

Research on challenges and opportunities for providing quality childcare for children with disabilities



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Disclaimer

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Executive Summary

This project was led by the City of Vancouver's childcare team in collaboration with the City's anti-racism, equity & accessibility team to better understand the opportunities, successes, and challenges in providing high-quality, inclusive childcare for children with disabilities. Upon comprehending that accessibility is central to equitable childcare, the collaboration allowed a cross-sector approach to bring together policy, design, workforce, and community expertise.

The project employed a mixed-method approach that included:

- Literature Review – synthesizing 100+ international, national, and local evidence on inclusive childcare, focusing on physical design, workforce building, and system reforms.
- Jurisdictional Scan – considering five best practices from Canadian provinces and elsewhere in the world for transferable models to implement in Vancouver.
- Interviews and Focus Group Discussions – involving 16 participants from non-profit operators and support service agencies (such as Developmental Disabilities Association (DDA), BC Centre for Ability, Vancouver Society of Children's Centres (VSOCC), Association of Neighbourhood Houses of BC (ANHBC), and the Young Men's Christian Association (YMCA)). Three focus groups were conducted with staff in operation and management positions from the above-mentioned organisations. Additionally, two individual interviews were conducted, for those who could not participate in focus groups.

In the third session of the focus groups, known as Recap Session, was conducted as a joint discussion during which participants were informed about the high-level themes from earlier focus group sessions. They prioritized their key issues and successes, and co-ideated solutions for providing quality childcare for children with disabilities. This collaborative co-creation process yielded actionable, practitioner-relevant insights that guided the outcomes of the project and represented an important part for the recommendations of this report.

Through these conversations, respondents emphasized systemic barriers to accessibility, staffing gaps, and inequities in access to childcare, along with successes such as strong community partnerships, inclusive staff training, and improved ratios. Through a focus on challenges and successes and co-designing solutions, respondents provided thoughtful feedback that informed both policy-oriented and design-oriented recommendations.

The report stresses the need to mainstream accessibility and inclusion into the very core of childcare programming including physical and systemic whether through universal design standards, training and mentorship mechanisms for early childhood educators, or structural changes away from diagnosis-based funding towards needs-based support.

Gratitude is extended to all the operators of childcare, educators, and members of nonprofit organizations who contributed their time, expertise, and experience to the project. Their involvement placed the analysis in context and allowed the recommendations to address the needs of practitioners and the families with whom they work.

Limitations of this research include the absence of direct involvement of children and families, no representation of privately run childcare providers, and failure to include specialist healthcare professionals. Additionally, it was not possible to engage the entire ecosystem –health organizations, Early Childhood Educators of British Columbia (ECEBC), Aboriginal Supported Child Development (ASCD); and all relevant municipal departments who are an integral part of the childcare ecosystem within the available timeframe. While these limitations set the limits on conclusions, the report also suggest future directions of involvement to ensure wider, multi-agency participation in shaping childcare policy and practice.

Glossary

Ableism (Employment and Social Development Canada, 2024): ableism is a type of discrimination that you can compare to racism, sexism or ageism. It involves discrimination in favour of persons without disabilities. Ableism is linked to socially constructed views of “normalcy” that influence society’s understanding of ability and disability. Ableism is also believing that people without disabilities are superior and that being non-disabled is preferable or ideal. Ableism may be intentional or unintentional. It promotes the view that persons with disabilities are less worthy of respect and consideration than persons without disabilities. It also communicates that persons with disabilities are less able to contribute and take part in society, and less valuable. Ableism prevents inclusion and limits opportunities for persons with disabilities. (Employment and Social Development Canada, 2024).

Aboriginal (British Columbia Ministry of Education, 2019): a term defined in the Constitution Act 1982 that refers to all Indigenous people in Canada, including “Indians” (status and non-status), First Nations, Métis, and Inuit peoples. More than 1.5 million people in Canada identified themselves as Aboriginal on the 2016 Census, the fastest growing population in Canada. While still appropriate, the term “Aboriginal” is being replaced by “Indigenous” (B.C. Ministry of Education, 2016).

Accessibility (British Columbia Ministry of Children and Family Development, 2019): All sections of the population have access to quality services within reasonable reach, especially vulnerable or marginalized groups, such as ethnic minorities and Indigenous populations, women, children, people with diverse abilities and/or support needs, including in rural areas.

Barrier (Employment and Social Development Canada, 2024): a barrier is anything that doesn’t allow persons with disabilities to be included and take part in all areas of life and society. The Accessible Canada Act defines barriers as “anything physical, architectural, technological or attitudinal. Anything based on information or communications or anything that is the result of policies or practices. Anything that hinders the full and equal participation in society of persons with an impairment. This includes physical, mental, intellectual, cognitive, learning, communication or sensory impairments or functional limitations”. (Employment and Social Development Canada, 2024)

Care Plan (British Columbia Ministry of Children and Family Development, 2019): Care plans are created by the child care provider and a parent/guardian of the child requiring support. Aboriginal Supported Child Development (ASCD) and Supported Child Development (SCD) consultants may also help in the development of a care plan. The Child Care Licensing Regulation (CCLR) outlines the legislated (legal) requirements for a care plan, which includes: a) The diagnoses relevant to the child’s requirement for support, as made by health care professionals b) The courses of action recommended by health care professionals to address the needs of the child requiring extra support c) The resources to be made available to the child requiring support, including any adaptation of the community care facility (physical environment of the child care site) necessary to ensure the child’s safety or comfort, and any modification to the program of activities necessary to enable the child to participate in or benefit from the program. Care plans are created with the mindfulness of the child’s unique strengths and ideally include much more detail than required by the CCLR including proactive strategies.

Culture (British Columbia Ministry of Education, 2019): the shared understandings that help groups of people make sense of their worlds and communicate with one another. Culture is a group's accepted values, traditions, and lifestyles that guide the way people lead their day-to-day lives.

Cultural Safety (British Columbia Ministry of Children and Family Development, 2019): A transformation of relationships where the needs and voice of children, youth and their families take a central role. It is a theory and practice that considers power imbalances, institutional discrimination, colonization and colonial relationships as they apply to social policy and practice. Cultural safety involves actively exploring and challenging complex power relationships including the way that bias, stereotyping, discrimination and racism impacts how services are delivered and received.

Developmental Delay (British Columbia Ministry of Children and Family Development, 2019): Children reach developmental milestones at their own pace, as delays may not be permanent for some. A developmental delay is a significant delay in achieving age-expected "norms" or milestones within the domains of gross and fine motor skills, speech and language, social and personal skills, activities of daily living and/or cognition. There are many factors that may contribute to a developmental delay (e.g., biological, environmental), and can sometimes help to identify children with an increased risk of disabilities.

Disability (Employment and Social Development Canada, 2024): there are many kinds of disability and society's understanding of disability has evolved over time. The Accessible Canada Act defines a disability as "any impairment, including a physical, mental, intellectual, cognitive, learning, communication or sensory impairment—or a functional limitation—whether permanent, temporary or episodic in nature, or evident or not, that, in interaction with a barrier, hinders a person's full and equal participation in society".

Disability models (Employment and Social Development Canada, 2024): people use multiple models to define disability or the experiences of persons with disabilities. The most common models are the medical model and the social model. The medical model of disability focuses on a person's impairment or condition. It focuses on preventing, treating or curing the disabling condition. The social model of disability says that people are disabled by society's barriers, not by impairments or differences. It views social organization as an important source of a person's limitation and disability experience. A person's condition or disability is not an issue when society removes barriers. Disability rights discussions recognize that both the social and medical models influence us.

Diversity (British Columbia Ministry of Education, 2019): the different beliefs, customs, practices, languages, behaviours, sexual orientation, gender identity and expression, and physical differences of individuals and cultural groups. Honouring diversity is based on the principle that differences that are recognized and celebrated benefit our communities. Honouring diversity requires that we encourage understanding, acceptance, mutual respect, and inclusion to make schools, communities, and society more equitable for all people.

Early childhood educator (British Columbia Ministry of Education, 2019): a person who has been certified by the B.C. government's Early Childhood Educator Registry. Early childhood educators must complete the basic Early Childhood Education training program and meet the character and skill requirements outlined in the legislation. This includes an assessment of the individual's suitability to work with children. Depending on the level of certification, work experience hours may be required.

Educator (British Columbia Ministry of Education, 2019): an adult who works in early year settings, school-based settings, community-based settings, and post-secondary settings, including teachers. While it is acknowledged that many terms are in use and people may have preferences on what they call themselves, in this framework the term educator refers to adults who work in these settings.

Equity/Equitable (British Columbia Ministry of Children and Family Development, 2019): A value or goal that recognizes individuals and groups have different circumstances which may require different treatment. An equitable system strives to reduce barriers so that everyone may access resources, opportunities, power and responsibility to lead full and healthy lives. This providing support when needed so that Individuals and groups can participate fully in society.

Family (British Columbia Ministry of Children and Family Development, 2019): A term that is inclusive of diverse family structures including (but not limited to) single parents, adoptive parents, same-sex couples, step-families, married/common-law couples, intergenerational families and more.⁵ A family is broadly recognized to ensure the inclusion of all families and family experiences, including the variety of relationships bonded by genetic relations, marital/legal status, cultural identity, and kinship systems. This broad identification acknowledges different uses of terminology, diverse household membership, and diverse social ties to caring for a child.

Inclusion/inclusive (British Columbia Ministry of Education, 2019): the practice of having children with diverse abilities and disabilities attend their neighbourhood schools or learning centres in age-appropriate, regular education settings, participating alongside their peers in all aspects of learning where each student is supported to meaningfully engage, learn, and contribute to the learning community and culture. Specialized assistance and instruction, when required, is provided to each child, within the regular education environment. Additional support may also be provided in a small group or individual setting.

Indigenous (British Columbia Ministry of Education, 2019): a collective name for the original peoples of North America and their descendants. The Canadian Constitution recognizes three distinct groups of Indigenous (Aboriginal) peoples: Indians (referred to as First Nations), Métis and Inuit. Increasingly, and in keeping with international agreements, “Indigenous Peoples” is being used instead of “Aboriginal peoples.”

Intersectionality (Employment and Social Development Canada, 2024): intersectionality is the interconnected nature of social categorizations such as disability, race, religion, class and gender. Individuals or groups (including persons with disabilities) experience these categorizations differently. This may create overlapping and interdependent systems of discrimination or disadvantage. Many factors can combine to affect the lives of persons with disabilities and multiply the barriers they experience.

Invisible disabilities (Employment and Social Development Canada, 2024): invisible disabilities may not be noticeable right away. They are also called hidden or non-visible disabilities. Invisible disabilities can be permanent, temporary or episodic. People with invisible disabilities also face barriers to inclusion. This could include having to explain why they need accommodation. Examples of invisible disabilities may include mental health or substance use, neurological disabilities, or sensory impairments.

Marginalized (British Columbia Ministry of Education, 2019): to be placed in a position of being unimportant or powerless within a society or group.

Meaningful Participation (British Columbia Ministry of Children and Family Development, 2019): A child's role is valued by all those involved in the activity including the child themselves. Meaningful participation is more than being present in various environments and activities. Children must be actively engaged, and their involvement must be more than an appearance of equity in activities and environments.

Neurodiversity (Employment and Social Development Canada, 2024): neurodiversity refers to how thought patterns and behavioural traits vary in humans. "Neurodivergent" can describe persons on the autism spectrum and anyone who experiences neurologically different patterns of thought or behaviour. "Neurotypical" individuals do not generally have autistic or other atypical neurological thought patterns or behaviours. Workplaces that optimize neurotypical tasks may not meet the needs of persons with disabilities. Neurotypical individuals may assume that their experience of the world is the only one or the only correct one.

"Nothing about us without us" or "Nothing Without Us" (Employment and Social Development Canada, 2024): these principles are related but not the same. The principle of "Nothing about us without us" guided the United Nations Convention on the Rights of Persons with Disabilities. The principle represents preamble (o) and Article 4.3 of the Convention. This principle is about the duty to engage persons with disabilities, and organizations representing them, in all matters impacting them. In Canada, we're now moving away from "Nothing about us without us" and to "Nothing Without Us." This aims to include persons with disabilities in all initiatives, as opposed to initiatives about them only. This is because all initiatives will also affect persons with disabilities, even if they aren't the target audience.

