

Prepared for The Child Care Coalition of Manitoba

Mothers of young children with disabilities and Manitoba's early learning and childcare services:

Enhancing Women's Economic Security and Reducing Work-Family Conflict for Rural and Northern Manitoba Women.

June 2009



COMMUNITY LIVING - MANITOBA

Diversity Includes.

Mothers of young children with disabilities and Manitoba's early learning and childcare services: Enhancing Women's Economic Security and Reducing Work-Family Conflict for Rural and Northern Manitoba Women

Background

“Research shows that high quality child care enhances all children’s healthy development. Indeed there has been a change over the past few years from viewing child care as primarily a labour market issue to an understanding that quality early childhood education and care programs provide benefits for all children...

At the same time there has been an increasing acknowledgement of child care needs and issues in rural communities. While any system of child care services needs to be high quality, flexible, affordable and accessible, the particular geography, employment patterns and demographics of rural communities make reaching the goals of such a system a challenge.”¹

While both Rural Voices, and the Child Care Coalition of Manitoba have looked at the availability of quality child care within Manitoba in both rural and urban settings, there has been no research to date that looks at the particular experience of mothers who have children with special needs accessing child care in northern and rural settings within Manitoba. Inclusive child care is important to families caring for children with disabilities for several reasons. First, it is beneficial for a child with a disability to have the opportunity to be in a setting with his or her peers (with and without disabilities): children with disabilities are often isolated and without community, and child care can help to overcome that. Inclusive child care is also important in terms of its potentially positive impact on the child's individual growth and development in key areas. And it allows both parents to continue to work, which can be crucial to meeting disability related expenses and to the family's economic and psychological well-being, both in the short term and the long term.²

“...families with children with disabilities are more likely than other families to experience family breakdown – and the most significant predictor of poverty is lone-parent status. In fact, according to the Canadian Council on Social Development, (CCSD), based on analysis of the National Longitudinal Survey of Children and Youth (NLSCY),

¹ *Help or Hindrance: A Policy Review of Early Childhood Education And Care In Rural Manitoba and Saskatchewan*, Rural Voices, 2003

² Irwin, S. H., D. S. Lero and K. Brophy (2000). *A Matter of Urgency: Including Children with Special Needs in Child Care in Canada*. Cape Breton: Breton Books.

21% of all children with special needs¹ live in a lone-parent family, compared with 15% of children with no special needs. Parents of children with disabilities face barriers to labour force participation or to advancing their careers. Parents also face additional financial costs related to disabilities – for tutors, special diets, special clothing, transportation, babysitting, medications, supplies and equipment, and home adaptations.”³

Community Living Manitoba is a strong advocate and supporter of inclusive child care for Manitoba's families of children with special needs. In 1997 at an annual general meeting the following resolution was passed.

Early childhood supports such as daycare and other services must be available to all children. Programs such as early childhood interventions must include the entire family, wherever possible, as the primary teachers of their children. As children grow, supports and services must be provided in an inclusive environment. We must respect individuality and offer all children the opportunity to learn from each other's differences.

Our history and commitment in this area offered an opportunity to collaborate further. To this end, we agreed to work with the Child Care Coalition of Manitoba to explore the experiences of families in northern and rural areas of the province with early child care providers. A short survey was prepared and administered both in person and online using Survey Monkey. Results were compiled through Survey Monkey and are presented within this report.

A variety of circumstances contributed to low numbers. The total number of participants in the survey was relatively small (36) and so statistical analysis of the results was not possible. Rural and Northern Manitoba has a relatively small population base and those families of children with special needs present an even smaller pool of participants for our research. Although some phone surveying was done with participants in some of these locations, time constraints did not allow greater access to families living in isolated and remote areas who may not have internet access. In spite of these challenges, however, some trends are fairly clear, particularly with questions concerning who and what qualities contribute to more inclusive appropriate settings for child care.

As noted in previous reports by the Child Care Coalition of Manitoba, child care is in crisis in many northern and rural communities with marked decline in total spaces and facilities in Thompson (Northern Childcare: Childcare as Economic and Social Development in Thompson,

³Hanvey, Louise. **Children with Disabilities and Their Families in Canada A Discussion Paper** Commissioned by the National Children's Alliance for the First National Roundtable on Children with Disabilities November, 2002

2007), insufficient coverage in Parkland region (Rural Childcare: Childcare as Economic Development in Parkland, 2007), and insufficient coverage in St. Pierre-Jolys (Franco-Manitoban Childcare: Childcare as Economic, Social and Language Development in St. Pierre-Jolys, 2007).

These reports have identified factors that contribute to the stress families in these areas encounter when seeking out appropriate childcare as including –

- the instability of childcare centre staff
- high user fees
- low wages and benefits for center staff,
- plus difficulty obtaining childcare subsidies.

Also cited were long commutes that some families face with childcare centers located in major centers and not in their local communities (this was seen in Parklands and St. Pierre-Jolys in particular).

These reports did not isolate the experiences of families of children with special needs from those with typical children and both the Child Care Coalition of Manitoba and Community Living Manitoba were interested in learning what they have experienced in light of the struggles that are being faced by families in general. A report by the Roeher Institute in 2000⁴, found that parents, particularly mothers, spend an incredible amount of time caring for and supporting their children.

