# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>1</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>3</td>
</tr>
<tr>
<td>Section One: Introduction</td>
<td>9</td>
</tr>
<tr>
<td>Section Two: New Model of Inclusive Education</td>
<td>15</td>
</tr>
<tr>
<td>Section Three: Adequate Funding and Resources</td>
<td>49</td>
</tr>
<tr>
<td>Section Four: Practical, Specialized Staff Education</td>
<td>61</td>
</tr>
<tr>
<td>Section Five: Student-Centered Interagency Collaboration</td>
<td>69</td>
</tr>
<tr>
<td>Section Six: Strong Home-School Partnerships</td>
<td>81</td>
</tr>
<tr>
<td>Section Seven: Inclusive Education Policy Framework</td>
<td>89</td>
</tr>
<tr>
<td>Section Eight: Leadership, Oversight, and Strategic Plan</td>
<td>105</td>
</tr>
<tr>
<td>Section Nine: Conclusion</td>
<td>123</td>
</tr>
</tbody>
</table>
Acknowledgements

The Commission on Inclusive Education is grateful for having had the opportunity to undertake this important work over the past twelve months.

Each of us is indebted to our families and colleagues for their unwavering support.

We would like to acknowledge and thank the many individuals in the Department of Education and Early Childhood Development who enabled our research and have been steadfast in their support. We would also like to acknowledge the support of the Nova Scotia Teachers Union to the work of the commission.

We would not have been able to undertake our consultations and outreach without the help of our project team, chief among them our project manager, Candice Finbow. To the others who supported us in our work—each with a unique and important contribution—thank you.

We are particularly grateful to the extraordinary educators, leaders, and administrators who contribute so much to the lives of students every day. Your willingness to share ideas and information is deeply appreciated.

To the many stakeholders, parents, grandparents, family members, and other engaged Nova Scotians who came forward, we thank you for sharing your experiences, opinions, and hopes for an improved system.

Most importantly, we thank and dedicate this report to the children and youth of Nova Scotia who continue to inspire us. We hope that it contributes to a better and brighter future for all of you.
Executive Summary

This final report of the Commission on Inclusive Education (the commission) is the culmination of a year of study, research, public consultation, and ongoing dialogue with Nova Scotians. The commission was appointed by the provincial government and the Nova Scotia Teachers Union (NSTU) on March 24, 2017. Our legislated mandate was to

(a) provide a research-based overview of the current practice and policy of inclusive education with respect to students in the public schools operated by each school board in the province;
(b) conduct a comprehensive literature review of inclusive education;
(c) identify the challenges educators face in implementing inclusive education;
(d) identify potential areas of improvement in provincial and school board policies related to inclusive education;
(e) identify and recommend best practices for the implementation of inclusive education after conducting a provincial, national, and international research review;
(f) provide recommendations on how the implementation of inclusive education can be improved, including recommendations respecting
   (i) funding
   (ii) resources and resource allocation and accountability
   (iii) professional development
   (iv) alignment of initiatives
   (v) a mechanism for the regular review of inclusive education
(g) identify areas that would benefit from further investigation; and
(h) develop a comprehensive strategic plan that includes measurable education goals for implementing inclusive education and specific recommendations for improving teaching and learning conditions in support of the goals.

The commission's responses to the mandate are contained within this final report. They appear within the body of the text, are reflected in the recommendations and strategic plan, or are in appendices.

We know how important it is to Nova Scotians that we get this right. We undertook a number of steps in fulfilling our responsibilities, including:

• conducting research and review of best practices;
• engaging university scholars to conduct research and literature reviews on a variety of specific topics within the field of inclusive education;
• holding meetings with the NSTU and groups of educators;
reviewing Hansard records from Bill 75 law amendment presentations;
consulting with educators across the province, in partnership with the NSTU, throughout the
fall of 2017;
hosting meetings with school board officials and school administrators;
engaging with representatives of the Delmore Buddy Daye Learning Institute (DBDLI), the
Council on African Canadian Education (CACE), and the Black Educators Association (BEA)
about the experiences of African Nova Scotian educators and students;
engaging with representatives of the Mi’kmaw community, including visiting a Mi’kmaw
Kina’matnewey (MK) school;
visiting schools;
consulting with parents, students, and the public via workshops;
hosting stakeholder meetings;
inviting public and organization submissions;
offering a broad-based online public survey; and
holding focus groups with parents and students.

We were tasked with improving inclusive education for the
benefit of all Nova Scotia students. We have done that by
putting students first. We have attempted to strike a
balance between providing early increased supports
for the students currently in the system who
cannot wait for long-term change, and laying
the foundation for ongoing improvements.
THE CORE COMPONENTS

A new model of inclusive education

The model is comprised of a multi-tiered system of supports (MTSS) that is specific to the Nova Scotia context and addresses students' academic, social-emotional, and behavioural needs in an integrated way. The three tiers form a flexible, interconnected continuum of academic, behavioural, and social-emotional-health supports at three levels:

1. Classroom: universal core curriculum and core instruction for all students
2. Small group: supplementary interventions for some students
3. Individual: intensive interventions for a small percentage of students

It is a unified framework for public education that aligns and coordinates multiple changes to our school system centred around a common focus on student success. The model is anchored in a new definition of inclusive education that goes beyond the traditional programs and placements to provide all students with multiple tiers of support, including varied assessments, instruction, interventions, and learning spaces that are tailored to individual student strengths and needs. It focuses on classroom instruction, provides more supports for teaching and learning, and emphasizes the importance of using evidence-based programs. The model builds student and system strength by tracking progress and nurturing collaboration. It is designed to build the capacity of our school system to support the success of all students.

Increased funding and resources

Inclusive education requires a significant increase in funding. Staffing ratios have been adjusted to increase the number of direct service providers—both professional and paraprofessional. A factor to improve educational equity has been added along with a mechanism to expand support for complex classrooms. Early priorities for funding include increasing supports to address behavioural, mental health, and medical issues.

Focusing on practical, specialized staff education to support inclusive education

Gaps in teacher preparation in the bachelor of education (B.Ed.) programs and in ongoing professional development have been addressed to provide educators with the practical knowledge, skills, and competencies they require to successfully implement inclusive education and meet diverse student needs. This includes the revision of B.Ed. programs to provide future teachers with enhanced coursework and supervised practicum experience in inclusive education. For those in practice, there will be opportunities for professional development in inclusive education that is timely, interactive, educator-centred, school-based, practical, and responsive to specific student needs. In addition, leadership preparation for inclusive education will be provided.
Nova Scotia does not currently have an adequate supply of skilled professionals and paraprofessionals to fully provide inclusive education. In order to support the demand, it is vital that the supply be increased. This will require expanding existing programs and adding new ones.

Improved student-centred interagency collaboration

In response to the commission’s interim report, work to improve collaboration across departments has started. Next steps will include finalizing the grid of departmental roles and responsibilities in meeting specific student needs in public schools, aligning funding of services to match, and ensuring access and equity across the province. Creation of provincial standards for the delivery of services by other agencies and departments within the school system will also be important, along with making sure there is time available and technological supports for collaboration. A focus on improving transition support has been outlined.

Strengthening partnerships between home and school

Inclusive education relies on collaboration at all levels, particularly between home and school. Key steps will be to expand on practices that support parents and educators, including providing the time required and flexible methods to connect. We need to ensure parents genuinely participate in goal setting and program planning by breaking down current barriers. The plan for home and school communication and the identification of parents’ roles in supporting programming need to be part of all individual learning plans. Parent navigator/transition support specialists have been added.

Parents of children with special needs must be present where decisions about inclusive education are made, including as members of each school advisory council and regional school advisory council, the new Provincial Advisory Council, and the governing body of the proposed Nova Scotia Institute for Inclusive Education.

A new policy framework for inclusive education

Provincial policies related to inclusive education must be revised and streamlined. Some policies need to be replaced, others need to be updated, and several new ones must be added. Policy-related information should be integrated and easily accessed online. Next steps will see the creation of

• a new policy for inclusive education that replaces the current special education policy and supports the implementation of MTSS;
• new teacher assistant guidelines for the province;
• a new safe and inclusive schools policy to replace the existing Provincial School Code of Conduct Policy;
• new behaviour support guidelines as part of a provincial behaviour support strategy;
• a new interdepartmental policy/agreement for delivery of services to students, including a protocol for students with complex needs;
new autism education guidelines as part of a provincial autism strategy for Nova Scotia schools; and
new mental health guidelines as part of a provincial mental health strategy for Nova Scotia schools.

The focus on student needs must always be at the heart of the ongoing work. The previously listed parent voices in advisory councils will help keep that focus. The input via the first voices of persons with disabilities will also be critical, and a representative of that group should be a member of the Provincial Advisory Council.

Strong leadership at all levels of the public education system and ongoing oversight of inclusive education

Leadership at all levels is vital to the successful implementation of the required changes. An important component will be the creation of an executive director of inclusive education within the Department of Education and Early Childhood Development (DEECD). The executive director will lead the implementation of the new model and be part of the Nova Scotia Institute for Inclusive Education (NSIIE). The NSIIE will be hosted and supported by DEECD, but serve as an arm’s-length body. Among its functions will be establishing outcome measures and the process for measurement to assess how well inclusive education is working in the province for students, educators, administrators, parents, and the public. It will also support and track changes in preservice teacher education programs (B.Ed.), leadership preparation, and professional development opportunities to meet the needs of inclusive education. The NSIIE will contribute to the development of the new inclusive education policy and provide input into other DEECD policies and procedures from the perspective of inclusive education. It will also support innovation and research in inclusive education, including research in program implementation. The NSIIE will provide an annual report to the public on the status of inclusive education in the province.

A plan for phased-in implementation and alignment with other education initiatives

This report is a blueprint for change, and the work of rebuilding the system begins with its submission. What follows is a phased approach, one that recognizes it will take time to put the MTSS model in place, develop the workforce needed to support it, and incrementally add funding and resources.
Helping all students reach their full potential is both the promise and the challenge of inclusive education. Over the past five decades, great strides have been made in Nova Scotia. We have progressed from exclusion and segregation to integration and inclusion. However, while today’s schools are more welcoming and accepting of diversity, too many students are not reaching their full potential and the system is under considerable strain. This must change.

The way forward starts with implementing a new model of inclusive education, one that supports teaching, learning, and the success of all students. It also starts with ensuring that the system is funded and resourced appropriately. We must keep pace with the changing needs of students, shifts in social contexts, research about best practices, and new technologies. In moving ahead, we will need to build on successes, break down barriers, respect everyone’s contributions, and use the groundwork of positive relationships as the foundation for meaningful change.

One obstacle to progress is the lack of clarity and consistency in how inclusive education is defined and implemented in Nova Scotia. For many years, the policies, procedures, and terminology for inclusive education have been interpreted and applied differently from school to school and region to region. The lack of consensus about what inclusive education is and how it should be implemented has negatively impacted students, parents,* and teachers. This widespread confusion has also hampered mutual understanding and hindered opportunities for partnerships and collaboration between educators and other supporting agencies.

Inclusive education is

- **the right of all students to a quality education** in welcoming school communities that support teaching and learning;
- **a student-centred, needs-based approach** to providing educational programs and services to all students through a collaborative, team-based approach that welcomes the full participation of parents;
• a multi-tiered continuum of programs, services, and settings that goes beyond the confines of traditional student placements and programs to provide all students—including students with special needs—with assessment, instruction, interventions, and learning spaces tailored to their individual strengths and needs;
• positive learning environments that facilitate the full membership, participation, and learning of all students;
• core values and beliefs that uphold the best interests of students in educational decisions; promote equitable student access to educational programs and services; and respect and value diversity in school communities;
• evidence-based policies, practices, and procedures that support the success of all students; and
• a commitment to excellence in teaching, learning, and leadership that facilitates and empowers all students to reach their full potential as learners.

Emotions run high on the subject of where students are educated. Our endorsement of a tiered approach that incorporates other learning settings may not match the expectations of some that all children be in the main classroom at all times. We wish to be clear that we are not advocating placement on the basis of differences, but rather a system that is flexible and able to respond to students’ needs, including time out of the main classroom if—and only if—that is what is required to assist the student and provide true equity.

In a tiered approach, students can expect to be full members of welcoming school communities that embrace diversity. The tiers overlap to provide a continuum of academic supports at three levels:

1. Classroom: universal core curriculum and core instruction for all students
2. Small group: supplementary interventions for some students
3. Individual: intensive interventions for a small percentage of students

The vast majority of students will experience school success in the classroom through the core curriculum and core instruction. Some will require additional educational programs, services, interventions, and settings at various points in their schooling to meet their unique strengths and needs. This does not mean that we endorse streaming or permanently assigning students to school placements and/or programs. We do not.

Critically important is the fact that many parents and students have told us that what they want is education that puts students first, not places. They want all students to be meaningfully included in school communities that respond to student strengths and needs in flexible ways. For too long, students have been plugged into established educational programs that do not fully meet their needs or foster their success.

We made a commitment in our interim report that we would not look backward to past practices or stand still within existing limitations, but instead work toward a new model of inclusive education that meets the needs of all students in a feasible and sustainable way. That is exactly what we have done by presenting a model of inclusive education that is focused on student needs and committed to student success.
As a commission, we were mandated to improve inclusive education through research, policy reform, and public consultation. To fulfill that mandate, we examined provincial, national, and international reports; research studies; and policies. We partnered with university researchers to study key aspects of inclusive education. Most of all, we learned by listening. Through public consultations, school visits, online surveys, written submissions, stakeholder meetings, and countless impromptu conversations, we heard from thousands of Nova Scotians. We learned from their stories and observations, and benefited from their ideas and suggestions for moving forward.

At every step, we were inspired by the tremendous effort and dedication of the students, parents, and teachers who have crafted innovative solutions for the problems they face. There are some wonderful things happening to address challenges in Nova Scotia schools, but they are typically small scale and local. These innovations need to be supported and shared.

We heard about major barriers that exist within inclusive education. Gaps in funding and resources, inconsistent policies, a lack of professional development opportunities, and the need for better interagency and home/school collaboration are all challenging the system and those within it. There are too many silos at every level: schools, administrative structures, government departments, and other agencies. These silos hinder the collaboration, communication, and sharing of responsibility that is essential to successful inclusive education. Students, parents, teachers, and administrators are all frustrated with the maze of rules, regulations, procedures, and paperwork they must navigate when trying to secure programs and services. These silos must be broken down. We must create a system where effective student- and family-centred supports are delivered in an integrated manner.

These supports are needed because our students face multiple hurdles. Some have identified exceptionalities, including specific learning disability; attention deficit hyperactivity disorder (ADHD); chronic health impairment, autism spectrum disorder (ASD); emotional, mental health and/or behavioural disorder; speech/language/communication disorders; vision loss, hearing loss, deaf-blindness; physical disability/motor impairment; intellectual disability; acquired brain injury; multiple disabilities/complex needs; and giftedness. Students who are not identified as having any of these exceptionalities may still struggle in school because of the impact of family issues, poverty, regional disparities, language barriers, or entrenched patterns of social inequity. They all need a system of inclusive education that works.

Currently, students cannot always access specialist supports and the programs they need to give them the best outcomes. A significant percentage of students do not possess the grade-level skills in reading, writing, or mathematics that are essential to school success. A growing number of students have severe behavioural challenges that interrupt the teaching, learning, and safety of themselves and others. Some students struggle with mental illness or medical needs that require intervention and treatment by health-care professionals. These students and their families require coordinated, student-centred supports. In some cases, this includes inpatient and outpatient treatment programs for behaviour and mental health. Other students need alternative programs that strengthen their connection with school and provide them with different pathways to high school graduation.
Just as students require additional supports, so too do their parents and families. Parents need the assistance of educators and other professionals as they advocate for their children’s access to quality, inclusive education. Parents require regular, two-way communication with their child’s school, help in navigating the education system, and meaningful participation in their child’s school program. They want to be made aware of available programming options. They want to be informed. They want to be supported as their children progress through transition points in their education. Parents want and deserve to be full partners.

Teachers are on the front lines and see first-hand the many challenges that students and parents face. Better than anyone else, teachers understand the realities of modern schools. Teachers are hard-working and talented professionals, but they cannot meet all students’ needs alone. They require more support to effectively teach classes with increasingly complicated needs. Teachers require time, resources, professional development, in-class supports, and the help of school and interagency specialists. The mounting paperwork, meetings, and other demands on teachers’ time must be reduced to free them up to teach and work directly with their students.

We need to have a clear system for identifying and addressing student needs, one that is practical and grounded in evidence and best practice. Our students need to have programs and services that work. We need to be sure our system is genuinely inclusive, so that all students learn and feel included.

For all of these reasons, we must move to a needs-based model of inclusive education that includes a multi-tiered system of support (MTSS) for all students and offers multiple pathways and methods to best support our children. The model provides a unified framework that supports classroom teaching; emphasizes early detection and intervention; and integrates academic, behavioural and social-emotional programs. While the model addresses the needs of those identified as having exceptionalities, it is not a model for what has typically been thought of as special education. It is a unified model of inclusive public education that responds to all student needs and aligns multiple changes at all levels of the public school system towards one common goal: increased student success.

One of our mandated goals is the alignment of initiatives. It is critically important that changes are coordinated and aligned so that the key partners in public education—students, parents, and teachers—do not become overwhelmed. The improvements currently underway include the work of the Council to Improve Classroom Conditions, the development of a new provincial curriculum, and the implementation of a new student attendance policy. Additionally, the 2015 Nova Scotia Action Plan for Education includes a focus on inclusive school environments, and the DEECD has initiated new literacy and mathematics strategies. Some of the fifteen recommendations contained in our interim report have sparked new initiatives.

This model of inclusive education and our stated goals and action plan are in alignment with the recommendations and priorities of these other processes. Together, they provide a unified framework for the implementation of multiple changes and initiatives in a coordinated and sequential way.

We recognize that we are outlining significant changes to the public education system of Nova Scotia. This model represents a departure from how public education has traditionally been
structured, funded, and delivered. We are not recommending this transformation lightly, or on the basis of limited information. On the contrary, we spent a year accumulating an extensive body of knowledge through research, study, and public consultation. Policies, models, and funding mechanisms for inclusive education in each province and territory were reviewed and compared. Models of MTSS in use elsewhere in North America were examined to identify the features best suited to Nova Scotia. We have studied data and reports compiled by personnel across government, a team of university researchers, and detailed information on important aspects of inclusive education, including teacher education, funding, teacher assistants, and collaboration.

It was the voices of Nova Scotians, however, that resonated most strongly with us. As we completed our work, the faces of the students, parents, and teachers we worked with over the years, and of those we met during our consultations, were always before us. They were a constant reminder that we were working on behalf of the children and youth of this province. We come from different backgrounds and represent different interests, but, as commissioners, we are firmly united by a shared commitment to the best interest of students.

It will take time to fully implement this new model, and we must start now. An early infusion of resources to jump-start improvements and lay a solid foundation for long-term, sustainable change is needed. We have to increase supports in priority areas such as behaviour and mental health to address the needs of the students who are currently in the system and cannot wait for long-term change. Therefore, a balance must be struck between short- and long-term change in the implementation of the new model. Over the next five years, the phased-in implementation of the new model of inclusive education will encompass five core components:

1. Adequate Funding and Resources
2. Practical, Specialized Staff Education
3. Student-centred Interagency Services
4. Strong Home/School Collaboration
5. Inclusive Education Policy Framework

The pages that follow describe the new model for inclusive education and the implementation plan for making it a reality. This report focuses on implementation because it is often during that phase that change falters, reports are shelved, and the status quo is maintained. We already have a mountain of reports and evidence that describe the need for changes to public education. As a province, we all must now commit—and stay committed—to making it happen.

This is a time to come together in creating an inclusive public education system that is second to none. Ultimately, inclusive education empowers our children and youth to be happy, healthy, and accomplished members of their communities. Quality inclusive education guarantees the best future for all Nova Scotians. Although the challenges are daunting, we must work together to build better learning opportunities for our students. Nova Scotians want these opportunities for their children. Educators need the means and systems to succeed in their critically important work. All students need to prosper in school and in life.

Nova Scotia can become a leader in inclusive education. This is our blueprint for how we will get there.

* Note: In this document the term parent is used to mean parent or guardian
### Blueprint for Change

#### Targeted Funding
- Core funding for inclusive education
- Needs-based funding formula
- Rural schools
- Complex classrooms
- School psychology and speech-language pathology assessments
- Incentives to recruit and retain specialists
- Incentives for teachers to complete specialist training
- High school transition programs

#### Access to Specialists
- Behaviour support teachers
- Learning support teachers
- School psychologists
- Autism specialists
- Speech-language pathologists
- Guidance counsellors
- Assistive technology specialists
- Transition/parent support specialists
- Regional school health nurses

#### Better Supports
- Nova Scotia Institute for Inclusive Education
- Behaviour strategy
- Mental-health strategy
- Autism strategy
- Alternative programs
- Intensive treatment programs
- Interagency programs/services
- Parent supports
- Staff education
- Teacher assistant training/guidelines
- Communication disorder assistants
- Policies, guidelines,
Section 2

New Model of Inclusive Education

In our June 2017 interim report, *Turning Point*, we identified the need for a new model, definition, and policy for inclusive education in Nova Scotia. After concluding that the current model of inclusive education is not working, we turned our attention to two main questions:

1. What student needs are priorities in a new model of inclusive education?
2. Which model of inclusive education best meets these identified student needs?

