The Past, Present and Future of Early Childhood Inclusion in Canada

Adora Wong, University of British Columbia, Canada

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Abstract
This article examines the roots of inclusion in Canada's educational and early childhood settings as a colonized nation. It discusses how to address the damage done to create inclusive environments where every child is empowered. While we have moved away from exclusion and segregation, inclusion policies are still resisted by parents, educators, and policymakers due to a turbulent past and the lack of coherent programming and funding (Halfton & Friendly, 2015). The author examines the dichotomy of care and education in relation to inclusion, criticizes using children as objects of scientific inquiry, and maintains the importance of upholding a capable image of the child. Modern-day inclusion policies may harm autistic children instead of helping, as they may not truly be in the best interest of children with disabilities.

Resumé
Cet article examine les fondements de l'inclusion dans les milieux pédagogiques et de la petite enfance au Canada en tant que nation colonisée. Il examine les façons de réparer les dommages causés afin de créer des environnements inclusifs où chaque enfant peut s'épanouir. Bien que nous ayons rompu avec l'exclusion et la ségrégation, les politiques d'inclusion se heurtent encore à la résistance des parents, des éducateurs et des décideurs politiques en raison d'un passé turbulent et de l'absence de programmes et de financements cohérents (Halfton et Friendly, 2015). L'autrice examine la dichotomie qui existe entre les soins et l'éducation en relation avec l'inclusion, critique le traitement des enfants en tant qu'objets d'enquête scientifique et souligne l'importance de maintenir une image capable de l'enfant. Les politiques d'inclusion modernes peuvent nuire aux enfants autistes au lieu de les aider, car elles sont susceptibles de ne pas être véritablement conçues dans l'intérêt supérieur des enfants en situation de handicap.

[1] University of British Columbia

This paper focuses on the history of inclusion in Canada as a colonized nation. Learning the roots of inclusion may help educators understand why inclusion policies are still met with resistance and doubt today by parents, educators, and policy makers alike (Brotherson et al., 2001). This is despite the numerous international declarations of rights afforded to children with disabilities and the general acceptance that inclusion policies are the "best practice" for childcare programs (Halfon & Friendly, 2013). Upon reviewing the history of inclusion, we will examine the themes of the dichotomy of care and education, the criticism of using children as subjects of scientific inquiry, and the child's image. We will look at what is currently passed as inclusion today and question whether this is truly in the best interest of children with disabilities. Finally, we will explore two instances where modern-day "inclusion" is harms autistic children instead of helping and discuss how to address these issues to create truly inclusive environments where every child is empowered.

Inclusion in education has a relatively short history, with the movement's roots beginning in the early twentieth century (Bunch, 1994). Western disability history started with a total exclusion of people with disabilities from education (Bunch, 1994). Not only that, but they were also excluded from their communities, being considered "less than human" and "worthy only of death" in several early societies (Bunch, 1994, p. 20). When Canada was colonized in the 1700s, a limited number of children with disabilities could participate in education, and they were tutored only if their families had the resources to do so (Bunch, 1994). Between the mid-1700s to the early 1900s, children with physical disabilities had the option of being educated in special boarding schools that were segregated from public education (Bunch, 1994). At the start of the twentieth century, four societal changes paved the way for more educational rights for people with disabilities. First, society started to see the school system as a way of addressing social issues (Bunch, 1994). Second, education was reformed into a corporate-industrial model of organization to increase "educational efficiency" (Bunch, 1994, p. 26). Third, education was recognized as a path to successful employment and not reserved only for a select few. Fourth, the Intelligence Test (IQ Test) was developed to determine whether a child needed to be placed in special education. With these changes, society began to accept that individuals with disabilities should be exposed to educational services (in the case of physical disabilities) or habilitative services (in the case of intellectual and developmental disabilities). The education available to people with disabilities was still segregated, with specialized administrators, teachers, assessment methods, instructional methods, parent associations, and transportation systems, which paralleled the "regular" education system and competed with it for funds and personnel (Bunch, 1994, p. 23). Segregated education had its roots in the medical model of disability, saw no clear advantages for the children enrolled, and was difficult to exit once a child was placed in the program (Towle, 2015). This system saw those with disabilities as having the challenge or being the problem, rather than reflecting on how their experiences with disabilities were shaped by the environment (Towle, 2015).