“On average, they spend 50 to 60 hours per week on personal care, advocacy, coordination of services and transportation directly related to their child’s disability. This includes an average of 14 hours per week in advocacy and coordination related to their child’s education. All of this is in addition to time they put into general domestic responsibilities and paid work. In order to do so, they have taken on a number of roles that greatly increase their responsibilities and impact on their physical, emotional and social status. In some cases these external roles actually impede or undermine effective parenting and for many families these responsibilities do not end. For parents of children without disabilities, as their children move through their teens and into young adulthood, the rigorous day-to-day physical caretaking and responsibility lessens – that is not the case for many families with children with disabilities. Mothers’ health and well-being are compromised by their workload. They report high levels of physical and emotional stress, and look to support from friends, medications, and counselling to deal with

⁴ *Beyond the Limits: Mothers Caring for Children with Disabilities, Roeher, 2000*

it. However, mothers are clear – stress is caused by lack of support, not their child.”⁵

There were a number of key questions that were asked to generate the results featured in this report and they included:

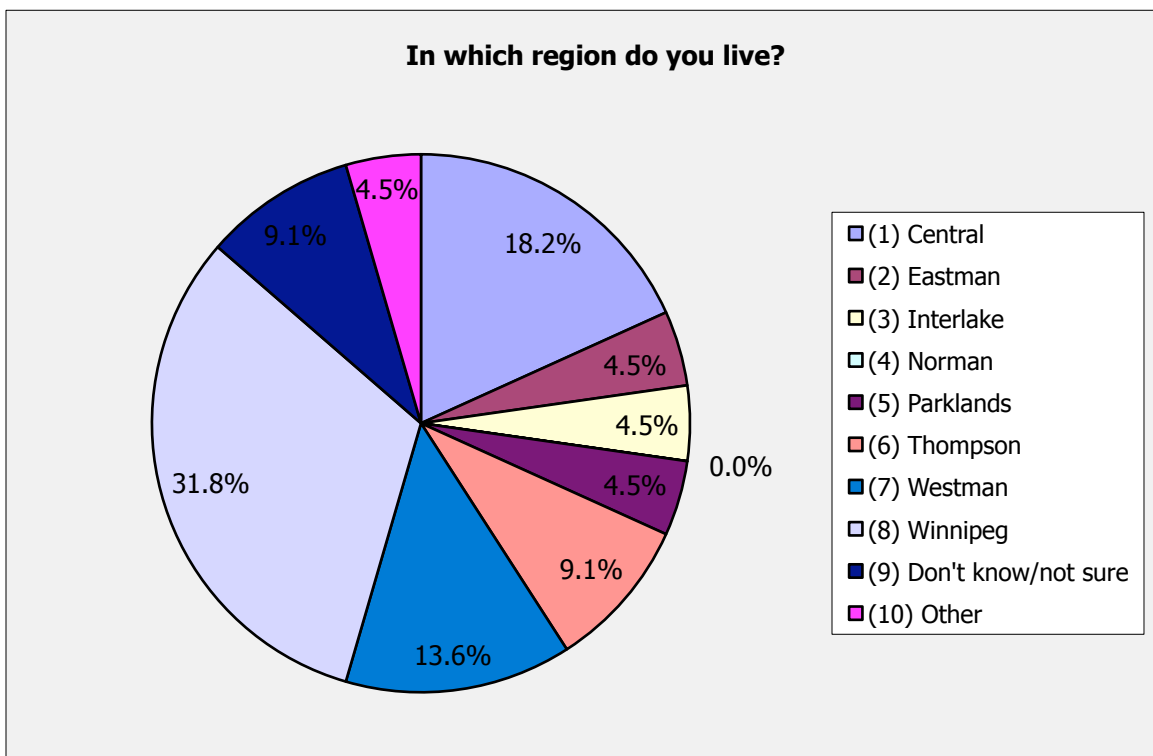
- Are mothers of children with special needs able to access licensed childcare in their community?
- What are/were their child/family's needs prior to accessing childcare?
- How successful are/were their child's needs met by the childcare facility?
- Who within the childcare centre provided direction and support in meeting those needs?
- Were there some issues that were not resolved successfully? What were they?
- What do mothers find to be the most helpful element in providing appropriate childcare for their family?
- What would mothers suggest improving to help others in this process?
- What helpful suggestions would mothers give other parents?
- What helpful suggestions would mothers give the government of Manitoba regarding their support for families with young children with special needs who are enrolled in childcare facilities?

The following summarizes the findings of the survey and interviews conducted by Community Living Manitoba:

