

Developing the relationship between the SCD consultant and the Head Start staff was further facilitated by having the SCD consultant on site. The Head Start staff reported that they used more resources and tools/activities provided by the SCD consultant since they had the opportunity to communicate and receive continual feedback on their progress. Collaboration with the Head Start family networker enabled an integrated intake for the family both to Head Start and CDA services. This collaboration also allowed families who were being introduced to CDA services to ask questions on site at the Head Start centre and to put a face to who they were being referred to at CDA.

"Relationship-building" was a theme that emerged from the evaluation, both from families and the Head Start staff. Communication with families and staff was improved overall. If staff or families had questions for the SCD consultant, they could often be answered immediately as opposed to having to wait until the next time the SCD consultant visited the Head Start centre. More frequent communication supported relationship-building with staff and families. It was also noted that new staff built relationships with the SDC consultant much more quickly; it was felt that this was a result of having more opportunities to communicate in person.

The SCD consultant was able to support families more holistically, supporting families with issues that extended beyond directly participating in a program. These included home issues, family trauma, issues with other children in the families, and so on. The setting promoted a family-centered approach to service-providing that also promoted more cultural safety for families. Having the opportunity to build relationships and trust with families led to learning about other needs of families and supports. Having this knowledge gave opportunities for the SCD consultant to direct families to resources within the community to help support their identified family needs.

Recommendations

When governments fund new childcare spaces, structural considerations need to be

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[32] Lorelei Lingard, Mathieu Albert, and Wendy Levinson. "Grounded Theory, Mixed Methods, and Action Research." *Bmj* 337, no. aug07 3 (2008).

addressed in order to ensure that every childcare space is prepared to include any child. These structural considerations include the physical accessibility, staffing, and hours of operation.

This program evaluation confirmed the importance of thinking systemically about inclusion, which is not just about the child, but about their family, their culture, and the staff providing services. Inclusion is facilitated when the interactions among specialized services, families, childcare staff, and the child are open and welcoming.

It is recommended that all childcare spaces have inclusion consultation on site at least part time and that the inclusion consultant be closely linked to other specialized services, enabling easy access to other required services—specifically, so that the inclusion consultant can provide integrated intake to other specialized services within the childcare setting. This reduces the burden for families in accessing multiple services.

For Indigenous children in particular, it is important to have inclusive childcare offered in a program such as Head Start, which is more broadly culturally aware and tailored to the cultural context of the children and their families. Within that context, having an inclusion consultant who is also culturally aware is also important.
Due to the shortage of qualified personnel and the low wages within the sector, keeping childcare staff is always a challenge. One benefit of having the inclusion consultant on site is that it enables continuous learning and adaptation of programming with all staff as well as the building of stronger relationships.

Potentially, the biggest challenge these recommendations face is the availability of resources. Having the staff member on-site at the Head Start program recognizes the importance of taking time in building relationships between the inclusion consultant, childcare staff, families and children. Particularly for families who may have had difficult interactions with services, it takes longer to build trusting relationships. This means that the consultant is able to support fewer families at one time and requires additional resources so that wait lists can be minimized.

1. If money were no object, what would you invest in first to support inclusive practice?

The first areas to invest in to support inclusive practices in the early years is staff. Staff have a large responsibility for supporting inclusive practices but often are not supported or equipped to create inclusive environments. Supporting inclusive practices entails having staff who are qualified and appropriately educated to apply a family-centered inclusive lens to early-years education and support. It also includes having professional development opportunities for staff throughout their careers to enrich their practice in the field. These professional development opportunities should not be an onerous add-on but treated as part of their job, with time allotted and paid for through their salary. Having centre-based training that continues throughout staff's careers supports context-specific growth and embeds inclusive practices in lifelong training to support inclusion.

One of the main points made repeatedly in the program evaluation was the importance of relationship-building to support inclusive practices. Building relationships is something that takes time and trust. If we want professionally trained staff to stay in the early childhood field and to decrease burnout, it is important to create optimal working conditions for them, including salaries, benefits, and professional development opportunities that are appropriate for these challenging positions and that reflect their education, knowledge and experience. With lower burnout and optimal working conditions they can stay in positions for longer periods of time which gives families the opportunity to build relationships with them; less staff turnover due to poor working conditions leads to the building of relationships that support inclusive practices.

Such relationship-building takes time and that time should to be considered work. When staff have the opportunity to build relationships with each other there can be more opportunities for them to share inclusive practices with each other and share situations where they need more support. When various professionals spend more time face-to-face they can have more conversations about new policies or programs being implemented. When staff can model inclusive practices from within it sets up a better foundation for them to support inclusion of families.

For financial purposes most early-years settings operate with the fewest staff allowed while still maintaining staff-to-child ratio. However, this staffing does not support relationship-building. If the minimum number of staff are on a childcare floor it can become challenging for staff to have in-depth conversations with families and also be present and active on the childcare floor. Having the financial support to have enhanced ratios would help to support opportunities for relationship-building. CDA also suggested updating and refreshing resources to have materials for both staff and families. When new information is released, having it easily accessible to staff and families reduces their amount of work.

2. What is the greatest barrier to the full participation of young children with disabilities in the early-years sector?

One of the barriers to full participation of young children with disabilities in the early-years sector is the lack of availability of spaces, and therefore long wait lists. When families are told that early intervention is important and/or necessary for their child but are also told that they may have to wait years for program spaces to become available it can often cause family stress. The cost of programs is often a barrier for families, which can particularly affect families with a young child with a disability that may be paying for other services on top of childcare or recreational programs. We felt that staff need to be the first thing to be invested in to support inclusion; not having properly staffed programs (which includes appropriate compensation for the staff's work) is a current barrier to supporting inclusion.

The geographic and cultural contexts in which the programs take place both have an impact on the barriers to program participation that exist for families. Times and locations of programs that are being offered can create barriers for families, for example.

Daytime programming can be a barrier for parents and caregivers that work full time during the day, leading to them either missing a program or taking time off work to attend, which can impact the family's income. Transportation can be another large barrier for many families. Childcare availability in general can be challenging, and for families needing childcare during non-traditional work hours it can be an even greater challenge. When creating programs that truly aim to support the widest variety of families, it is necessary to take their diversity into consideration to support participation.

Public transit is something that varies greatly from community to community. Comox Valley's public transportation system is a barrier to attending programs for some families. Having local programs and taking into consideration how families may commute to programs is important when thinking about how to support full participation and inclusion for all families. It is necessary to understand the contextual barriers that exist for families; program planning must take into consideration who the program is intended for and what barriers to participation they may face.