Person-first or identity-first language (Employment and Social Development Canada, 2024): discussing disabilities varies depending on the person and group. Two common forms of language are person-first and identity-first. Person-first language emphasizes the person. For example, "person with a disability" or "person with Down syndrome." Identity-first language focuses on the person's disability identity. For example, "disabled person," "Deaf person" or "blind person." Some countries like New Zealand encourage identity-first language. This is based on what the New Zealand Disability Strategy Revision Reference Group says. Even so, preferences vary in New Zealand and many people and organizations believe in person-first language. No standard or universal approach exists. When possible, ask the person or group what they prefer. Use their preferred terms. This guide uses person-first language by default.

Stigma (Employment and Social Development Canada, 2024): stigma is negative attitudes, beliefs or behaviours. Stigma may target a group of people because of their situation in life. It includes discrimination, prejudice, judgment and stereotypes. Stigma isn't limited to the attitudes and actions of others. Self-stigma relates to negative stereotypes people have about themselves. Stigmatizing language and disrespectful behaviour affect the way people see themselves. This can impact how society views and treats them.

Worldview (British Columbia Ministry of Education, 2019): a way of seeing the world as connected to histories, traditions, modes of thought, and types of ideas about existence, values, social and economic systems, and relations between living beings as well as between living beings and non-living ones.

Introduction

1.1. Project Background

The City of Vancouver, Social Policy and Projects Team wanted to better understand the benefits, challenges and barriers of providing quality care to children with disabilities in childcare settings. This project involves deepening the City's understanding of tangible actions that can be taken within Vancouver that support children with disabilities in childcare settings, along with further identifying challenges, barriers and strategies for reducing and overcoming them.

1.2. Research Questions

- What are the current successes and challenges of providing quality care for children with disabilities in the childcare setting?
- How much does the physical design of the childcare facility play into the provision of quality care?
- How much do other factors, such as Early Childhood Educator (ECE) training and knowledge, play into this?
- What other factors affect this, from the perspective of ECE's and Operators?

1.3. Project Objectives

To provide the City and childcare operators in Vancouver with recommendations for next steps that ensure social sustainable improvements to enhancing quality care, including:

- Accessible and inclusive programming in terms of enhancing quality of care in childcare settings.
- Factoring in and enhancing accessible design for childcares in development rather than retrofitting as an after-thought (especially for any City-facilitated childcare centres).
- Possible recommendations for operators to consider and integrate into their operations to enhance quality care (e.g., additional training for ECE's, etc.).
- Identify possible feedback loops as part of recommendations for city and operators to implement.
- Possible recommendations for the larger childcare sector in Vancouver (all organizations and agencies involved or organization and agency specific)

2. Context

2.1 Understanding the issue in Vancouver- challenges and successes

2.1.1 Challenges in Providing Quality Care for Children with Disabilities

Childcare in Vancouver stands at the intersection of affordability, accessibility, and equity. Although the city has made advancements in the sense of developing more spaces and integrating early learning, there are still many families that face persistent challenges in accessing and benefiting from childcare. For children with disabilities at the intersection of low-income families, indigenous families, immigrants, these challenges are especially stark, and they carry disproportionate impacts. From what we've gathered through literature and stakeholder's discussions, some more widely understood and anecdotal barriers that many parents face include:

- Children with disabilities are less likely to be enrolled in childcare due to inadequate inclusive programs, long waitlists for Supported Child Development (SCD) and Aboriginal Supported Child Development (ASCD), and physical design limitations.
- Unequal distribution of inclusive childcare services in Vancouver creates uneven access, with some neighbourhoods having substantially fewer services.
- Children with disabilities are less likely to be in childcare, often placed on long waitlists due to inadequate inclusive programs and physical design limitations.
- Inclusive childcare is hard for families to access, with uneven program implementation and, sometimes, discriminatory exclusion, despite policy assurances.
- Insufficient accessible, affordable, and appropriate inclusive childcare compels families to make difficult economic and career trade-offs.
- Most childcare centers lack trained staff or equipment to support children with complex medical, behavioural, or developmental requirements.
- Early childhood educators face low wages, high stress levels, and poor working conditions, leading to a long-standing staffing shortage that the pandemic worsened.
- Indigenous, immigrant, low-income, and newcomer families face additional cultural, linguistic, and accessibility obstacles to accessing childcare.

Challenges:



Figure 1 Participants each prioritized three key challenges and provided recommendations during the Recap Session.

2.1.2 Successes in Providing Quality Care for Children with Disabilities

Although barriers remain, stakeholders highlight several notable successes in building inclusive, high-quality childcare in Vancouver. Some of the more widely recognized examples include:

- Improved Ratios and Team Teaching: Several centres have moved towards better staff-to-child ratios and team teaching strategies, facilitating more one-on-one attention and collective responsibility among educators.
- Training and Leadership Development: Ongoing training programs, mentoring, and leadership development improve educators' skills in serving various needs, including children with disabilities.
- Inclusive Staff Training: A number of centres have introduced specialized inclusion and accessibility training, integrating these methods into practice.
- Family-Teacher Relationships: Programs have strengthened greater relationships with families, encouraging collaboration, mutual understanding, and shared decision-making.
- Community Partnerships: Agreements with local community organizations, health professionals, and advisory committees promote inclusive practices and boost resources for centres.
- Professional Mentorship: Experienced teachers support new or less seasoned staff to help transfer inclusive culture and practical strategies within teams.
- More Inclusive Spaces: A minority but growing number of childcare centres are adapting physical space and materials to include children with disabilities.

- Focusing Early Childhood Development: Centers focus on child-first, needs-driven practices, respecting equity, empathy, and inclusive support practices within children from early childhood.

Successes:



Figure 2 Participants each prioritized three key successes and provided recommendations during the Recap Session.

2.2 Existing strategies, guidelines and policies in Vancouver

2.2.1 Historical and Policy Context

- 1993: [Vancouver's Childcare Design Guidelines](#) were established in 1993 to guide planning and design of quality childcare facilities, applied mainly for rezoning and City-owned facilities.
- 2011: Vancouver City Council endorsed the [community-led \\$10-a-Day Plan](#) for universal public childcare.
- 2014: Council approved the [Healthy City Strategy](#), prioritizing "A Good Start" to promote children's long-term healthy development via increased access to quality childcare.
- 2022: Vancouver launched [Making Strides: Vancouver's Childcare Strategy](#), a 10-year plan to expand childcare across city. Vancouver is one of the first municipalities in Canada to use planning tools such as zoning, development incentives, and public space guidelines to expand childcare centres

- 2024: BC introduced new [Provincial Child Care Design Guidelines](#) aimed at consistent, higher quality, accessible, and inclusive childcare centre design across BC.
- 2024: [Vancouver Council, recommendation](#) includes no longer applying Vancouver's older guidelines and instead adopting the Provincial Child Care Design Guidelines for public childcare design and construction.

2.2.2 Vancouver's Childcare Strategy – Policy Direction

- Provincial Framework:
 - October 27, 2021 – BC government introduced the Early Learning and Child Care Act to support an inclusive, universal childcare system.
- City Strategy:
 - June 2022 – Council approved Making Strides: Vancouver's Childcare Strategy, aligning City policies, investments, and tools with the provincial goal of universal childcare.
- Additional Council Initiatives:
 - Align policies and design guidelines with Provincial standards (Dec 2022).
 - Support more childcare in residential zones (Nov 2023).
 - Identify public lands for childcare, prioritizing areas with severe shortages (Oct 2023).
 - Work with Province on financial support for a prefabricated construction pilot to rapidly expand childcare (Oct 2023).

2.2.3 Transforming Attitudes, Embedding Change: The City of Vancouver's Accessibility Strategy (Phase 1) – Excerpts from the Report on Childcare

- Co-locate eldercare and childcare facilities to encourage intergenerational interaction.
- Partner with community groups to improve access to childcare for children with disabilities.
- Advocate for:
 - Increased funding (e.g., improved Inclusion Contracts).
 - More investment in inclusion training for Early Childhood Educators.
 - Enhanced wraparound supports for families.

2.2.4 Transforming Attitudes, Embedding Change: The City of Vancouver's Accessibility Strategy (Phase 2)– Excerpts from the Report on Childcare

The City of Vancouver's Accessibility Strategy for 2024–2026 focuses on improving accessibility in city-owned facilities and services, guided by Rick Hansen Foundation standards and community engagement. Key actions include:

- Applying Rick Hansen accessibility standards to existing City-owned buildings where feasible.

- Conducting ongoing accessibility audits to identify and prioritize necessary improvements.
- Targeting certification of three childcare facilities with Rick Hansen accessibility ratings.
- Surveying 30 City facilities using the Rick Hansen Foundation accessibility rating system.

Advocacy priorities include:

- Partnering with community groups to improve access to early learning and childcare for children with disabilities.
- Engaging senior governments to enhance accessibility in emergency and disaster management.
- Promoting inter-governmental coordination to support persons with disabilities during emergencies.

2.2.5 Accessible BC Plan – Childcare Summary

The report highlights the importance of equitable access to childcare, especially for children with disabilities. It emphasizes removing physical, social, and systemic barriers to ensure inclusive participation.

- Collaborate with childcare providers to enhance accessibility in facilities and programs.
- Increase support for early learning environments to accommodate diverse needs.
- Provide resources and training to early childhood educators on accessibility and inclusion.
- Advocate for inclusive policies that ensure children with disabilities can fully participate in childcare services.

2.2.6 BC Childcare Design and Accessibility Guidelines

- Complies with accessibility frameworks such as the UN Convention on the Rights of Persons with Disabilities (CRPD), Canadian Human Rights Act, Accessible Canada Act, Accessible BC Act, and BC Human Rights Code.
- Emphasizes universal design principles and accessibility standards in building codes, zoning, and development bylaws.
- Guided by advisory committees including Persons with Disabilities Advisory Committee, Seniors with Disability Advisory Committee, Equity Office, and Youth and Families Council Advisory Committee.

2.2.7 Provincial and Federal Efforts for Inclusion and Workforce Support

- BC's Early Childhood Learning (ECL) Recruitment & Retention Strategy focuses on wage enhancements, bursaries, and training to retain and upskill educators, including for inclusive care.
- Sector evaluation by Social Research and Demonstration Corporation (SRDC) guides improvements in inclusive childcare workforce readiness.
- Provincial initiatives provide training (e.g., Foundations of Inclusive Childcare) and resources for behavioural support.

- Federal-Provincial agreements (Canada-Wide Early Learning and Child Care Agreement 2021-2026) aim to build a universal, \$10-a-day childcare system.
- Childcare mandate shifted to BC Ministry of Education and Child Care (2022) for stronger integration.
- Staff training programs such as:
 - Foundations of Inclusive Childcare
 - Inclusive Childcare Toolkit
 - Position statements/resources on specific needs (e.g., toileting)
 - Collaborative projects, e.g., advisory role in CanAssist's Positive Approaches to Behaviour project, which provides:
 - Position statements
 - Professional development materials
 - Behavioral support tools
- Ongoing government engagement with key figures like the Minister of Education and Child Care to prioritize disability inclusion.
- Inclusive Child Care Toolkit – A user-friendly resource to support high-quality, inclusive practices in childcare settings across British Columbia.

3. Methodology

The methodology for this project consists of three key components: **a literature review, a jurisdictional scan, and focus group discussions with interviews**. Through discussions with my team, I **integrated these methods in an iterative and interactive process of information sharing and mutual learning**. Through this process, I was able to **continuously refine the scope and focus of the methodology**. For example, the literature review examined both global and Canadian sources to ensure contextual understanding and foster shared learning. The inclusion of Canada-specific grey literature helped ground the review in local realities, informing potential solution-building strategies. Simultaneously, the jurisdictional scan Focus on selected regions in Canada and worldwide to explore the policy frameworks and practical interventions related to inclusive childcare. Although these jurisdictions differ in context, they offer comparable insights that are relevant to the Vancouver setting and can inform future directions.

Focus group discussions and interviews further enriched this process by identifying key challenges faced by stakeholders such as nonprofit operators and early childhood educators. These discussions helped bridge and reshape the boundaries of the literature review and jurisdictional scan by highlighting recurring concerns around physical design, ECE workforce development, policy and resources. As a result, these themes became central to the project's methodological focus and contributed to a more comprehensive understanding of the issues.