To answer these fundamental questions, we drew upon our own research and the expertise of many Nova Scotians, including:

- former and current students, including those with exceptionalities
- parents
- educators, education specialists, and school administrators
- staff at the Department of Education and Early Childhood Development (DEECD)
- leaders and members of the Nova Scotia Teachers Union (NSTU)
- representatives from other government departments and agencies
- researchers from the Office of Service Nova Scotia
- university faculty members and administrators
- various provincial teams and committees
- stakeholder groups
- advocacy groups
During our year of research, study, dialogue, and public consultation, the case for change and the core features of a new model of inclusive education emerged from the evidence.

The Case for Change

The current model of inclusive education has had long-standing challenges related to inconsistent interpretations of how to implement inclusive education, insufficient strategic intervention using effective methods, and inadequate resources. Moreover, it has been overwhelmed by the growing volume, complexity, and severity of student needs in recent years. When it was originally instituted in 1996, the model was not designed to accommodate the volume of overlapping academic, behavioural, and social-emotional challenges experienced by many students today.

Major challenges to inclusive education were identified in our online survey by parents and educators.

**EDUCATOR AND PARENT TOP CHALLENGES FACING INCLUSIVE EDUCATION**

- **Inadequate funding, staff and resources to support students with special needs**
  - Teachers: 62%
  - Parents: 62%

- **Inadequate in-class supports for students with special needs and their teachers**
  - Teachers: 60%
  - Parents: 55%

- **Increased rate of severely disruptive student behaviour in schools**
  - Teachers: 57%
  - Parents: 44%

- **Growing number of students with mental health challenges, and lack of supports**
  - Teachers: 56%
  - Parents: 52%

The highest priorities to be addressed in a new model of inclusive education are

1. behaviour
2. mental health
3. literacy
4. mathematics
5. life skills
Behaviour

At every turn, those we heard from raised the issue of disruptive student behaviour that interrupts the teaching and learning of students at all grade levels. First and foremost, the children exhibiting challenging behaviour are in distress and need help. Moreover, parents communicated their concerns about disruptive behaviour at their children’s schools, and the associated negative impact on learning. Parents described children who were fearful of attending school due to the violent behaviour on school buses, at playgrounds, and in classrooms. When children are afraid to go to school because they have witnessed or experienced violent behaviour at school, public education is seriously undermined.

We also heard about the lack of programming and intervention options for students with severe behavioural needs, especially in rural Nova Scotia. Teachers told us they do not have access to the practical education, resources, or specialist services and supports they require when faced with severely disruptive student behaviour in the classroom. Teachers and administrators described episodes of violent student behaviour that resulted in injuries to students and staff, classroom evacuations, school lockdowns, and a growing unease about the safety and security of our schools. Teachers cannot teach and students cannot learn when their classrooms have been evacuated due to the threat of aggressive student behaviour.

Teachers and administrators from across the province emphasized that more prevention, intervention, specialized training, and interagency services are required to address mounting student behavioural challenges at all grade levels. They also pointed to the need for additional transition supports, behaviour specialists, and alternative programs to provide intensive, daily, school-based intervention for students with behavioural challenges. Senior school board administrators from every region described how increasingly disruptive student behaviour is taxing already overburdened school resources. They highlighted the need for more qualified behaviour support teachers and improved preservice education and professional development opportunities for all school personnel. In the absence of adequate resources, teachers, administrators, teacher assistants, and specialists who are trying to fill the gaps are experiencing burnout.

Members of the provincial executive of the NSTU described disruptive student behaviour as one of the most difficult issues in classrooms today, with negative impacts on the teaching and learning of all students. The executive members also reported that mounting student behavioural and mental health needs are straining already burdened guidance counselling services and placing additional demands on school administrators who must devote more of their time to student discipline. Added to the pressures on teachers and school administrators are the procedural, paperwork, referral, and time demands involved when program planning is used as a means to address student behavioural needs. The provincial executive highlighted the requirement for more interagency supports to meet student behavioural challenges, especially in light of the growing number of students with complex needs. They recommended a new policy for student behaviour, as well as more teacher professional development, behaviour specialists, and intervention programs, especially for students who witnessed or experienced trauma.
Teachers and school administrators also flagged the issue of increasing numbers of students who have experienced or witnessed trauma, which is one of the many root causes of student behavioural challenges. Research describes the profound impact of trauma on young children (Perry, 2009). From Indigenous educators and leaders, we heard about the impact of the trauma experienced by residential school survivors and how important it is to consider the intergenerational effects of trauma when addressing behavioural challenges, a finding supported by research (University of Calgary, 2012).

Challenges with student behaviour are not unique to Nova Scotia. School systems across the country and elsewhere are dealing with this issue (Pollock, Wang & Hauseman, 2017; The Alberta Teachers’ Association, 2014). The trend of student behavioural challenges appearing in earlier grades, including pre-primary and primary classes, was raised both in our public consultations and via research (Brown, 2018).

There is frequent overlap of behavioural challenges with other student needs. In 2017, DEECD, in partnership with school boards, reviewed students with complex needs and found that approximately three-quarters have significant behavioural challenges and almost one-half have severe mental health issues.

In Canada, although no single definition of behavioural disorders is in use across the country, the commonly identified features of behavioural disorders include

- behaviour that goes to an extreme, that is significantly different from what is normally expected;
- a behaviour problem that is chronic and does not quickly disappear;
- behaviour that is unacceptable because of social or cultural expectations;
- behaviour that affects the student’s academic performance; and
- behaviour that cannot be explained by health, sensory, or social difficulties (Smith, Polloway, Patton, Dowdy & McIntyre, 2015, page 154).

Behaviour difficulties can be the result of many factors including a need to learn how to function in groups or classroom settings, communication gaps, sensory distress, frustration or boredom when programming doesn’t match needs, social rejection, attempts to escape unwanted situations or activities, desire to control, mental health disorders, and trauma. Unmet needs and inadequate support often result in deterioration in behaviour.

The frequent co-occurrence of behavioural and social-emotional challenges with student difficulties in communication, reading, language development, and academic achievement has been highlighted in research (Smith, Polloway, Patton, Dowdy & McIntyre, 2015). Among
early learners, behavioural challenges may be associated with learning difficulties in the areas of language and literacy (Graham, 2008; Lindsay & Dockrell, 2000; Ripley & Yuilll, 2005). Large numbers of students who experience challenges with mental health and social-emotional development also have academic difficulties and/or disruptive behaviours that interrupt the learning of their peers (Greenberg, Weissberg, O’Brien, Zins, Fredericks, Resnik & Elias, 2003). As described by McIntosh and Goodman (2016), multiple research studies have confirmed significant links between literacy, mathematics, behavioural and social-emotional challenges. These overlaps often intensify as students progress through school. The overlaps are most pronounced between literacy and “acting out” or disruptive student behaviours. Unfortunately, students who experience challenges in academics, behaviour and social-emotional learning have the worst school outcomes, including reduced academic achievement, mental health challenges, and dropping out of school (McIntosh & Goodman, 2016).

One of most important considerations in implementing effective, systematic approaches to student behaviour and social-emotional learning is ensuring that proven, evidence-based programs are used. A variety of programs are being implemented in schools, but many of them are not grounded in rigorous research. In a systematic review of the research on educational accommodations for students with behavioural challenges, Harrison, Bunford, Evans and Owens (2013) found that “...experts in the field recommend many accommodations; yet few have scientific evidence or effectiveness.” Research into the effectiveness of more than three hundred social-emotional learning initiatives and programs being implemented in Nova Scotia found that only twenty-eight programs had a structured curriculum and only five were backed by robust, evidence-based support (Leblanc, Parkington, Varasarathan, Donato, and Bilsbury 2013).

It is vital that behavioural support for children be available throughout the school day. Programming needs to take into account the critical importance of lunch and recess, which are times of risk for students with behaviour challenges, but also ideal opportunities to build peer skills and to support successful social engagement. Current practice with respect to programming during these times does not always match the needs. However, we did hear about successful examples of strong social/behavioural support during out-of-class times in some Nova Scotia schools.

**Mental Health**

Mental disorders are social or emotional difficulties that cause clinically significant symptoms and impairments in home, school, or community settings (Waddell, Shepherd, Schwartz & Barican, 2014). The mental disorders found among children and youth include anxiety disorders, substance-use disorders, conduct disorders, and major depressive disorders (Waddell, Schwartz, Barican, Andres & Gray-Grant, 2015). Mental disorders often appear during childhood and adolescence; the majority of them can be diagnosed by twenty-five years of age (Kutcher, 2017). The prevalence and severity of mental disorders found among the school-aged population present many challenges for students, families, teachers, and administrators (Pollock, Wang & Hauseman, 2017; The Alberta Teachers’ Association, 2014; Waddell, Shepherd, Schwartz & Barican, 2014).
In a study conducted for the British Columbia Ministry of Children & Family Development in 2014, it was estimated that 12.6 per cent of children and youth between the ages of four and seventeen may experience mental health disorders at any time (Waddell, Shepherd, Schwartz & Barican, 2014). Additionally, researchers estimated that 29 per cent of these children and youth experienced two or more mental health disorders simultaneously, with depression often co-occurring with anxiety or substance abuse issues. Conduct disorders frequently co-occur with substance abuse disorders or attention deficit hyperactivity disorder (ADHD).

The Nova Scotian experience is consistent with the research. Throughout our public consultations, we were repeatedly told that mental health challenges are becoming more numerous and severe, and increasingly common among younger children. In elementary schools, students are described as having difficulties with anxiety and the self-regulation of emotions. At the junior high level, student mental health challenges are straining school psychology, and guidance counselling services. There are long wait lists for mental health services and a lack of intensive mental health intervention and treatment in the community. Due to the gap in available mental health services, schools can feel they are in “crisis mode,” reacting to student problems. At the high school level, the frequency of reported mental health challenges is high. Especially at this level, administrators described long wait lists to access school psychology services. This is due in part to positions that are vacant for long periods of time. These staffing vacancies reduce supports for students and classroom teachers, and force schools to continually reprioritize wait lists.

At the regional level, school board administrators told us that the supply of qualified mental health professionals and services for students falls short of the growing demand. High rates of turnover and long-standing vacancies were reported among SchoolsPlus mental health clinicians. These administrators noted that the qualifications and school-based experience of the mental health clinicians varied. They described inconsistencies in mental health services from one region to another and a sense of a disconnect at times between the school system and the mental health services team.

The gap in mental health supports was a common concern among students, parents and educators. In our online survey, more than half of the parents and educators who responded identified the growing number of students with mental health challenges and the lack of supports to address them as an important issue facing inclusive education. As well, 90 per cent of educators indicated there are too few school psychologists, and 81 per cent indicated there are too few guidance counsellors. Among the members of the public who responded to the survey, 42 per cent indicated that the health and wellness of students, including their mental health, is one of the most important issues facing our public education system.

Student mental health challenges and the 2017 suicides of several youth in Cape Breton led to the appointment of psychiatrist Dr. Stan Kutcher to examine the circumstances. His suggestions for change included

- creating a single structure for addressing all school mental health related policies, plans, oversight, and evaluation;
- updating the suicide prevention framework based on expert input and research evidence;
• revising the Provincial School Code of Conduct Policy to clarify the use of evidence-based interventions; and
• creating a list of evidence-based programs for social-emotional learning and mental health interventions for use in Nova Scotia schools.

The research on mental disorders makes it clear that the sooner students receive interventions for mental health disorders, the better the health and educational outcomes (Kutcher, 2017). Educators are increasingly being called upon to deliver mental health programs in schools (Han & Weiss, 2005). There are several evidence-based practices that schools can implement to support student mental health and wellness (Mental Health Quarterly), including mental health literacy programs (Kutcher, 2016). Several social-emotional learning programs have been shown by research to be effective and merit consideration in school curricula (Leblanc, Parkington, Varasarathan, Donato, and Bilsbury, 2013). There are also several prevention strategies and generic intervention approaches to childhood mental disorders that have been found to be effective (Waddell, Schwartz, Barican, Andres & Gray-Grant, 2015). The intervention approaches are parent training and cognitive-behavioural therapy. Effective parent training programs include the Nurse-Family Partnership, Incredible Years, Friends and Triple P.

However, the research also shows that many mental health interventions and treatment programs for mental disorders like depression are best delivered by trained health-care professionals (Calear & Christensen, 2009). This is a key point: teachers should not be expected to take on the delivery of mental health support unless it is evident that they can be effective.

Literacy and Mathematics

As noted in our June 2017 Interim Report, a significant percentage of Nova Scotia students do not demonstrate grade-level reading, writing, or math skills. Social inequity plays a factor, and the percentages are higher among African–Nova Scotian and Indigenous students. Major gaps in literacy and mathematics skills negatively impact student learning and performance in other subject areas and hinder overall success at school. The far-reaching negative consequences of these challenges in school and in life were repeatedly communicated to us by students, parents, and teachers. Students on individual program plans (IPP) described how important it is to have the time and intensive support necessary to master their language and literacy skills. These skills are essential to success in all other subjects, and students felt that their time would be best spent working on reading and writing skills, rather than attending other classes. They reported that attending other classes when their language and literacy skills were not equal to the task hurt their confidence and self-esteem, as they felt they fell further behind their peers.

In parent focus groups conducted across the province, some parents attributed the reduced student performance in mathematics and literacy to a lack of funding and teaching time for these core subjects in classrooms that are dominated by other issues. During public workshops, participants suggested that more intensive support for reading, writing, and math in the early grades would reduce the need for adaptations and IPPs later on. There is a perception that the
only “real” support for children with literacy challenges is Reading Recovery, which is delivered for a limited period, typically in grade 1. Not all students who need the program can access it and those who don’t progress with it do not typically receive alternative or extended intensive support. Low-level non-specific resource programming is provided for many, but does not often use an evidence-based intervention and there does not appear to be meaningful tracking of outcomes. Parents report that it feels like the system “gives up” early so that further remediation of literacy issues stops by mid-elementary for many. Those who can find a way to finance it are turning to private tutors, literacy programs, and private schools to access interventions they do not see available at school. Some children are deemed eligible for severe learning disability (SLD) support, but only after they have been able to access psycho-educational testing and, typically, have been on a waiting list for a long time. The support available through the SLD program is limited in hours and duration.

Parents report that they watch their children with math difficulties fall progressively behind when there is no intensive intervention. Educational leaders pointed to the gap in teachers specially educated in math support as a contributor. Recent work to increase math intervention has been a valuable step, but is not meeting all needs.

Teachers and administrators at the middle school level spoke of the challenges that many students experience with basic reading, writing, and mathematics skills, including difficulties with comprehension. They pointed to the need for intensive, daily, small-group, evidence-based intervention programs in reading, writing, and math skills for middle school students. Along with many other teachers at various grade levels, middle school educators identified the trend of reduced oral language skills among the students entering primary as a major impediment to acquiring literacy skills from elementary school onward. At the high school level, educators reported that many students lack the reading comprehension skills that are essential to success in all high school courses.

In discussions with African Nova Scotian representatives, the high percentages of African Nova Scotian students who do not demonstrate grade-level literacy and math skills was described as “truly a crisis.” In the words of one African Nova Scotian educator: “We need to act on it and we need to act on it yesterday.” In our meeting with Indigenous educators, they spoke of the importance of intensive, early intervention and flexible pathways in mathematics that accommodate different levels and styles of learning and foster student success. They also highlighted the importance of culturally responsive assessment practices in the identification of literacy and math challenges.

Adequate funding and resources to support mathematics and literacy support programs were identified as vital to improving our students’ reading, writing, and math skills. School board administrators reported that the current enrolment-based special education funding formula does not respond to variations in student needs from school to school and region to region. The lack of flexibility makes it difficult to provide all students with a solid foundation in literacy and math and contributes to inequities in student access to programs and services in urban and rural Nova Scotia. They indicated that the students who need literacy support often do not get it.
Life Skills

The acquisition of life skills is critical to long-term success, especially for students with special needs. Life skills are the competencies required to perform daily activities. They include health, safety, social, and interpersonal skills; participation in home, school, and community activities; leisure and recreational pursuits; and contributions to the community as responsible citizens (Smith, Polloway, Patton, Dowdy & McIntyre, 2015). These skills are foundational to successful employment, independence, self-sufficiency, and community involvement. They influence students’ ability to socialize successfully and, ultimately, their happiness. Students also require skills in reading, writing, speaking, problem solving, time management, organization, computation and interpersonal relationships to succeed at home, school, the community, and the workplace. Although the development of academic, behavioural, and life skills are often treated separately in curricula and interventions, all of these domains are closely interconnected and should be addressed in an integrated manner from elementary school onward (Smith, Polloway, Patton, Dowdy & McIntyre, 2015).

Despite the importance to student socialization and success in home, school, and community settings, we repeatedly heard that Nova Scotia students are not acquiring the life skills they need. At the middle school level, resource teachers told us some students require daily life skills instruction to learn time management, money management, computation, personal care, and communication skills that are essential to their success. High school educators and parents told us that more flexible pathways to high school graduation are required so that, instead of acquiring extra academic credits, students have the opportunity to learn the life skills they need for successful transitions from school to post-secondary and community settings. At public workshops, participants identified the need for a variety of programs and instructional spaces where students can thrive and acquire the life skills required to pursue trades and other occupations. The participants advocated incorporating life skills into school curricula to better prepare students for the outside world.

A New Model of Inclusive Education

When we considered the priorities of behaviour, mental health, literacy, mathematics, and life skills, and the many interconnections among them, it became clear that a model of inclusive education that addressed each area separately would not work. Fragmented educational programs and services that are inadequately coordinated, resourced, monitored, evaluated, and improved over time are unlikely to be sustainable or successful in achieving positive student outcomes (Greenberg, Weissberg, O’Brien, Zins, Fredericks, Resnik & Elias, 2003). Instead, we require an integrated approach that supports the learning of all students across these domains, including the growing number of students who are dealing with multiple challenges at school. We also wanted to build upon the innovative programs and services that are effectively serving Nova Scotia students, including students with special needs. Finally, we recognized the importance of developing a new model of inclusive education that aligns, coordinates, and unites the many changes currently underway in public education to concentrate on student needs and student success.
Nova Scotians told us their priorities for a new model of inclusive education in our online survey. They want adequate funding to meet student needs, the wise investment of funds in proven programs, financial accountability and transparency, and the fair distribution of resources in rural and urban areas.

Taking all of these factors into consideration, we support the phased-in implementation of a new model of inclusive education for Nova Scotia that is a multi-tiered system of support (MTSS). In looking at the research on inclusive schools, MTSS has been shown to be highly effective (Batsche, 2014; Causton & Theoharis, 2014; Cusumano, Algozine, & Algozine, 2014; McIntosh & Goodman, 2016). In contrast with the long-standing assumption that inclusive education depends on where and with whom students are educated (Erevelles, 2011), MTSS places much greater emphasis on providing students with the intensity and quality of interventions that they require to achieve positive results (Batsche, 2014). By integrating prevention, early identification and intervention, and evidence-based programs and services for students who require them, MTSS is a unified framework that supports the success of all students (McIntosh & Goodman, 2016). Guided by strong, collaborative leadership, MTSS encompasses the major, large-scale change to public education many Nova Scotians have called for, especially greater support for teaching and learning in our classrooms.

The MTSS framework for Nova Scotia is comprised of five core components that are essential to successful implementation:

1. Adequate Funding and Resources
2. Practical, Specialized Staff Education
3. Student-Centred Interagency Services
4. Strong Home/School Collaboration
5. Inclusive Education Policy Framework
Nova Scotia Multi-tiered Systems of Support

STUDENT SUCCESS

Inclusive Education

Multi-Tiered System of Support
(Classroom; Small Group; Individual)

Adequate Funding and Resources
Practical, Specialized Staff Education
Student-centred Interagency Services
Strong Home/School Collaboration
Inclusive Education Policy Framework
Student Success

Student success must not be narrowly defined as academic achievement on standardized tests of mathematics and literacy. Instead, student success is comprised of three interlocking components: learning, development, and well-being.

• Learning: students acquire knowledge, skills, and competencies in various subjects in the core curriculum, and in areas of learning outside the core curriculum, including life skills.

• Development: students develop appropriate social, emotional, and behavioural skills that facilitate their full membership, participation, and learning at school.

• Well-being: students learn and adopt healthy lifestyles that support their physical and mental growth and development.

Definition of Inclusive Education

Inclusive education is public education that supports the learning, development, and well-being of all students in an equitable, efficient, and effective manner. Inclusive education is

• the right of all students to a quality education in welcoming school communities that support teaching and learning;

• a student-centred, needs-based approach to providing educational programs and services to all students through a collaborative, team-based approach that welcomes the full participation of parents;

• a multi-tiered continuum of programs, services, and settings that goes beyond the confines of traditional student placements and programs to provide all students, including students with special needs, with assessment, instruction, interventions, and learning spaces tailored to their individual strengths and needs;

• positive learning environments that facilitate the full membership, participation, and learning of all students;
• **core values and beliefs** that uphold the best interest of students in educational decisions, promote equitable student access to educational programs and services, and respect and value diversity in school communities;
• **evidence-based policies, practices, and procedures** that support the success of all students; and
• **a commitment to excellence** in teaching, learning, and leadership that facilitates and empowers all students to reach their full potential as learners.

