



Policy Brief No.5

Ontario Early Years Child and Family Centres:
Opportunity for creation of an inclusive ECEC
system

September 2016



The Inclusive Early Childhood Service System Project (IECSS)

The Inclusive Early Childhood Service System project is a partnership between the County of Wellington and Ryerson University, working in conjunction with a number of academic, municipal and community partners who have expertise in social policy, disability studies, nursing, social work, and early childhood studies. (a full list is available online www.InclusiveEarlychildhood.ca).

The purpose of the project is to better understand experiences of disability in early childhood and to understand how services are delivered in varied geographic and cultural contexts. Our aim is to build theoretical understanding that may inform social policy for the purpose of having more respectful and responsive supports that recognize the value of disability identities, and the need for universally designed services.

The findings presented in this brief are based on interviews in the first year of the study. The study includes the perspectives of 62 parents or guardians of children accessing early intervention services from four geographic communities (Wellington, Timiskaming, Hamilton, and Toronto). Early intervention services include speech and language, occupational therapy, health, behavior, mental health, resource consultation, developmental and general child care and early childhood education programs.

Using an approach called Institutional Ethnography has focused our analysis on studying institutional experiences from the perspective of families. Recommendations in this brief, therefore, are informed by the viewpoint of families, rather than a professional lens.

This is the fifth in a series of policy briefs that are prepared as part of the IECSS Project. To view the other briefs in this series please visit our website.

Ontario Early Years Child and Family Centres (OEYCFCs)

The most recent “modernization” strategy for early years programs from the Ontario Government is for family support programs. The Ontario Government has announced that the current funding for *Ontario Early Years Centres (OEYC)*, *Parenting and Family Literacy Centres*, *Child Care Resource Centres*, and *Better Beginnings Better Futures* will be reorganized to rebrand and consolidate these services under the management of Consolidated Municipal Service Managers (CMSMs) and District Social Service Administrator Boards (DSSABs), calling them collectively Ontario Early Years Child and Family Centres (OEYCFCs).

The proposed goals of the OEYCFCs are providing better access for all children, parents and caregivers to high quality inclusive services that are play and inquiry-based. In addition, the intent is for all parents and caregivers to have easy-to-access support with integrated services. These aims have long been described in early years policy documents (Ontario Ministry of Children and Youth Services, 2014; Ontario Ministry of Education, 2006, 2012, 2013, 2014; Pascal, 2010), and legislation (*Child Care & Early Years Act, 2014, Part VI s.49.1 (f)*), but there has yet to be a clear mandate for inclusion in early childhood programs or integration of services from the family perspective across early years services. At this time, the legislation distinguishes between “integrated child care centres” that are licensed to provide services for both children with special needs and children who do not have special needs; and generally licensed child care (*Child Care & Early Years Act, 2014, O.Reg. 137/15*). This distinction means that we do not have an inclusive system but individual programs that may service disabled children.

This policy brief presents the goals of OEYCFCs, as defined by the Ontario Government (see shaded boxes), and discusses the efficacy of meeting these goals based on findings from the Inclusive Early Childhood Service System (IECSS) project. The brief then makes recommendations for OEYCFC planning (listed as “recommendations”) from the perspective of children who are accessing early intervention services and their families. These recommendations are based on findings from the IECSS project and are therefore, informed by interviews with families. The recommendations are addressed to the CMSMs and DSSABS who have responsibility for the planning, as well as to the Ontario Government, who will need to ensure that provincial guidelines and funding support the aim of having an inclusive and equitable system of services.

“All expecting parents, caregivers and home child care providers have access to high quality services that support them in their role” (Government of Ontario, 2016, p. 4).

Access

The development of OEYCFCs is an opportunity to restructure services in order to better support families. Because designing for accessibility and inclusion is much more effective when it is done from the outset, this is a one-time opportunity for CMSM/DSSABs to make meaningful service delivery changes and to address systemic barriers for families who have children experiencing disability. The province has identified some of the facets of accessibility, including awareness of service, proximity to families, overlap in service, and variability in programs. However, for families who are accessing or trying to access early intervention there are substantially greater concerns about access to high quality service.

Each of these access issues can be ameliorated through the OEYCFCs if **early intervention is identified and implemented as a core service**. OEYCFCs are the only early childhood education program that is open to all children, that does not require registration for most programs, and that is free for families. For these reasons, OEYCFCs are critical to the development of an inclusive and accessible early childhood education and care system. Early intervention services must, therefore, include clinical, therapeutic and universal programs.

The IECSS project, through parent viewpoints, has identified three key systemic barriers in early intervention services. These barriers are wait-times, the structure of service delivery, and the mix of public and private funding for services. Considering these barriers early, especially during the planning and development stages of OEYCFCs, will greatly improve the likelihood that this program will achieve its goals.