Given the project's focus on a relatively novel and under-researched area, grey literature played a crucial role in shaping its direction. It provided valuable practitioner insights and grounded the analysis in real-world contexts, particularly within Canada. By integrating grey literature alongside academic sources, the project was able to bridge gaps between policy, research, and practice, and offer more contextually relevant solutions.

3.1 Literature review

This literature review is informed by a systematic search using three primary keywords: 'childcare' (or 'childcare centre'), 'children', and 'disability' (or 'disabilities'). These terms guided the exploration of both academic and grey literature, resulting in the review of approximately 100 sources examining various dimensions of childcare for children with disabilities. Academic articles were accessed through the University of British Columbia's library databases and Google Scholar, while grey literature was sourced from platforms such as Childcare Canada (childcarecanada.org), which hosts an extensive repository of research and policy documents relevant to the Canadian childcare context.

The review focuses specifically on literature that provides in-depth analyses of the physical design of childcare settings, early childhood education (ECE) workforce development for children with disabilities and related policy and resource context. These themes emerged as key issues through the project's other methodological components through jurisdictional scans and focus group discussions and was therefore incorporated into the literature review to support a more integrated understanding. Particular attention has been given to contextualizing the findings within Vancouver, British Columbia, and the broader Canadian landscape, while also drawing on global policy frameworks, such

as those developed by UNICEF, to inform the international relevance of inclusive childcare policy and practice.

3.2 Jurisdictional scan

The jurisdictional scan was designed to identify and analyse leading practices both physical and non-physical used to ensure inclusive, high-quality childcare for children with disabilities. This component of the research provides more detailed, case-specific insights that complement the thematic synthesis in the literature review and contributes to a comprehensive understanding of the policy landscape across different scales. The scan Focus specifically on the inclusion of children with disabilities within childcare system. While the scope of inclusion and the nature of practices vary across jurisdictions, the core focus remained consistent: understanding how different contexts support the rights, needs, and development of children with disabilities in childcare settings. Two types of jurisdictions were explored:

- **Canadian Jurisdictions:** A selection of provinces and municipalities within Canada were reviewed to gain a nuanced understanding of the systemic challenges and policy responses in contexts comparable to the City of Vancouver. This national scan aimed to identify shared issues, innovative responses, and opportunities for cross-provincial learning. It helped surface policy commonalities, programmatic gaps, and enabling conditions relevant to a Canadian context.
- **International Jurisdictions:** A parallel scan examined international examples, with a focus on jurisdictions recognized for their strong orientation toward inclusive childcare. These included European countries and other global leaders with detailed, well-developed policies supporting children with disabilities. The goal was to draw insights from places that have advanced inclusive frameworks and could offer valuable lessons or adaptable strategies for Vancouver.

Jurisdictions were selected in consultation with the project mentors and based on criteria such as the relevance of policy focus, availability of data, and alignment with the challenges faced in Vancouver. Where possible, the scan prioritized cases that reflected comparable urban conditions or demographic contexts, allowing for meaningful parallels and practical recommendations.

This methodological approach ensures a balanced mix of local and global perspectives, enabling both the recognition of shared structural challenges and the identification of innovative approaches that can inform policy development in the City of Vancouver.

3.3 Focus group discussions and Interviews

The City of Vancouver contacted non-for-profit childcare operators and as well as support service organizations that provide or facilitate inclusive childcare, inviting them to the discussions. We received interest from participants representing the Developmental Disabilities Association (DDA), BC Centre for Ability, Vancouver Society of Children's Centres (VSOCC), Association of Neighbourhood Houses of BC (ANHBC), and the Young Men's Christian Association (YMCA). The participants who expressed interest included 16 staff ranging from management to operations, from the above-mentioned organizations.

The diverse representation from all levels of the organizations strengthened the project findings, as participants discussed not only high-level themes such as childcare policy, legislation, guidelines, and funding, but also regular day-to-day challenges that children, families, and ECEs face in childcare centres while meeting inclusive childcare needs. The findings mentioned in the report are drawn from all participants and reflect views they shared. We are thankful to all participants for their time, involvement, and valuable insights in shaping the findings of the report.

It is important to note that in this project we have tried including the experience of providers and administrators within the context of facilities constructed and operated by the City of Vancouver with recent and renewed policy commitments to accessibility and inclusion. By doing this, the project seeks to build connections between choices and standards set by the City and operator experiences and outcomes. The team acknowledges the limitation that we were not able to involve the children and their families, more childcare operator in the study, nor other health care experts on disabilities (behavioural, emotional, health etc.) who are an integral part of the childcare ecosystem.

Methods:

Based on participant availability, we conducted two focus group discussions (FGDs), one recap session, and two independent interviews for people who could not join the FGDs with other participants at the same time. Participants who could not attend the recap session were invited to share their thoughts either through a separate interview or in a written document responding to the questions and prompts from the FGDs. One written response was received for the recap session.

For the FGDs, we divided staff based on whether they were in management or operations into two separate groups to allow for more focus and open conversations. This approach helped participants speak freely and address challenges specific to their roles and areas of expertise. The final recap session brought all participants together. It served as a space to revisit key themes from earlier discussions, reflect on shared challenges, prioritize them, and collaboratively propose actionable solutions. Insights from this session played an especially valuable role in shaping practical recommendations in this report.

All sessions were conducted virtually on MS Teams. The two FGDs and the interviews were recorded and transcribed for data analysis purposes. The FGDs and interviews were later coded using Atlas.ti software.

Consent forms were signed as part of the process to ensure the privacy of participants. Responses are also anonymized in the report to protect privacy. Key findings from these sessions are presented as qualitative themes and are not attributed to any individual or organization.

4. Findings

Rather than providing a descriptive analysis of all the reviewed literature and jurisdictional cases, this section synthesizes key findings that align with the major themes identified in relation to the City of Vancouver. It also highlights illustrative examples from regional and international contexts to deepen the understanding of these themes. In many instances, the findings overlap across local (Vancouver), provincial (British Columbia), national (Canada), and global contexts, situating the issues within a broader framework.

While this literature review section provides a thematic synthesis, more detailed, case-specific insights are explored in the subsequent jurisdictional scan section. This provides deeper insights into how various jurisdictions address childcare-related challenges, contributing to a comprehensive understanding of the policy landscape across scales.

Additionally, the section on focus group discussions and interviews presents both qualitative and quantitative analyses of the engagements conducted with participants. It shares key findings from these interactions, highlighting participant perspectives and experiences, which offer critical empirical insights that complement the literature and jurisdictional analyses.

4.1 Findings from Literature Review

4.1.1. Importance of childcare in early years for children with disability

Ninety percent of a child's brain develops in the first five years (First Things First, 2018). Brain development depends on the quality of relationships and interactions in a child's life and the learning environment that surrounds them. **But for the children with developmental delays and disabilities without support in that period can leave a lifetime impact on the children** (Ruhela & Agrahari, 2025). Young children with disabilities are often left out of mainstream programs meant to support child development, even though they are more vulnerable to developmental challenges. They usually don't receive the specific help they need and face barriers in accessing support because of weak laws and policies, negative public attitudes, limited services, and inaccessible environments. Without timely support and early intervention, their challenges can worsen over time, leading to long-term consequences like poverty and social exclusion (Skjerven, 2021). This is why having quality childcare for children with disabilities is even more critical in supporting this important period in a child's life, while also supporting the family.

4.1.2 Inclusive childcare rights for children with disabilities

The Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD) **both affirm that children with disabilities have the same rights as all children including access to healthcare, education, protection, and social inclusion. Providing early childhood intervention and support is essential for fulfilling these rights** and helping children with disabilities thrive now and into adulthood.

At the local level, Equitas Canada is working to reaffirm these rights with municipalities such as Burnaby and the Tri-Cities, as well as organizations like East Side Family Place, to develop a Children's Charters – these are initiatives that involve children and youth to create a vision for their rights and future ensuring their perspectives are considered in community planning and

decision-making. Overall, these initiatives reflect a growing trend toward recognizing and cementing the human rights of children with disabilities, ensuring they receive the supports and opportunities they need during their critical early years.

4.1.3 What does it mean to provide inclusive childcare for children with disabilities?

Inclusive childcare means making sure the childcare system can support all children, including those with disabilities. It's a key step toward achieving education for all. According to Article 24 of the Convention on the Rights of Persons with Disabilities (CRPD), children with disabilities have the right to attend regular schools and receive quality, inclusive, and free education in their communities.

Inclusive early childhood and primary education plays an important role in a child's development. It gives children with disabilities the chance to learn, play, build friendships, and interact with peers. However, many are denied access to early education, and those who do attend often struggle because of rigid systems and a lack of inclusive practices. This can lead to irregular attendance, repeating grades in future schooling, or dropping out during a critical stage of their development (Zeng et al., 2019).

Inclusive education should focus on integrating children with disabilities into mainstream childcare centres. This approach supports their rights and is usually more cost-effective than separate special education centres although it does require proper support. This includes strong national and local policies, trained educators, accessible childcare environments, flexible teaching approaches, and proper learning materials (Hayes & Bulat, 2017). These supports benefit all children, not just those with disabilities.

Positive relationships and inclusive attitudes from teachers, peers, parents, and the wider community are essential. It's also important to regularly assess early childhood settings and schools and to ensure they are inclusive. Coordination across sectors such as education, health, and social services is necessary to identify children's needs early, support them holistically, and connect what happens in the classroom with what happens at home and in the community (Hayes & Bulat, 2017). Since childcare has shifted to the Ministry of Education in BC, there is an opportunity for the City of Vancouver to coordinate with school districts to ensure inclusive early years childcare and school-age care, aligned with inclusion and accessibility policies within the school system.

4.1.4 Childcare for children with disabilities – the Canadian context

In Canada, around half of the childcare centres are not-for-profit or government operated and have made accommodations for at least one child with a disability. More than two-thirds of their staff had an early childhood education (ECE) diploma or certificate, or higher (Statistics Canada, 2024). This creates a widening gap as childcare staff without ECE certification are poorly equipped to provide care that is meaningfully inclusive in practice.

According to the research conducted by Statistics Canada (2024), among children aged 0 to 5 years with disabilities, less than half attended a daycare centre, preschool or before or after school care as their main childcare arrangement; 17% attended another type of childcare, such as a family childcare home or care by a relative; and 38% did not regularly attend non-parental

childcare. The parents of nearly half of children with disabilities reported difficulty finding a childcare arrangement. Close to 1 in 10 parents of children with disabilities who were using childcare reported that their child had been denied a childcare space because of their disability. These findings highlight the need for information to support inclusive policies, practices, and resources for children with disabilities within the Canada-wide early learning and child care system (Statistics Canada, 2024).

4.1.5. Barriers to provide inclusive care – physical design of childcare centres

The research by Statistics Canada (2024) also suggests that the **type of disability affects access to and experiences of children with disabilities in childcare**. For instance, accessible physical layouts and specialized equipment may be needed for children with physical disabilities. However, many childcare arrangements, particularly home-based arrangements, are not accessible, and attitudes towards providing care to children with disabilities may vary by disability (Statistics Canada, 2024). Children with different kinds of functional difficulties may require tailored supports, adaptive play equipment, accommodating environments, and different types of assistance to participate in childcare. Recent efforts to increase the capacity of the childcare system with infrastructure funding may assist in this regard, particularly for children with physical disabilities (e.g., ramps, accessible washrooms). Another study also mentioned that the high-quality childcare programs are not accessible, affordable, flexible or inclusive (Hyslop, 2022). **There is no official count of how many child-care sites are accessible for kids with disabilities because there is no provincial definition of what makes a child-care site inclusive** (Hyslop, 2022).

4.1.6 Barriers to provide inclusive care – ECE workforce

Given the right supports, childcare service providers play an important role in inclusive service delivery for children with disabilities. Researchers found a lack of qualified staff, insufficient funding and lack of access to specialist and resources are the main challenges while providing special care needed for children with disabilities (Statistics Canada, 2024). As a result, the children with a variety of physical, emotional and behavioural disabilities and also with autism spectrum disorder are turned down by centres that are full and lack the necessary support (Irwin & Lero, 2020). The research also suggests that childcare providers are less equipped to care for children different types of disabilities.