Multi-tiered Systems of Support

Multi-tiered systems of support (MTSS) are integrated and address students’ academic, behavioural, and social-emotional health needs in a coordinated way. The focus of MTSS is on providing high-quality instruction and interventions that are tailored to individual student strengths and needs at increasing levels of intensity. Emphasis is also placed on prevention and early identification and intervention for learning needs as soon as they appear. By integrating academic, behavioural/social-emotional, mental health, and life skills supports, MTSS enhances the efficiency and effectiveness of school systems (Brown-Chidsey & Bickford, 2016; Kampwirth & Powers, 2016; McIntosh & Goodman, 2016).

Describing the implementation of multi-tiered supports in an Alberta school district, Howery, McClellan and Pedersen-Bayus (2013) state that the model is “...built upon a strong foundation based upon a belief in social justice and the value of every child, a commitment to inclusive
MTSS incorporates evidence-based models of education that rely on data, continuous monitoring of student progress, and collaborative problem solving to integrate academic, behavioural, and social-emotional health assessment, instruction, and intervention. Regional and school resources are organized around student needs to ensure that students receive appropriate educational programming at three levels of increasingly intense services and supports.

MTSS is

- **student-centred**—focuses on the best interest of every student
- **needs-based**—responsive to the needs and strengths of every student
- **evidence-based**—grounded in current research
- **results-focused**—aimed at positive results for all students
- **aligned**—integrates change initiatives in public education
- **blended**—combines all educational programs, services, and settings into one unified system
- **adaptable**—designed for elementary, middle school/junior high, and high school settings
- **prevention-oriented**—focuses on early detection and intervention
- **data-informed**—decision making based on frequent assessment of student progress
- **culturally responsive**—reflective of and responsive to student diversity
- **collaborative**—offers a team approach to problem solving and program planning regarding students’ educational programs that includes parents as full partners
- **collegial**—facilitates shared professional development, planning, and responsibility for students’ educational programming among classroom and specialist teachers
- **effective**—uses proven practices that support teaching, learning, and student success
- **equitable**—provides all students with access to the supports they need to be successful
- **efficient**—focuses on the wise use of public funds, resources, and infrastructure (Brown-Chidsey & Bickford, 2016; Kampwirth & Powers, 2016; McIntosh & Goodman, 2016)
MTSS is powered by ongoing professional development for teachers that is timely, practical, and collegial. Together, classroom and specialist teachers participate in professional development to learn about evidence-based teaching, assessment, and intervention practices that support student success. Through the integration of classroom and specialized assessment, instruction, and intervention, and the use of a team approach, MTSS eliminates barriers between classroom and specialist teachers (Causton & Theoharis, 2014; Howery, McClellan & Pedersen-Bayus, 2013). It fosters a whole-school approach to teaching, learning, and student support. MTSS also aligns multiple initiatives within one unified framework, including changes to curriculum, assessment, intervention, funding, resources, and professional development.

With MTSS, students benefit from culturally responsive and developmentally appropriate instruction that provides them with equitable access to the curriculum. It provides high-quality classroom instruction for all students in the core curriculum. School-wide social-emotional and behavioural expectations are taught and reinforced. True social inclusion is actively promoted throughout the school day. Prevention is emphasized through early detection and intervention for learning and behavioural challenges as soon as they appear. The data collected from the ongoing assessment of student progress informs programming decisions.

Students, parents, teachers, and administrators are all supported by MTSS. Students receive the instruction and intervention that foster their success at school. Parents have ongoing and meaningful involvement in their child’s school program (Kampwirth & Powers, 2016). Teachers receive time, professional development, resources, and specialist support in their classrooms. School and regional administrators are supported by resources, professional development, and the co-operation of multiple government departments. Collaboration and communication are vital. It occurs within the school, between home and school, and among the school and supporting departments. Decisions are made in the best interest of the student, using a collaborative, problem-solving process that includes classroom and specialist teachers, parents, school administrators, and, whenever appropriate, students and outside professionals (Brown-Chidsey & Bickford, 2016; Kampwirth & Powers, 2016; McIntosh & Goodman, 2016).
A flexible, responsive system

The three levels of MTSS provide students with assessment, instruction, and intervention at increasing levels of intensity. The core curriculum and instruction provided at Tier 1 form the foundation of learning for all students. The term “core curriculum” refers to the provincial curriculum, which in Nova Scotia is called the Public School Program (PSP). The PSP is currently being revised and updated. The PSP is a key, embedded component of MTSS. Building on the solid foundation of the curriculum, Tier 2 and 3 interventions provide supplementary programs, services, and interventions. Many students require only Tier 1 support to successfully complete school. However, other students, including those with special needs, may also require Tier 2 and Tier 3 supports at various points in their schooling (Brown-Chidsey & Bickford, 2016; Kampwirth & Powers, 2016; McIntosh & Goodman, 2016). These flexible tiers are not completely separate or fixed. Instead, the three tiers form a flexible, interconnected continuum of academic, behavioural, and social-emotional health supports at three levels:

1. classroom: universal core curriculum and core instruction for all students
2. small group: supplementary interventions for some students
3. individual: intensive interventions for a small percentage of students

**TIER 1:** At this level, high-quality, evidence-based teaching methods are used to instruct all students in the core curriculum, providing them with a solid grounding in academic, social-emotional, and behavioural skills. Research shows that approximately 80–90 per cent of students should experience success with the core curriculum. Prevention, along with early identification, and intervention is crucial at this level. Teachers carefully monitor student progress on an ongoing basis to identify and address academic, behavioural and social-emotional mental health challenges as soon as they appear. At Tier 1, students acquire knowledge, skills, and competencies in literacy, mathematics, and other subject areas in the
company of their peers and in positive learning environments that foster their engagement, participation, and learning. Teachers use varied teaching methods, assessment strategies, instructional activities, and learning materials. They differentiate classroom instruction in response to diverse student strengths, needs, interests, and learning styles. **Tier 1 core curriculum and instruction is the foundation of educational programming for all students, including those who access Tier 2 and Tier 3 interventions.** Both classroom and specialist teachers contribute to the delivery of core curriculum and instruction in the classroom. Students and classroom teachers benefit from specialist services that are delivered in the classroom (Brown-Chidsey & Bickford, 2016; McIntosh & Goodman, 2016; McIntosh, MacKay, Andreou, Brown, Mathews, Gietz & Bennett, 2011).

**TIER 2:** Students who are at risk of not meeting grade-level expectations receive targeted, evidence-based interventions for specific academic, behavioural challenges, and social-emotional mental health challenges. Research indicates that approximately 5–10 per cent of students require Tier 2 supports in addition to the core curriculum and instruction that they continue to receive in their classrooms. The scheduling of Tier 1 and 2 instruction and intervention is coordinated between classroom and specialist teachers. This minimizes disruptions in learning and maximizes student success. At Tier 2, students practise the academic, behavioural, and social-emotional mental health skills they learn in the classroom. They are also taught new skills in literacy, mathematics, behaviour, and other areas that are tailored to their needs. Interventions are continuously adjusted based on student progress, which is carefully monitored to determine if the interventions are working. Assessment data informs the programming decisions made for each student. Interventions are provided to students in settings within and outside the classroom by classroom teachers and/or education specialists skilled in the provision of targeted academic, behavioural, and social-emotional mental health interventions. (McIntosh & Goodman, 2016; McIntosh, MacKay, Andreou, Brown, Mathews, Gietz & Bennett, 2011).

**TIER 3:** Intensive, individualized intervention to address severe and persistent academic, behavioural, social-emotional mental health or medical needs is needed for approximately 1–8 per cent of students. Where possible, these students continue to access Tier 1 core curriculum and instruction. The frequency, intensity, scheduling, setting, and duration of intensive Tier 3 interventions are determined by individual needs. At this level, intensive, daily, research-based interventions are provided to small groups of one to five students over extended periods of time. Some students, including those with severe, complex needs, may require intensive interventions and treatments by professionals from other government departments, including health-care professionals. Other students may require alternative programs that are offered at schools and/or community facilities. In some cases, students with severe, complex needs are best served for a period of time by intensive interagency programs and services offered in specialized school, health-care, or community settings. Tier 3 interventions are provided by educators and specialists who are skilled in the provision of intensive, individualized interventions for students who require them. (McIntosh & Goodman, 2016; McIntosh, MacKay, Andreou, Brown, Mathews, Gietz & Bennett, 2011).
TIER 1: Classroom—Universal Supports

a. **Core Curriculum** is the provincial curriculum, or Public School Program, which includes all of the subjects and courses taught in Nova Scotia public schools. The core curriculum includes the course content, instructional resources, and benchmarks for student learning at each grade level. Core instruction in MTSS is evidence-based, high-quality teaching of the core curriculum that is student-centred, engaging, developmentally appropriate, and culturally responsive. Core curriculum and instruction form the foundation of public education and provide all students with a solid grounding in the subjects taught at each grade level (Brown-Chidsey & Bickford, 2016).

b. **Universal Design for Learning (UDL)** is the design of school facilities, equipment, curricula, assessments, and instructional materials to accommodate all students and provide them with equal access to learning. UDL is an essential feature of core curriculum that is responsive to student needs. Schools that feature UDL have built-in flexibility and
adaptability for meeting diverse needs and accommodating all learners. When school facilities, equipment, curricula, assessments, and instructional materials are readily accessible and usable by everyone, schools become more inclusive by design (Howery, McClellan & Pedersen-Bayus, 2013; Towle, 2015).

c. **Differentiation** is a student-centred approach to teaching. Teachers respond to differences in student interests, learning styles, aptitudes, and readiness for learning by teaching the same concept in different ways; providing students with varied resources and learning activities; creating positive learning environments; and giving students different options for demonstrating what they have learned. This flexible approach personalizes classroom instruction and provides students with a variety of ways to learn and experience success (Brown-Chidsey & Bickford, 2016; Causton & Theoharis, 2014).

d. **Adapted Learning Materials** are resources adapted to meet diverse student needs. They facilitate the participation and learning of all students in the classroom. For example, books may be adapted in a variety of ways to make them more accessible to students with differing abilities. Adapted books come in many different formats and have a wide range of features, including audiobooks, large-print, braille, high-contrast print, simplified vocabulary, sound effects, scents, or easy grip covers and pages (Causton & Theoharis, 2014). The new provincial curriculum will require a readily accessible bank of adapted texts, learning resources, and instructional materials to assist students and teachers and make the curriculum as accessible as possible to everyone.

e. **Specialized Equipment and Learning Spaces** are classroom supports that enable students to access the curriculum, participate in learning activities, and interact with their teachers and classmates. Specialized equipment may include mobility aids (walkers, wheelchairs), adapted furniture (desks, tables, chairs), assistive technology (adapted hardware and software), adjusted lighting, and/or sound amplification systems. Specialized learning spaces are created within classrooms and throughout schools to accommodate specialized equipment and/or one-to-one instruction, and to provide small group settings or quiet learning environments (Smith, Polloway, Patton, Dowdy & McIntyre, 2012).

f. **In-class Services and Supports** are supports for teaching and learning that are provided by professionals and para-professionals, including teacher assistants, behaviour specialists, reading specialists, resource teachers, and many other school-based, regional, and interagency personnel. By providing services in the classroom, school psychologists, speech-language pathologists, guidance counsellors and other specialists work directly with students and assist teachers in meeting student needs (Causton & Theoharis, 2014).

g. **Social-emotional Learning Programs** are evidence-based programs that teach students how to develop, monitor, and self-regulate their feelings, actions, and behaviours. Students learn how to recognize and manage their emotions, show care and concern toward others, set and achieve personal goals, develop and maintain positive relationships, manage situations appropriately. These programs foster the development of students’ self-awareness, self-management, empathy, communication skills, and ability to work with others (Greenberg, Weissberg, O’Brien, Zins, Fredericks, Resnik & Elias, 2003). In so doing, they support true social inclusion.
TIER 2: Small Group—Targeted Interventions

a. **Behaviour Support** includes targeted, evidence-based behavioural assessment, instruction, and intervention that assists students in developing, monitoring, and regulating their behaviour. Students may require behaviour support due to inappropriate behaviours that interfere with their learning and that of other students. Emotional difficulties may emerge; they may have limited attention spans in class or challenges with organizing and completing their work. Students may benefit from daily check-ins, group counselling/skill building, scheduled breaks during the day, visual schedules, reward systems, social stories, or organizational aids. Students may also learn relaxation techniques, coping strategies, and methods for self-regulating behaviour in school and other settings. Students also practise the positive behaviours that they learn in class and acquire new skills that facilitate appropriate behaviour in school, home, and community settings (McIntosh & Goodman, 2016).

b. **Literacy Support** includes evidence-based, targeted literacy assessment, instruction, and intervention that addresses core literacy skills in phonological awareness, vocabulary, fluency, comprehension, spelling, and writing. Specific literacy skills are taught based on identified needs, using proven teaching strategies and interventions. Literacy support provides opportunities to practise and strengthen literacy skills taught in class, while learning new skills. Focused instruction, regular teacher-student interactions and feedback, and continuous monitoring of student progress support the acquisition of literacy skills (Smith, Polloway, Patton, Dowdy & McIntyre, 2012).

c. **Mathematics Support** includes evidence-based, targeted math assessment, instruction and intervention for those needing to master skills in number sense, operations (addition, subtraction, multiplication, division), problem solving, measurement, and estimation. Similar to other tiers, Tier 2 mathematics support reinforces classroom learning and teaches new skills through direct instruction, hands-on learning, multiple opportunities for practice, ongoing feedback, and continuous monitoring. Targeted interventions help students to narrow the gaps in their mathematics learning (Smith, Polloway, Patton, Dowdy & McIntyre, 2012).

d. **English as an Additional Language Support** includes evidence-based, targeted assessment, instruction and intervention for those who are learning English as an additional language. Once language learning needs are identified, students are provided with targeted intervention in a variety of language skills, including alphabet knowledge, vocabulary development, language comprehension, conversational skills, and/or fluency in speaking, reading, and writing. The language skills that students have been taught in the classroom are reinforced, and they are taught additional skills. Teachers use interactive teaching strategies, activities, and learning resources to model and teach English. They encourage students to practise their language skills in home, school, and community settings. Teachers continually monitor progress and provide students with ongoing feedback on their language learning (Brown-Chidsey & Bickford, 2016).
e. **Specialized Programs and Services** include evidence-based, targeted assessments and interventions that are provided to students by specialists. These specialized programs and services foster the development of academic, social-emotional, behavioural, and communication skills that are crucial to student success. Tier 2 interventions include, but are not limited to:

- speech-language therapy provided by speech-language pathologists
- social skills programs facilitated by guidance counsellors and others
- counselling and other support provided by school psychologists
- learning disabilities programs taught by learning disabilities teachers
- life skills instruction provided by learning centre teachers
- behaviour intervention programs provided by behaviour interventionists
- autism intervention programs provided by autism specialists
- literacy and mathematics intervention provided by literacy and math coaches
- enrichment provided by classroom and/or specialist teachers (based on Causton & Theoharis, 2014 & Kampwirth & Powers, 2016)

**TIER 3: Intensive, Individualized Supports**

a. **Intensive, Individualized Interventions** are concentrated, intensive supports that are consistently implemented by specialized professionals over their entire duration. Generally speaking, these comprehensive, sustained interventions are delivered daily, for at least one hour, over extended blocks of time. They are provided by education specialists and/or interagency professionals in varied settings. The specific parameters of the interventions are determined by student needs.

Students with complex needs often have several severe, persistent challenges that overlap, such as co-occurring behavioural, mental health, or communication challenges. To address these multiple challenges, intensive interventions are provided by education specialists in school settings and/or by outside professionals in school, health-care, or other settings. Decisions regarding the most appropriate programs, services, and settings for a student are based on his or her individual strengths and needs, the type of supports required to address them, and the settings best suited to provide the supports.

In some cases, severe and persistent student needs in the areas of behaviour, mental health, communication, or chronic medical conditions may require the joint provision of
intensive programs, services, and supports by several government departments. They may include intensive inpatient and outpatient treatment programs delivered at health-care facilities. In these instances, student-centred interagency collaboration and service delivery are essential to provide students and their families with needed supports.

b. **Alternative Programs** are designed, organized and operated to provide appropriate programming to middle school/junior high and high school students who experience severe challenges with school attendance, engagement, behaviour, mental health, and/or learning that require individualized supports beyond Tier 1 and Tier 2. These students are often at increased risk of dropping out of school. They require innovative educational programs that actively engage them in learning, foster social-emotional development, promote positive behaviour, nurture physical and mental health, address specific learning challenges, and provide students with the supports they need to successfully attend, participate in, and succeed at school. Alternative programs offer those students who have become disengaged or have fallen behind in their studies the chance to reconnect with school and experience success.

Alternative programs are characterized by small class sizes, flexible schedules, and close working relationships between students and teachers in a tight-knit, community atmosphere. Alternative programs facilitate hands-on learning in a variety of ways, including outdoor education, career counselling and exploration, personal health and fitness programs, and instruction in practical life skills. Depending upon the specific needs and grade levels of students, alternative programs may be offered as a stand-alone program in modified classroom settings: a school-within-a-school model that occupies a separate section of the building; or an alternative school that is operated independently in a designated school or community facility. Students who attend alternative programs may have accommodations, modifications and/or individual education plans (IEPs). The goal is to enable students to graduate from high school and enter post-secondary education or the workforce (Smith, Polloway, Patton, Dowdy & McIntyre, 2012). Nova Scotia currently has some excellent examples of such settings, but they are few in number.
Special Education and MTSS

Special education is embedded in the Nova Scotia model of MTSS in several ways, chief among them a revamped program planning progress and expanded options for individualized programming. To ensure that Nova Scotia students with special needs receive appropriate educational programming, we are strengthening and expanding supports through the creation of a comprehensive Inclusive Education Policy Framework that includes:

- a new Inclusive Education Policy to replace existing provincial and school board special education policies
- a new Safe and Inclusive Schools Policy to replace the existing Provincial School Code of Conduct
- new Teacher Assistant Guidelines to replace the existing guidelines
- a new Interagency Agreement for the provision of interdepartmental services to public school students
- Behaviour Support Guidelines as part of a provincial Behaviour Support Strategy for Nova Scotia Schools
- Mental Health Support Guidelines, as part of a provincial Mental Health Strategy for Nova Scotia Schools
- Autism Education Guidelines, as part of a provincial Autism Strategy for Nova Scotia Schools

The details of the Inclusive Education Policy Framework are presented in Section Seven. However, to illustrate the connection between special education and MTSS, three elements of the Inclusive Education Policy Framework are described below:

- **List of Exceptionalities**
- **Expanded Individualized Programming Options**
- **Streamlined Program Planning Process**
a. List of Exceptionalities

One of the main findings of this commission is that the current policy framework for special education no longer reflects the needs of Nova Scotia students. For example, the list of exceptionalities in the provincial special education policy does not fully reflect changing and emerging student needs. Therefore, one of the starting points for change is a new, expanded list of exceptionalities that reflects the wide scope of challenges that students currently experience, and their interconnections.

On our online survey, more than one-third (36 per cent) of the parents who responded reported that they have a child with special needs in the public education system, including a wide range of exceptionalities, as shown below.

CHILDREN WITH EXCEPTIONALITIES

One third (36%) of parents indicated they have a child with special needs in the Nova Scotia public education system.

We have updated the list of exceptionalities to reflect students’ current needs.

- Specific learning disability
- ADHD
- Chronic health impairment
- Autism spectrum disorder (ASD)
- Emotional, Mental Health and/or Behavioural disorder
- Speech/Language/Communication disorders
- Vision loss
Exceptionalities are relevant in designing student programs in MTSS. However, while informative to a certain degree, diagnosed exceptionalities do not provide the detailed individualized learning profiles of strengths and needs that are essential to guide the student’s school program. Each student is unique, and students with the same exceptionality may present very different strengths and needs. Moreover, great care must be taken to avoid labelling students on the basis of exceptionalities (Causton & Theoharis, 2014).

b. Expanded, Individualized Programming Options

The two individualized programming options in Nova Scotia schools are adaptations and individual program plans (IPPs). Although they have been in place for more than twenty years, widespread confusion, inconsistency, and dissatisfaction surrounds adaptations and IPPs, as we heard first-hand from one end of the province to the other. Students said they were rarely included in program planning and often did not fully understand what it meant to be on an IPP. Parents told us they sometimes felt intimidated in program planning meetings, had trouble following the jargon surrounding adaptations and IPPs, and did not always understand the full ramifications of IPPs. Parents also shared their frustration with adaptations and IPPs that were written down but not implemented. Teachers reported feeling overwhelmed by the excessive meetings, paperwork, and time required to develop and implement adaptations and IPPs. Teachers reported that teaching time was being consumed by clerical and record-keeping tasks, including entering information in electronic student files in the technology for improving education network (TIENET). They also told us that, despite their best efforts, they cannot fully implement the growing number of adaptations and IPPs, especially in complex classrooms with multiple student needs.