Many early intervention services such as speech and language, occupational therapy, and behavior therapy have long **wait-times**. Early intervention is more effective when it is implemented as children need it. When children spend time waiting for services, they may lose critical support at the time they need it most. Many parents on wait-lists report seeking other private services, which may be of lower quality and may be extremely expensive. Some parents also report feeling hopeless as they wait for supports. Parents may also find that their time on waitlists is stressful as they try to organize their work and family lives in anticipation of services that are only offered at particular times and for a short period of time (called “blocks”). Other **structures of service delivery** associated with barriers for families include: the schedule of services, the location of services, the physical lay-out of program-sites, the philosophy of the program, and the flexibility of the program. When families experience difficulties with any one of these factors, services become inaccessible.

Another major access issue is that **funding** for early intervention is restricted to particular “approved therapies” and parents report that they are often limited to a short period of therapy that has been approved for them within the approved funding structure. The result is that many families, including some with very limited financial resources, are using a wide range of **private services** in addition to their approved publicly funded therapies. These private services are typically unrecognized by publicly funded programs, which complicates our understanding of the real system costs of effective early intervention programs, and are often not communicating with the team of professionals who are involved in supporting the child and their family. This particular issue becomes even more challenging once children enter kindergarten.

Policy Recommendation #1:

It is recommended that CMSM/DSSABs use this opportunity to address many of the systemic barriers families encounter. By providing *ongoing* early intervention services for children and their families, OEYCFCs can offer children much higher levels of access to the early childhood education and care system and to ongoing, early intervention that is universal, free, and does not have qualifying criteria. This, however, will only happen if early intervention is considered to be a core service of OEYCFCs.

Program

“All children have access to inclusive, play and inquiry-based learning opportunities to improve their developmental health and well-being” (Government of Ontario, 2016, p. 4).

Although CMSM/DSSABs have been given the flexibility to design and implement OEYCFCs programs that are reflective of their communities, supporting children with disabilities should not be optional. All Early Childhood Educators need to be prepared to serve all children. The identification of developmental delays and disabilities can take time due to availability of specialists, and other factors. As a result, most early childhood programs have children accessing services without a formal diagnosis, but who are not being served well. Families report that children have been asked to leave programs with the explanation that the program cannot meet their child’s needs. This is a clear violation of the duty to accommodate (Ontario Human Rights Code, 1990). The research evidence in early childhood program quality indicates that higher quality programming stems from the capabilities of staff (OECD, 2013). The quality of OEYCFC programs is tied to the capacity of Early Childhood Education staff to be responsive to children with disabilities.

Embedded learning opportunities are intervention strategies that can be done within the environments that the child

experiences daily, such as early childhood education and care settings, community programs, and within the home. There is significant evidence to suggest that embedded learning opportunities are a successful method of intervention and should be considered when planning for services for all children (Salazar, 2012). While families will continue to access clinical services, it is clear that most families are without service for large periods of time because of waitlists, service delivery modes, and funding. Perhaps most importantly, early intervention services are most effective when **inclusion** is considered as a fundamental principle (Guralnick, 2005; 1998; Underwood & Frankel, 2012).

In order to create **inclusive** programs in OEYCFCs there need to be staff who are designated to take up interdisciplinary and inter-agency practice. Within the OEYCFCs there need to be designated staff members who are engaged in ongoing professional development, in order to ensure onsite knowledge of the system, of accommodation practices, and universal design. These staff can also liaise with Resource Consultants. In addition, the existing Resource Consultant model in child care could (and perhaps should) be integrated into the OEYCFCs. These Resource Consultants can conduct ongoing professional development for all staff, as well as supporting the integration of clinical and therapeutic strategies into the OEYCFC and child care programs. It would be of great advantage to families and to staff to have existing Resource Consultant models expand to OEYCFCs. Many of the same

families are accessing both services over the course of their child's early years. Resource Consultants play a key role in supporting inclusive classroom practices in licensed child care including promoting peer interactions, and helping to develop Individual Program Plans (IPPs) and Individual Education Plans (IEPs) (Child Care & Early Years Act, 2014, O. Reg. 137/15, s. 52; Hundert, 2009). A model of Resource Consultant support for staff and families involved in OEYCFCs could also help to more effectively integrate OEYCFCs and the licensed child care sector at the system-level. Further, better connections between OEYCFCs and clinical or therapeutic services would lead to enhancements to professional development for both sets of professionals - Early Childhood Educators and Early Childhood Development Clinicians and Therapists; and more opportunities for play and community experiences for young children getting therapies.