Also, for children with disabilities, specialized staff training and additional staff or supports is required. Another study found that directors and staff in many childcare centres are committed to including children with disability in their childcare centre but often lack appropriate support (Irwin & Lero, 2020). The research has also found out the factors highly responsible to ensure highest level of inclusion and while addressing the unique needs of children with disabilities. These are **proper staff training in child development, government funded additional staff, and access to specialist and inclusion support services**.

4.1.7 Barriers to provide inclusive care – system reforms and resources

There is a **common misconception that inclusion is an institutional strategy**, but it can be most accurately **defined as a mindset and appreciation for all children's potential** (Abilities Manitoba, 2021).

The **ideal learning environment for a child to thrive is one that is inclusive in the real sense, where all types of children have full access to learn and thrive together**. There are, however, significant barriers to having fully inclusive care, including systemic and resource-based issues. Systemic reform, along with additional investment in training, facilities, and support, must occur to overcome these barriers and create a childcare environment that is truly inclusive and accessible in both essence and mindset (Ontario Ministry of Education, 2024).

Often, there aren't enough childcare centres equipped to support these children with disabilities. This calls for a mandate requiring centres that receive government subsidies to enrol children with disabilities (Hyslop, 2022). Right now, many centres avoid doing so, stating they don't have the extra staff needed to provide proper support. The Supported Child Development (SCD) program **both locally and provincially does not maintain a clear waitlist, which makes it hard to understand the true level of unmet need** (Hyslop, 2022).

The province's \$10-a-day subsidies for public, non-profit and private child-care sites prioritizes those that support disabled children, requesting they work with Supported Child Development program providers. Now the **province wants early childhood educators' training to include mandatory lessons on supporting kids with disabilities and is working with the University of Victoria's CanAssist program to develop a new early childhood curriculum inclusive of kids with disabilities**. They are also working on a proposed wage grid for current early childhood educators (Hyslop, 2022). At time of writing (August 2025), there has been no additional announcements regarding a wage grid for educators in BC.

Some steps have been taken under this collaboration, **such as creating an *Inclusive Child Care Toolkit* for providers, proposing an expansion of the \$4-an-hour wage top-up for SCD workers**, offering an online professional development course to help early childhood educators support children with disabilities, and prioritizing ECEs in immigration pathways to B.C.

4.1.8 Intersections with Disability

Children with disabilities are more likely to live in low-income or lone parent families and have parents with lower levels of education or other barriers to employment (Statistics Canada, 2024). They are also more likely to be older, possibly because of identification of disability at school rather than in the early years of childcare centres (Statistics Canada, 2024). These intersectional factors may affect the childcare use and experiences of families of children with disabilities (e.g., low-income families may be unable to afford specialized care or therapies). Children who live in poverty during these early years face a higher likelihood of developing chronic illnesses in childhood or experiencing disability. (Skjerven, 2021).

When childcare is unavailable, parents of children must quit working or reduce their working hours, creating financial pressure (Hyslop, 2022). The problem is multiplied when families are trying to support children with disabilities where the expenses are greater than average family (Hyslop, 2022). Research shows, parents of children with disabilities in low-income families were also less likely to use childcare centres, with 40% of low-income families using child care, compared with 68% of families above the Low-Income Measure threshold. **Child care costs**

are often a barrier for low-income families, and subsidies to lower these costs vary across provinces (Statistics Canada, 2024).

4.2 Learnings from jurisdictional scan

The jurisdictional scan reveals that while contexts vary, many jurisdictions have implemented innovative approaches to support inclusive childcare for children with disabilities. These include policy reforms, rights-based frameworks, and integrated service models tailored to local needs. Though not all strategies are directly transferable to Vancouver, they offer valuable insights and inspiration. The findings highlight the importance of flexible, equity-driven approaches and provide a foundation of existing knowledge to adapt and build upon in developing inclusive childcare systems at the local level.

4.2.1 Learnings from national jurisdictional search

a) *Learnings from Ontario*

Ontario's *Access and Inclusion Framework 2023* outlines a province-wide strategy to expand affordable, high-quality, and inclusive early learning and childcare through the Canada-Wide Early Learning and Child Care (CWELCC) system. The framework focuses on improving access for children with disabilities and other underserved populations by addressing physical design, workforce development, systemic barriers, and inclusive resources.

Physical Design and Inclusive Environments

- Ontario promotes **universal design for learning**, ensuring environments are ready to support all children **from the outset**, not retrofitted later.
- Accessibility principles include:
 - **Removal of physical and systemic barriers**, including space-related and socio-economic barriers.
 - Designing learning environments that offer multiple means of representation, engagement, and expression.
- **Start-up grants are provided** to support the creation of new childcare spaces in underserved areas, including costs like equipment and leasehold improvements, helping ensure accessibility at inception. According to the Ministry of Education's guidelines, the province provides capital start-up grants covering up to \$90 per square foot for new or expanded childcare spaces. The maximum grant per project is capped at \$350,000 for every 50 childcare spaces created. This funding is intended to support the initial costs required to expand or create spaces in underserved regions, including expenses like equipment and leasehold improvements (Moran, 2022).

ECE workforce development:

The College of Early Childhood Educators (2019) emphasizes that Registered Early Childhood Educators (RECEs) play a leadership role in building inclusive environments. RECEs are professionals who are licensed to practice early childhood education in Ontario.

- RECEs are encouraged to co-create environments where:
 - **Adaptations are universal, not child-specific**, to reduce stigma (e.g., large pencils available to all).
 - Flexible pedagogies are applied to accommodate diverse developmental paths.

- Leaders are urged to provide adequate staffing, training, and emotional support, especially to reduce stress and burnout related to inclusion challenges.
- The guideline acknowledges barriers to inclusive practice such as:
 - Lack of resources, large group sizes, and administrative burdens.
 - Educator discomfort or lack of confidence in supporting children with disabilities.
 - It calls for system-level supports and workplace policies that promote equity, access, and sustainability in inclusive care.

Systemic Policy Changes

- The Ministry of Education will continue to work with Consolidated Municipal Service Managers and District Social Services Administration Boards (CMSMs and DSSABs), also known as service system managers (SSMs), to develop directed growth plans that support childcare access for low-income children, vulnerable children, children from diverse communities, children with disabilities, Francophone, and Indigenous children
- The Directed Growth Strategy allocates new childcare spaces based on socio-economic indicators to support children with disabilities including underserved populations.
- Service System Managers (SSMs) must develop five-year service plans that address **access and inclusion, with data-informed planning for priority neighbourhoods and populations.**
- Policies are aligned with international frameworks like the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities.
- Ontario mandates that at least 4.1% of total childcare funding be spent on Disabilities Resourcing.
- Ontario's Access and Inclusion Framework requires Service System Managers (SSMs) to report on specific indicators related to access and inclusion for children with disabilities. This includes
 - **Number of children with disabilities or needing enhanced/individual supports in licensed childcare spaces.**
 - **Proportion of childcare sites offering adapted services for children with disabilities.**
 - **Annual funding and percentage of total childcare allocation spent on Disabilities Resourcing.**
 - SSMs must also engage in **qualitative reporting, including how systemic barriers are being addressed, outcomes of community engagement, and implementation of equity and inclusion strategies.**

These reports are designed to inform provincial planning, ensure alignment with local needs, and guide the allocation of resources and space creation to better support children with disabilities in childcare.

Resources for Inclusion

- Disabilities Resourcing supports adaptive equipment, **class-wide strategies**, and professional development to ensure children with disabilities can participate fully.
- Ontario's fee subsidy program helps ensure affordability, particularly for low-income families and those with children who have disabilities.
- The pedagogical framework "How Does Learning Happen?" is legislated for use and emphasizes inclusive practices and responsive relationships.

- Qualitative and quantitative data collection supports ongoing assessment of access and inclusion, with regular feedback from families encouraged.
- Ontario introduced the **CARE tax credit to help families with childcare costs**. Families earning \$150,000 or less may receive up to 75% of their eligible expenses, including care in centres, home-based care, and camps. On average, families could receive \$1,250. The amount is higher for families with a child who has a severe disability, and there is no age limit in those cases. CARE is offered in addition to the existing Child Care Expense Deduction (CCED).

b) Learnings from Toronto, Ontario

According to the City of Toronto (2007), **inclusive programs must embed policies that reflect equity and accessibility for children with disabilities.**

ECE workforce development:

- **Procedures and Programming Practices:** The framework outlines inclusive practices at all levels of operation:
 - **Staff hiring, training, and mentorship** must align with inclusive values.
 - Flexible programming and **environmental adaptations** are expected.
 - **Collaborative planning with parents and external agencies** is required.
 - **Admission and withdrawal procedures must be fair**, well-documented, and explore all support options before considering withdrawal.

Systemic Policy Changes

- **Policy-Driven Inclusive Childcare System:** Toronto mandates that all early learning and care programs with a City service contract must have a **written Inclusion or Access & Equity Policy**. These policies ensure that children with disabilities are welcomed, supported, and not excluded due to their level or type of disability.
- **Definitions and Guiding Principles:** Children with disabilities are defined broadly to include those with physical, developmental, behavioural, communicative, cognitive, emotional, or familial challenges, whether diagnosed or not. Key principles include:
 - Zero reject: No child is excluded due to disability.
 - Natural proportions: **Children with disabilities are included in similar ratios** to the general population.
 - Full participation: Activities are modified to support full involvement.
- **Accountability and Review:** Programs are expected to:
 - Review policies regularly for relevance and legal alignment.
 - Include inclusive practices in parent handbooks and staff training.
 - Ensure confidentiality and obtain informed consent for information sharing about children's needs.

Resources for Inclusion

- **Support Structures and Resources:** Toronto provides direct access to Disabilities Resource staff in all licensed centres. Their support includes:
 - Program and individual consultations
 - Environmental assessments and program adaptations
 - Coordination of referrals and transitions
 - Application support for Child Care Support Funds (CCSF) and Intensive Resource Support (IRS) for children with higher support needs

c) Learnings from Quebec

Physical Design and Accessibility

- There is a policy push to prevent childcare centres from refusing children based on disability, promoting universal access.
- Physical adaptations and support infrastructures in early childhood settings are encouraged through increased funding and planning obligations, ensuring accessibility and equitable participation.

Workforce Development

- Quebec calls for enhanced training for ECE educators and public system staff on disability-related issues. **Training includes:**
 - **Inclusive practices**
 - Interventions aligned with developmental needs
 - **Collaboration across sectors (health, education, social services)**

The aim is to better equip educators to support diverse learners and respond proactively to children's needs within group settings.

Resources for Inclusion:

- Quebec prioritizes the integration of children with **disabilities into subsidized childcare settings** through policies aimed at ensuring equal access, participation, and support. The government's approach is grounded in three core objectives:
 - Facilitating access and full participation of children with disabilities in subsidized childcare;
 - Supporting childcare providers in maintaining high-quality services while integrating children with disabilities;
 - Encouraging parental involvement in the integration process.
- **Financial and Structural Supports**
 - To support inclusion, the Ministère de la Famille provides several funding and support measures for subsidized childcare providers:
 - Allowance for Integration of a Disabled Child: Supports the child's participation in the childcare setting and encourages providers to accommodate them.
 - Exceptional Assistance Measure (EAM): Targets children with major needs, allowing providers to offer intensive, individualized support.
- **Cross-Sectoral Collaboration:** To enhance continuity of care and service integration, childcare providers can sign memoranda of understanding (MOUs) with:
 - CISSS/CIUSSS (health and social service centres), **allowing space reservation for referred children in exchange for external support services.**
- The government is urged to:
 - Increase subsidies for childcare centres to enhance inclusion efforts.
 - Create intersectional, equity-based policies to ensure inclusive practices across marginalized identities.
 - Build inter-ministerial support networks to coordinate wraparound services for families.

4.2.2 Learnings from worldwide cases

d) Learnings from Australia

Physical Design and Accessibility

- Disability inclusion in early childhood education and care (ECEC) in Australia emphasizes **modifying the physical and programmatic environment to allow meaningful participation of all children**.
- Adaptations may include physical modifications, such as ramps or quiet areas, as well as program changes, such as multimodal communication (e.g., using Auslan, visual supports, or simplified routines) to support diverse learning needs (Webster, 2022).
- These environmental changes are **not seen as afterthoughts but as essential** to ensuring all children experience a sense of belonging and equitable access to learning environments.
- **Adjustments are tailored and may also address sensory sensitivities or accessibility** needs, reinforcing the principle that inclusion requires adapting the environment—not the child (Webster, 2022; Early Childhood Australia & Early Childhood Intervention Australia, 2012).