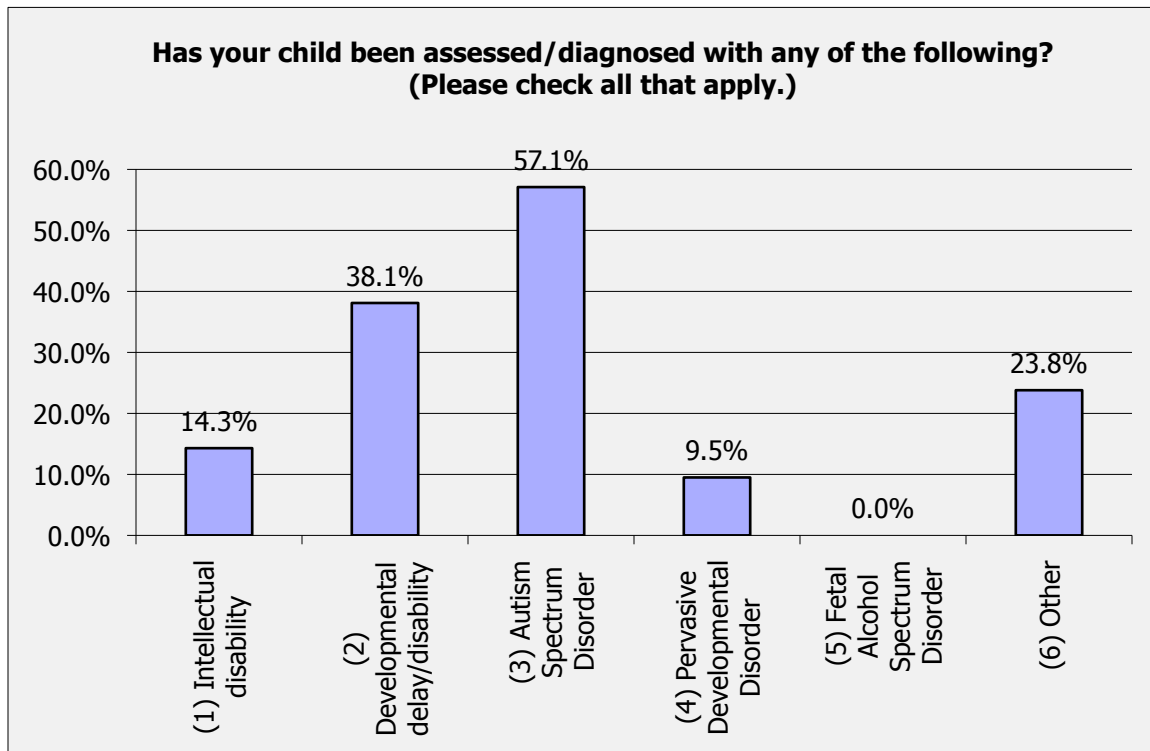
Of the 36 families surveyed, 91% were birth parents to their child with special needs. Of those, 26% reported that they had more than one child with special needs. None had children under 1 y in age, 4.3% had children 1 to 3 y, 34.8% had children 4 and 5 y and 60.9% had children between 6 and 12 y. Very often, families receive a diagnosis in infancy (13% of those completing surveys) and may not be prepared to have their child enter into an early childcare center until they feel emotionally ready to resume working, or they may have a multitude of medical appointments that necessitate them taking an extended leave from gainful employment. Alternately, diagnoses may be delayed until school age (in our survey 56% identified as obtaining a diagnosis between birth and 3 y, 22 % between 3 y and school aged, and 19% after 3 y), and families may be unaware that their child has special needs and would not self-identify for the purpose of this survey.

⁵ Hanvey , Louise. **Children with Disabilities and Their Families in Canada A Discussion Paper** Commissioned by the National Children's Alliance for the First National Roundtable on Children with Disabilities November, 2002

When reporting where in Manitoba they resided, 43% reported living in a city, 19% in a town, 33% in a rural community, and 5% in a First Nations community. Respondents were also asked in which region of the province they resided and their answers are illustrated in the following chart.



The types of special needs/disabilities identified from among our survey participants include developmental disabilities, autism spectrum disorder, pervasive development disorder and intellectual disabilities. We were also able to contact families with children who had physical disabilities through the Cerebral Palsy Association.



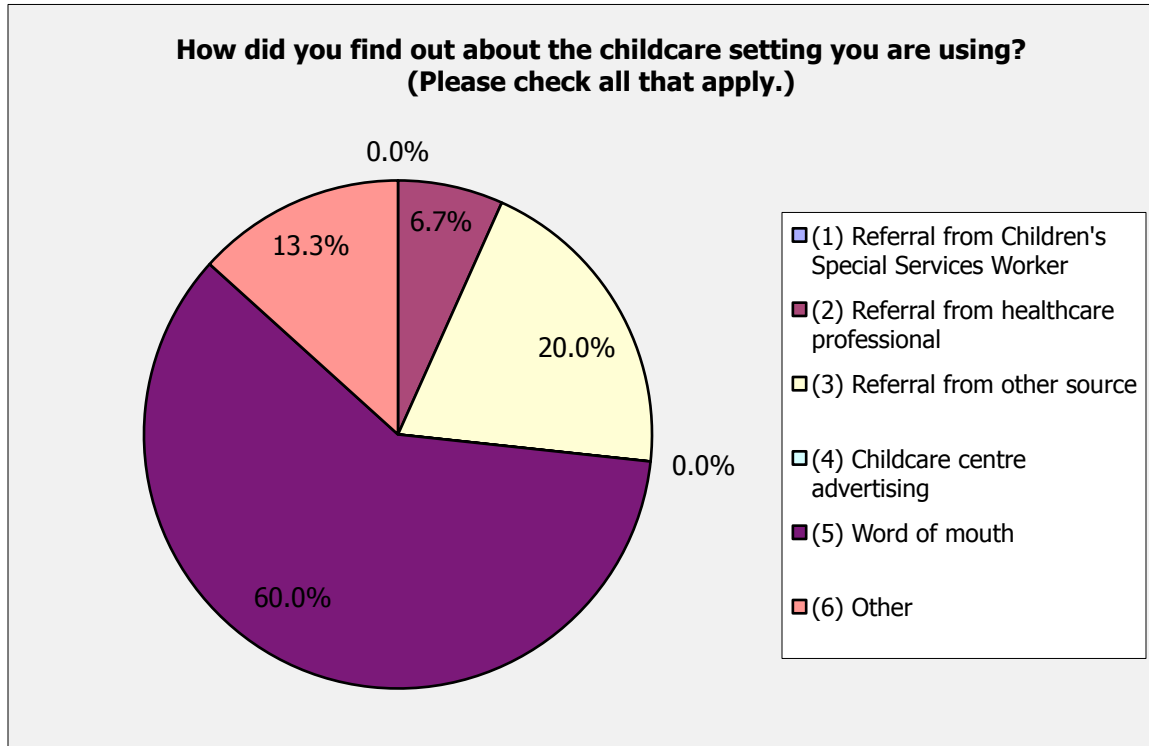
Access to Inclusive Childcare

Of the 36 families surveyed, 78 % reported that they were able to access child care within their communities. When asked whether they had encountered any difficulties in accessing childcare over the past 12 months, 67% answered “no.” Those who did encounter difficulties indicated that there was a lack of service within their community (11%), center staff were unwilling to enrol their child (6%), or that there was a waitlist for service (22%).