In addition to barriers to children accessing services, parents in the IECSS study report that most services are designed to service children but not their families: the result is they have very limited support from services. The programs that will be combined to create the OEYCFCs have traditionally been referred to as *family support programs*. This core function of the program – family support – should not be lost. In our research, parents consistently tell us that their capacity as parents is undermined by the stress of seeking better support for their children. While the families in our study are accessing a very wide range of services, very few have direct support to find new services, to fill out documentation, or to talk with someone who has a shared experience. For the most part, families are using social media for this function. However, most parents report that this is a major gap in service. Guralnick (2011) notes that early intervention is effective when it focuses on: 1) child social and cognitive competence; 2) family patterns of interaction and; 3) family resources (Guralnick, 2011). Many early intervention

programs in our current system only support the child and not their families.

Policy Recommendation #2:

While some professionals in the system are supportive of families, there are no other services that have as their core mandate the support of parents and caregivers. It is critical that **family support continues as a core service**. It is recommended that family support includes support to navigate and coordinate services, to identify sources of funding and apply for funding and services, in conjunction with services that support the child.

Integrated Service Delivery

“All parents, caregivers and home child care providers have a better understanding of early learning and development, find it easy to access support, and are provided with an accessible, non-stigmatized place to seek help” (Government of Ontario, 2016, p. 4)

At present, many families do not find it easy to access services for their children. The IECSS project is documenting many of the barriers to access. These include, but are not limited to, lack of appropriate services for the child and/or their families, lack of professionals in rural and remote communities, and lack of flexibility in service delivery which leads to families having to choose between services.

Service integration mechanisms that stall at *co-location* of programs, or that focus only on referrals from one professional to another, are limited. These practices may lead families to services but they do not ensure inter-professional practice, open communication across programs, or reinforce parent control in design and delivery of the services their

Policy Recommendation #3

It is recommended that early intervention services are integrated into OEYCFCs, where professionals will be able to provide children with embedded learning opportunities. It is also recommended that OEYCFCs do not just refer children out of the program but welcome them into a facility already prepared to support their development.

children receive. OEYCFCs have been very effective at referrals; however, referrals do not lead to an integrated and accessible system (Underwood & Killoran, 2012; Underwood & Trent-Kratz, 2016). OEYCFCs need to ensure that when a referral happens, they continue to support the child and their family, and they work to integrate therapeutic and clinical goals into their programs.

Local services collaborate in an integrated way to meet the needs of children and families and actively engage parents and caregivers to increase participation. (Government of Ontario, 2016, p. 4)

Research by the IECSS project has documented that those families who have children with disabilities access a wide variety of services from numerous institutions. Some examples include the health care system, child care programs, schools, specialized services such as speech and language or occupational therapy, and government funded programs and supports, to name a few. The three most common early intervention services being accessed in the study are speech and language, occupational therapy, and behavior therapy.

In the IECSS project we have heard about exemplary integration practice in some communities. These stories involve high levels of communication amongst families and professionals. They also involve therapeutic interventions that are carried out in licensed child care, in community programs, and in home settings. This approach allows the therapists to understand the child and learn from Early Childhood

Educators in multiple sites; it gives opportunities for Early Childhood Educators in child care and family support programs to interact with and learn from therapists; and it gives the families opportunities to make contact with professionals in places and in ways that are efficient and comprehensive. However, even in the communities where therapeutic services are provided in a variety of early childhood contexts, parents report that they “had to fight to get” this level of inter-disciplinary practice, or they are aware that it is unusual. Finally, many early intervention services give some support for systems navigation, but these may be tied to services that require a diagnosis.

Policy Recommendation #4

OEYCFCs should be working closely with child care as the core community service for young children in our society. Integrating the Resource Consultant model from child care into the OEYCFCs, and ideally into kindergarten, would provide opportunity for the same person or team to know a child and their family from birth through the school years. This would dramatically reduce the amount of time spent on relationship building, documentation, and administration.

Conclusion

According to Guralnick (2015), a major component of an integrated service system is that it has policies and procedures in place for not only identifying children with developmental concerns but also a method

for monitoring their growth and development and the stresses that their families may experience as they access services. The goal of integration is not to refer families out of the program but rather **welcome them** into a program that supports a child's overall well-being, promotes a sense of belonging, supports full participation and engagement and is a safe space for self-expression (Ontario Ministry of Education, 2014). Ontario has done work on developing plans for community hubs which should be applied to OEYCFs (Government of Ontario, 2016). Considering the early years system from the perspective of families who are accessing multiple services provides an opportunity to understand barriers to service integration. OEYCFs have tremendous potential to be part of a comprehensive system that supports Ontario's families and to contribute to the well-being of all children and families. They will need to be designed to be inclusive and equitable if this goal is going to be achieved.

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