ECE Workforce Development

- Australia recognizes the central role of ECEC professionals in promoting inclusion. The sector emphasizes ongoing professional development as a key enabler of inclusive practice (Webster, 2022). The Inclusive Capability Project, led by the Australian Children's Education and Care Quality Authority (ACECQA), aims to build sector capacity to implement inclusive practices by **providing a framework for self-reflection**, planning, and continuous improvement.
- Professional learning is not only encouraged but also considered essential for ensuring that educators are equipped to adapt their practices and respond to the unique needs of children with disabilities (Department of Social Services, 2024). Inclusive practice is strengthened when educators work in **interdisciplinary teams** and collaborate with families, therapists, and other support professionals (Webster, 2022; Finkelstein et al., 2019).

Systemic Policy and Legal Framework

Inclusion is embedded in Australia's legal and policy frameworks for early childhood education. The key pillars are:

- The National Quality Framework (NQF), which mandates inclusive and equitable practices across all seven National Quality Standard areas. **It recognizes all children as capable and entitled to success, regardless of background or ability** (ACECQA, n.d.).
- The Disability Discrimination Act 1992, which legally requires ECEC services to avoid disability-based discrimination and proactively support access and participation for children with disabilities (Australian Government, 1992).

- Additionally, the Early Years Strategy highlights inclusion as a core principle and outcome, emphasizing Australia's commitment to supporting vulnerable children and improving access to high-quality early learning experiences (Department of Social Services, 2024).
- The Inclusion Support Program (ISP) offers targeted assistance to ECEC services facing barriers to inclusion. Inclusion Agencies deliver this support across states and territories, helping services embed inclusive, equitable practices and build capacity to support children with additional needs.
- The Inclusive Capability Project, through collaboration with universities and sector experts, will deliver a professional framework to support ongoing quality improvement in inclusive practices.
- Practice-based strategies, such as collaborating with families, modifying environments and routines, and embedding learning opportunities in everyday activities, are recognized as key to inclusion (Webster, 2022; Rouse & O'Brien, 2017).
- An emphasis on inclusive cultures, where participation is viewed as a given, further reinforces the systemic push toward normalizing diversity and inclusion in early learning (Webster, 2022).
- **Australia's Nanny Pilot and In Home Childcare:** The \$246 million nanny pilot is aimed at families who struggle to access mainstream childcare such as families of children with disabilities also shift workers, rural and remote families. It builds on the existing In Home Care program in Australia, which already supports children in similar situations. There is significant overlap between the current In Home Care program and the new nanny pilot. Both serve families whose circumstances prevent them from using standard childcare services, reinforcing the need for targeted and flexible care options.
- **Government-Funded Wage Increase for ECE educators:** The Australian government has committed to a **15% wage increase for early childhood educators**, 10% from December 2024 and an additional 5% in December 2025. The increase is tied to centres limiting fee hikes to 4.4%. Educators paid at award rates will see their weekly earnings increase by around A\$103 this year, rising to A\$155 in late 2025. The government has allocated a \$3.6 billion to fund this wage increase, in response to long-standing workforce shortages and undervaluation in the sector. The pay rise is part of a larger effort to move toward a universal childcare system and follows recommendations from the Productivity Commission's interim report. The Fair Work Commission is reviewing the historic undervaluation of work in early childhood education and other care sectors. Its findings are expected to shape future wage decisions, supporting gender pay equity and workforce retention.

e) Learnings from Denmark

Physical Design of Childcare Centres

- **Municipalities are legally obligated to ensure enough specialized care placements** for these children.
- This provision ensures that physical accessibility and specialized environments are factored into service planning from the outset (Merkle, 2021).
- Efforts include:
 - Physical modifications such as ramps, elevators, and adapted classrooms.
 - Assistive technologies that support inclusive learning environments.

Early Childhood Educator Workforce Development

Denmark has invested significantly in teacher training to ensure educators are equipped to support diverse learners. Teachers are seen as central to inclusive education, and continuous professional development has been emphasized.

- Training programs focus on:
 - **Inclusive practices in regular classroom settings.**
 - Understanding and responding to the needs of children with disabilities.
 - Supporting individualized learning and inclusive classroom strategies.

Systemic Policy Changes

- **Children aged 6 months and older are guaranteed public childcare placements, contributing to high female workforce participation (78%)**
- Denmark's Social Services Act (section 32) entitles children with disabilities to a place in a care facility if they cannot attend conventional daycare.
- Under the Act, parents of children with disabilities may receive financial support and income replacement, strengthening family caregiving infrastructure and reinforcing inclusive policy objectives.

Resources for Inclusion

- Denmark provides robust public childcare and education services, supported by over 4% of GDP, significantly above the OECD average.
- Compensation for parents who reduce or leave employment to care for a child with disabilities. Based on prior earnings, up to DKK 31,249/month (\approx CAD 6,780 per month), with no time limit. Both parents can share this benefit. These measures are assessed and administered individually by municipalities, with flexibility in application (e.g., part-time care, both parents eligible) (Merkle, 2021)
- Assistive technology is widely used to support learning and accessibility.
- Individualized Education Plans (IEPs) are developed to ensure that each child with a disability receives tailored educational support.
- **Collaboration between schools, families, and support services is recognized as essential for successful inclusion.**

4.3 Findings from focus group discussions and interviews

The findings in this section are a result of qualitative analysis of the transcripts of two Focus group discussions, two interviews, as well as the analysis of excerpts from the recap session, which was not recorded or transcribed. The coding process using *Atlas.ti* helped to identify the major topics heard across all the discussions, which are categorized here into themes. Our thematic analysis also explores how different themes are interconnected. At the same time, quantitative analyses of the transcripts helped us indicate the number of times the themes were the topic of discussion, noted here beside the themes as (*n*), showcasing the importance and depth of discussions on those themes. While all themes are equally relevant to the topic of this study, the analysis is focused on those most frequently discussed.

In the recap session, we used a software called *Mentimeter* to **gather opinions from the participants on prioritization of challenges, successes in providing inclusive care in childcare centres, and brainstorming solutions together**. Some of the key solutions within

those themes highlighted by the participants are represented in the word clouds within the respective sections.

The following sections will explore the themes in detail, incorporating both qualitative and quantitative aspects to provide a comprehensive understanding.

4.3.1 Perception of inclusion

- *Perception of inclusion (n=37)*

Inclusion is seen as a core value and everyday practice, not an add-on or special program. It benefits all children, not just those with identified needs, by promoting empathy, tolerance, preparing them to be inclusive leaders in the future from an early age. Shared activities (such as medication administration and mobility assistance) can normalize differences between children and their peers from an early age and foster empathy. Children often accept these differences naturally, while challenges arise more from adults than from children's peers. When families are informed about accommodations and accessibility measures, many parents are supportive, but some are impatient or less accepting of inclusion in practice. **Challenges persist with segregationist attitudes from families and undertrained staff, where safety and regulatory concerns limit flexibility in inclusive practices.** This highlights the need to train both staff and families to sustain an inclusive culture. **Childcare centres are a microcosm of society; if inclusion stops at the centre, it's incomplete. Inclusion should extend beyond the classroom into community life.**

*"The benefit is that they (children) learn from each other. They learn about love and tolerance and empathy and just how to be a **better human**."*

"A child is a child first" and **"all children have needs"**, which vary over time for every child. Hence, support should be flexible and individualized. There should be a focus on "child-first" care, not labels or diagnoses, as **every child has needs that should be supported without pushing formal diagnoses**. Some families even resist labels or formal diagnoses and advocate for a needs-based, non-judgmental approach, which they find more effective.

All children seek connections regardless of ability; differences often come in communication style and learning methods. Different behaviors from children are often their communication methods, especially for non-verbal children who need patient and individualized responses. To support the responses, strong foundational ECE skills are necessary before implementing advanced inclusive strategies. Ongoing mentorship and coaching can help less experienced educators understand the reasons behind inclusive practices. Collaboration between experienced and new staff also fosters an inclusive environment. In the best-case scenarios, they try to accommodate as many diverse needs as possible within the childcare space itself. Some childcare programs struggle with staff lacking special needs training or certifications, creating barriers to inclusive practice. In this scenario, examples from other cases (e.g., Toronto), where special needs education is integrated into basic ECE training can be helpful.

“Everyone benefits from having a high level of support. When we just focus on our kids with disabilities, you know, we're missing out on supporting everyone. So, I think having that mindset of, you know, we're designing for everyone and then a few kids might need an extra level of support on top of that can be really impactful”

– *Advocacy for inclusion (n=7)*

There is growing traction and increased advocacy for inclusionary practices in early childhood programs. The advocacy focuses on ensuring both children and their families are supported in programs and includes every child in these spaces. Some organizations have dedicated roles, such as project managers, who actively advocate for inclusion from operational and programmatic perspectives. Progress is gradual but noticeable, as more voices for inclusion are being heard and making an impact over time across organizations in the Lower Mainland, providing encouragement.

- *Attending childcare as a right (1)*

Early childhood education and access to childcare should be recognized as a fundamental right (n=1) for all children, equivalent to their right to education and attendance at regular schools.

4.3.2 Equity & Worldview Shifts

- *Understanding of disability from medical to radical (7)*

Government and some societal views still follow outdated **medical models of disability instead of social or rights-based models**. Inclusion should focus on abilities, not disabilities, and provide tailored supports. Focusing solely on diagnosis is limiting, as many children without formal diagnoses may also need support. Emphasizing specific needs rather than diagnostic labels is a more productive approach.

This worldview **impacts early childhood education by enhancing it through having permanent staff dedicated to support roles rather than hiring temporary staff tied to specific children's funding**. This also reduces challenges and **drives team integrity and stability**. Temporary staff tied to single children can disrupt the team in case of absence and create hiring and onboarding difficulties.

This worldview also aligns with Indigenous worldviews that focus on inclusion and providing care, not excluding children based on their cultural and medical needs. Acknowledging disability and accessibility cover a broad spectrum which requires inclusion to meet everyone's needs.

4.3.3 Growing need for inclusion

- *Care plans (n=11)*

Care plans are created for children with disabilities before they join the childcare program. They are formulated with the engagement of ECEs, consultants, experts, and families. Once everyone agrees on the care plan, the staff gets trained so they can be ready to support the child before the child is enrolled and starts attending.

There are also children whose needs are not yet identified but who show signs of needing support, where these plans can also help. It also shows that every child has needs, not only children with disabilities, which makes it more important to strengthen the processes of care plans that help all children in childcare centres.

- *Supporting diverse needs (n=10)*

Current children have diverse needs, which includes mental health, ADHD, behavioural and socio-emotional challenges, autism spectrum disorder, and sensory issues. Mental health concerns have also increased after COVID with behavioural issues affecting their peer interactions and emotional regulation. One reason for such instances is growing stress in young children, which makes children with disabilities more vulnerable as they try to learn about themselves and the world around them. In these scenarios, reactive behaviours are also becoming common, which require more support from ECE's.

*"since COVID, there's been a **definite shift in children's ability to regulate their emotions and interact with peers**. So we're seeing a lot of behavioral issues as well"*

- *Early identification of disabilities (n=7)*

ECEs and experts help children and their families in childcare centres to assist in early identification of disabilities and understanding families' role in providing care, and connecting them to services, funding, and early intervention for the child. As early years diagnoses are rare in children, ECEs look for developmental delays in children and guide their families.

- *Longer waitlists (n=3)*

It is also noted that there has been a significant increase in children with disabilities caseloads (almost 60% according to a participant), resulting in many more left on waiting lists. These children are also often on long waiting lists for funding support and unable to get the assistance they need. This is creating *pressure on the ecosystem of care* (n=2), where families are not supported, and even ECEs are unable to provide efficient support without additional staff and funding for adaptive toys.