Only five of the 36 respondents indicated that there were some circumstances that prevented them from accessing appropriate childcare and their reasons included –

- lack of service within the community (all five families)
- unwillingness of staff to enrol their child (two families)
- long waiting lists (three of the families)
- and too expensive (two of the families).

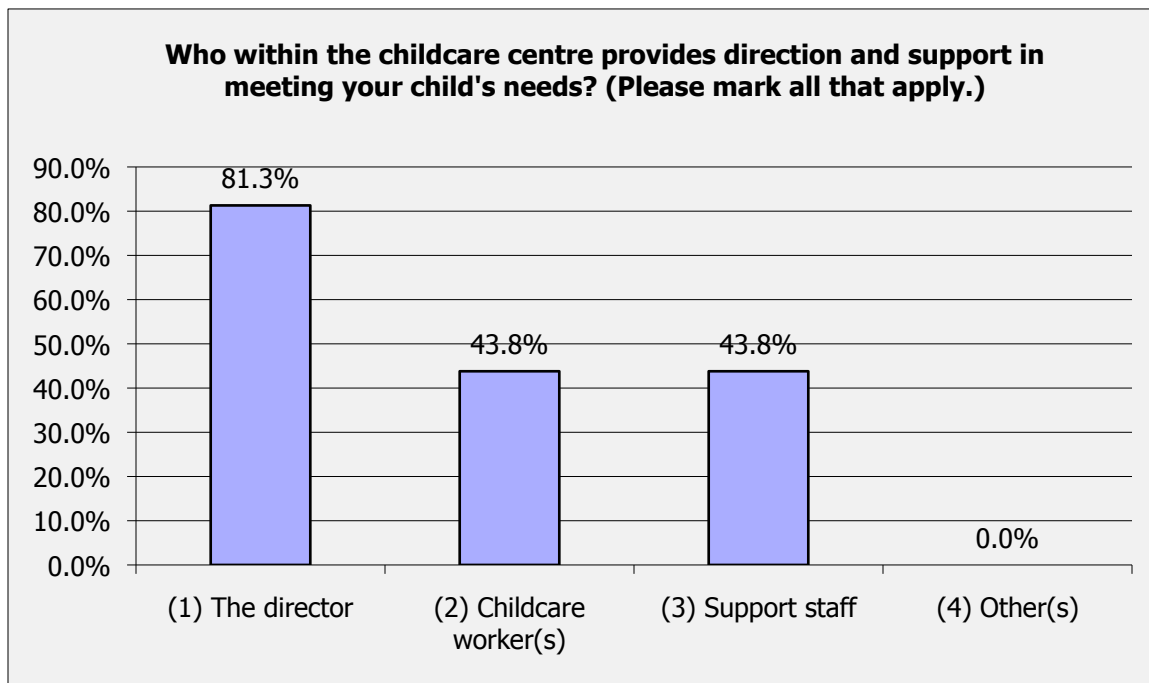
When asked how they finally did access their childcare arrangement the responses were varied as seen below:



These results show how important it is for parents to be connected with each other in order to find the best placement for their child. **Word of mouth remains one of the best ways for centers to attract new families.** The presence of parent resource centres within childcare centres can help parents become more familiar with the childcare options for their children and can also familiarize centre staff with families who may use their services in the future.

When families were asked whether they were satisfied with the childcare arrangements that they were experiencing, 47% answered that they were fully satisfied, while 29% indicated that they were mostly satisfied, and 23% answered that they were somewhat satisfied. None reported that they were not satisfied and this bodes well for inclusive childcare in Manitoba. When families of children with special needs are able to access the care that they want for their children they seem to be able to get it.

This is in large part due to the leadership within the centre as seen in the following table.



Over 81% of respondents reported that the **childcare centre director provided the direction and support in meeting the needs of their children**, with equal responses indicating that the childcare workers and support staff also contributed to fulfilling those needs.