In addition to these major challenges, adaptations and IPPs do not provide a middle-ground programming option for students who require assistance or enrichment in one or more subjects or courses at school. In light of the inconsistency and confusion surrounding adaptations and IPPs, and the lack of programming options in between, we support a change in the terminology and options. Three options will be available: accommodations, modifications and individual education plans (IEPs) that feature clearly defined terminology, procedures, and templates that support consistent, provincewide implementation. Accommodations are for students who can succeed in the grade-level curriculum and meet grade-level learning outcomes with supports. Modifications are for students who require changes to grade-level curriculum and/or learning outcomes in a specific subject or course. Individual education plans are for the small percentage of students who require their own custom curriculum and learning outcomes.
Accommodations are supports that students require to successfully complete their grade-level program. Examples of accommodations include extra time to complete assignments and tests, access to specialized equipment and learning spaces, or assistive technology. Accommodations are selected and implemented in response to specific, identified student needs. Accommodations do not alter the grade-level curriculum: students learn the same curriculum content and meet the same learning outcomes as their classmates. Accommodations are restricted to those supports that are necessary for student success. For some students, accommodations may be faded over time as students become more independent learners.

Accommodations are sometimes confused with differentiation and/or good teaching. While all support student success, they are distinct. Accommodations are individual supports that enable students to meet grade-level expectations. Differentiation is flexible, personalized, teaching that responds to students’ diverse needs, learning styles, and interests. Good teaching is engaging and challenging classroom instruction that is student focused, reinforced by strong classroom management, and delivered in supportive learning environments. Accommodations are

- developed and implemented through program planning;
- documented in students’ school files;
- included in student progress reports (report cards);
NEW MODEL OF INCLUSIVE EDUCATION

- provided as students transition from grade to grade and school to school; and
- monitored regularly and adjusted, based on student progress.

**Modifications** are alterations to grade-level curriculum and/or learning outcomes that address specific, identified learning needs. Modifications may be made to assist students with learning challenges or provide enrichment for students who are gifted. Examples of modifications include reduced learning outcomes, shortened tests and assignments, or enriched learning outcomes, activities, and assignments. By adding the programming option of modifications, more students may receive enrichment and fewer students may require IEPs. Modifications are

- developed and implemented through program planning;
- documented in student school files;
- included in student progress reports (report cards);
- provided as students transition from grade to grade and school to school; and
- monitored regularly and adjusted, based on student progress.

**Individual Education Plans (IEPs)** are developed for the small percentage of students who require customized curriculum and learning outcomes due to significant learning, behavioural, developmental, sensory, and/or medical challenges. Evidence-based assessment, instruction, and intervention strategies are implemented in response to the student’s unique profile of strengths and needs. IEPs are living documents that are continually adjusted based on student progress as students reach their individualized learning outcomes. IEPs include

- a profile of the student’s strengths and needs;
- measurable individualized learning outcomes;
- specific supports the student requires to achieve their learning outcomes (e.g., programs, services, settings, instruction, interventions, specialized equipment, and learning spaces);
- roles and responsibilities of educators, parents, and, where appropriate, students;
- processes for monitoring, assessing, reporting and adjusting IEPs based on student progress; and
- transition supports that facilitate continuity and minimize disruptions in the student’s school program as they progress through key transition points, including preschool to school; grade to grade; school to school; and school to community.
IEPs are

- developed and implemented through program planning;
- documented in student school files;
- included in student progress reports (report cards);
- provided as students transition into, within, and from public school; and
- monitored regularly and adjusted, based on student progress.

c. Streamlined Program Planning Process

The current program planning process is an eight-step, team approach to developing and implementing adaptations and IPPs that is described in the provincial Special Education Policy (2008). Multiple concerns were brought to our attention regarding this process, including its length, complexity, inconsistent implementation, and excessive paperwork. In their review of the program planning process and TIENET, researchers from the Office of Service Nova Scotia identified problems with scheduling, paperwork, electronic recordkeeping, and the implementation and monitoring of adaptations and IPPs in the classroom. They found that the program planning process required at the start and end of each school year (and high school semester) creates major meeting demands, time pressures, and paperwork for teachers. Some teachers described this as the “TIENET tidal wave” because they have to enter so many program planning documents into electronic student files at the start of each school year.

The workloads and time demands experienced by Nova Scotia teachers were identified as pressing issues in our online survey. Members of the public who responded to the survey identified excessive teacher workload as one of the top three issues facing public education.

Administrative duties, such as those associated with program planning, contribute to teacher workloads and take time away from teaching. Both teachers and administrators who responded to our survey indicated that administrative duties are taking a great deal of their time.

“I believe my biggest strength is my ability to connect with all of my students…I do not feel I have enough time in my day (even with all of the time I put in at home) to properly program for individual students. I do not have enough of me to go around in the classroom either…I also have trouble finding time to complete all of the online paperwork required of me for my students.”

Educator
TIME ALLOCATION

Teachers and administrators indicated the percentage of time spent in a typical week (during the school year) on each of the following.

Since 2014, over half of all IPP documents have been produced in September and October, and more than three-quarters of the IPPs produced are updated versions that students have already been on for some time. This points to redundancy and inefficiency in the system, and highlights the need for a more streamlined, efficient program planning process. In addition, inconsistency in how the program planning process is implemented across the province creates confusion and frustration for students, parents, and teachers. Autism Nova Scotia noted that this inconsistency makes it difficult for parents to navigate an already complex system, while trying to attend to the diverse needs of their children.

All members of program planning teams require collaborative and efficient program planning processes that make the best use of their time and concentrate time and resources on providing direct services to students. One of the benefits of MTSS is the four-step, collaborative problem-solving process that is used to address learning challenges as soon as they appear (Howery, McClellan & Pedersen-Bayus, 2013; Kampwirth & Powers, 2016). This collaborative approach serves as the basis for a streamlined program planning process in which parents are full partners.
Streamlined Program-Planning Process

**Step 1. Identify Student Challenge(s).** Define the academic, behavioral and/or social-emotional challenge(s) that the student is experiencing at school. Compare the specific learning goals or outcomes that the student is expected to achieve with his or her current level of performance to determine if any gaps exist. Collect and examine information on student performance from multiple sources, including parent and teacher input, samples of student work, reports cards, student records, checklists, and/or assessments. Examine the student’s school program, including curriculum, assessment, instruction, intervention, and learning environments to identify any factors that may be contributing to the challenges that he or she is experiencing. Create a profile of the student’s strengths and needs to inform program planning decisions. Based on all of the information compiled, determine if the student requires individualized programming and supports, including accommodations, modifications and/or Individual Education Plans (IEPs).

**Step 2. Develop and Implement Student Supports.** Design and provide supports that directly address the student’s identified challenge(s). Examples include literacy or math intervention, mental health counselling and/or behavior intervention. When required, develop and implement individualized programming in the form of accommodations, modifications and/or Individual Education Plans (IEPs). All individualized programming and supports must be evidence-based; tailored to the student’s strengths and needs; and specify when, where, how, and by whom the instruction and intervention will be provided to the student, and how progress will be measured.

**Step 3. Monitor, Evaluate and Report Student Progress.** Continuously monitor student progress and evaluate if the supports and/or individualized programming are producing positive results. Examine the factors that are fostering and/or impeding student progress. Provide regular progress reports to parents.

**Step 4: Adjust Student Supports.** Based on student progress, determine whether the supports and/or individualized programming require adjustment. They may be continued, discontinued, expanded or reduced. If new challenges are identified, the program planning cycle begins again and supports are developed and implemented to address them.
Implementation of MTSS

Implementing MTSS in Nova Scotia schools will require an overhaul of the public education system. It is a big undertaking that will require strong leadership, teamwork, time, and resources. It will also require an immediate infusion of resources and supports for teaching and learning that address student needs, and an effective, long-term strategy for achieving and sustaining meaningful change. The complexity of change in education systems is well documented (Cassata & Century, 2016; Brown-Chidsey & Bickford, 2016; Fullan, 2009; 2010; 2013). Given this complexity, some researchers recommend the creation of an implementation framework for MTSS that supports short- and long-term change. Included among the suggested strategies for successful implementation of MTSS are appointing lead teams, exclusively utilizing evidence-based practices, providing adequate support at each stage of implementation, and recognizing that change is a long-term process that requires sustained attention and support (Brown-Chidsey & Bickford, 2016; Kampwirth & Powers, 2016). Other recommended supports for implementation include intensive professional development, the updating of policies and procedures to align with MTSS, the provision of adequate resources, and the creation of supportive handbooks for parent and teacher use (Brown-Chidsey & Bickford, 2016; Howery, McClellan & Pedersen-Bayus, 2013).

Kampwirth and Powers (2016) recommend that strategic planning for the system-wide implementation of MTSS include six key components:

1. Goal setting (specific, meaningful, and attainable goals)
2. Defining the essential features of the change (identifying the critical components of MTSS)
3. Resource allocation (human, technological, informational, physical, financial, time)
4. Timelines (short-term, intermediate, and long-term steps in sequential phases)
5. Cost-benefit analysis (feasibility and sustainability of change)
6. Continuous improvement cycle (team processes, alignment of initiatives, professional development, policy development, data collection and analysis, problem-solving)

Provincial, territorial, and state education systems in Canada and the United States have approached the implementation of MTSS in a variety of ways. Some have started with pilot schools, others began the process by enhancing Tier 2 and Tier 3 supports, and still others have gradually implemented MTSS in individual schools and/or school districts (Howery, McClellan & Pedersen-Bayus, 2013; McIntosh & Goodman, 2016; McIntosh, MacKay, Andreou, Brown, Mathews, Gietz & Bennett, 2011; Saskatchewan Ministry of Education, 2015; 2017).

Based on the lessons learned in other school systems that have implemented MTSS for some time, we recommend a phased-in implementation, as outlined in the integrated timeline at the end of the report. As part of the phased-in implementation of inclusive education/MTSS, specific actions will be required to coordinate and enhance the supports at each tier of intervention. These include
TIER 1: Classroom
• Utilize UDL in all aspects of educational programming and infrastructure, including curriculum and school design, to make learning accessible to all students.

• Update the provincial *Educational Facilities Design Requirements* to ensure that new school construction and school renovations create schools that accommodate diverse learners, ensure accessibility, house a wide range of educational programs and services, support the co-location of government services in schools, provide appropriate office space for school-based and outside professionals, and incorporate built-in lighting and sound amplification systems.

• Create and distribute adapted instructional materials and resources for each grade/subject/course in the provincial curriculum to provide students and teachers with a bank of readily accessible, adapted learning materials.

• Implement evidence-based programs for social-emotional learning, behaviour development, and mental health, as part of the provincial curriculum, for all students, starting at school entry.

• Concentrate the core curriculum, instruction, teaching time, and tiered supports in the early elementary grades on literacy and mathematics to maximize the number of students who can read, write, spell, and do grade-level math by the end of grade 3.

• Provide flexible, varied pathways to high school graduation that provide all students with the academic, behavioural, social-emotional, and life skills that they need to succeed in post-secondary education, the workplace and/or the community.

TIER 2: Small Group Support
• Implement evidence-based assessment, instruction, and intervention programs for all Tier 2 supports.

• Provide joint professional development for classroom teachers and education specialists to support their collaboration in the provision of Tier 1 and Tier 2 supports.

• Provide incentives for the hiring, recruitment, and retention of education specialists in rural and urban Nova Scotia.

• Within the policy framework, update provincial guidelines for school psychologists, guidance counsellors, speech-language pathologists, resource teachers, and other education specialists to reflect their roles and responsibilities in the new model of inclusive education/MTSS (McIntosh, MacKay, Andreou, Brown, Mathews, Gietz & Bennett, 2011).
TIER 3: Individual Support

• Implement evidence-based assessment, instruction, and intervention programs for all Tier 3 supports.

• Finalize the Interministerial Service Delivery Policy for the joint provision of programs, services, and interventions to public school students, including mandated roles and responsibilities of each government department.

• Develop and implement an Interministerial Protocol for the joint provision of intensive intervention to students with complex needs, including the roles and responsibilities of each government department.

• Develop and implement alternative education programs for students who require them to successfully attend, participate in, and complete school beginning at the middle school/junior high level, and continuing into high school.

• Through interdepartmental collaboration, expand the transition supports for students with special needs and their families as students move from high school into the community, including enhanced vocational, housing, occupational, and respite care supports.
Section 3
Adequate Funding and Resources

The best policies and frameworks are meaningless if funding and resources cannot support them. Thus, it is no surprise that a seventeen-country study conducted in Europe found that funding is one of the most important factors in creating a successful inclusive education system (Meijer, 1999).

In 1994, the United Nations Educational, Scientific and Cultural Organization (UNESCO) seminal Salamanca Statement on inclusive education called on governments to: “give the highest policy and budgetary priority to improve their education systems to enable them to include all children regardless of individual differences or difficulties.”

The message to the commission was loud and clear. Via consultations, surveys, submissions, review of the Hansard summary on Bill 75 law amendments presentations, and interviews, we were told by all of the key stakeholders—parents, teachers, specialists, educational administrators and consultants, superintendents, directors of finance, advocacy groups, the public at large, and students—that improving funding and resources that provide direct service to students was a priority. Two-thirds of the members of the public who completed our survey disagreed that there is adequate funding to support inclusive education, and one-half disagreed that the funds are spent wisely.
We heard about students who waited years for assessments, who couldn’t see a speech language pathologist when it was clearly needed, who were eligible for the severe learning disabilities program but unable to receive the service. We heard, too, about students who developed emotional and behavioural problems because their learning and social support needs went unaddressed. As one educator put it, “Because there aren’t enough services, we don’t provide intervention early. Instead, we wait until the problem gets so bad there’s a crisis, and then need a lot more resources to try to deal with it.”

The numbers of children with adaptations and individual program plans (IPPs), along with the complexity of some students’ needs, are overwhelming the system. Data reflecting the 2016–2017 school year found that 6 per cent of students were on IPPs and 26 per cent of students were on adaptations. The average number of adaptive strategies per student has been steadily increasing over the last five years.

Almost all of the IPPs reflect learning, behavioural, or mental-health related needs. Fewer than fifty students in the province have been on enrichment IPPs on a yearly basis in the last five years. Educators told us that enrichment wasn’t seen as a priority when other competing needs went unmet. Overall, the numbers translate into a significant number of students needing a lot of extra support.

In determining if funding is adequate, it is helpful to look at comparators and indicators. One strategy is to compare funding mechanisms for special education among Canadian provinces and territories. However, straight comparisons do not account for numerous variables that affect interpretation, nor do they reflect variations in student needs. Moreover, we do not have comparative provincial data reflecting total direct and indirect costs for inclusive education programs, services, and supports. For example, provinces typically allocate funding identified
as for special needs, but in addition to this funding, also offer an array of grants that are partially or fully related to inclusive education.

A better approach to assess the adequacy of funding is to determine if the services in place are providing the desired outcomes. However, we don’t have information on which interventions students are receiving or the results achieved for each student over time. For example, we don’t have reports on which specific interventions students receive in resource, the student results achieved, and/or the progress measured for each student over time. That information is not systematically tracked, and the effectiveness of offered interventions is generally not measured and reported.

To establish whether additional funding and resources are required, we need to identify specific gaps in student access to programs and services. Therefore, we listened carefully to those most affected and involved as they described their experiences with respect to gaps in funding and resources.

The Case for Change

Currently, the allocation for special education in Nova Scotia is based on student enrolment, the cost of delivering specific programs, and the cost of staffing. It is a program-driven model, not a student-needs-driven model. Each school year, school boards receive a special education grant along with smaller grants for specific programs and services. Using student enrolment figures and staffing ratios as guides, the department provides boards with global grants that do not differentiate between spending at the elementary, junior high, or high school levels, or spending on specific interventions. Having special education funding tied mainly to student enrolment instead of student needs is problematic, especially given the variations in student needs across the province. For example, in 2016–2017, an average of 15 per cent of Nova Scotia students were identified with special needs. However, in the Cape Breton–Victoria Regional School Board, 27 per cent of students were identified with special needs, as shown below.

PERCENTAGE OF STUDENTS WITH SPECIAL NEEDS IN NOVA SCOTIA BY SCHOOL BOARD IN 2016–2017

<table>
<thead>
<tr>
<th>School Board</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annapolis Valley Regional School Board (AVRSB)</td>
<td>14%</td>
</tr>
<tr>
<td>Cape Breton-Victoria Regional School Board (CBVRSB)</td>
<td>18%</td>
</tr>
<tr>
<td>Chignecto-Central Regional School Board (CCRSB)</td>
<td>16%</td>
</tr>
<tr>
<td>Conseil scolaire acadien provincial (CSAP)</td>
<td>17%</td>
</tr>
<tr>
<td>Halifax Regional School Board (HRSB)</td>
<td>11%</td>
</tr>
<tr>
<td>South Shore Regional School Board (SSRSB)</td>
<td>15%</td>
</tr>
<tr>
<td>Strait Regional School Board (SRSB)</td>
<td>12%</td>
</tr>
<tr>
<td>Tri-County Regional School Board (TCRSB)</td>
<td>27%</td>
</tr>
</tbody>
</table>
Nova Scotia school boards cannot run deficits: they must balance their books each year. Because school boards spend more on special education than their annual funding covers, they have to make up the shortfall by taking money from other areas of their budgets. In the largest board, the difference last year was $15 million, meaning that they spent an additional 23% per cent above their special education funding. The vast majority of the funding is spent on staff salaries. For example, roughly one-third of the core special education grant funds are currently used to hire teacher assistants; the actual number of teacher assistants significantly exceeds the funding ratio.

The commission researched funding models for inclusive education in Canada and internationally. Some education systems fund inclusive education on the basis of identified student needs while others base their funding on a combination of student enrolment and student needs. Some systems provide direct financial support to parents for programs and services, while others allocate extra funds to rural schools. Many school systems have different kinds of grants for inclusive education tied to levels of student need, the provision of specific programs interventions, and/or specialized staff, school facilities, and transportation. It would be ideal if we knew which funding system was the most effective and efficient, but we do not have a straightforward formula because of the many variables involved.

The range of variables that impact funding and spending in inclusive education is vast. Inadequate funds to hire specialists and paraprofessionals is one part of the problem, but so is the lack of qualified personnel to fill these positions, even when the money is available. Another challenge for school boards and schools is when their student enrolment is so small that they only get small percentages of staff positions, and they cannot find professionals willing to fill part-time jobs. Other problems include the disconnect between the budget years in the school boards and education department and the carving up of specialist teaching positions into small fragments in schools.

We learned of other funding related concerns. The current policy and funding formula does not account for the shift in student needs and the resulting requirement for specialists in fields such as autism and behaviour support. There is no funding for communication disorder assistants, paraprofessionals who work under the direction of speech-language pathologists. Applying for multiple special education grants adds to the workload for administrators. In addition, current school design standards are not well matched with the programs and services offered in schools today such that facilities are often lacking. Access to the materials needed for programming, especially for technology equipment and supports, are also insufficient at times. Finally, special education funds allocated to hire specialists (e.g., resource teachers and guidance counsellors) are being used to hire individuals who lack the required skills and knowledge. This is happening with some frequency in our system, and it further contributes to service gaps. Overall, many Nova Scotians identified gaps in services and requested more funding for specialists and teacher assistants, but some educators expressed concerns regarding over-reliance on teacher assistants in place of qualified teachers.
We examined different pockets of funding, including the Tuition Support Program (TSP), which provides funding for students to attend a small number of designated special education private schools (DSEPS). Students attending DSEPS and their families were forthright in our consultations, and highly value that option. They feel the DSEPS provide excellent support of academic learning, and social and mental well-being. Our review of the funding indicates that the TSP, including the supplemental grants provided to families with demonstrated financial need, is supportable from a financial perspective, but issues of equity in access remain a concern.

We also examined the funding of health-care services in schools. Some school-based services are funded outside of the DEECD budget. There is variability in this, which results in inequity across the province. Occupational therapy and physiotherapy services, for example, are available in Halifax Regional School Board (HRSB) via the IWK school therapy team. Access to occupational therapy/physical therapy (OT/PT) services for children is limited in other parts of the province and even more so for school-based integrated services. Three school boards have partnership arrangements for nurses. The rest of the province does not.

The Atlantic Provinces Special Education Authority (APSEA) is funded outside of the above special education allocation process through an interprovincial agreement. Its mandate includes supporting students who are blind, visually impaired, deaf, deaf/blind, or hard of hearing. It also currently has a single autism consultant whose focus is on building the capacity of teachers to meet the needs of individuals with autism spectrum disorder. Of note is that the Halifax-based APSEA buildings and campus are underutilized and offer a potential site for new programming. APSEA currently funds very limited audiology services. School-based audiology services is an area that needs more resources.

Frequently expressed during our consultations with educators were concerns about the challenges of complex classrooms, and the desire for smaller class sizes when there were high levels of student need. Research on the impact of class sizes to student outcomes is generally supportive of smaller classes in early elementary school. However, the literature is divided about the impact in later grades. Additionally, much of the research that exists is not from inclusive settings. Importantly, it does not provide much direction about the best way to apply resources, i.e., research does not clarify the best balance between class size reduction and individualized support to students via a continuum of programs and services.