*"we're learning that their **increase in caseloads had gone up 60% after COVID**, which you can imagine how it affected the wait lists for all these children who just need extra support and programs"*

4.3.4 Quality of Care

- *Supporting families (n=28)*

ECEs often find themselves taking on more responsibilities than before, including advocating for families and connecting them with early intervention services and funding. However, ECEs are also facing challenges due to limited time, resources, and

funding. Sometimes children may not need funding but require additional support from ECEs to observe and assist them. In this scenario, **ECEs are the first point of contact for families**, helping them throughout the process from care plans to input from therapists and consultants, and following the care plan, accommodating changes. ECEs also act as primary advocates for children's development with their families, as they understand the application processes and help families apply for funding resources. Building relationships with families helps provide positive, empathetic care and address parents' fears and concerns while supporting them throughout the child's growth. Celebrating cultural diversity and fostering inclusiveness and *adapting programs to different needs* (n=1) help make the child and family feel welcome in childcare centres.

"I just think our biggest success is just always being able to provide the best care possible and adapting our program to the needs of the child and how we can work with them and support them."

Challenges remain in educating families about disabilities, communicating difficult topics to parents, and finding solutions collaboratively. ECEs support families of children with disabilities by advocating, educating, and building networks of support, which are essential to providing quality, inclusive childcare.

*"that can really **affect quality of care – if families are not understanding or empathetic towards a situation**. If you had a child who had very big emotional outburst or behaviors where sometimes if you're in their close proximity where they have that meltdown and a child is very close and gets hurt, and I feel that children are a lot more empathetic towards, like, 'well, my friend is still learning'. The families sometimes are like, 'Well, my child got hurt. What are you gonna do about it?' And it's like, 'OK, we're doing our best' and just having that empathy from the families as well."*

- **Appropriate child-to-staff ratios to fully support (n=19)**

Lower child-to-staff ratios are widely seen as essential for quality care, especially for children with disabilities. In young childcare settings, ideal ratios vary by age group; for infants and toddlers, 1 staff to 3 children is preferred, over the current legislated 1:4. Even children without identified needs benefit from smaller group sizes and enhanced supervision. **Ratios should be increased across all programs, not just inclusion-specific ones**, such as Supportive Child Development programs which encourages thinking about inclusion through the lens of enhanced ratios. Many a times, licensing standards and group size rules influence the feasibility of maintaining ideal ratios. Small and medium childcare providers struggle to hire and retain staff, especially for children with specific needs. The new temporary staff often aren't fully integrated, causing frequent support disruptions. Inclusion contracts funding extra staff are rare, so additional staff should enhance overall ratios, not serve individual children exclusively.

"even the children without identified needs would benefit from having the enhanced ratio and the enhanced supervision and access"

Additional staff in terms of “**enhanced staff**” means adding extra educators to improve overall ratios, not creating isolated one-to-one roles. Enhancement staff help create smaller groups within the classroom, allowing more individualized attention. Enhanced staffing should support the whole group, not just one child, to ensure fairness and inclusion. Without enhanced staffing and funding, programs would struggle to operate.

*“An additional staffing support is to enhance your ratio. So **you never want that person that you're hiring to be the one that only works with that one child? That's not fair to that child. That is not fair to that staff.** You know that staff is meant to be part of the team working with all children. Everybody needs to rotate and work with the child and build a relationship.”*

4.3.5 Accessibility & Physical Design Challenges

- *Challenges with High-Rise Childcare Centres in Vancouver (n=17)*

Growing urban density and limited availability of spaces in city centres of Vancouver have compelled locating children’s programs on higher floors (i.e., as high as the 7th floor and above) of taller buildings and sometimes on rooftops. This creates many **limitations and burdens on children and ECE educators in terms of conducting fire drills, as they need to descend multiple flights of stairs with young children.** In co-located facilities, such as childcare centres within schools, it becomes especially difficult to navigate evacuations when young children must move alongside older students. These challenges are compounded by concerns about stairwell performance during actual emergencies, particularly when the space is shared with other building users. Some **children requiring wheelchair accessibility need ground-level access**, for which they sometimes need to switch their program locations. Manoeuvring the stairs and crowds becomes especially difficult in shared buildings like schools, particularly when mixed with older students. This also impacts access to elevators on regular days with high volume or on days when elevators are broken creating extra stress for parents and children with the adjustment of spaces for strollers and wheelchairs. Also, on **higher floors, especially on rooftops, children face more heat and crosswinds, which create bigger challenges for them to cope with, especially considering the growing impacts of climate change.** Overall, accessibility remains a critical consideration in positioning childcare in taller buildings, impacting safety, accessibility, and comfort, and posing multiple challenges to children, families, and providers.

*“I appreciate, you know, the city’s guidelines for new builds or for design purposes. My fear is **adopting the provincial guidelines may cause us to lose some of the integrity that the city has had.** So, I’m worried about what that means for future builds and programs. The height issue, definitely, we have some programs on the top floor of schools, which is a beautiful collaboration and relationship, but it is a challenge. It’s a challenge to get down the stairs, and to manoeuvre through crowds of other children.”*

Playgrounds

- Accessible playgrounds (n=26)

For young children **“learnings happen though play”** although many playgrounds and outdoor spaces in childcare centres even in the city are not fully accessible, especially for children with mobility aids. There are also reported challenges with limited equipment and the absence of adaptive equipment in these playgrounds, making them insufficient for inclusive play. Existing play structures, such as pillars and ladders, limit mobility and safe access for children with disabilities. This also creates difficulties for educators to assist children due to workplace safety regulations.

*“All of our centres or **city owned facilities that have been built over the last 20-25 years** and with the **technical guidelines that the city has, which are well beyond what the basic like basic licensing requirements are.** And I think that has also been an incredible impactful part of why **so many of our centres are very accessible, just pure space of space within our playground, space within the childcare facilities allows for a lot more flexibility with children of all needs.** And, and it meets the all the children's development mental challenges.”*

*“The physical design of a program is really important and it's not just the indoor physical design, but it's also the outdoor space as well. **A lot of the playgrounds that you see built or with childcare programs right now are not accessible for children with extra supports,** and that can be really tricky. And for example, we have a child who is in a wheelchair. He is non mobile, fantastic, cutest guy in the entire world. But just being able to have him come, be pushed and join his friends at the tables in any of the learning centres is really, really important. Right now we are in the **process of getting our outdoor space redesigned,** so our climbing structure to help.”*

- Natural and sensory playgrounds (n=14)

Suggestions include incorporating large, flexible outdoor spaces with natural elements like trees and plants, as well as sensory materials such as water, sand, and mud to create a rich, stimulating environment. Ideas like creating creative and fairy gardens to engage children during outdoor walks or natural exposure could help address various needs and reduce stress in young children. It is also important to be mindful of overstimulation from colorful and busy environments, which can be challenging for children with sensory sensitivities, and to provide quiet, calming sensory breaks. Accessible outdoor play supports the physical, social, and cognitive development of all children, including those needing extra support. The lack of such facilities can create extra pressure on educators and families to support diverse child needs.

*“**I am gonna make a fairy garden for them.** So yeah, something like make them wonders every day and you keep them engaging. So if you if we cannot have a walk outside every day, then we at least to have a big space make it like a fairy garden. They go. There they visit the exploring trees, flower butterfly. They're busy with the nature. **If we cannot go to the jungle, we bring the jungle into the program and to do that, we need a very big space and a lot of design supports.**”*

- *Adaptive equipment (n=7)*

Funding is a major barrier for small and standalone childcare organizations to access adaptive playground equipment and materials, which are often very expensive and centres can only afford one structure of inclusive play, limiting opportunities for inclusive activities. There is a lack of adaptive toys and resources needed to support children with mobility or physical challenges, causing educators to improvise with what they have. Increasing accessible funding and resources is critical to removing financial barriers and improving inclusive play opportunities. There is a need for experts to evaluate, fix, and improve playgrounds to meet diverse needs and to include these improvements in design guidelines.

Building design

- *Accessibility (n=7)*

Participants stressed the need to design playgrounds and facilities with accessibility in mind, ensuring ramps have proper width, stairs have safe angles, and elevators are large enough for mobility aids and strollers. They prioritized placing infant and toddler rooms close to entry points and elevators to give parents with strollers and less mobile children easier access. In some cases, older buildings offered better accessibility with wider hallways and ground-level layouts compared to newer, taller structures. They also used accessibility audits, such as those by the Rick Hansen Foundation, to identify and implement accessibility improvements.

*"I really feel that the **physical design in the environment is also 1/3 an extra teacher**, right? If you have a really good physical design of space where children feel safe and are able to move around in that space. It really does help the dynamics of the group as well."*

- *Rooms (n=11)*

Participants highlighted the importance of physical design in promoting inclusion, accessibility, safety, and quality of care in childcare centres. They mentioned that many **childcare sites are in older buildings which were not originally designed for childcare, forcing staff to "make do"** and adapt as best they can. **Developers sometimes prioritize maximum capacity**, resulting in **awkward and cramped layouts**. Poorly designed features, such as staging near windows, have led to dangerous situations where children have attempted to climb out. Structural elements like built-in cabinets also limit flexibility in adapting rooms for various purposes. Flexible furniture layouts with closer spacing to support some children and wider spacing to accommodate mobility aids have proven successful. Some locations lack accessible door buttons and have multiple inaccessible doors, creating challenges for families. Advocacy for maintaining generous square footage and inclusive built-in features is needed. **Collaboration with other professionals** involved in physical space layout and design processes, such as **developers, architects, and interior designers**, can help ensure early childhood centres are functional and inclusive.

*"I think like **flexibility is key** because you know different children need different things. So just being able to have the space adapt to different needs. Like daycare is, you know, change of the layout change where they're where the learning centres are over time to you know, so that it's not so stagnant."*

- *Quiet rooms (n=8)*

Quiet rooms benefit all children, not just those with disabilities. Long days in daycare make it essential for children to take rest and naps. In cases of high ratios, such as 25 children per room, it is hard to ensure a noise level and quiet environment for children with ADHD or other needs. Sometimes educators use noise-cancellation headphones as an alternative to help children with sensory sensitivities or emotional regulation needs. Acoustic treatments are preferred (i.e., ceiling sound-absorbent panels) to reduce noise levels and support sensory processing.

- *Washrooms (n=6)*

Washrooms in childcare centres are often designed very small, which makes it difficult to support children with comfortable assistance, especially for ages 3–5. Adequate square footage is required to assist all children at their level rather than pulling them out of the washroom. Privacy stalls in washrooms are valued but should have low doors for supervision and accessible latches. Universal toilets are also required. Some facilities resort to floor diaper changing systems, which strain educators' backs and affect children's comfort. Sometimes hand basin counters are designed too low for children and become inaccessible for people using mobility aids cannot get close enough to wash their hands.

*"I'm **incredible advocate for the kind of square footage that's the city has had in the past**, as well as the elements that are built into so many of our childcare facilities. You know, even **just washrooms that are big enough for**, educator to squat down and help children at their level as opposed to having to pull a child out of the, out of the washroom to assist them."*

- *Staff spaces (n=6)*

In the physical design of childcare centres, it is important to include **adequate spaces for staff to take breaks to maintain quality care, recognizing staff wellbeing as part of the system**. In many programs with divided rooms and locked doors, including the placement of washers and dryers for staff accessibility is also critical to facility maintenance and operations. It becomes difficult for staff to move between areas, or they may be confined in a room, impacting supervision and workflow. Staff need to move and intervene quickly when needed and continuously monitor the children for supervision and workflow. As childcare is evolving into a more integrated system of care for families and children with diverse needs, ECE spaces must be accessible to meet everyone's needs.

- *Visibility (n=2) and temperature (n=1)*

Natural lighting and dimmable artificial lights can help create a comfortable atmosphere, where bright lights are disliked by both children and staff. Temperature regulation is also important to maintain a comfortable level for children and educators.



Figure 3 Participants in Recap Session prioritized three recommendations for Physical Infrastructure & Designs and Systemic Reform and Resourcing & Policy and shared remarks on how to sustain and strengthen these efforts.