In 1970, the *One Million Children* report called for Canadian society to stop isolating and segregating children with disabilities from their peers and families (Towle, 2015). This report addressed pervasive negative attitudes toward people with disabilities. Between 1970 and 1985, several Canadian provinces began to offer the practice of the Least Restrictive Environment, in which a student with disabilities would be placed in either a full-time placement in regular

classrooms with support or a split placement between special and regular classrooms (Bunch, 1994). This model, which was an advance towards what we consider "inclusion" to be today, saw four main opponents: parent groups who saw access to segregated education as a right, policymakers who were concerned about students with disabilities diluting achievement, educators who were concerned about receiving adequate training and support, and educators who believed that segregated education was the best model due to available resources. The history of inclusion began on the opposite end of the spectrum in full exclusion. Only in the last hundred years have children with disabilities slowly extended the right to education. The practice of inclusion in regular classrooms only entered public consideration in the last fifty years.

Today, the right to education is protected by the International Covenant on Economic, Social, and Cultural Rights (1966), the Convention on the Rights of the Child (1989), and the United Nations Declaration of the Rights of Persons with Disabilities (2006). While these treaties outline human dignity and the need for respect, they provide minimal guidance in the implementing policies. In Canada, education is under provincial or territorial jurisdiction. While special education has come a long way from the historical segregation and institutionalization of children with disabilities, educational policies still have "a long way to go before they are truly inclusive" (Towle, 2015, p. 8). Each province currently utilizes different languages to describe disabilities, including "special needs", "exceptionality," and "intensive needs" (Towle, 2015). They also have varying names for similar programs for special educational programming: Individual Student Support Plan, Inclusion and Intervention Plan, Individual Program Plan, or Personalized Learning Program. This lack of cohesion leads to confusion over which supports are available for children with disabilities. Neither Canada as a whole nor individual provinces and territories protect the right to inclusion for children with disabilities in childcare settings. However, the childcare sector has privately led the way in early years inclusion in several ways (Halfon & Friendly, 2013) for children from birth through elementary school. Beginning in the 1980s, community-based childcare centres expanded their mandates to include and support children with disabilities, often without the support of provincial funding (Halfon & Friendly, 2013).

While inclusion in regular childcare programs has become accepted as the "best practice" in Canada (Halfon & Friendly, 2013), the current challenge is to move away from integration systems where a person with a disability adapts to fit into a classroom with non-disabled peers, and into a truly inclusive space which addresses the diverse needs of all participants, including all groups who have been traditionally marginalized and disadvantaged. Disability and inclusion are evolving concepts (Towle, 2015), The modern definition of inclusion means that children with disabilities not only share the same space as children without disabilities but can also participate fully (Halfon & Friendly, 2013). While most educators support inclusion, many are overwhelmed by various perspectives on implementing inclusion policies (Towle, 2015). In early childhood settings, this is exacerbated by the lack of a coherent system that plans, funds, and provides regulated childcare (Halfon & Friendly, 2013). The Dichotomy of Care and Education for Children with Disabilities

The dichotomy of care and education is also present when discussing the meaning of, inclusion in early childcare settings. Here, it becomes important to distinguish between programs that offer integration and inclusion. While these terms are often used interchangeably,

integration focuses primarily on the child with a disability and expects them to adapt. In contrast, inclusion focuses on the benefits for all children when people with disabilities are learn in the same environment (Harman, n.d.). A care perspective seems to satisfy the request for integrationas it provides "social inclusion of children of all abilities" and "allows parents to work and support their families" (Halfon & Friendly, 2013, p. 17). The historical exclusion of people with disabilities may contribute to caregivers looking at early childhood education programs to assist in supervising their child, as access to regulated childcare is a more recent right for children with disabilities (Halfon & Friendly, 2013). However, a better understanding of inclusion calls for equal access to full and meaningful participation in childcare programs (Flanagan & Beach, 2010). Furthermore, early childhood settings can act as a site for the early identification of learning and developmental disabilities and create opportunities for children to develop to their fullest potential (Halfton & Friendly, 2013), drawing more on the educational aspect of early childcare. Advocates for inclusion often lean in on the educational benefits as well, citing that children in inclusive spaces demonstrate stronger communication and leadership skills, a higher sense of empathy, as well as stronger math and reading skills compared with classrooms without children with disabilities present (Towle, 2015). This definition ensures more than the presence of children with disabilities: it calls for action and responsive teaching (Flanagan & Beach, 2010). The Special Link Early Childhood Inclusion Quality Scale (2009) outlines principles of quality inclusion, which pertain to care and education. On the side of care are the zero-reject principle, where no child is excluded based on disability, the same range of program options principle, where parents of children have the same options that other parents have; and the maximum parent participation principle, where parents are encouraged to participate in the childcare program (Flanagan & Beach, 2010). The full participation principle, where activities and routines are modified and adapted to include all children, and the pro-action for community inclusion principle of advocating for staff training, transportation, funding, and therapeutic support fall on the side of education, as they ensure that children with disabilities can fully participate in the same learning process as other children (Flanagan & Beach, 2010). While care and education are both necessary components in inclusion in early childcare settings, care is associated more with undoing the damages of segregation, whereas education offers a path forward toward true inclusion.