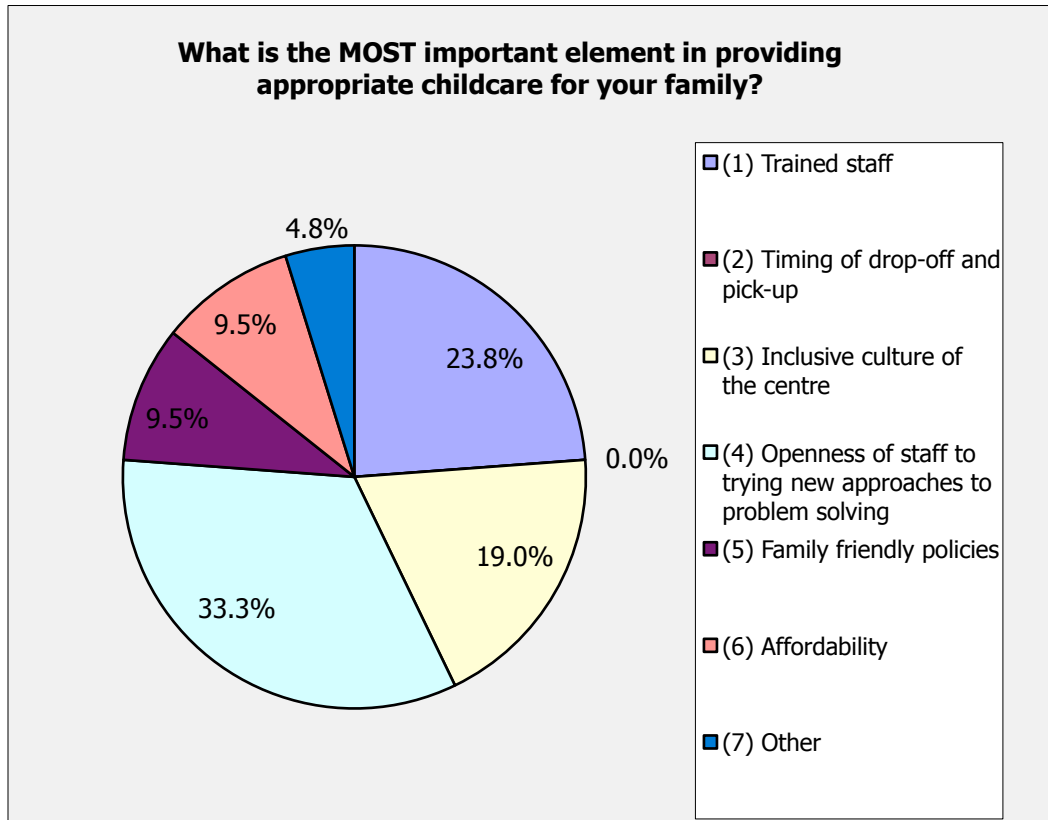
When asked whether they had encountered any difficulties with the childcare centre over the past year, there were two reports of dissatisfaction and one related to the kind of summer programming provided by the centre to an older child that consisted of many computer/video games. Otherwise, respondents indicated that they were able to resolve any problems in a satisfactory manner.

Respondents were also asked to rate how well they thought that certain elements contributed to the appropriate childcare for their family members.

How important are the following elements in providing appropriate childcare for your family?					
Answer Options	(a) Very important	(b) Somewhat important	(c) Somewhat unimportant	(d) Not important	Response Count
(1) Trained staff	94.4% (17)	5.6% (1)	0	0	18
(2) Timing of drop-off and pick-up	47.1% (8)	47.1% (8)	5.9% (1)	0	17
(3) Inclusive culture of the centre	52.6% (10)	21.2% (4)	15.8% (3)	10.5% (2)	19
(4) Openness of staff to trying new approaches to problem solving	90% (18)	5% (1)	5% (1)	0	20
(5) Family friendly policies	87.5% (14)	12.5% (2)	0	0	16
(6) Affordability	50% (8)	43.8% (7)	6.3% (1)	0	16
(7) Other	100% (2)	0	0	0	2

All seven of the options provided were marked as very important by the majority of those surveyed, with trained staff being of utmost importance, followed by the openness of staff to trying new approaches to problem solve situations involving children with special needs, followed by family friendly policies as among the top three elements in providing appropriate childcare for each family. The two respondents to the “other” option cited the need for a team approach in planning for each child’s needs and the need for training in “The Virtues Project” for both staff and childcare children to encourage positive attitudes towards each other.

When asked what the most important aspect of an inclusive childcare centre was, respondents reported that **collaborative relationships with trained, informed staff makes for the most appropriate setting for families of children with special needs**. Some families reported that they appreciated the ability to try new approaches with centre staff, while some found frustration when staff were unwilling or unable to accept the difficulties that their children with “invisible” disabilities (like attention deficit disorder, obsessive compulsive disorder or oppositional defiant disorder) presented.



“According to current research in the field of inclusion, early childhood staffs are the most important component of a successful inclusive program and they are central to its success, both in the program planning and in its delivery. In other words, program quality is significantly determined by staff’s attitude about both children and themselves, by staff’s personal skills in managing the learning environment, and by collaboration and teamwork among them.

Some researchers in the field of early childhood inclusion believe that it is the attitude of the staff that to a large extent determines the success of the inclusive early childhood education. The attitude of staff toward inclusion can

influence educational practice and outcomes, and current literature focuses on a number of factors believed to influence staff attitudes toward including children with special needs. Staff attitudes are influenced by staff training, nature of the child's special needs, the experience of the staff, availability of resources, parental attitudes and collaboration with parents, and by the leadership approach taken by the early childhood program director. The attitudes of staff are an important factor in successful inclusion, though even the most positive attitudes may not result in successful inclusion if staffs do not have the skills to manage the behaviour and learning of a diverse group of children. Training is thus an important factor by which front-line staff can improve their skill and ability in managing the inclusive environment. Staff training is linked inextricably to the quality of the inclusive program. Teacher training, in fact, plays two important roles. First, it affects staff's attitudes. Early childhood educators with regular education, training, and knowledge of inclusion are more positive toward inclusion of children with special needs than early childhood educators without this training. Second, staffs need a range of skills in order to meet the diverse needs of children in an inclusive setting, and training can improve their skills in this regard. Opportunities for staff training are diverse but they can be classified into three main categories. These include 1) pre-service training, 2) post diploma training, and 3) in-service training.”⁶

Moving forward...