In outlining the next steps to address complex classroom needs, we are, therefore, left to apply the limited evidence from research and what we learned from review of practices in other provinces, as well as a measure of common sense. In Bill 75 and through subsequent work of the Council to Improve Classroom Conditions, class size caps have been put in place for the time being. Given that fact and the limitations of available research on the impact of class size in the context of inclusion, our decision has been to primarily focus on adding resources for more services and programs for which there is supporting evidence. We are maintaining the class size caps that have been laid out in Bill 75 and by the council. However, we recommend increasing funding via an additional $5 million contingency grant pool to provide a mechanism for addressing issues of class complexity. Moreover, the issue of class composition is to be reviewed at the end of year three, following implementation of the new model and provision of additional funding and resources to support it.
We have outlined below five significant shifts within the funding model:

1. Additional core funding for new teaching positions in behaviour support, autism, and other specialties.
2. More core funding to hire more staff: teachers, specialists, and paraprofessionals.
3. Student-centred funding processes that include streamlined procedures and paperwork.
4. Increased funding support for complex classrooms.
5. Equity funding to provide more equitable inclusive education across the province.

New staffing ratios are presented and have been determined based on extensive feedback about current needs combined with what we anticipate will be required to support the new model. Staffing ratios should be re-evaluated and adjusted over time to match the evolving implementation of the model and aligned with the tiers of support to ensure that students receive optimal programs and services in keeping with their needs. Should the province change the structure of the overall education funding formula to address the inequities caused by demographic and geographic factors, the related adjustments to the ratio should be revisited.

This all means a significant increase in required funding. In assessing the wisdom of increasing educational investments, it is critical to look beyond the DEECD budget and overcome short-term thinking. It takes years to realize the full impact of interventions, and a range of life outcomes have to be examined when assessing the cost-benefit analysis. For example, early investment in literacy will reduce the need for more expensive educational supports later in school. Research confirms that better educational outcomes are associated with better outcomes in health, employability, and decreased levels of criminality, all of which result in financial savings as well as improved quality of life and stronger communities. Investing in mental health and psychosocial interventions and keeping youth in school also translates into significant savings. The outlined actions call upon ministries other than the DEECD to be responsible for or collaborate on certain funding requirements. Finally, there is discussion about shifting the function of DEECD specialists to increase their direct service provision, which could offset some education system costs.
Goals

The following goals and actions will provide the funding and resources needed to support inclusive education:

**GOAL 1**
Move to a funding formula for inclusive education that matches funding and resources with student needs over time, but act now to address current needs with adjustments to the allocation

**ACTIONS:**

- Create a funding formula for inclusive education based on a combination of student enrolment and student needs that is matched to the multi-tiered system of classroom-based supports, targeted small group supports, and intensive individualized supports. This is to occur following the implementation of the new model of inclusive education and an audit in year three to determine actual costs.
- Continue to increase the baseline grant allocation to rural schools to assist with program delivery and staff recruitment and retention. This has been slightly reduced as there is some overlap with the planned educational equity grant and improved use of technology and the increase in staffing should help address the issue of itinerant service delivery.
- Add an educational equity grant allocation to address regional variations in community and student needs.
- Increase the contingency grant funding by $5 million to address complex classroom needs.
- Maintain class caps as per Bill 75 and the 2017 recommendation of the Council to Improve Classroom Conditions. In establishing class sizes, the needs of the students in the class should be factored in. Schools can apply for contingency funding to hire additional classroom teachers to reduce class size to support inclusion when there is a high level of complexity of student needs in a given cohort. This must not be used instead of providing needs-based intervention.
- Class size recommendations will be reviewed at the end of year three of the new model.
- Streamline funding procedures and paperwork, including exploring alignment of the budget year with the school year and folding some of the separate, targeted student services grants into the core special education allocation.
• Retain sufficient flexibility at the regional/board level to allow administrators and educators to respond to local needs, innovations, and workforce realities.
• Maintain the TSP as currently offered. In year three there will be a review to evaluate the cost effectiveness, student results, and accessibility of the program and of the alternatives within the public system under the new model to inform next steps.
• Review the facilities and technology supports available to support the new model of inclusive education and fund upgrades where needed.

GOAL 2
Hire more qualified education specialists and reduce their caseloads to ensure that students receive timely and appropriately intensive supports

ACTIONS:

- Revise existing staffing ratios and add new staff positions to the core allocation for inclusive education as follows (note that ratios for learning support teachers do not include the current literacy and mathematics specialists):
  - 1:100 # learning support teacher P–grade 2 (Examples: general learning support/resource teacher, learning disabilities specialist, learning centre teacher)
  - 1:125 # learning support teacher grade 3–12 (Examples: general learning support/resource teacher, learning disabilities specialist, learning centre teacher)
  - 1:400 **# school-based behaviour support teacher
  - 1:5000 * autism specialist
  - 1:5000 * assistive technology specialist
  - 1:5000 * transition specialist/parent support
  - 1:400 # guidance counsellor
  - 1:1200 *# speech language pathology
  - 1:1500 * school psychology
  - 1:2500 * program support/administration
  - Paraprofessionals:
    - 1:75 teacher assistants ***
    - 1:1500 communication disorder assistants (due to current limited availability, most positions would be added in year three)

*Plus 20% in regions with large rural distribution
# Plus 10% in regions to address educational equity
** adjusted to match regional school configurations to provide consistent availability
*** plus 176% @110
### PROVINCIAL STAFFING RATIOS

<table>
<thead>
<tr>
<th>EDUCATION SPECIALIST</th>
<th>Current -funded Ratio</th>
<th>New Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistive Technology Specialists</td>
<td>0</td>
<td>1:5000*</td>
</tr>
<tr>
<td>Autism Specialist</td>
<td>0</td>
<td>1:5000*</td>
</tr>
<tr>
<td>Guidance Counsellor</td>
<td>1:500</td>
<td>1:400#</td>
</tr>
<tr>
<td>Learning Support Teacher Grade 3–12</td>
<td>1:150 plus 1.76% @ 110</td>
<td>1:125#</td>
</tr>
<tr>
<td>Learning Support Teacher P–Grade 2</td>
<td>1:150 plus 1.76% @ 110</td>
<td>1:100#</td>
</tr>
<tr>
<td>Program Support Administration</td>
<td>1:2500 ##</td>
<td>1:2500#</td>
</tr>
<tr>
<td>School Psychologist</td>
<td>1:1800 ##</td>
<td>1:1500*</td>
</tr>
<tr>
<td>School-based Behaviour Support Teacher</td>
<td>0</td>
<td>1:400#**</td>
</tr>
<tr>
<td>Speech Language Pathologist</td>
<td>1:1400 ##</td>
<td>1:1200*#</td>
</tr>
<tr>
<td>Transition Specialist / Parent Support</td>
<td>0</td>
<td>1:5000*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARAPROFESSIONALS</th>
<th>Current Ratio</th>
<th>New Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Disorder Assistants</td>
<td>0</td>
<td>1:1500</td>
</tr>
<tr>
<td>Teacher Assistants</td>
<td>1:100 plus 1.76% @ 110</td>
<td>1:75 plus 1.76% @ 110</td>
</tr>
</tbody>
</table>

**NOTES**
* Plus 20% in regions with large rural distribution
# Plus 10% in regions to address educational equity
** Adjusted to match regional school configurations to provide consistent availability
## Plus 25% if large rural distribution
• Explore with APSEA and/or Nova Scotia Hearing and Speech the provision of additional educational audiologist services across the province.
• Allocate funds for privately contracted student assessments to reduce wait lists for assessment, especially when positions for education specialists cannot be filled.
• Provide incentives to recruit and retain education specialists, especially more full-time and probationary contracts.
• Provide financial incentives and support for teachers to complete advanced preparation as education specialists, on the condition that they work in these specialties in Nova Scotia schools.
• Invest public monies wisely in proven programs and qualified staff:
  - Allocate funding for programs, services, and education specialties that are evidence-based.
  - Fill the positions for education specialists with qualified personnel who have the competencies to provide our students with optimal supports. Positions for education specialists should be at least half-time, and full-time positions should be the goal wherever possible. The current practices of filling the positions for education specialists with unqualified personnel and/or dividing the positions up among multiple staff members must be discontinued.
• Starting in September 2018, provide dedicated funding for the operation of additional alternative programs at the intermediate or secondary level in each region/board of the province, including the staffing, resources, student transportation, facilities upgrades, and specialized materials and equipment required to meet student needs.

GOAL 3
Invest in staff preparation and professional development

ACTIONS:
• DEECD to partner with the network of universities and Nova Scotia Community College (NSCC) and the Nova Scotia Teachers Union (NSTU) to educate the workforce needed to support inclusive education.
• Develop a program at NSCC to educate communication disorders assistants to work in the schools under the supervision of speech-language pathologists. This is an early priority.
• Invest professional development dollars in teacher-centred professional learning activities that improve teaching and learning and address specific student needs.
• As a priority, fund new Behaviour Intervention Training Programs (with certification) for Nova Scotia teachers to be certified as behavioural specialists.
GOAL 4
Enact shared funding agreements among government departments for services provided within the education system and address inequities in access to health services delivered in schools

ACTIONS:

- Finalize the work on developing an interdepartmental agreement for the shared funding and staffing of programs and services for school-aged children and youth among the DEECD and the departments of Health and Wellness (DHW), Community Services (DCS), and Justice. This is to occur via the Senior Partnership Agreement.
- Ensure equitable access to health-care services in schools including, but not limited to OT/PT services; clinical nursing services for staff education and for students with chronic medical needs; and specialized health-care materials and equipment. The commission recommends that this funding be the responsibility of DHW.
- Establish an Intensive Interagency Support Program jointly funded by the DEECD, DCS, and DHW, and operated via a joint agreement with those parties and the IWK Health Centre and the Nova Scotia Health Authority (NSHA) to provide concentrated, short-term, inpatient and outpatient treatment for children and youth with severe complex needs that include mental health challenges and/or severe behavioural challenges in association with developmental disabilities. The program will operate at two sites: Cape Breton and Halifax. The potential for the APSEA campus to serve as a site for housing day treatment and residential components in Halifax should be explored.
- DEECD to partner with the DCS to jointly fund programming options for youth between the ages of eighteen and twenty-one with special needs who remain in high school after graduating. These joint funds and initiatives will address the critical need for life skills training, post-secondary programs, employment opportunities, housing options, and respite services for youth aged eighteen years and older with special needs and their families;
- Add twelve Regional School Health Nurses to the existing complement, funded by the DHW, to provide school-based nursing, staff education and supervision services to support students with health conditions.
- Increase funding via DHW for school-based rehabilitation services (OT/PT/rehabilitation assistant).
- Through the interdepartmental funding agreement, fund the proposed model for expanded SchoolsPlus services for students with complex needs at two sites and conduct an evaluation of the pilot projects to determine their effectiveness and the evidence for expanding and/or adapting the program in other parts of the province.
Priorities for funding and resources for year one:

- Increase the funding pool to address complex classroom needs by $5 million
- Apply the educational equity factor to special needs grant allocation
- Enact shared funding agreements among government departments to:
  - expand nursing services to support students
  - create inpatient/outpatient treatment programs in Cape Breton and Halifax for children and youth with severe complex behaviour and/or mental health challenges with developmental disabilities (funded with DHW, DCS).
- Focus on programs to address the continuum of behavioural challenges by funding:
  - 12 additional school psychologists for behaviour support to provide expanded services to students, parents and teachers
  - 400 school psychology assessments and 200 speech-language pathology assessments that are privately contracted to promptly identify student needs and reduce wait times for assessments
  - 30 new behaviour support teachers in elementary schools to provide intensive early intervention for behavioural challenges
  - New Behaviour Intervention Professional Development programs to provide teachers with practical skills in behaviour management
- Create additional alternative programs:
  - Add 12 new Alternative Programs across the province at the middle / junior high school and high school levels to provide programming options outside the regular classroom.
Section 4

Practical, Specialized Staff Education

Practical, specialized staff education for inclusive education is hands-on, job-embedded learning that teaches educators how to implement inclusive education successfully. It provides teachers, teacher assistants, administrators, and education specialists with the knowledge, skills, and competencies they require to meet diverse student needs. Through problem solving, teamwork, coaching, and mentoring, staff are prepared for the realities of implementing inclusive education in today’s classrooms and schools. Practical, specialized staff education is an essential component of teacher education, leadership preparation, teacher assistant education, specialized professional programs, and professional development activities.

Specialized professional programs prepare the resource teachers, guidance counsellors, behaviour interventionists, speech-language pathologists, school psychologists, and many other specialists who work in our schools. The public education system relies on these programs to prepare a sufficient number of qualified specialists to staff our schools. When universities do not prepare enough qualified specialists, the resulting staff shortages contribute to unfilled positions in our schools and reduced student, family, and teacher access to much-needed supports.

The case for change

 Everywhere we went, teachers and administrators shared with us that they felt ill-prepared to meet the demands and challenges of inclusive education, even when they had multiple university degrees. Many teachers, administrators, and support staff told us that they are not adequately prepared to assist students with complex needs, including severe behavioural, mental health, and medical needs. Teachers feel ill-equipped to implement classroom management skills and required behavioural support strategies in support of inclusive education. School administrators also reported feeling ill-prepared to implement inclusive education in their schools, especially as student needs have grown more numerous and complex. Teacher assistants require consistent...
and adequate development and continuing education to support students, especially in the area of behaviour. In some cases, they require training, supervision, and support from qualified health-care professionals to safely carry out medical procedures at school; however, access is inconsistent across the province.

Students and teachers also require the assistance of qualified education specialists. In other parts of Canada, universities offer professional programs in special education, behaviour intervention, disability studies, autism spectrum disorder, learning disabilities, and other specialty areas. These specialized professional programs are not available in Nova Scotia. We repeatedly heard that there are not enough qualified specialists to staff our schools. The resulting staff vacancies contribute to long wait lists for services, reduced in-class support for students and teachers, and heavier workloads for the staff who are trying hard to fill the gaps. Even when the funding is in place, schools have challenges in recruiting or retaining qualified specialists, particularly in rural Nova Scotia.

The concerns we heard in person about staff education for inclusive education were affirmed in our online survey. Approximately two-thirds of the educators who completed the survey disagreed that their B.Ed. program, other professional education programs, and continuing professional development prepared them well for the realities of implementing inclusive education.

**SATISFACTION WITH B.ED. PROGRAM/PROFESSIONAL EDUCATION**

The extent to which educators agree or disagree with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>NOT SURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall, my BEd program, or other university or professional education, prepared me well for the realities of inclusive education.</td>
<td>29%</td>
<td>71%</td>
<td>0%</td>
</tr>
<tr>
<td>My BEd program, or other university or professional education, helped me learn how to design and implement inclusive learning in the classroom.</td>
<td>33%</td>
<td>67%</td>
<td>0%</td>
</tr>
<tr>
<td>Professional development opportunities are available to me that will increase my ability and confidence in supporting inclusive education.</td>
<td>33%</td>
<td>65%</td>
<td>2%</td>
</tr>
<tr>
<td>Professional development opportunities are available to me that will help me learn how to implement individualized student programs.</td>
<td>33%</td>
<td>65%</td>
<td>2%</td>
</tr>
</tbody>
</table>

**At the end of the day, the child is coming to us, they are going to get off the bus at 8:30 tomorrow morning, and we are ill-equipped to meet their needs.**

School administrator
More than two-thirds of educators indicated that there are too few teacher assistants, resource teachers, guidance counsellors, speech-language pathologists, and school psychologists to meet demands.

The educators’ top priorities for a new model of inclusive education included “more practical, hands-on education in how to educate students with special needs” and “specialized professional learning programs for behaviour intervention, autism, special education, learning disabilities, and intensive literacy and math intervention.” Likewise, parents and members of the public who responded to the survey chose specialized teacher education programs and more practical, hands-on staff training as top priorities.

Some school boards have taken matters into their own hands by offering locally developed part-time programs of study. Since 2008, the Annapolis Valley Regional School Board has provided over 500 teachers with a board-sponsored learning program in resource. The program addresses key components of inclusive education, including how to develop, implement, and monitor adaptations, IPPs, resource programs, and transition plans. The course content also addresses specific student learning needs associated with autism spectrum disorder, giftedness, behavioural challenges, learning disabilities, literacy challenges, and cognitive and developmental disabilities. This is an excellent example of innovation. We need to provide such practical and specialized staff education for inclusive education provincially.

Gaps in staff education for inclusive education are not unique to Nova Scotia. A national survey of Canadian teachers found that the majority felt inadequately prepared to meet the complexity and diversity of student needs (Canadian Teachers Federation, 2014). Although principals play an important role, many of them feel ill-prepared to lead inclusive schools (Billingsley & McLeskey, 2014). Inadequate education of teacher assistants has the potential to create unintended negative consequences for students (McDonnell & Jameson, 2014). They require ongoing professional development, support, and supervision that enables them to assist
teachers and support students with diverse needs (Carnahan, Williamson, Clarke & Sorenson, 2009; Causton-Theoharis & Malmgren, 2005; McDonnell & Jameson, 2014).

Educators need more ongoing professional development for inclusive education. More than half of the Nova Scotia educators who completed our survey indicated that they received ten hours or fewer of professional development on inclusive education in the past five years.

**HOURS OF PROFESSIONAL DEVELOPMENT**

Hours of professional development educators received on Inclusive Education in the past 5 years.

Schools that successfully implement inclusive education offer professional development that assists teachers in developing the skills they need in their classrooms. Research has shown that effective professional development for inclusive education

- meets teachers’ learning needs;
- aligns with curriculum and assessments;
- provides teachers with opportunities to blend theory, content, and practice;
- includes active learning in the classroom;
- fosters collaboration and information sharing among teachers;
- uses data as evidence for identifying student learning needs;
- continues over time, rather than being confined to one-day workshops; and
- includes different hands-on learning activities, coaching, and group discussions (Leko & Roberts, 2014).
The implementation of inclusive education cannot proceed without skilled, inclusive leadership. Principals play a major role by making inclusive education a priority in their schools; developing staff capacity to meet diverse student needs; creating a positive school environment for students, parents, and staff; and supporting teaching and learning in the classroom (Billingsley & McLeskey, 2014). Regional and provincial leaders provide supports in key areas such as funding, hiring, policy development, professional development, and support for school administrators (McIntosh & Goodman, 2016).

To effectively lead inclusive education, administrators require leadership preparation that provides them with essential knowledge, skills, and competencies. Principals need to know how to lead meaningful school change, inclusive education practices, and effective teacher professional development in their schools (Billingsley & McLeskey, 2014). Immediate and long-term leadership preparation programs for inclusive education are required in our province to build the leadership capacity necessary to implement the new model of inclusive education and MTSS.

“\nI feel the staff are not provided with enough training to work with students like my son and are at a loss as to how to reach him and help him through his struggles."

Parent
Goals

The following goals and actions must be implemented to provide all staff with practical, specialized staff education in inclusive education.

GOAL 1
Revamp existing teacher preparation and professional development programs to provide them with the practical knowledge, skills and competencies they require to successfully implement inclusive education and meet diverse student needs.

ACTIONS:

- Under the direction of the NSIIE, establish a Collaborative Professional Development Committee comprised of DEECD, universities, NSCC, NSTU, Department of Labour and Advanced Education, and regional education representatives to design, coordinate and implement practical, specialized staff education in inclusive education.
- Incorporate practical, hands-on learning experiences that reflect classroom realities and teach essential skills in all teacher preparation and professional development programs for inclusive education.
- Provide uniform, enhanced coursework and supervised practicum experience in inclusive education in all Nova Scotia B.Ed. programs.
- Provide all B.Ed. students with instruction and practice in how to develop and implement accommodations, modifications, and individual education plans for diverse learners.
- Provide all B.Ed. students with instruction and practice in providing tier 1 core curriculum and evidence-based core instruction for all students.
- Provide all B.Ed. students with specialized knowledge, skills, and competencies in classroom management, behaviour support, literacy, and mathematics instruction, and social-emotional development.
- Provide all Nova Scotia university schools of education with access to the provincial curriculum, policies, guidelines, procedures, and TIENET templates and processes to facilitate teacher and leader education for inclusive education.
• Include instruction in how to collaborate with and supervise teacher assistants in B.Ed. programs and provide corresponding professional development for practicing teachers.
• Provide all B.Ed. students and practicing teachers with professional development to support the implementation of MTSS in Nova Scotia schools.
• Provide joint professional development in inclusive education for classroom teachers and education specialists, including collaborative practices for implementing MTSS.

GOAL 2
Create new preparation and professional development programs in inclusive education for teachers, administrators, and teacher assistants.