Children with Disabilities as Subjects of Scientific Inquiry

Children with disabilities, especially children with learning and developmental disabilities, have historically been the subject of scientific inquiry, beginning with the development of the IQ Test at the turn of the twentieth century (Bunch, 1994). This test determined whether a child would be placed in segregated special education, a system that saw no real benefits to children with disabilities and was difficult to exit (Bunch, 1994). This separated children into two groups: normal or pathological (Varga, 2011). The IQ Test was the start of measuring "normative" child development through a Eurocentric lens (Varga, 2011, p. 138), a process that increasingly structured children's experiences and adult responses (Varga, 2011). Here, we run into the danger of relying so much on our scientific findings of the child, especially in cases of "abnormal development," that we end up disembodying development from the person (Varga, 2011, p. 153) and doing more harm to children with disabilities.

The Image of the Child

The image of the child is also important to consider in the history of inclusion, as it can inform our current views on children with disabilities. Until the 1900s, people with disabilities were largely invisible to society, or worse (Bunch, 1994). While reviewing Sorin's ten constructs of the image of the child, only two seem to fit how children with disabilities were viewed in Canada. The first is that of the Evil Child, who is excluded until they can learn to conform to society, which echoes the purpose of segregated education (Sorin, 2005). The second is the Out-of-Control Child, who is offered a negative label ("dysfunctional") and is abandoned by "the system" (Sorin, 2005, p. 16). In present-day inclusion, children with disabilities may hold the image of the Child as a Commodity as adult advocates speak over their voices to obtain sympathy, support, and funding, or the Noble/Saviour child who is there to teach adults a valuable life lesson (Sorin, 2005). By implementing inclusive early childcare programs, we can begin to view children with disabilities as Agentic Children who are social actors that participate in their education and lives (Sorin, 2005). The British Columbia Early Learning Framework calls for educators to view all children as "a gift, as strong and capable in their uniqueness and full of potential, living and growing in complex interdependence with humans and all world relations" (British Columbia Ministry of Education (BCME), 2019, p. 15). Moving away from a history of exclusion and towards true inclusion, we can embrace the image of capable and agentic children in our programs.

The Future of Inclusion

With such a recent and turbulent history, most early childhood spaces in Canada have a long way to go before they are truly inclusive (Towle, 2015). While inclusion is accepted as a goal in early childhood education, the terms surrounding disability and accessible education are still vague and disputed among advocates (Towle, 2015). Furthermore, there is no formal system in place to ensure the implementation of inclusive programs (Haflton & Friendly, 2013), nor guidelines on implementing inclusive practices (Towle, 2015). Rather, the implementation of true inclusion in Canada is currently left by chance, determined by whether a child lives in an area where the teachers, schools, and childcare programs welcome students with disabilities (Uditsky, 2019). While Halfton and Friendly (2013) call for "a national, publicly funded, publicly managed universal system of high-quality early childhood education and childcare program that mandates and supports the inclusion of children with disabilities," Nutbrown (2018) offer two practices that parents, educators, and community members can do in the meantime. The first is to move away from a medical model of disability when considering adapting special educational practices and instead towards a social model in which everyone is responsible and can benefit from learning from each other's experiences (Nutbrown, 2018). The second is to ask critically reflective questions about inclusion in early childhood settings: "How do early years practitioners define 'inclusion' in their work? How do young children understand and enact inclusion in their early years setting? What are parents' expectations of inclusion in their children's early years?" (Nutbrown, 2018, p. 10).

As an autistic individual, I have a few suggestions to promote inclusion in early childhood spaces. Due to the colonization of research, most studies on children with developmental disabilities are written from an abled, Eurocentric perspective (Varga, 2011). This means that many currently accepted practices for inclusion are also based on these perspectives, rather than

the lived experiences of people with disabilities, resulting in damaging comparisons and the push toward normalization (Varga, 2011). Suppose inclusion in childcare means that all children have equal access to participate meaningfully (Flanagan & Beach, 2010). In that case, there are two current barriers to true inclusion I would like to personally address in my work as an early childhood educator and disability advocate.