The final section of the survey focussed on how families of children with disabilities thought that access to appropriate, inclusive child care could be improved within the province of Manitoba. Of the 13 respondents to these questions, 6 advocated for more spaces to be made available in their communities. Greater training for childcare centre staff was cited by 3 respondents and other comments included the need for increased teamwork between families and staff to better meet the need of the child and better advertising of available spaces. One respondent sought out a childcare setting that would be specialized to support only those children with disabilities. This is not in keeping with what Community Manitoba encourages and begs the question of why this parent felt the need for a more segregated form of early childhood programming.

⁶ Betsabeh Parsa-Pajouh, Jillian Stockburger, Margo Greenwood, & Anne-Marie Prediger, *Inclusive Child Care in Northern British Columbia: An Inquiry into the Successes and Challenges, Centre of Excellence for Children & Adolescents with Special Needs, 2005*

When it came to giving advice to other families of children with special needs who are looking for appropriate childcare, many comments stressed the need for advocacy and diagnosis in order to best support the child care centre and the family. Other comments encouraged families to remain involved in pursuing appropriate child care programming as not all childcare centres share a common vision of inclusion. Some survey respondents expressed their frustration with the lack of choice available to them when it came to which childcare centre their child could attend. This is made even more frustrating when the relationship between family and centre is not one of true collaboration and the two parties do not share the same vision of inclusion.

One of the final questions in the survey was to ask for recommendations for the Government of Manitoba regarding childcare provision. Fifteen families responded with comments stressing **the need for ongoing assistance in obtaining a diagnosis and in supporting childcare centres to provide appropriate services**. Supporting the childcare centre may include increased opportunities to take part in training opportunities that include specific disability related information and the importance of maintaining a sense of privacy for the family. Families also indicated that increased financial aid may be necessary when there is no formal childcare available where they live. This financial aid could be used to help offset the cost of increased respite needed to allow the mother to seek outside employment. They also may need financial aid so that they can take advantage of childcare options within their own communities, when the cost of a space in a childcare centre proves to be prohibitive. One parent was able to summarize her belief in the value of appropriate, inclusive childcare as follows:

“It is extremely important that children with special needs have the opportunity to take part in early childhood education and childcare placement. The positive impact of a caring, supportive environment benefits not only the child with special needs, but the 'mainstream' children as well. I have been shocked and pleased at the understanding and support that the Centre staff have developed in fellow classmates. Classmates have always been given age-appropriate information about my son's behaviour and are encouraged to involve him to the extent he is able. Many of the children are eager to help him when he is having a difficult day, and are thrilled when they are able to make him feel better or are forgiving when they cannot.”

One final question asked for comments on childcare in Manitoba and the following comment exemplifies what appropriate, inclusive childcare is all about:

“We are very fortunate to have found a wonderful daycare and one that tries to be so accommodating for us and our special needs child. I can only pray that all parents who are needing childcare, especially childcare for a special needs child, will have a good experience and feel confident that their child is being cared for in the best possible setting with the best workers available.”

This is what we all wish for our children and for the families who support them.

For further consideration:

As noted in *Inclusive Child Care in Northern British Columbia: An Inquiry into the Successes and Challenges*⁷, there are a number of areas that can be addressed to smooth the pathway towards increased inclusive child care opportunities for families in Northern and Rural Manitoba. These include –

- Training and education opportunities related to early childhood education and children with special needs should be regionally available, provincially funded, and considered integral to the Supported Child Care program.
- More supported child care workers and specialists are required in the north in order to fulfill the existing demand. Anecdotal information suggests that some specialists in the north have waitlists for over 200 children, and many children are not getting the extra support needed from staff. This situation hinders the learning and development of children with special needs and places undue burden on child care centre staff.
- Wages (for all staff involved with early childhood education, and children with special needs) should reflect both the education and experience held by the employees and the societal importance of their work.
- A different funding structure for Supported Child Care or children with special needs in early childhood should be considered. Funding and resources ought to be available for each centre with the assumption that they will encounter a situation where a child will have extra requirements, rather than funding being contingent on an assessment of each child with special needs. All centres (except for those limited by their funding structures) offer services

⁷ Betsabeh Parsa-Pajouh, Jillian Stockburger, Margo Greenwood, & Anne-Marie Prediger, *Inclusive Child Care in Northern British Columbia: An Inquiry into the Successes and Challenges*, Centre of Excellence for Children & Adolescents with Special Needs, 2005

for children with special needs, and special needs occur in the population in approximately one in ten or up to one in five children (Hanvey, 2001). It can be expected that each year centres will offer services to at least one, and usually more, children with special needs. Therefore (much like federal government services for those with hearing and visual impairments) encountering children with special needs should be assumed the norm, and funding ought to be provided for these requirements automatically.

- Provide support to parents within the community so that they can feel empowered to be more effective parents to their child with special needs. Childcare for these families can be both a way of allowing for gainful employment for the parent and a way of gaining respite from the increased stress that parenting a child with special needs can cause. In a roundtable discussion on child care challenges in aboriginal and inuit communities, the participants echoed this sentiment as follows:

“Guilt and fear attached to parenting prevents people from pursuing the goals of support and service provision. The significant loss of parenting skills and strengths has to be addressed in the process through empowerment, advocacy strategies and enhancing and supporting capacity building for all children, especially those with special needs. It is important to understand that cultural healing within families and communities is part of the reality of life in the north. Traditional roles of parents and grandparents and traditional parenting need to be looked at in the process of building strengths in the children. Parents need to be recognized as the first teacher, supporter and ultimate decision maker in their child’s life. Elders are essential for healing and educating staff about traditional ways to care for children.”⁸

- The report from this Early Education and Special Needs in First Nations and Inuit Communities Roundtable, included a number of recommendations that are worth consideration when planning future strategies to address the current limitations of child care provision in northern and rural areas of the province (see Appendix A)