4.3.6 ECE Training & Workforce Development

- *ECE training for special needs (n=37)*

Participants widely agreed that basic ECE training must include a significant component focus on working with children with disabilities. Every child may have different needs and challenges, and educators need to be prepared to engage with the children and their families from the start. Effective training also includes mentorship and coaching, allowing experienced educators to guide newer ones in practical inclusion strategies and classroom adaptations. Preparing educators helps them stay motivated and excited about working in childcare. Many successful educators build skills over years of experience; supporting continuous education and providing opportunities for staff to attend workshops and learning sessions are important parts of ongoing skill development. Training to support families is also an important component, as educators often juggle multiple responsibilities, including meaningful communication with families and coordinating support networks involving consultants and specialists.

*"I come from **Toronto**, where when you take your early childhood education, it's not an option. You take your special needs. It's in the course itself. So when I moved here and they were talking about getting a special needs certification...I couldn't believe it. [...] I've come into childcare programs where [educators] say, well, I don't have my special needs education. I can't work with these kids. [I'm] like, don't you want to work with all children?"*

There is concern about the quality and consistency of training for ECEs. Many staff, especially in school-age programs, have minimal required training (e.g., only 40 hours), which is insufficient for supporting children with disabilities. Private colleges vary widely in the robustness of their programs. Some educators lack special needs

certification or trauma-informed training, which is essential to provide a supportive learning environment given the children's backgrounds.

- *Team-teaching model (n=23)*

The team-teaching model has been found very successful in training ECEs. It helps all staff work with all children, as no single member is assigned to a child with disabilities. This allows them to rotate duties throughout the day (i.e., feeding, circle time), which also prevents burnout and builds diverse skills and comfort. There is a need to provide significant investment of time in training and upskilling all permanent staff to ensure everyone is prepared to support children with disabilities. **In childcare centres, managers and supervisors can play a role of strong leadership by acting as guides and providing in-house support to staff and families. It is also important to lessen their work burden to give them the time to do so.** In team teaching models, **teams benefit from a mix of experienced and newer educators, combining deep experience with fresh ideas.** This diversity also helps avoid stagnation and **promotes continuous learning.** Challenges exist in terms of **temporary staffing for special needs with limited training opportunities**, which also hampers the consistency of support and team building. It is also mentioned that in this sector, the established operators with specialized expertise in inclusive childcare **can play significant role in teaching the smaller organization to provide better care.** Positive outcomes are noticed when supported by a cohesive system and team, demonstrating the effectiveness of the collaborative and inclusive approach.

*"I think **it has to be also integrated with coaching and mentorship.** Educators that are just learning about, OK, why is this so important? Why is dimming the lights so important? How come you know? Maybe if you've got musical instruments out maybe are specific on which ones you select for certain rooms. Because that can echo and **so being able to mentor somebody and help them have the learnings and then follow up on that, that coaching. Goes a really long way.**"*

- *Quality of ECE with experience (n=16)*

There is **significant concern** about the **quality and consistency of training for ECEs**, as many staff in special and school-age care have minimal required training and often no hands-on experience. This is insufficient for providing support to children with disabilities.

Many staff come from diverse cultural backgrounds (*multicultural training, n=2*), which can influence their communication style with children, responses to stress, and caregiving approaches. This diversity requires sensitive and responsive training. The high need for educators is resulting in pressure for educators-in-training to receive their certifications regardless of their readiness or levels of hands-on experience. This compromises quality with negative consequences in the experience for children and families. Educators suggested that higher minimum standards, more hands-on experience, training and accountability with educators-in-training could lead to more consistent quality for programs caring for children with disabilities. Some programs have reduced practical in-person training or changed their mode to online training, which negatively affects readiness.

Successful educators use *co-regulation strategies* (n=1), treating children like friends and working through emotions (e.g., counting down to calm), and adapting to individual learning styles and needs, providing quality care. Despite many challenges, many educators are passionate and committed to providing quality care and advocating for children's needs.

"Responsive educators like responsive, respectful, reciprocal educators. I think being able to observe through the **children's cues** and responding to it is creates quality."

- *ECE Curriculum (n=16)*

The complexity of ECE work requires educators' capacity to support programs that are inclusive of children with disabilities is informed by the amount of training they have. There is a **strong push to advocate across the province for clear expectations regarding early childhood education training and practicum experiences, with a focus on hands-on learning**. A consistent, standardized curriculum across all ECE diploma programs including mandatory training in inclusive practices (e.g., Indigenous cultural competence, trauma-informed care) would ensure all educators share a common foundational understanding. **This training should be integrated as a core component of the curriculum**, not optional or a separate certification. Practical, inclusive, and reflective training should be incorporated into these curriculums, which are seen as potential improvements in the current approach.

"I just think that that when you're working with children, the early childhood programs, it's not an option. You need to take courses on inclusion... You know it needs to be like you're a teacher. Just like in when you're going to UBC or you're going to SFU to become a teacher, you know you were an educator. And I think that that's so important that they're high-quality programs."

- *ECE burnout (n=8)*

ECEs often face burnout and feel unsure how to handle children with disabilities and challenging behaviors from all kids at some point. This can lead to negative attitudes and increased team frustration. As the number of children with disabilities increases, it is becoming more of a strain for ECEs to support and provide care, which creates more burnout. Which is a significant issue, especially for long-serving teachers who also need to take care of themselves and practice *self-care* (n=3).

"Biggest challenges I think I have faced is just burnout with staff ...When people feel that it's not possible and I'm almost like, there's always a way, it's always possible we can make this work."

- *Advocacy efforts also aim to attract more early childhood educators and develop appropriate, inclusion-Focus curricula to support quality programming (n=1).*

- The current fast track *ECE certification* (n=1) option for EC, Infant, and Special Needs to obtain PR may compromise the depth of learning.



Figure 4 Participants in Recap Session prioritized three recommendations for ECE workforce development and shared remarks on how to sustain and strengthen these efforts.

4.3.7 Systemic Reform and Resourcing & Policy

- *Funding constraints* (n=37)

Across all organizations, funding is seen as the central issue affecting inclusion, ratios, and service delivery. Many times, resources have remained stagnant despite growing needs making longer waitlists for Supported Child Development (SCD) causing delays in timely support for children.

“we don’t see help until like closer to five and they’re about to go to kindergarten”

Limited funding also constrains the ability to exceed ideal staff-to-child ratios, which is crucial for children with disabilities. **A lack of funding means frontline supervisors must often be in ratio, reducing their time for mentoring, coaching, and building the capacity of others, and placing them under greater pressure.** Inadequate funding also makes true inclusion questionable, as children with extra needs may not receive the support they require. Such as, *limited funded hours* (n=4) (e.g., only one shift) restrict true inclusion, as some children cannot attend for the same duration as peers.

“funding isn’t always necessarily... to support an enhanced ratio... It’s funding for all different aspects. It’s funding for training, it’s funding for resources from adaptable materials”

Additional training for Early Childhood Educators (ECEs) is also underfunded, which hampers the ability to meet ongoing professional development needs. Embedding lower ratios into system design could help reduce the need for extra funding requests.

- *Establishing universal wage grid for ECE (n=4)*

A major barrier to attracting and retaining ECE educators is low wages. Many ECEs earn barely above minimum wage, which makes the profession less attractive and undervalued. There is a need for a universal, properly funded, livable wage grid across the province to retain and attract skilled ECEs. While a federal wage standard would be ideal, the current focus is on provincial-level solutions. **There is a call for ECEs to be compensated fairly and recognized as professionals with substantial qualifications.**

- *10\$/day not universal creating inequities (n=4)*

Only a small portion of childcare sites (**according to a participant – less than 20%, in Vancouver and across BC**) are part of the program. **Families in need, outside these programs, face higher costs and reduced access to affordable care.**

Uneven funding between \$10-a-day and non-\$10-a-day programs causes **disparities in staffing, resources, and service quality**. For some organizations, even the \$10-a-day program funding is not sufficient to meet best practice standards, particularly in unionized settings where living costs are much higher.

- *Accessing CC as a right and legislation (n=4)*

Access to childcare faces many barriers beyond disabilities, including a lack of legislation. Early childhood education should be a guaranteed right for all children, like regular schooling. Canada's failure to legislate this right is a major issue. Overcoming these barriers requires both better access and legal recognition.

4.3.8 Partnerships & Collaborative Efforts

- *Partnership with experts (n=12)*

Collaboration with outside consultants, therapists, and child development specialists is proven to be an integral system to creating tailored care plans and supporting children's goals. **Partnerships with organizations like Supported Child Development, PACE, health nurses, and Aboriginal support programs provide crucial resources and expertise.** Staff are encouraged to engage proactively with specialists, such as behavior interventionists and development consultants, to learn new strategies and improve care.

- *Partnership with the City of Vancouver (n=1)* is considered quite beneficial in providing care.
- Members in childcare centres who can *collaborate with developers (n=1)*, architects, and interior designers to share expertise on early childhood needs have been valuable.
- *Partnering with the community (n=1)* to collaborate and understand children with disabilities and preparing for them before they join has proven beneficial.

5. Recommendations

Before presenting the recommendations, it is important to note that this section reflects outcomes derived from the literature review, jurisdictional scan, focus group discussions, and stakeholder interviews. The recommendations are organized under the broader themes followed throughout the report: **Systemic Reform, Resourcing and Policy, Physical Design Considerations, and ECE Workforce Development and Training**. They also include possible feedback loops and are categorized by recommendations for the City, childcare operators, and the broader childcare sector in Vancouver, including provincial and federal policies.

While many of the recommendations are directed at the City of Vancouver, some are higher-level and intended for provincial or, in certain instances, federal consideration. They also provide guidance for early childhood educators (ECEs) and for-profit and non-profit operators, thereby integrating the entire childcare ecosystem. **Ultimately, successful implementation depends on the collective efforts of all actors within this ecosystem, including educators, operators, developers, designers, families, and policymakers working collaboratively.**

The overarching goal of these recommendations is to support the provision of inclusive and high-quality childcare for children with disabilities in Vancouver. Accordingly, the recommendations have been refined and prioritized based on case-specific needs frequently highlighted in all the methods.

5.1 Systemic reform, resourcing & policy

For municipal government:

5.1.1 Embed Inclusion as a Core Value in Childcare Policy and Licensing

The City should explore adjusting its public service requirements to ensure that equity-based policies explicitly include inclusion and accessibility in all City-owned or leased childcare centres serving children with disabilities.

5.1.2 Facilitate Training and Mentorship Networks

With the help of operators, expand mentorship programs that connect experienced educators with new staff to build inclusive practices. Partner with Westcoast Child Care Resource Centre and similar organizations to provide ongoing coaching for inclusion, share resources and monitor outcomes.

5.1.3 Embed inclusion in public space

City to align with the Accessible BC Act to improve childcare access and quality. Ensure that inclusion is integrated across all public spaces, including childcare centres, parks, and schools through the City's accessibility strategy, so that all such facilities are accessible to children with disabilities

5.1.4 Explore tracking and reporting accessibility in childcare centres

The City can monitor and report on accessibility levels (from Ontario example), including:

- the number of centres accessible to children with disabilities
- the number of children requiring enhanced or individual supports in licensed childcare spaces and number of children in waiting list.
- the proportion of centres offering adapted services

- annual funding allocated to disability resourcing, and whether this funding supports enhanced staffing, inclusion training, and related supports.

5.1.5 Feedback loop

Establish a childcare quality feedback loop using surveys, interviews, focus groups, and ongoing evaluations.

5.1.6 Inclusive toolkits and resources

Incorporate best practices and lessons learned from other jurisdictions into local childcare standards. This could involve creating resource guides, case studies, or toolkits shared through licensing bodies or organizations like the Westcoast Child Care Resource Centre, ensuring operators and educators have access to practical strategies for inclusive and high-quality care. (For example, CanAssist at the University of Victoria, funded by the Ministry of Education and Child Care, developed resources to support inclusive toileting practices in childcare settings.)

5.1.7 Childcare symposiums:

Hold focused events that bring together existing bodies and advisory committees including operators, educators, parents, healthcare professionals, and municipal representatives to collaboratively discuss and address systemic challenges in childcare. (Reference Ontario's model for structured stakeholder collaboration to solve workplace and service delivery problems.)

5.1.8 Parent and Family Engagement

- Organize city-led information sessions and community dialogues to normalize accessibility and accommodations, addressing misconceptions and reducing stigma among families.
- The City should connect its childcare services with youth and family-related projects and initiatives, in order to build, centralize, and coordinate efforts that support families with resources for children with disabilities.