ACTIONS:
• As an early priority, develop and implement modules in inclusive leadership for school and regional administrators to prepare them to implement the new model of inclusive education.
• Develop and implement leadership certificate and/or diploma programs for inclusive educational leadership and make them accessible across the province.
• Incorporate knowledge, skills, and competencies for inclusive education into the Nova Scotia standards for leadership and leadership education.
• Incorporate knowledge, skills, and competencies for inclusive education into the Nova Scotia standards for teaching and teacher education.
• Provide coaching and mentoring in inclusive education by skilled teachers and educational leaders at the school and regional levels.
• NSCC, in partnership with regional education centres and the department, develop and offer a new preparation program for communication disorder assistants to prepare paraprofessionals to work in Nova Scotia schools.
• NSCC, in partnership with regional education centres and the department, develop and implement a provincewide preparation program for teacher assistants at NSCC, including standard coursework and supervised practicums.
• NSCC, in partnership with regional education centres and the department, provide professional development in inclusive education for all teacher assistants across the province.
• Regional School Health Nurses provide ongoing training, supervision and support to teacher assistants in the completion of medical procedures that are required by students during the school day so that they can attend school.
Priorities for practical, specialized staff education for year one:

- Establish a Collaborative Professional Development Committee at the NSIIE
- Revamp B.Ed. programs to provide enhanced coursework and practicums in inclusive education
- Develop and offer a Behaviour Intervention preparation program for teachers
- Develop and offer leadership modules for inclusive education
- Provide all staff with professional development in MTSS
Section 5
Student-Centred Interagency Collaboration

There is a concerning gap in the coordination of service delivery for students. There is also a lack of clarity regarding roles and responsibilities for funding, service provision, and supervision. Where collaboration is happening, it is often the result of relationships and good will, rather than a system designed to create and foster it.

The need for stronger interdepartmental and interagency collaboration in the support of children and youth in Nova Scotia is not new. It was a major focus for the Child and Youth Strategy—a report resulting from the Nunn Commission. The report, called Our Kids are Worth It, stated that “effective coordination must occur at three levels: among government departments, between government and community agencies, and among the people and organizations directly delivering services to children and youth and families.” We need to ensure that services are delivered in ways that are coordinated, timely, efficient, and effective, to avoid duplication and prevent gaps in service.

The Case for Change

The need for more collaboration was raised throughout our consultation process. Without it, there are system strains and missed opportunities. Teachers spoke of being asked to provide services or supervise care by teaching assistants that were outside their scope of practice. They expressed concerns about gaps in support from community services. They want stronger connections between school teams and early childhood educators to facilitate better transitions to school, and stronger connections with services for youth completing high school. Social issues underlie many student behavioural concerns as well as school non-attendance, and teachers felt a more consistent interagency approach to those was needed.
Principals and school superintendents also shared concerns regarding school personnel having to implement and supervise medical procedures that are the domain of health-care professionals. They are concerned that public education is bearing the cost of providing health-care supports in schools and by the challenges of trying to meet the needs of the medically fragile students without adequate health-care services and supports. They also spoke of the growing need for intensive health-care treatment and intervention for severe behavioural and mental-health issues that are beyond the capacity of schools to provide. They expressed concern that there was no existing provincial partnership agreement between education and health to determine appropriate school-based supports and funding. Three boards have a health education partnership and valued that model. Similarly, occupational therapy/physical therapy (OT/PT) services provided by health were positively regarded by school team members in areas that had these supports.

Parents highlighted the need for better collaboration between schools and external resources—both public and private. They described how, in some situations, the opinions of outside agencies and specialists were ignored or rejected by school staff. They expressed a desire for co-location of services to provide “one-stop shopping.” They also spoke of the difficulties that arose from long waits to access services.

Service Gaps

The needs of families with children with high levels of developmental and behavioural challenges, such as those severely affected by autism spectrum disorder and/or intellectual disability, were often referenced. They hope for an urgent solution to the lack of intensive services needed to help children with severe behavioural challenges or mental-health disorders associated with developmental disabilities. Currently, these children fall through the cracks. In some cases, they are out of school and without meaningful intervention. Their families are in crisis. They need a wraparound approach of services that are integrated, holistic, and easy to navigate. Such an approach goes well beyond what any existing school can offer. They spoke of the need for flexibility to allow personalized solutions through interdepartmental collaboration. Parents and educators noted that children with high levels of need would benefit from year-round access to services rather than being limited to the school calendar.

Leaders in health services for children and youth spoke of the need to establish provincial standards of practice for the delivery of services in schools and standards for collaboration across agencies and departments. Delineation of roles and responsibilities is required, as is determining the best approach to documentation and sharing of information. We heard about difficulties in the context of delivery of mental-health supports in schools, where the need to use evidence-based programming and to have clarity about who is leading the care plan have been issues. Health service leaders also spoke of the benefits that could be obtained by increasing the opportunities for shared service planning and shared professional development. An example was that transition planning and planning for IPPs often do not include important service providers because they are seen as external to the education system. Using technology to a greater advantage to allow collaboration in distance service delivery was recommended.
APSEA, for example, has used video links to provide student-specific professional development to teachers in their home schools while the students were doing week-long intensive programming in Halifax.

Students, parents and educators pointed out the major barriers encountered when required services are accessed or organized under multiple departments. This can be more difficult when students change settings or service providers. All commented on the need to focus on transition planning at multiple points in students’ educational journeys. Often noted was the shift from a family-centred focus with more of a wraparound philosophy in the preschool years to the less collaborative system after school entry.

The gaps in available services for youth following graduation complicate transitions from school. As one teacher said, “Students need something to transition to.” We heard about the lack of opportunities for youth with special needs for post-secondary education, employment, community engagement, recreation, and housing. Many of these services are under the direction of the Department of Community Services (DCS), which highlights the need for departments to work together.

Parents also described frustration in getting assessments of learning profiles required to access disability supports for their children during high school. Some educators questioned the appropriateness of assessments during high school, and expressed concern about using resources on assessments felt to be unnecessary at that stage for the student’s programming.

**SchoolsPlus**

The SchoolsPlus program was brought up multiple times during our consultations. SchoolsPlus was established in 2007 under the Nova Scotia Child and Youth Strategy. It was a direct response to the Nunn Commission’s recommendation for improved co-ordination and collaboration in the delivery of programs and services. SchoolsPlus is built around the concept that schools should be centres of service delivery, and its mandate includes promoting co-location and/or partnership of services such as those provided by the departments of Justice; Health and Wellness (DHW); Community Services (DCS); Communities, Culture, and Heritage; IWK and Nova Scotia Health Authority (NSHA) Mental Health and Addictions; as well as community organizations. SchoolsPlus started with pilot sites and has gradually expanded, but it is not yet available in all schools. It works on a full year basis rather than following the school calendar. The report from the recent review of administrative structures recommended that SchoolsPlus be expanded “as practically as possible” to support moving to wraparound service delivery for children and youth.

We heard many positive things about the impact of SchoolsPlus. The addition of Mental Health and Addictions (MHA) Clinicians in schools is particularly valued. We also heard, however, that SchoolsPlus has not yet fully achieved its mandate. Its ties with MHA are a strength. SchoolsPlus has created or supported local community activities and organizations, but the evidence for strong collaboration with other services is less consistent. The connection with other types of health services is limited. Many health-care providers seem unclear about what
SchoolsPlus does and report little contact with it. Feedback from school leaders indicated that sometimes there is a disconnect between which students they feel should be seen via SchoolsPlus MHA clinicians versus their actual caseload. This suggests different understandings of the model. With respect to inclusive education, we have been told that students with special needs sometimes access support from SchoolsPlus, but this has not been a major point of its focus. For example, children and youth who require support in extracurricular activities are typically not able to take part in programs run by SchoolsPlus at this time.

The synergy created when services are co-located was frequently noted. Collaboration is stronger when SchoolsPlus personnel are located within a school. Additional benefits were described when other parties, such as a health liaison nurse, are located with the SchoolsPlus team.

Breaking Down Silos

In many cases, underlying the lack of collaboration is limitations to resources. There are gaps in a number of services that should be working more closely with schools. Wait times for accessing services through MHA and health, for example, were spoken of as contributing to the challenges. Students and families residing in rural areas often have more difficulty accessing a variety of supports. French-speaking resources are extremely hard to find. Audiology services are another example of the need for better interagency collaboration. There is limited access to assessment of hearing support needs, such as frequency modulation (FM) and other assistive listening systems. It was also recommended that Nova Scotia emulate staffing models established in Alberta and New Brunswick, where audiology and speech language pathology services are available twelve months a year.

Barriers exist that limit interagency and interprofessional collaboration. These include separation in location, insufficient time in busy schedules, payment systems, the expense for parents paying for external professional involvement, practices to maintain confidentiality, attitudes, and habit. There is a strong tendency for agencies, and in particular health professionals, to communicate with educators by proxy, either through documents or via parents. While this is a positive strategy at times, it can also lead to frustrations and misinterpretations because there is no direct dialogue. Parents may assume that recommendations from outside professionals will automatically translate into services within the school. Outside professionals often are not familiar with available resources, policies, and procedures within the education system. This can lead to unintended conflicts that may contribute to poor communication between parents and school (Ng et al. 2015).

The overall result is that silos stay intact and opportunities for collaborative problem solving and efficient service delivery are missed.
Some Canadian Models

An Alberta study of tiered supports in one school district described wraparound, interagency services as an important component of Tier 3 intensive interventions (Howery, McClellan & Pedersen-Bayus, 2013). When student needs exceed the capacity of public schools, they are referred to a Wraparound Process focused on the student and the significant adults in his or her life. The Wraparound Process is coordinated by a psychologist and, depending on student needs, may include mental-health services, community and family support services, family supports for students with exceptionalities, justice officials, and other services as required. A provincial Wraparound Research Project in Alberta (Alberta Education, 2010) recommended the review and revision of policies and practices to reduce barriers to the coordination and integration of programs and services for children, youth, and their families. They also recommended the establishment of memoranda of understanding to clearly articulate the roles and responsibilities of government departments, and the enactment of protocols and agreements between schools and partner organizations that foster collaboration and enhance service delivery. These and other measures were suggested to strengthen the clarity, consistency, and capacity of wraparound services for children and youth (Alberta Education, 2010).

In Manitoba, a Healthy Child Committee is responsible for interdepartmental protocols that direct government departments and agencies to work collaboratively on specific initiatives. These protocols support information sharing and collaboration in meeting the needs of children, youth, and their families (Healthy Child Manitoba, 2013). For example, an Education and Child and Family Services Protocol for Children and Youth in Care has been developed, as well as transition protocols, information-sharing protocols, and a Wraparound Protocol for Children/Adolescents with Severe to Profound Emotional/Behavioural Disorders. Thus, interdepartmental agreements are being enacted to break down silos between government departments and put children, youth, and families at the centre of service delivery.
Implementing Interim Recommendations

The recognized need to work more collaboratively across departments led to a series of recommendations in our interim report. The creation of a joint committee of representatives from DEECD, DHW, DCS, and Justice was one. They were tasked with developing interministerial policy and supporting procedures for the school-based provision of professional services, programs, and supports. They were also asked to develop a shared model for supporting children and youth with complex needs, including criteria for identifying complex needs, and the development of relevant procedures and processes. The committee was also charged with reviewing the respective roles and responsibilities for each department in supporting transitions for children and youth with special needs, and to look into the nursing services being provided in the public schools.

Significant progress has been made in response to these recommendations. A Senior Partnership Committee, functioning as a joint committee, has been working on a number of key components. Participation has come from DEECD, DHW, Justice, DCS, along with the IWK and NSHA and the Department of Labour and Advanced Education. The group has drafted a mandate formalizing the need to work together to address student needs, and drafted an Interministerial Service Model Policy. The group has examined a model for information sharing and developed a grid of roles and responsibilities of each department for meeting specific student needs in public schools. However, these are drafts only and the group has indicated that the policy, financial, and human resources to support their work are not in place. Moreover, the grid is not yet complete. Of note is that case conferences, often a key step in interagency and interdepartmental collaboration and service coordination, have been included. The grid proposes that case conferences that are for educational planning would be the responsibility of the school (board), while those for children requiring a broader scope than educational planning would be the responsibility of DCS. That represents a shift in practice and it will be important to define how it would be operationalized and how it aligns with the proposal for SchoolsPlus to take the lead in complex case management.

The committee also worked on the recommendation regarding the creation of a shared model for supporting school-aged children and youth with complex needs. They note there are both gaps and overlaps in initiatives, limited or inconsistent coordination between services, as well as issues of access and systemic inequities. The response is again a draft, but reflects significant progress on this important work. The committee emphasizes that integrating services without sufficient resources will not lead to the desired outcome. They have also highlighted the need for adjustments in management approaches to support meaningful change, and the need to factor in population needs so that programs, services, and interventions take into consideration the cultural contexts and needs of specific groups such as African Nova Scotians, Mi’kmaw, and newcomer children, youth, and families. The draft contains guiding principles that incorporate a child-, youth-, and family-centred approach, acknowledges the role of community and the need to respect diversity. They have articulated a tiered service delivery model and recommended the introduction of a standardized assessment tool to identify the need for support and referral to an integrated services team with a further option of referral to a complex case team of more specialized experts.
The group has laid out a phased implementation plan with short, mid-term, and long-term stages. Early phases include the development of prototype models to identify policy, system-level gaps, and accountability needs as well as the necessary funding. The prototypes are to be focused on children and youth with complex needs. The draft document notes that currently different departments define complex needs variably, and a shared definition has not been stated. The intention in the laid out approach is to build on the existing SchoolsPlus system. The committee is recommending that in year one, funding would be obtained from the four main departments for a project team at the provincial level. Local prototypes would require the presence of a team leader and a nurse coordinator. Evaluation is built into the plan as well as a proposed governance structure. Accountability is envisioned as shared by the social policy deputy ministers.

Transitions

There has also been significant progress on looking at departmental roles and responsibilities in supporting transition needs of children and youth with special needs. In response to the commission’s request, DEECD, DCS, DHW, Justice, NSHA, and IWK undertook an examination of existing services and barriers. Overarching themes emerged. Departments have different policies, practices, and contracts, and do not communicate sufficiently or promptly enough, and need to enhance culturally responsive programming that takes into account issues related to social justice. The gap of access to consistent and fully supported quality childcare is an identified concern. In addition, there is no systematic approach to transitions. There are disruptions in service when children enter school. Speech language pathology was a highlighted example. Schools can be overwhelmed when large numbers of students with special needs enter simultaneously. We heard, for example, that the Halifax Regional School Board anticipates the arrival of almost one hundred students with autism spectrum disorder into primary in September 2018. Resources supporting the rehabilitation needs of young children are not distributed equitably in the province. The only pediatric rehabilitation team is at the IWK; pediatric rehabilitation resources outside of the Halifax Regional Municipality are limited.

DCS and Mi’kmaw Family and Children Services are sensitive to the transition support needs of children who come in and out of care and guardianship, but gaps still occur. Similarly, students who come under the care of the Department of Justice are notably vulnerable. The need for rehabilitation and reintegration is recognized under the Youth Criminal Justice Act.

The group reviewing transition supports has identified potential strategies to minimize disruptions and improve transition. The expansion of the Pre-Primary Program should lead to earlier identification of children who require additional supports, but will require systematic follow-through to ensure the information captured is used for the benefit of the child. There are opportunities to increase links with preschool individual family service plans and school-based program planning, and the use of transition program planning linked with Nova Scotia Early Childhood Developmental Intervention Services. They have also considered ways to support education teams and families in the area of transition planning and support.
Similar issues were identified regarding the transition from school to the community after graduation. Barriers include differences in departmental policies, practices and contracts, gaps in communication, the need for culturally responsive programming, and inconsistent programming and service options. The need for access to timely assessments for youth was identified by parents. There is insufficient support for community-based learning initiatives and programming at the secondary level, such as having teacher assistant support for work placements. Guidance counsellor support is described as inadequate and there is a need for more individualized pathway planning. There is an acknowledged gap in programming options for youths aged eighteen to twenty-one. Parents and educators report the current credits required to graduate do not provide students with special needs with the skills they need to be successful in post-secondary education or the workplace, and may not be appropriate for all learners. In fact, some educators told the commission that students are simply pushed or passed through certain credit courses without meaningful engagement with the content. There are also long wait lists for many programs for youth with special needs, such as those building employment skills.

The delivery and funding of health-care services in schools was raised as an issue and that is why the commission recommended a review of nursing support and clinical nursing services in the schools. In response, DEECD, DHW, school boards, and school administrators examined the services being provided, the nature of student needs, the variable approaches to services, funding, gaps, and challenges in each of the existing school boards. In three boards there is a health-education partnership, with some costs shared with DHW. Other school boards purchase nursing services from the Victorian Order of Nurses (VON). Three boards also purchase regulated health-care professionals for specialized health care for individuals. There are almost 2,500 students with a health plan, emergency plan, or both. More than 655 students receive OT/PT services.

The review highlights the same issue described to us, that in some cases school personnel are having to organize plans of care and training for school staff to support students with specific health-care needs and at times to arrange for regulated health-care providers to support services beyond the scope of practice of school staff. There are gaps in education related to health-care needs, and gaps in the supports and services that the health system provides to students and the school staff who work with them. There is also a gap in the availability of data with respect to the volume, type, cost, and outcomes of health services provided in schools. Payment for health services is not equitable. Two boards are paying for OT/PT, while others are not. Four boards are paying for the training of school staff in providing health-care services, while others are not, and three boards are paying for nursing services for individual specialized cases. Moreover, all boards are funding the cost of specialized health-care equipment.
STUDENT-CENTRED INTERAGENCY COLLABORATION

Goals

The following goals and actions will increase collaboration and coordination at multiple levels among departments and supporting agencies:

GOAL 1
Build on the work to date to increase interagency and interdepartmental collaboration.

ACTIONS:

- Complete the work of the Senior Partnership Committee in response to the recommendation of the commission in the interim report, including finalizing the
  - statement of shared mandate
  - model for information sharing
  - formal Interministerial Service Model Policy
  - definition of complex needs
  - grid of departmental roles and responsibilities in meeting specific student needs in public schools
- Align funding of services to match the identified roles and responsibilities and ensure access and equity across the province. Health services funding should be via DOHW.
- Ensure that student and family needs take precedence over budgetary silos. Departments must recognize the need in exceptional cases to be flexible and to provide cross-departmental funding for in-school and/or in-home support for students with extraordinary care needs. The established Senior Partnership Committee must establish a process for this, recognizing that it must be efficient and able to address problems before they become a crisis.
- Create provincial standards for the delivery of services by other agencies and departments within the school system.
- Ensure the alignment of SchoolsPlus with the MTSS model of inclusive education:
  - Ensure the expertise of SchoolsPlus facilitators and outreach workers includes how to meet the needs of children with developmental disorders, their families, and communities;
  - Ensure that SchoolsPlus mental-health clinicians have the skills to support students with developmental disorders, so that the service is fully inclusive;
  - Increase the profile of SchoolsPlus with other key groups such as health-care providers, including its mandate and referral processes; and
  - Fund at two sites the prototype expanded SchoolsPlus model proposed by the Senior Partnership Committee for interagency collaboration in support of students with complex needs, and evaluate its effectiveness to determine whether to replicate it across the province.
GOAL 2
All individuals, departments, and agencies involved with service delivery to school-aged children and youth and their families need to practise meaningful student-focused communication and collaboration. This will require a shift in culture and, most importantly, recognition that professionals need time allocated for this work as well as technological supports to facilitate long-distance communication and collaboration.

ACTIONS:
• Departments and agencies must allow time for communication and collaboration as part of service delivery.
• Ensure the availability of technological solutions to allow distance collaboration and communication.

GOAL 3
Improve transition supports. At every stage of the student’s journey, supports must be provided to help students and their families adjust to new environments, whether a new school, a new grade, or the community after graduation.

ACTIONS:
• Add transition support/parent navigator specialist positions.
• Incorporate transition goals/outcomes/supports as part of all IEPs to support seamless school programming and minimize disruptions for students as they move from preschool to school, grade to grade, school to school, and school to community, including service delivery and community partners.
• Engage with occupational therapists to increase opportunities for students to learn and practise life skills as part of their educational program.
• Build a transition program for students with special needs staying in high school beyond age eighteen.
Priorities for implementation in year one:

- Finalize the interdepartmental agreements regarding roles and responsibilities for service delivery within schools
- Align funding with the related grid
- Address issues of inequity in access to health-care services in schools
- Add transition goals/outcomes/supports to IEPs under the new model
- Increase transition supports
- Improve technological supports for collaboration over distance
- Increase the time available for professionals from all relevant agencies and departments for collaboration
The need for strong partnership between home and school is evident when examining best practices in inclusive education. An inclusive system is built on a foundation of collaboration among families, educators, and other agencies that support children.

There is considerable research on the value of parent engagement in children’s education overall, not just in reference to inclusive education. Parental involvement increases student academic achievement, promotes positive student attitudes and behaviours, improves school attendance, and fosters positive feelings of self-esteem (Ferrara, 2009). Engaged parents have higher educational aspirations for their children, improved communication with their children, positive attitudes toward teachers, more confidence in their own ability to help their children, an understanding of their importance in their children’s education, and more collaborative relationships (Baker et al., 2016). However, research indicates that parents feel increasingly less connected as their children move through the school years. Demographic and cultural differences can further separate parents from school, as can economic demands (Ferrara, 2009).

Making sure parents are fully engaged in a true partnership with the school team goes beyond shared goal setting, choosing interventions, and helping parents stay informed about their children. Parental involvement in the programming can also improve its effectiveness (Moore, 2016; Pfiffner, et al, 2013). Teachers and administrators require the ongoing support, assistance, and participation of parents in their children’s school programs to ensure that student needs are met.