⁸ Early Education and Special Needs in First Nations and Inuit Communities Roundtable, Ottawa February 27 and 28, 2007

Appendix A
Roundtable Report: Early Education and
Special Needs in First Nations and Inuit Communities

Dianne Rogers & Lise Rowell

March 2007

KEY RECOMMENDATIONS

Build On What Is Out There

- 1) More values-based assessments like Step by Step Program are recommended
- 2) More community based case studies are needed;
- 3) Pilot Projects could link into special needs training with mentoring component, as well as partner with provinces and territories to generate a way to market special needs initiatives;
- 4) Expand First Nations Regional Longitudinal Health Study (RHS);
- 5) Look at Regional Health Study(RHS) regarding what has been done in mainstream to formulate questions about special needs - Develop questions for RHS 2009;
- 6) Build on other initiatives e.g. Disability, Aboriginal Human Resources Development Strategy (AHRDS), PSE;
- 7) Find out more about Alberta FN Accreditation Board and design a national model;
- 8) Identify, build disseminate knowledge on Best practices (Social Development Canada);
- 9) Balance a national strategy for moving forward with the needs of the community;
- 10) Report card on previous research which justifies new research;
- 11) Report card on implementation of recommendations from previous research;
- 12) Research what being done internationally (e.g. New Zealand, Australia).

Recognition/Education/ Training /Content

- 1) ECE educators must be recognized as professionals, with professional standards and appropriate and equitable pay across the sector of early childhood education;
- 2) Advocacy for certification in Special Needs competency, maintained by ECE professional standards for continued accreditation is essential;
- 3) A certificate in special needs that includes assessment training and hands on field-work is essential to competency. Scaffolding needs to be in place to support the capacity building of professional skills and special needs training/certification should be linked to the career path of ECEs in order to be valued and compensated in an appropriate, professional way;
- 4) Identify national leader (ITK) to take lead on obtaining recognition and to unite all Inuit to work on special needs profile - need an umbrella group, ITK, IECDWG and Pauktuutit for political clout and making standards across jurisdictions;
- 5) Have AFN Chiefs take lead on ECE and Special Needs profile by implementing national First Nations standards and regulations and certification process in order

to enhance certification and accreditation issues – look at AFN Alberta accreditation process to move forward on this;

- 6) Compile a list of the kinds of training that would enhance worker's ability to work with special needs children (i.e. ECE and special needs certificate, diploma and programs that are accredited and credentials acknowledged, and developed in community training programs in early intervention services);
- 7) Develop plan/strategy that would to increase recruitment and retention staff with early intervention training and credentials at the community level e.g. recognition and value for work, better pay scale, better working conditions, job mobility;
- 8) Collaborate with AHRDS to develop plan for culturally appropriate regional training that acknowledge community needs and reciprocities while meeting academic rigor;
- 9) Develop and implement more culturally appropriate certificate/diploma, programs, and coursework;
- 10) An Inuit training model needs assessment must come first;
- 11) Flexible training is needed (e.g. practical, concrete, useful, delivered in community, owned by learners and using many modalities and methods) which emphasis practice; look at special needs specific pilot project in Cree beginning end of March 2007;
- 12) Ownership of learning relates to how learning is formatted and the use of the adult principles of learning which acknowledges and respects the experiences of the learner; mentoring is a successful model that encourages ECE graduates to work with new and emerging ECE students;
- 13) Develop long term mentoring program for isolated communities;
- 14) Develop asset mapping training for communities with the support of the Tribal Councils;
- 15) There is a need for more ongoing professional development opportunities, incentives and funding for centres and individuals;
- 16) Support profession development of ECEs who are working in isolation by creating a professional association; provide networking opportunities and linkages by easing access to professional websites, newsletters and email trees;
- 17) Target training to meet specific needs of the children in communities and the development of on-site community-based training such as in Inuvialuit;
- 18) Provide asset mapping training at First Nations and Inuit Health Branch/FASD to use in communities for mapping special needs expertise and supports;
- 19) Training should be consistent across the northern regions and be community led with *community asset mapping* so everyone knows what's there, what's not there and how to access services and training in the community or over distance.

Community

- 1) Develop a strategy to impact how ECE profession is perceived by community, leadership, and funding bodies, including having "Champions" of ECE workers;
- 2) Share knowledge with whole community; no private ownership for best possible outcomes for the children;
- 3) Implement pilot projects/demo sites with provincial/territorial involvement;
- 4) Identify specific list of training that would enhance ability to support children at the community level e.g. Advocacy training for parents and workers;

- 5) Implement community based studies for data on: the types of special needs specific to each community; the number of children with special needs; human resource issues; the needs and resources of parents and families of children with special needs;
- 6) Funding and research is needed in all areas in ITK communities, including parenting educational support, language acquisition and social/emotional curriculum;
- 7) Research culturally appropriate approaches from a systems perspective so we can make arguments for what do at community level;
- 8) To fully understand, what are the conditions of children with special needs in Inuit communities as a foundation for research, assessments should be administered to all children to provide a baseline of information;
- 9) Involving parents for a clear profile is important as a partnership strategy with families;
- 10) The Wraparound program is an excellent practice in the north which brings community people and professionals together to 'wrap around' and support the child at the centre;
- 11) Labels must be discarded; the Wraparound model and focussing on asset mapping process will initiate this process;
- 12) Continuity of documentation throughout the school years could provide valuable data for the transition to Kindergarten and integrated approaches like Wraparound (*aajiiqatiginiq*) for special needs children and their families.