For provincial government:

5.1.9 Fund Based on Needs, Not Diagnosis

- **Remove medical diagnosis as a gatekeeper** for accessing supports; recognize that all children have varying needs regardless of formal assessment.
- Align funding models with social care approaches rather than deficit-based models.
- Shift from **situational inclusion** (case-by-case) to **systemic inclusion** embedded across programs.
- Avoid temporary or conditional funding models that create instability.
- Direct funding towards:
 - Disability resources and adaptive equipment.
 - A "care tax" or similar family support model (Ontario example).
 - Ongoing quality improvements and stable inclusive staffing.
 - Ensuring enhanced staff-to-child ratios to better meet diverse needs.
 - Infrastructure improvements to remove physical and socio-economic barriers (Ontario example).

- Learn from Denmark's approach to strengthening caregiving in families of children with disabilities through caregiving infrastructure and income replacement supports.

5.1.10 Strengthen and Expand the \$10-a-Day Program

- **Maintain and expand the \$10-a-day** childcare program while **ensuring wage increases for ECEs**.
- Advocate for **targeted funding to support disability inclusion**, quality improvements, and staffing supports.
- **City to work with provincial partners and other municipalities to push for sustained program funding**.
- Provide public education on how funding impacts quality, retention, and access.

For federal government:

5.1.11 Recognize Childcare as a Fundamental Right

- Acknowledge that **access to childcare is a right** for all children, regardless of age, ability, or background.
- Draw from Denmark's example where **children aged 6 months and above are guaranteed a childcare placement** including children with disabilities.

5.2 Physical design considerations

For municipal government:

5.2.1 Apply Universal Design from the Start

- Incorporate universal design principles at the initial design stage rather than retrofitting, as retrofits are often expensive, inefficient, and disruptive (Example case of Australia).
- Use international best practices to ensure designs are functional, inclusive, and operationally efficient.

5.2.2 Inclusive Physical Design Standards

- **Accessibility for all:** Access to buildings housing childcare centres, playgrounds, classrooms, washrooms, and play spaces should be free of barriers for all children, including those with mobility or sensory needs. This also includes incorporating childcares in lower floor (preferably ground floor) of high-rise buildings to ensure safe and efficient evacuation of children with disabilities during emergencies. This measure should also be integrated into the city's accessibility strategy.
- **Go Beyond Minimum Requirements**
 - The minimum provincial childcare requirements should not be the only benchmark; cities should advocate for higher standards in both indoor and outdoor spaces which makes the childcare inclusive for every child's need.
 - Prioritize advocacy and funding for expanded quality spaces.
 - Technological advancements in adaptive play and accessibility equipment.

- **Playground inclusivity:**
 - Develop inclusive design guidelines for design of playgrounds. Children with disabilities should be able to access the play equipment with minimal support from staff.
 - Design play structures and surfaces that accommodate mobility devices and adaptive play equipment.
 - Ensure open play spaces with natural and loose play elements not just fixed climbing structures.
- **Space & Layout:**
 - Provide flexible, sensory-sensitive, and quiet areas for both children and staff.
 - Incorporate sensory-rich features (textures, sounds, nature elements) in spaces (Example case of Australia).
 - Ensure the availability of universally designed toilets with adequate maneuvering space for young children and for educators to provide support.
- **Environmental comfort:**
 - For rooftop childcare centres, ensure maximum shading and protection from heat, wind, and direct sunlight, along with cross-ventilation, as strong winds and exposure can significantly impact young children.
 - Improve classroom acoustics to support children with sound sensitivities.
 - Maximize natural lighting in classrooms to reduce eye strain and provide comfort for long-term activities and reading.
- **Audits & Compliance:**
 - Conduct accessibility audits (e.g., Rick Hansen audits) for all existing facilities and require inclusive design reviews for new builds.
 - Regularly review and update design guidelines based on research and evidence-based practices.

5.2.3 Collaboration in Planning

- Engage with **developers, architects, educators, operators**, and inclusion specialists early in the planning process. (Focus group discussion [[FGD] insight)
- Collaborate with early years childcare and school age care with inclusion and accessibility policies within the **school districts**, with childcare now in the same ministry as Education. (Literature, Denmark case and FGD insight)
- Provide inclusive design guidelines and **recommendations to developers** before project initiation. (FGD insight)
- Offer **workshops to build awareness of inclusive design principles** among all stakeholders. (FGD insight)
- Collect **feedback from childcare operators, educators, parents, and children.** (multiple jurisdictions cases)
- Explore the creation of local level metrics co-created with the non-profit childcare sector on children with disabilities in childcare and their needs. (Ontario Case)

5.2.4 Zoning & Location Strategies

- **Address access and inclusion, with data-informed planning for priority neighbourhoods and populations** (case from Ontario).
- **Co-location with schools and other community facilities are preferred.** (Literature review and FGD)

5.2.5 Funding & Advocacy

- **Advocate for increased funding:** The city could be a facilitator and advocate, network building with the sector to advocate up to senior government on the funding issue, including funding for inclusive design and adaptive equipment.
- **Support additional ECE staffing:** Advocate for funding to provide extra Early Childhood Educators, enabling supervisors to step outside strict ratios, strengthen team-teaching models, and enhance individualized support for children.

5.2.6 Strengthen Community & Non-Profit Collaboration

- **Leverage City of Vancouver’s collaborative model:** Use the city’s approach of partnering with diverse non-profit childcare providers to foster a networked culture as a model for other municipalities, strengthening bonds with non-profit operators and influencing local childcare development.
- **Foster cross-organizational collaboration:** Continue collaboration with school districts, health authorities, developers, operators, and designers to share challenges, successes, and best practices across the childcare ecosystem.
- **Promote Vancouver’s best practices as a leadership model:** Position the city’s childcare design guidelines and strategies going beyond minimum requirements, supporting inclusive childcare for children with disabilities, and building networks with non-profit operators as advocacy and leadership resources to guide provincial policy and support inclusive childcare development in other cities.

5.3 ECE workforce development and training

For post-secondary institutions providing ECE training:

5.3.1 Reform ECE Curriculum for Comprehensive Inclusion

- Mandatory inclusion training for all ECE programs, ensuring graduates can meet the needs of children across all ages and abilities.
- Culturally responsive and trauma-informed approaches: Embed Indigenous, multicultural perspectives and trauma-informed practice as essential components of ECE training.
- Extended practicums: Provide longer, more varied placements to give students real-world experience with children of different needs and backgrounds.
- Team-teaching model:
 - Promote collaborative teaching to support peer learning and reduce burnout. Include specialist staff training, additional support roles, and input from visiting behavioural experts.
- Ongoing professional development:
 - Provide real-time coaching and collaboration with specialists (e.g., behavioural investigators, child development experts).
 - Share capacity-building good practice examples in ECE operations, such as the BC Early Childhood Pedagogist Program, which supports transformation of early childhood centres by working alongside educators and children in curricular projects grounded in the B.C. Early Learning Framework’s vision. Another example is ECEBC’s 2024 Statement of Inclusion, which acknowledges ableism as a systemic inequity and calls on educators to play an active role in addressing it. These initiatives illustrate how policy, pedagogy, and professional leadership can come together to strengthen inclusive practices across the sector.

- Peer mentorship & reflective practice:
 - Support formal mentorship programs.
 - Incorporate self-reflection frameworks (e.g., Australian models) into training.
- Mandatory special needs course: Ensure all graduates have foundational skills in supporting children with disabilities and diverse needs.
- Family engagement training: Include inclusive practice in both staff and parent training, referencing international models (Toronto, Australia).
- Graduate readiness: Increase training on early identification of disabilities and strategies to meet children's different needs.
- Global best practice integration: Draw from international examples (e.g., Denmark's inclusive classroom strategy).

For provincial government:

5.3.2 Improve ECE Capacity Across the System

- Enhance system-wide staff training (rather than only one-on-one supports) in disability awareness and inclusive strategies, following Quebec's model.
- Offer hands-on, scenario-based workshops in trauma-informed care, behaviour support, and inclusive practice.
- Ensure all ECE training emphasizes that educators will work with children of varied needs, making inclusivity a core operational value.
- Provide specialist access to behavioural experts, mental health consultants, and peer mentors.

5.3.3 Establish a Universal Wage Grid & Fair Compensation

- Implement a province-wide wage grid to ensure competitive salaries that reflect extended training and specialization.
- Link wage increases to advanced qualifications and specialized skills.
- Reference international examples such as Australian Government's 15% pay raise for ECE workers as a benchmark.

5.3.4 Embed Inclusion Across All Staff Roles

- Move beyond relying solely on "inclusive managers" make inclusion a shared responsibility across all team members.
- Reference Australian inclusion agencies as a model for providing ongoing team-wide support

5.3.5 Promote Inclusion as a Fundamental Right

- Advocate that inclusive practice is a non-negotiable right for every child, not an optional program element.
- Shift the **organizational mindset** so inclusion is a cultural norm embedded in daily operations.

5.3.6 Address Burnout, Ratios & Systemic Support

- Increase educator to staff ratios through provincial advocacy efforts to amend legislation to improve care quality and address increasing emotional needs in children.
- Increase government funding to support competitive wages, reduce turnover, and improve mental health supports for staff.

For operators:

5.3.7 Strengthen Partnerships with Families & Communities

- Develop formal organizational policies around inclusion and community resource engagement.
- Train all staff (educators, supervisors, managers) on local resources and referral processes.
- Maintain active partnerships with community agencies to coordinate services and supports for children and building relationship with families.

6. Conclusions and limitations

This report aims to serve as an advocacy piece highlighting the current challenges and successes in providing equitable and high-quality childcare for children with disabilities, and for all who are part of the broader childcare system. Across engagements and various studies conducted, three major themes consistently emerged as persistent issues affecting organizations, children, families, and communities: **physical design considerations, ECE workforce development and training, and systemic reform, resourcing & policy** governing the sector.

It is evident from the project that, **although its primary focus is on providing quality care for children with disabilities, the outcomes benefit all children, families, educators, and service providers, including health experts within the ecosystem.** A higher level of quality care is achieved when physical spaces are flexible, staffing is enhanced, and policies are inclusive to accommodate everyone's needs. **Every child requires support at some stage, and since the COVID-19 pandemic, addressing children's mental health has become increasingly important.** The steps taken through this initiative will help build long-term, positive impacts for future generations – not only within the city but across Canada, **fostering a better future for children themselves and for the communities they are part of.**

Childcare centres do not exist in isolation, they function as part of a broader ecosystem involving children and their families, communities, ECEs, various service providers, municipalities, provincial and federal governments, health organizations, experts, developers, planners, architects, interior designers. Each plays an essential role in creating valuable services for children, supporting their access to equitable and high-quality opportunities for a better future. **Strengthening this system requires understanding the relationships among stakeholders, identifying both strengths and weaknesses, and building collaborative strategies to enhance inclusivity and collective responsibility in providing care as a humane and equitable society.** A potential area for further investigation is the co-location of inclusive childcare with accessible housing. While this may serve a relatively small group, it could provide meaningful multi-level support for families, particularly adults with disabilities.

While this project has provided valuable insights, there were several limitations. Time constraints, participant availability, the limited scope of existing research in this sector, and access to relevant reports all influenced the breadth of the work. Additionally, it was not possible to engage the entire ecosystem – children and their families, more childcare operator in the study, nor other health care experts on disabilities (behavioural, emotional,

health etc.) health organizations, Early Childhood Education in British Columbia (ECE BC) Aboriginal Supported Child Development; and all relevant municipal departments who are an integral part of the childcare ecosystem within the available timeframe. Although ECEBC was not consulted for this project, it is important to acknowledge that they would provide valuable insights into the recommendations related to training. Furthermore, building on earlier discussions of accessibility and its intersections with other systemic barriers, there is also an opportunity to examine whether the provision of Aboriginal Supported Child Development (SCD) services gives rise to specific physical design requirements.

Despite these constraints, the findings presented here draw on a substantial body of work from literature reviews, jurisdictional scans, and direct stakeholder engagement. The credit for these insights goes to the participants, the City of Vancouver team, and the mentors of the project who provided tireless support. It is hoped that this report will serve as both a reference point and a catalyst for continued, in-depth conversations among all stakeholders in the childcare ecosystem, fostering collaboration and long-term solutions for a more inclusive future.

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