We have identified parent and school collaboration as an area for focused improvement, while recognizing the already strong commitment on the part of key stakeholders in inclusive education.
The importance of parent and school collaboration in education is actually laid out in legislation. The *Education Act* states:

- “...meaningful partnerships between and participation by students, parents, teachers, other staff in the public school system, school board members and the public should be encouraged to ensure a high-quality education system”
- “Parents should have a right and a responsibility to support their children in achieving learning success and participate in decisions that affect their children”
- “Parents of students with special needs shall be afforded the opportunity to participate in the development of an individualized program for their children”

It is also worth noting the *Education Act* states one of the duties of both teachers and principals is to “communicate regularly with parents.”

> They need to involve the parents more – get the parents’ view on [their child’s] education...[and give parents] a comfortable forum for us to speak our minds, and have people actually listen to us, because who knows our child more? 

*Parent of child with exceptionalities*

In 2010, the NSTU published a position paper on Parent Involvement that noted “A cadre of scholars conducting research conclusively demonstrate that parent involvement has a direct, positive impact on student attitude and academic achievement across all grade levels,” and “Literature indicates that it is the school that has the leadership role in establishing parent involvement programs. The specific types of programs put in place by a school determine the degree of effectiveness of the parent-school relationship.”

Similarly, the Nova Scotia Action Plan for Education (2015) speaks frequently of the role of parents. Within DEECD’s policies and publications, there is acknowledgement of the critical role of parents within the context of inclusive education. The Special Education Policy notes parents are partners, expected to contribute to program planning, and to sign individual program plans. As well, in a recent IPP review, DEECD identified “the need to do more to support parents and guardians in understanding the program planning process and to involve them in decisions affecting their children” (2016).

The importance of recognizing community and culture in designing successful collaborations has also been highlighted. *Reality Check: A review of key program areas in the BLAC Report for
their effectiveness in enhancing the educational opportunities and achievement of African Nova Scotian learners (2009) emphasizes the role of community and the importance of ensuring officials and educators are able to work in partnership with empowered parents.

What has not been sufficiently recognized is the importance of having parents of children with special needs at the tables where decisions regarding inclusive education are made. The fact that the Education Act does not designate a parent of a child with exceptionality as a member of the School Advisory Councils is one example.

The Case for Change

Over the past twelve months, the theme of strong home and school partnership came up consistently, including via the public consultations, parent and student focus groups, survey responses, submissions and meetings with individuals and stakeholder groups, and in the report from the review of the program-planning process undertaken at the commission’s request. These are the issues that were brought forward:

• Although parental engagement with children’s education is universally endorsed and embedded in special education policy, it is not happening satisfactorily.

• As children transition into school, parents report feeling more excluded; the frequency of direct contact between parent and teacher decreases; and communication lessens.

• The existing limitations on resources supporting inclusive education lead to frustrations for parents and educators and, at times, create an adversarial atmosphere.

• Parents expressed wanting to be recognized as experts in their children, to hear about problems earlier, and to have open and more frequent communication when there were problems.

• Formats such as daily communication cards or books were mentioned as valuable, but parents described having to “fight” to have them used.

• Some parents feel they are not being listened to, and see this contributing to the delay in or failure to acknowledge problems, inadequate planning that does not reflect their input, and significant gaps in intervention.

• There is a strong perception that those parents who are able to advocate most effectively are more likely to get services and supports for their children.

• Parents do not always have a good understanding of their roles and responsibilities, of how the education system works, and how they can best collaborate with the school team.

• Educators and educational leaders need more opportunities to learn how they can best collaborate with parents, especially in a context of limited resources and complex social, cultural, and economic factors.
There is currently insufficient time made available for the educational team to communicate and collaborate with parents.

There needs to be flexibility in how and when parent-school communication takes place.

Parents need more support at times of transition: school entry, moving to a new school, moving to the next grade, leaving high school. They value transition support, such as when preschool care teams collaborate around entry into primary.

The program-planning process can be very challenging for parents and they speak of feeling intimidated, of hearing diagnoses of great emotional impact at large meetings, of having to sort through jargon. They experience frustration when outside resources with whom they had consulted are not welcomed to the planning team.

Parents repeatedly commented on their frustration that teacher assistants who knew their children well were not considered part of the planning process or invited to IPP update meetings.

The distress that parents can experience when advocating for their children is real, but it is often underestimated and left unaddressed.

The existing format of report cards is not working well to help parents understand their children’s progress. They are sometimes confused, such as the meaning of percentage grades when a student is on an IPP, and unclear about their child’s literacy level when it is described to them as an alphabetic level. (“He is at level H.”).

Creative steps have been taken to make parents feel more welcome, and they make a difference. Examples of this include the creation of a space for meetings with home-like furnishings and room for younger siblings to play at one junior high school, and the policy of a Mi’kmaq school of making any parent who drops into the school a priority.

Students want to be heard and to contribute to their own plans.

Students want more support around transitions.

Parents of children with special needs want to be represented more consistently when decisions affecting the system of inclusive education are considered.

Educators described both the importance of parental participation and the need for more accountability on the part of parents. Teachers and administrators reported that parental support and collaboration with school personnel is sometimes lacking.

Experience in communicating with parents of children with special needs through simulation and/or direct experience during practicum experiences is not typically available during the B.Ed. programs. Teachers need more opportunities to advance their skills on how to communicate effectively in difficult situations and also in collaborative problem solving as part of their professional development.
The need to be assertive in the face of limited resources was often mentioned. As one parent said, “If you let it go, your child won’t get (help).”

Overcoming Barriers

Research shows there are numerous barriers to stronger parent and school communication. They include the lack of or poor timing of communication between home and school, language barriers, parents’ own past negative experiences in schools, and lower parental educational level, which can lead parents to feel limited in their ability to help their children work and/or to feel inferior (Baker et al., 2016). Multiple authors have examined the attitudes of educators regarding parental involvement. In general, there is a tendency to underestimate parents’ desire to be involved and present in their children’s schools, and a failure to recognize the barriers that prevent them from doing so. Differences in perceptions and perspectives on the part of parents and educators can lead to misunderstanding or conflict. In looking at administration/parent relationships and collaboration, Zaretsky (2004) described “the perceived power imbalances in decision-making processes and incompatibility or conflict among values and interests.” He also noted that a lack of resources contributes to conflict.

Studies have also been conducted regarding parent-teacher collaboration within the context of inclusive education. In 2016, Adams et al summarized the findings of several authors: “The creation of effective inclusive schools requires a combination of teachers’ and parents’ knowledge and skills on instructional strategies and assessment practices” (Friend & Cook, 2007; Kampwirth, 2003). Many studies show that an inclusive school can be identified through its ability to work as a cohesive team (Ainscow & Sandill, 2010).

It is clear that family and community contexts affect home and school partnerships. As noted, the presence of economic, cultural, educational, and linguistic differences can create barriers. There are also risks of losing continuity of communication and educational supports for children taken into care.

The fact is, if teachers are to have meaningful collaboration with parents, they need time. They need to understand their students. One study found the strongest predictor of parents’ perceived school engagement efforts was the teacher-student ratio (Rodriguez, 2014).

The NSTU paper noted parental engagement could be improved, and identified the need for specific training for school administrators and staff members; support for parents in effective parent involvement; professional development for school staff on building relationships; identifying parental skills; developing parent leaders; and accessing community resources. They also highlighted the barriers of time and knowledge, as well as a lack of mutual understanding that contributes to poor communication, unclear expectations, and mistrust. They identified that staff need assistance with managing conflicts. They also noted that parental involvement requires a range of activities that recognize and accommodate the schedules, skills, and interests of all participants, and that technology has the potential to support parent-teacher communication.

Research shows there can be successful intervention to improve parent-school communications. Building knowledge for teachers, working on congruence in communication, and on intervention with families to support parent engagement all make a difference.
To Create Successful Home and School Partnerships:

**Schools need**
- Practices that authentically include parents and their communities
- Physical spaces that help parents feel comfortable when meeting
- Resources to meet the needs of all students

**Educators need**
- Time to collaborate with parents
- Multiple and flexible ways to connect with parents
- Skills and support for their roles as partners with parents

**Educational Leaders need**
- Time to collaborate with parents and educators
- Skills to support teachers as collaborators with parents
- Skills in creating school environments that are welcoming to all parents

**Parents need**
- Multiple and flexible ways to connect with teachers
- Support in navigating the system
- To feel skilled and supported in their roles as partners with educators
- To contribute to decisions affecting inclusive education systemically
- Empowerment in their roles

"You have to identify parents as partners in a child’s education, and I don’t think that happens right now. I don’t think parents are seen or viewed as an important or established partner…[getting parents’ input] allows you [as a parent] to develop a sense of trust with the teacher…"

Parent of child with exceptionalities
**Goals**

The following goals and actions will support successful home and school collaboration:

**GOAL 1**  
Expand on practices that support parents’ and educators’ collaboration.

**ACTIONS:**

Research shows there can be successful intervention to improve parent-school communication. Building knowledge for teachers, working on congruence in communication, and on intervention with families to support parent engagement all make a difference.

- Provide additional time for educators to collaborate with parent.
- Provide parents with an opportunity to meet directly with psychologists and speech language pathologists to receive results of assessments separate from and prior to program-planning meetings.
- Ensure parents participate in goal setting and program planning.
- Include the home-school communication plan in IEPs.
- Support multiple routes and schedules/times for communication between educators and parents to meet the needs of families.
- Ensure team meetings are inclusive and incorporate the perspectives of everyone involved.
- Ensure schools authentically welcome parents. Practices and spaces need to be parent friendly and reflect the recognition of diversity and the need to be culturally inclusive.
- Link school and home programming by including parent roles in the intervention programs in IEPs.
- Support educators and educational leaders as partners with parents by increasing opportunities for skills building in communication and collaborative problem solving within the B.Ed. program and professional development.
- Add transition specialist/parent support positions to improve the support to parents in navigating the inclusive education system, collaborating as members of the school team, and planning for transitions.
GOAL 2
Ensure that parents have a voice when decisions are made.

ACTIONS:

- Include a minimum of one parent of a student with special needs on each School Advisory Council.
- Include a parent of a student with special needs on the Regional School Advisory Councils.
- Include a parent of a student with special needs on the Provincial Advisory Council.
- Include a parent of a student with special needs on the governing body of the new Nova Scotia Institute for Inclusive Education (NSIIE).

Priorities for implementation in year one:

- Ensure parents of students with special needs are members of the School Advisory Councils, Regional School Advisory Councils, the Provincial Advisory Council, and the NSIIE
- Incorporate the home and school communication plan and the parents’ role in intervention in all IEPs
- Increase teachers’ time for student-focused collaborative practice and communication
Section 7

Inclusive Education Policy Framework

Our goal is to improve the classroom experience of all Nova Scotia students. This includes children with and without special needs. In our interim report, we recommended the creation of a consolidated policy for inclusive education. Since that time, we have found that other policies need to be replaced and new policies need to be developed. The creation of a new policy framework for inclusive education is essential to the successful implementation of a multi-tiered system of supports (MTSS) in schools. This new policy framework will serve as the vehicle for aligning, coordinating, and implementing MTSS, now and in the future.

The Case for Change

Nova Scotians consistently identified the need for major policy changes in inclusive education. They emphasized the importance of accountability, examining and clearly defining the purpose of inclusive education, and honouring the voices of the disability community. They want systemic and accountable policy change that results in improved educational outcomes for all students.

We heard the call for a new provincial policy for inclusive education that is student- and family-centred, respectful of regional differences, and developed through partnership and collaboration. We were also told of the need to cull outdated practices from policies and procedures and to streamline paperwork. Nova Scotia’s new policy for inclusive education must have clear and concise definitions, terminology, practices, and procedures. The need for a clear definition of inclusive education was emphasized.

Inclusive education is defined and described differently in education policies across the country (Towle, 2015). While current Nova Scotia policy highlights the coordination of support services for students with special needs within grade-level classrooms of neighbourhood schools, Newfoundland and Labrador adopts a different stance. They hold that, while inclusive education is typically associated with the inclusion of students with special needs in classrooms, it involves much more than student placement. Inclusive education embraces all students and involves all aspects of school communities, including culture, policies, and practices.
Alberta emphasizes instruction, rather than setting, is the key to success for students with special needs. In British Columbia, inclusive education means providing equitable student access to learning, achievement, and the pursuit of excellence in educational programs. Their special education policy states the practice of inclusion is not necessarily synonymous with full integration in regular classrooms. Rather, it goes beyond student placement to promote the meaningful participation and interaction of students in school programs. Saskatchewan promotes a needs-based model of inclusive education focused on the strengths, abilities, and needs of individual students and MTSS. Similarly, Ontario recognizes that every student is unique and requires educational opportunities tailored to their interests, abilities, and goals. Yukon also promotes a student-centred approach in which students’ strengths and challenges are central to decision making. Northwest Territories describes inclusive schooling as a means of ensuring all students have their diverse needs met in a responsive, accepting, respectful, and supportive way.

In developing a new definition and vision of inclusive education for Nova Scotia, we examined other jurisdictions’ policies, current research, pertinent court decisions, and most important, the needs of Nova Scotia students.

As was noted earlier, we define inclusive education as public education that supports the learning, development, and well-being of all students in an equitable, efficient, and effective manner.

Consistent with MTSS and the history of inclusive education in our province, we recognize the vast majority of students will experience school success in the classroom through the core curriculum and core instruction. We also recognize some students require additional educational programs, services, interventions, and settings at various points in their schooling to meet their unique strengths and needs. This does not mean we endorse streaming or permanently assigning students to school placements and/or programs. On the contrary, we are recommending students have access to the fluid and flexible learning supports provided in the three tiers of MTSS as they progress through school. These supports are of varying intensity, duration, and location, and are continually adjusted on the basis of student progress.

Policy reform is needed to support the fundamental shift from trying to fit students into traditional programs and placements, to fitting educational programming to students’ unique strengths and needs.

We have reviewed the provincial and school board policies and guidelines currently in place for special education and student services in Nova Scotia. We were struck by the fact that we are a small province with a large number of policies. In the seven English school boards, we counted approximately 200 policies, guidelines, and procedures listed under the headings of student services and/or special education. At the department level, approximately fifty policies, guidelines, and supporting documents were found for special education and student services on the DEECD website. This extensive policy framework represents a great deal of hard work and innovation on the part of many partners in education since inclusion was first introduced in 1996. However, it has become cumbersome for students, parents, and educators to navigate.
The other striking feature of the current policy framework is, despite the many documents currently in place, key policies and guidelines are missing. For example, Nova Scotia does not have an interdepartmental policy for the provision of programs and services to public school students by DEECD, and the departments of Health and Wellness (DHW), Community Services (DCS), and Justice. These exist elsewhere (Towle, 2015). We lack provincial strategies and supporting policies for behaviour, mental health, and autism spectrum disorder, which rank among the most pressing areas of student need in our classrooms today. Some policy documents exist, but are outdated, including the provincial guidelines for teacher assistants.

For all these reasons, a new inclusive education policy framework must be developed and implemented as a core element in the new model of inclusive education. This policy framework encompasses programs, services, and supports from multiple government departments to successfully meet the needs of Nova Scotia students. Without question, the behaviour, mental health, and autism strategies and programs will rely upon strong interdepartmental collaboration and coordinated service delivery. Education cannot do it alone.

Specific policy changes will be starting points for comprehensive and collaborative policy reform. The changes we present here do not represent a complete list. However, they highlight key policy reforms aimed at improved educational programming and outcomes for Nova Scotia students. Key changes will include

a. replacing the provincial Special Education Policy (2008) and related school board policies with one, consolidated Inclusive Education Policy;

b. replacing the Teacher Assistant Guidelines (2009) with updated provincial guidelines;

c. replacing the Provincial School Code of Conduct (2015) with a Safe and Inclusive Schools Policy as part of a provincial Behaviour Strategy;

d. replacing the provincial guidelines for Developing and Implementing Programming for Students with Autism Spectrum Disorder (2012) with updated guidelines as part of a provincial Autism Strategy;

e. creating Mental Health Guidelines as part of a provincial Mental Health Strategy; and

f. creating an interdepartmental policy for the provision of programs and services to public school students by the DEECD, DHW, DCS, and Justice.
Inclusive Education Policy

The provincial special education policy is the engine that drives programming and services for students with special needs in Nova Scotia. It describes the funding mechanisms, program-planning process, adaptations, IPPs, and many other aspects of educational programming for students with special needs. Throughout our public consultations, Nova Scotians expressed a variety of concerns with these aspects of the current policy and clearly communicated that major policy changes are required. Research completed for the commission by the Office of Service Nova Scotia also identified significant shortcomings in the implementation of the current policy, including widespread confusion and inconsistency in how program planning, adaptations, and IPPs are interpreted and implemented.

As outlined in the comparison chart below, we need to move to an inclusive education policy that addresses these areas of concern as part of comprehensive policy reform.

Moreover, the new inclusive education policy framework should be made readily available to Nova Scotians via one consolidated online handbook, similar to those in British Columbia, Newfoundland and Labrador, and other jurisdictions.
### CURRENT
Special Education Policy

- Special education policy for students with special needs
- Provincial/school board policies
- Eight-step program-planning process
- Funding based on student enrolment
- Record-keeping requirements
- Inclusion defined in relation to equality in student placement in grade-level classrooms
- No glossary or procedural guide
- Outdated list of exceptionalities
- Some rights and responsibilities outlined for students, parents, and educators
- One common continuum of programming options for all grade levels and student needs
- Two individualized programming options: adaptations and individual program plans (IPPs)
- Multiple documents to navigate (students, parents, teachers, administrators)

### NEW
Inclusive Education Policy

- Inclusive education policy for all Nova Scotia students
- One consolidated provincial policy
- Four-step program-planning process
- Funding based on student enrolment and student needs
- Streamlined documentation
- Inclusive education defined in relation to equity in student programming through varied programs, services, and settings
- Glossary, procedural guide, templates and handbook to support the implementation of MTSS
- Updated/expanded list of exceptionalities
- Detailed roles and responsibilities outlined for students, parents, educators, government departments, and agencies
- Multi-tiered supports that are responsive to diverse student needs in elementary, junior high, and high schools
- Three individualized programming options: accommodations, modifications, individual education plans (IEPs)
- A single, integrated policy framework available to all online
Teacher Assistant Guidelines

Varied opinions on teacher assistant services were communicated to the commission in the course of our public consultations. While there was general agreement teacher assistants provide valuable contributions to programming for students with special needs, several concerns were also raised. For example, Nova Scotians told us teacher assistant training is inconsistent, their qualifications vary widely, and the quality of support provided to students is sometimes uneven. In addition, the allocation of teacher assistant support varies from one part of the province to another, creating confusion and frustrations for parents and school administrators trying to secure needed supports for students. Teachers and administrators reported teacher assistants are being increasingly called upon to perform medical procedures, such as catheterization, diabetes monitoring, and tube feeding, without adequate training, supervision, or support by qualified health-care professionals. Additionally, many Nova Scotians indicated the roles, responsibilities, and qualifications of teacher assistants need to be updated to ensure students receive consistent, effective support, and teacher assistants receive enhanced training, continuing education, and supervision to support them in their demanding work. The need for adequate training, supervision, and support for teacher assistants has also been identified in research (Butt & Lowe, 2012; Fisher & Pleasants, 2012; Webster, Blatchford, Bassett, Brown, Martin & Russell, 2010).

Studies of teacher assistant services in Canada and elsewhere flagged concerns regarding the rapid increase in teacher assistants, and calls have been made for more careful analysis of their roles and effectiveness in supporting students with diverse needs (Giangreco, Doyle & Suter, 2014). This finding is pertinent to Nova Scotia, where the number of teacher assistants has grown to the point where it consumes approximately one-third of all special education funding. In their review of the research on teacher assistant services, McDonnell & Jameson (2014) concluded teacher assistant services should be a) one component of school-wide supports for students with special needs that are coordinated with other services and regularly evaluated, b) blended with other supports as part of program planning, c) supplemental to, and not replacements for, other classroom supports for learning, and d) supervised and supported by the teachers and specialists who design, monitor, and evaluate educational programs provided to students with special needs. Generally speaking, research shows teacher assistants require additional supports to perform their often-challenging duties as paraprofessionals, including
• clearly defined job descriptions
• high-quality preparation, continuing education, and on-the-job training
• regularly scheduled time to collaborate with teachers
• informative feedback on their work
• access to advanced training in areas such as behaviour management
• the support and direction of teachers who have been taught how to work effectively with teacher assistants

Based on the findings of public consultation and current research, we are recommending that the existing teacher assistant guidelines be replaced by updated guidelines, as outlined in the comparison chart below. As noted in the section on practical, specialized staff education, it is essential that teachers and administrators learn how to work with and supervise teacher assistants as part of their B.Ed. programs, leadership preparation, and professional development programs.
### CURRENT
Teacher Assistant Guidelines (2009)

- Qualifications: high school completion certificate or equivalent; recognized diploma or certificate
- Varied continuing education opportunities across the province
- Varied school board processes for hiring, assignment, allocation, supervision, and performance appraisal
- Varied titles, working conditions, hours of work, and pay across the province
- Job description restricted to personal care and safety/behaviour management support
- No reporting to parents and guardians or outside agencies
- Roles and responsibilities of teachers and principals regarding working with teaching assistants are outlined

### RECOMMENDED
Teacher Assistant Guidelines

- Qualifications: high school completion certificate; standard post-secondary training requirements, including specific knowledge, skills, and competencies
- Ongoing continuing education and professional development for all teacher assistants across the province
- Common provincial processes for hiring, assignment, allocation, supervision, and performance appraisal
- Standard title, working conditions, hours of work, and pay
- Job description updated to reflect duties at Tiers 1, 2, and 3, and expanded to include support for individualized educational programming
- Establish protocol for teacher assistant communication with parents and guardians with prior approval and under the supervision of teachers and/or administrators
- A chart that compares and contrasts the roles and responsibilities of teacher assistants, teachers, administrators, education specialists, and outside professionals (e.g. health-care professionals)
Behaviour

Nova Scotia’s Provincial School Code of Conduct Policy has been in place since 2015. This ministerial policy replaced provincial, school board, and school codes of conduct. It defines key terms; describes safe and inclusive learning environments; outlines various roles and responsibilities; lists acceptable standards of behaviour; and differentiates between approved and forbidden responses to unacceptable student behaviours. As we travelled around the province, educators repeatedly told us that the policy is inadequate. For example, although the policy outlines acceptable responses to student behaviour, it does not address the need for universal prevention and individualized behaviour support and interventions. Other identified limitations included the lack of clarity regarding behavioural expectations for students with special needs, and the lack of developmentally appropriate behaviour expectations for students at different grade levels. We also heard from many teachers and administrators that the documentation process for recording behaviour incidents electronically is cumbersome, time-consuming, and produces data of limited practical use. These are serious shortcomings given the frequency of behaviour challenges reported at all grade levels in our public schools and the concerns outlined in Section Two.