Screening/Assessment Tools

- 1) Development of culturally, linguistically appropriate screening and assessment tools is a priority;
- 2) Research is needed to develop a picture of where FN and ITK communities are regarding assessments and how they are addressing issues in their communities;
- 3) Develop partnerships e.g. (Kahnawake, AFN, COEP) in order to share lessons learned which would lead to identifying gaps in testing, resources needed and what we "really want to know from the testing";
- 4) Funding and professional resources are required for development of each area of assessment , as well as collaboration so specialists can come to the community
- 5) Professionals must develop tools that are sensitive to culture and language;
- 6) Those administering tests must have cultural competence e.g. those testing for language have to know the sounds Inuit children can and cannot make;
- 7) Provide Inuit training to ECEs to use strength-based assessment and screening tools with clear, concise guidelines designed by Inuit professionals; mentorship is key to understanding the meaning of the results and to be able to develop action plans from the results;
- 8) A socio/emotional tool needs to be designed for early childhood as Elders believe there should an emphasis on building a capable person (e.g. build the heart before head) Elders think children should develop character strength with Inuit-based values and beliefs which will result in resiliency throughout the life span;

- 9) Assessment processes have to acknowledge there is a huge diversity in population in the north with many culturally-based dialects;
- 10) It would be more meaningful and effective to design and develop culturally based assessment tools from the beginning.

Distance Education

- 1) A needs assessment of current models is critical in order to develop recommendations;
- 2) Task IECDWG to consider recommendations to do a feasibility study; develop an Inuit training model; implement a needs assessment for models of community based flexible modules of practice using a competency-based approach;
- 3) Review how new technology could improve distance education training;
- 4) Review content for delivery methods and the relationship between the facilitator and student as the success of distance education methods depends on the quality of facilitation and the on-line environment;
- 5) Outgoing graduate ECE students could mentor in coming ECE students doing a hybrid type of distance education with multi modal pod cast video training tool
- 6) Implement online conferencing, multiple information mediums, pod casts, ediscussion and chat rooms;
- 7) Provide service delivery asset mapping or individual community blueprints so everyone knows where to access community services or how to link with distance services through the web, audio/videotaped based information or telehealth;
- 8) Specialized video conferencing with experts is a successful communication tool in the north and when possible itinerant specialists visiting communities set up on-site consultative processes.

Funding

- 1) How, When and where does funding flow; communities must have this knowledge in order to influence the agendas of funding organizations and shape the direction of funding imperatives;
- 2) Funding directives must lead to accessing *label-free-funds* (LFF) which focuses on the strengths of the children;
- 3) Do the research that is required for numbers and comparative dollars spent
- 4) Develop a strategy for showing how spending earlier saves dollars later
- 5) Address discrepancy between how Aboriginal Headstart is funded on and off reserve

Research

- 1) Find out how we can give children with special needs a higher profile;
- 2) We need to know more on assessment, curriculum resources, and methodologies, case studies, pilot projects, best practices, lessons learned;
- 3) It is the responsibility of the government to link community research outcomes to eliminating silo funding;
- 4) Research needs to be done to find out where children's hospitals fit into the special needs picture for Aboriginal children.

Appendix B The Survey Instrument

Please indicate whether you are a:

- Birth Parent:
- Adoptive Parent
- Foster Parent
- Extended Family (Grandparent, Aunt, Sibling, Cousin etc):
- Other (please describe your relationship)

How old are your children:

- Infant (0 to 12 months)
- Toddler (1 to 3 years)
- Preschool (3 to 5 years)
- Elementary School Aged (6 to 12 years)

Please indicate where you reside within Manitoba (city, town, reservation, etc)

In which region do you reside?

- Central region :
- Eastman region
- Interlake region
- Norman region
- Parklands region
- Thompson region
- Westman region
- Winnipeg region
- Other

Has your child been assessed and/or diagnosed with a disability?

- At birth
- Between birth and age 3 years
- After age 3 years
- Not yet

Has your child been diagnosed with any of the following?

- Intellectual Disability:
- Developmental Disability:
- Autism Spectrum Disorder:
- Pervasive Development Disorder:
- Fetal Alcohol Spectrum Disorder:
- Other (please specify):

Are you able to access licensed childcare in your community?

- Yes
- No

If no, please explain:

- Lack of service within the community
- Centre staff unwilling to enrol a child with special needs
- Waitlist for service
- Other (please specify):

If yes, please indicate what kind of childcare you are able to access:

- Home Daycare setting
- Larger Daycare centre
- Other (please specify):

How did you find out about the childcare setting that you are using?

- Referral from Children's Special Services Worker
- Referral from healthcare professional

- Childcare centre advertising
- Referral from other source
- Other (please specify):

Is the centre able to meet the needs of your child?

- Yes
- Mostly
- Somewhat
- No

Who within the childcare centre provides direction and support in meeting those needs?(please give their job title at the centre)

Were there any issues that have not resolved successfully? What were they?

What do you find to be the most helpful element in providing appropriate childcare for your family? (eg. trained staff, timing of drop-off and pick-up, inclusive culture of the centre, openness of staff to trying new approaches to problem solving, family friendly policies, etc)

How would you suggest that improvements be made to the process of finding a suitable placement in an early childcare centre easier for you and other parents?

What helpful suggestions would you give to other parents of children with disabilities regarding childcare services within your community?

What helpful suggestions would you give to the government of Manitoba regarding their support for families with young children with special needs who are enrolled in childcare facilities?

Thank you for your time and consideration in completing this survey.