The first is the pervasiveness of Applied Behaviour Analysis (ABA) Therapy in early childcare settings within the inclusion framework. This is concerning because both the autism and the neuropsychology community have exposed the "lasting damage and abuse" this treatment causes (Sandoval-Norton & Shkedy, 2019, p. 1). ABA relies on behavioural modification and intends to modify or diminish unwanted behaviours, to increase language, communication, and social skills in autistic children (Kirkham, 2017). While these appear on the surface level to be commendable intentions, research demonstrates that the prompt dependency on the therapist to control behaviour by having food, candy, toys, or other objects withheld for non-compliance serves to "inhibit or prevent the development of age-appropriate social relationships and interpersonal skills in children, which also contributes to lack of motivation and unsuccessful learning" (Sandoval-Norton & Shkedy, 2019). ABA therapy neglects current research that shows the commonality of comorbid disorders such as anxiety, Attention-Deficit/Hyperactivity Disorder (ADHD), and Obsessive Compulsive Disorder (OCD) in autistic children (Ofner et al., 2018). Given that the Behaviour Analyst Certification Board that certifies ABA therapists does not require any education or training on these comorbid disorders, the practice of applying a blanket approach of implementing behaviorist principles on autistic children is "irresponsible and abusive" (Sandoval-Norton & Shkedy, 2019, p. 5). Autistic and neurodiverse communities have rejected ABA therapy as unethical and unnecessary. They claim it can leave children feeling traumatised and devalued (Kirkhman, 2017). ABA therapy goes against care and the image of the agentic and capable child. It has no place in early childhood settings, much less in those that claim to be inclusive of children with disabilities. In my work as an early childhood educator, I feel a responsibility to educate others about the harm of this popular method of controlling autistic children and to redirect parents toward other resources such as occupational and speech therapy.

A second area of concern was the announcement of the Family Connection Hubs in British Columbia, which was expected to commence in the Okanagan region by 2023 (Britten & Wilson, 2022). This was a swift, top-down decision to have families of children with disabilities access services at a local family connections hub instead of receiving funding for the providers they already had (Weisgarber, 2021). Autism groups were quick to express concern and criticism after the program was released without details of execution, worrying that this system would cause further division within the disability community as families competed for funding. In the program release, the government also announced the end of the Individualized Autism Funding, the At Home Program, and other disability support services by 2025 (Autism BC, personal communication, November 8, 2021). After over a year of criticism from families and autism support and advocacy groups, the BC government paused the plan on November 25, 2022 (Ministry of Child and Family Development, 2022). The name of the program has been changed to "Family Connections Centres." It will not proceed until further evaluation and input from Indigenous peoples (Ministry of Child and Family Development, 2022). However, the program remains for families living in Kelowna, Prince Rupert, Terrace, and Smithers (Ministry of Child and Family

Development, 2022). Both issues of ABA therapy and the release of the 2021 funding model stem from the same place: a failure to listen to people with disabilities and to include them in the decision-making process. These issues can be addressed by accepting a standard of inclusion committed to listening to people with disabilities and their meaning-making process, understanding that this will benefit all children involved in the program.

Conclusion

Examining the history of inclusion in Canada clarifies the present tension when addressing this topic in early childhood settings. While we have moved away from exclusion and segregation, we can still feel its damaging effects on the limited availability of inclusive programs in Canada (Uditsky, 2018) due to a lack of coherent programming and funding (Halfon & Friendly, 2015). When considering the dichotomy of care and education about children with disabilities, care seems to provide a minimal standard of integration, whereas education moves towards fuller inclusion. In understanding disability history, it is important to note how scientific inquiry into children with disabilities has led to segregation (Bunch, 1994) and modern-day abuse of autistic children (Sandoval-Norton & Shkedy, 2019). As we move into the present and future of inclusion, we can strive to listen to those with lived-disability experiences and to view children with disabilities through an image of a capable, agentic child that is full of potential. Understanding the turbulent history of exclusion and segregation for people with disabilities can help us strive for the opposite today: a world in which all children are accepted and viewed as capable, agentic, important, and valuable.

ORCID iD

Adora Wong https://orcid.org/0000-0001-7880-0794

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