Nova Scotia needs a comprehensive provincial Behaviour Strategy that:

- emphasizes prevention;
- promotes early identification and intervention;
- provides professional development for teachers, administrators and teacher assistants;
- features Tier 1, 2 and 3 behavioural supports and interventions; and
- includes interagency programs, services and interventions for students with severe behavioural challenges.

As noted earlier in this report, preparation programs and professional development activities that equip teachers, administrators, and teacher assistants to address behavioural challenges are essential to building school capacity for meeting student behavioural needs.
## CURRENT
### Behaviour Supports
- Provincial School Code of Conduct (2015)
- General teacher, administrator, and teacher assistant preparation in classroom management and student discipline
- General teacher education programs
- Varied behavioural adaptations, programs, supports, and initiatives implemented across the province
- Lack of targeted provincial funding for behaviour support teachers

## RECOMMENDED
### Provincial Behaviour Strategy
- Safe and Inclusive Schools Policy collaboratively developed
- Wraparound services approach
- Emphasis on prevention, early identification, and behavior intervention at three tiers within MTSS
- Universal behavioural expectations taught to all students at Tier 1
- Shift in emphasis from behavioural consequences to behaviour prevention, identification, and intervention at Tiers 1, 2, and 3
- Developmentally appropriate behavioural expectations for elementary, middle/junior high, and high schools
- Appropriate behavioural expectations for students with special needs
- Streamlined documentation of behaviour incidents
- Practical, specialized staff preparation and continuing education in prevention, assessment and intervention for behavioural challenges at Tiers 1, 2, and 3
- Specialized teacher education programs (certificate, diploma, degree) to prepare behaviour support teachers in Nova Scotia
- Provincial implementation of evidence-based, school-wide behaviour programs and individualized behavioural supports at Tiers 1, 2, and 3
- Targeted provincial funding for behaviour support teachers
CURRENT Behaviour Supports | RECOMMENDED Provincial Behaviour Strategy
---|---
• Lack of targeted funding for alternative programs | • Targeted provincial funding for alternative programs
• Lack of interagency programs and services for students with severe behavioural challenges | • Interministerial and interagency agreement for the provision of behaviour intervention programs and services to students
• Lack of intensive, health-care intervention and treatment programs for severe behavioural challenges for students with developmental disorders | • Establishment of short-term inpatient and outpatient treatment programs in Cape Breton and Halifax to address severe behavioural challenges in the context of developmental disorders
• Wait lists for functional behavioural assessments and individual behaviour support plans from school psychologists | • Increased capacity for individualized functional behaviour assessment and programming through the recruitment and retention of qualified specialists, including additional school

Mental Health

As described in Section Two, student mental-health issues and inadequate interagency supports to address them emerged as a major theme in our work as a commission. Nova Scotia needs to develop and implement a comprehensive, provincial Mental-health Strategy as part of the MTSS. Mental-health prevention, assessment, and intervention supports will be provided to Nova Scotia students at Tiers 1, 2, and 3. Once again, the steps presented in the table below are not exhaustive, but serve as starting points for collaborative policy development and implementation.
<table>
<thead>
<tr>
<th><strong>CURRENT</strong></th>
<th><strong>RECOMMENDED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental-health Supports</strong></td>
<td><strong>Provincial Mental-healthStrategy</strong></td>
</tr>
<tr>
<td>• Lack of provincial mental-health guidelines or policies</td>
<td>• Development of provincial Mental-health Guidelines for Nova Scotia public schools</td>
</tr>
<tr>
<td>• Mental-health services delivered by various school and interagency professionals</td>
<td>• Consistent wraparound services approach</td>
</tr>
<tr>
<td>• Some mental-health literacy programs implemented</td>
<td>• MTSS – 3 Tiers</td>
</tr>
<tr>
<td>• Partial implementation of varied social-emotional learning programs</td>
<td>• Interministerial and interagency collaboration and clarification of roles and responsibilities</td>
</tr>
<tr>
<td>• Inconsistent teacher preparation and professional development regarding student mental health and how to support it in their classrooms</td>
<td>• Evidence-based mental-health literacy built into the revised provincial curriculum and included in core curriculum and instruction for all students at Tier 1</td>
</tr>
<tr>
<td>• Guidance counsellors’ and school psychologists’ caseloads too large; more specialists required</td>
<td>• Universal implementation of evidence-based social-emotional learning programs as part of the revised provincial curriculum for all students at Tier 1, starting at school entry</td>
</tr>
<tr>
<td></td>
<td>• Uniform, evidence-based teacher preparation on mental health in all B.Ed. programs and ongoing teacher professional development in mental-health promotion and prevention</td>
</tr>
<tr>
<td></td>
<td>• Adjust the guidance counsellor ratio from 1:500 students to 1:400 students</td>
</tr>
<tr>
<td></td>
<td>• Adjust the school psychologist ratio from 1:1800 to 1:1500</td>
</tr>
</tbody>
</table>
Autism Spectrum Disorders

Although many public education systems in Canada do not recognize autism as a separate category of exceptionality (Smith, Polloway, Patton, Dowdy & McIntyre, 2015), we have added autism spectrum disorder to the updated list of exceptionalities for Nova Scotia to reflect its increasing prevalence and priority in our schools. Multiple Canadian provinces and territories have introduced provincial strategies to support children and youth with autism spectrum disorder and their families and to provide comprehensive and integrated programs, supports, and services.

Several government departments in Nova Scotia provide components of diagnostic, intervention, and support services for children and youth with autism spectrum disorder and their families. However, there is a need for more coordinated and comprehensive autism services that are child- and family-centred and accessible in classrooms and schools. Participants at our public workshops highlighted the need for specialized professional programs to train autism spectrum disorder specialists and to provide teachers, teacher assistants, and administrators with the professional development necessary to meet the needs of students with autism. The recommendation was that all teachers learn about autism spectrum disorder and evidence-based strategies for teaching students with autism as part of their B.Ed. programs. Many workshop participants emphasized that more supports for students with autism, and the classroom teachers who work with them, are required in our schools. There were repeated calls for more school psychology, speech-language pathology, and behaviour intervention services to address students’ academic, mental-health, social-emotional, communication, and behavioural needs. Some of the most compelling input we received was from the parents of children with autism who described the devastating impact of inadequate autism intervention and treatment on their children and their families.

The findings of public consultations were echoed in the written submission of Autism Nova Scotia to our commission. They identified many aspects of our current system that are working well for students with autism, but also flagged areas where improvements are required. Their recommendations to improve educational programming for students with autism included

- specialized professional programs to train autism specialists
- more qualified resource teachers, school psychologists, speech-language pathologists and occupational therapists and behavioural interventionists
- enhanced training and continuing education for teacher assistants
- more interagency transition services and supports for students completing high school
- improved staffing ratios for education specialists
- community college training programs for teacher assistants
RECOMMENDED
Provincial Autism Strategy


- Add regional autism specialists as a funded staff category, at a ratio of 1:5000.

- Provide evidence-based assessment, intervention, and treatment programs for students with autism by varied specialists in multiple government departments working collaboratively.

- Create supporting documents and procedures for the development and implementation of accommodations, modifications, and IEPs for students with autism in Nova Scotia schools.

- Include more programming options in the revised provincial curriculum that provide students with autism opportunities to build life skills and transition supports, especially at the high school level.

- Design and implement provincial preparation and professional development programs to educate teacher assistants, teachers, education specialists, and administrators about autism education.

These recommendations are consistent with the input of Nova Scotians, and the autism initiatives currently underway across the country. We are advocating the development and implementation of a comprehensive, provincial Autism Strategy that includes the suggested components outlined below as starting points for collaborative policy reform.
Interagency Services

As evidenced throughout this report, the significant number of students with academic, behavioural, mental-health, medical and/or complex needs has led to a heightened demand for interagency services in Nova Scotia schools.

The work completed to date on developing an Interministerial Service Model Policy for the joint provision of programs and services to public school students and their families in Nova Scotia needs to be finalized, as per Section Five. Policies, procedures, and processes should promote collaborative student-centred service delivery. The following are some of the key elements:

<table>
<thead>
<tr>
<th>Interdepartmental Policy and Protocols</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Create and enact a grid of the roles and responsibilities of each government department for the funding and provision of programs and services to children and youth, including designated responsibilities as part of the provincial autism, behaviour, and mental-health strategies</td>
</tr>
<tr>
<td>• Develop information-sharing protocols between schools and outside agencies</td>
</tr>
<tr>
<td>• Coordinate and streamline referral and consent processes for interdepartmental programs and services</td>
</tr>
<tr>
<td>• Create and implement a protocol for the joint provision of intensive programs and services to students with severe, complex needs</td>
</tr>
<tr>
<td>• Develop and implement an interdepartmental protocol for children and youth in care to ensure they do not fall through system cracks</td>
</tr>
<tr>
<td>• Facilitate joint professional development and team collaboration to support student-centred service delivery among educators and outside professionals</td>
</tr>
<tr>
<td>• Expand the co-location of interdepartmental programs and services in public schools and increase technology supports for long-distance collaboration</td>
</tr>
<tr>
<td>• Develop and implement standards, provincial procedures, and processes for the provision of specific programs and services to the school-aged population, including regional nursing services, and OT/PT services</td>
</tr>
</tbody>
</table>
Section 8
Leadership, Oversight, and Strategic Plan

Supporting Change

The successful implementation of system-wide change will take time and will impact everyone in the public education system. Widespread adoption of universal design for learning (UDL), formalization of tiered intervention, and the development of MTSS resources, policies, and procedures realistically require a multi-year plan to effectively provide the understanding, structure, and supports required. It will also take time to train and hire the full complement of skilled professionals and paraprofessionals needed to implement the new model of inclusive education. Indeed, research shows that full adoption of MTSS takes two to six years. We will need a gradual, phased-in implementation process built on strong supports.

Attention to the process of change will be particularly important in view of the multiple initiatives being undertaken in the Nova Scotia education system that require alignment at all levels. Leadership is critical because educational change is complex (Century & Cassata, 2016). The reality of public education is that unanticipated events often occur in nonlinear and chaotic ways that demand rapid responses (Duffy and Hampton 2003). Therefore, the realization of the new model of inclusive education will require ongoing monitoring, feedback, communication, transparency, and flexibility to make adjustments in response to the unexpected events and unforeseen obstacles that will undoubtedly occur.
Such a significant degree of change will not happen without attention to the processes and engagement necessary for success. Educational change requires attention to a) policy components, b) the supports required to implement the policy, and c) the associated challenges faced by policy users (Century & Cassata, 2016). The array of needed supports includes operational planning, resource provision, professional development, mentoring, strategic planning, and evaluative processes. Most important, implementation must provide additional supports to students, teachers, and parents in a positive way that does not overwhelm them or overtax an already strained system.

The purpose of this strategic plan is to provide a framework for timely, organized and integrated implementation of the new model of inclusive education.

Leadership, Oversight, and Accountability

A lack of attention to effective and sustained implementation has resulted in the failure of other systems to successfully implement educational reform. We want to ensure the student-centred, needs-based model of inclusive education is fully actualized and sustained by becoming
embedded in the culture of Nova Scotia (Bishop, O’Sullivan & Berryman, 2010). We also want to build on the important work that has been accomplished through the collaboration by stakeholders as part of this year-long process.

The creation of a leadership and oversight structure is the first step in the strategic plan. We recognize that within the DEECD there are already leaders in special education and an advisory structure, the Special Education Programs and Services Committee (SEPS). The current Special Education Policy states the (DEECD) “ultimately, decides on SEPS membership, role, mandate, and terms of reference.” The commission’s mandate includes providing recommendations on accountability and a mechanism for the regular review of inclusive education. These are critical. We believe that an arms-length body is required to provide the leadership and oversight necessary to ensure that the new model of inclusive education is fully and successfully implemented in our schools.

We therefore support the establishment of a **Nova Scotia Institute for Inclusive Education** (NSIIE), the composition and mandate of which would be fixed in statute. NSIIE will be hosted and supported by DEECD but operate at arm’s-length. It will provide oversight, a forum for shared leadership, and a review mechanism for monitoring, measuring, and reporting to the public on the outcomes achieved. The mandate of NSIIE will include

- establishing benchmarks, outcome measures, and the process for measurement to assess how well inclusive education is working in the province for students, educators, administrators, parents, and the public;
- reviewing the results and making recommendations for improvement;
- overseeing the audit of inclusive education costs and developing a needs-based funding formula in 2020–2021;
- reviewing staffing ratios in 2020–2021;
- reviewing the Tuition Support Program in 2020–2021;
- evaluating the implementation of inclusive education in 2021–2022;
- supporting and monitoring changes in preservice teacher education programs (B.Ed.), leadership preparation programs, and professional development to meet the needs of inclusive education. Priority topics include
  - implementation of universal design for learning
  - tiered intervention
  - behaviour support;
- contributing to the development of the new inclusive education policy framework and providing input regarding the policies and procedures of the DEECD and other government departments from the perspective of inclusive education;
• serving as a resource to other bodies/organizations in the province on inclusive education;
• creating an annual report to the public on the status of inclusive education in the province; and
• supporting innovation and research in inclusive education in areas that include
  - evidence-based assessment and intervention practices for each tier of supports in MTSS
  - culturally responsive assessment, instruction, and intervention practices
  - equitable and effective educational programming and supports tailored to culturally diverse learners, including African Nova Scotian and Indigenous students
  - required supports for newcomers, including English as an Additional Language
  - trauma-based behavioural and mental-health challenges and appropriate interventions
  - the impact of poverty on student success
  - evidence-based co-teaching and collaborative practices in MTSS, especially at Tier 1
  - evidence for best models of wraparound services
  - effective intra- and interagency processes, procedures, and agreements that break down silos and facilitate student- and family-centred service provision.

An Executive Director of Inclusive Education, appointed by the DEECD, will be part of the NSIIE and work collaboratively with other educational leaders to ensure the new model of inclusive education becomes a reality. The NSTU and the DEECD will co-appoint an independent chair of the NSIIE. The membership of the nine-member NSIIE will include

• the appointed independent chair
• the Executive Director of Inclusive Education
• a representative from the NSTU
• a representative from the deans of the Nova Scotia schools of education
• a teacher
• a school administrator
• a parent of a student with special needs
• a representative from the Council on African Canadian Education
• a representative from the Council on Mi’kmaq Education

The NSIIE will conduct ongoing evaluations and reviews. By the end of the 2020–2021 school year, a financial audit will be conducted to inform the transition of the funding formula for inclusive education from an enrolment-based formula to a needs-based model, and reviews will be completed of staffing ratios, the Tuition Support Program, and the provisions for complex classrooms. During the 2021–2022 school year, the implementation of the new model of inclusive
education will be evaluated and inform adjustments to implementation strategies. NSIIE will provide a report to the public on the progress made, issues arising, and future directions at the end of each school year.

Stages of Implementation

Education systems across Canada and the United States have approached the implementation of inclusive education, including MTSS, in different ways. The growing body of research on implementation science provides helpful guidelines, especially with regard to the stages of implementation (Brown-Chidsey & Bickford, 2016; Howery, McLellan & Pedersen-Bayus, 2013; Kampwirth & Powers, 2016; McIntosh & Goodman, 2016; McIntosh, MacKay, Andreou, Brown, Mathews, Gietz & Bennett, 2011; Sailor, 2015; Saskatchewan Ministry of Education, 2015; 2017). These stages of implementation provide a framework for coordinated actions within a sequential timeline. Based on the research and our commission findings, the five stages of implementation for the new model of inclusive education/MTSS in Nova Scotia are:

**Stage One:**
**Exploration and Adoption: March 2018 – August 2018**
This stage focuses on building widespread understanding, broad support, and system capacity for the new model of inclusive education, including MTSS. Implementation cannot proceed without the acceptance and support of key stakeholders in public education. A clear vision that explains the direction, the rationale, and the goals is vital. All stakeholders are provided with well-defined explanations of MTSS, why it is being adopted, how it will make a positive difference in our classrooms, and the plan for roll-out in Nova Scotia schools. The communication of this essential information continues throughout all stages of implementation.

Different options are explored and decisions made regarding how best to move forward. NSIIE is established, collaborative leadership teams are struck. MTSS and other change initiatives in public education are aligned and coordinated. Budgetary decisions are made, and funds and resources allocated. Work starts on establishing the supporting structures for implementation that are the focus of Stage Two.

**Stage Two:**
**Installation: September 2018 – August 2019**
This stage focuses on the creation of system-wide supports for MTSS in the areas of funding and resources, professional development, interagency collaboration, home/school partnership, and policy. The roles and responsibilities of all parties involved in implementation are established; shared terminology, procedures, and practices are developed; and all staff receive professional development in the new model of inclusive education. Adequate time and preparation are crucial, and it is generally recommended that schools have at least one year of planning before implementation of MTSS begins (Brown-Chidsey & Bickford, 2016).

During this time, supports will be added to Nova Scotia schools to assist students, parents, and teachers currently in the system. Priority behavioural, mental-health, and student medical...
needs will be addressed through an early infusion of additional staff, funding, resources, and supports at Tiers 2 and 3, beginning in September 2018.

**Stage Three:**
**Implementation: September 2019 – August 2020**
This stage focuses on enacting change in schools. The implementation of the new inclusive education policy framework and MTSS begins in designated regional centres and schools with appropriate resources, supports, and ongoing professional development. This includes putting into action new provincial strategies for behaviour, mental health, and autism. Obstacles to effective implementation are identified and overcome. Successful strategies and practices are documented and tracked to inform provincewide implementation. Learning how to implement MTSS in the Nova Scotia context is vital.

**Stage Four:**
**Expanded Implementation: September, 2020 – August, 2022**
This stage focuses on expanding and strengthening implementation in schools and classrooms and embedding the new model in the education system. Based on the lessons learned and successes achieved, the implementation of the new inclusive education policy framework and MTSS is expanded across the province. As further information is collected on what works well in our school system, the implementation plan is continually refined and the supporting structures are enhanced. At this stage, MTSS becomes an established practice in Nova Scotia schools as implementation continues. MTSS becomes an embedded component in educational policies, teaching and leadership standards, school improvement planning, staff performance appraisals, job descriptions, hiring practices, and all forms of professional development and learning. The implementation of the new inclusive education policy framework and MTSS is evaluated to determine their effectiveness, especially in terms of student success.

**Stage Five:**
**Continuous Improvement and Sustainability: September 2022+**
This stage focuses on the long-term feasibility and sustainability of the new model of inclusive education. Based on the evaluation findings and related data, the implementation of MTSS is adjusted to ensure effectiveness, efficiency, feasibility, and sustainability in the long-term. At this stage, the focus is on making MTSS more effective in achieving positive student outcomes, easier to implement, and more long-lasting in complex classroom and school environments. Strong leadership is required to maintain momentum and focus on student needs and student success. All supporting structures—funding, professional development, interagency collaboration, home/school partnership, and policy—must be maintained and reinforced to support ongoing improvements (based on Brown-Chidsey & Bickford, 2016; Kampwirth & Powers, 2016; McIntosh & Goodman, 2016; Sailor, 2015).
Implementation Strategies

Many different strategies for implementing inclusive education and MTSS have been used in other education systems and described in the research. This strategic plan features two main strategies:

1. Building on Successes
2. Breaking down Barriers

Building on Successes
We have seen and heard about a variety of creative inclusive education innovations, programs, and practices already in place and making a positive difference in our schools. We recognize the tremendous progress already achieved through the hard work and dedication of past and present students, parents, and educators. The skill, dedication, and commitment of teachers was often described to us as one of the great strengths of our school system. Nova Scotians told us of many things that are working well in inclusive education and should be maintained and reinforced. For example, in parent focus groups conducted across the province, there was strong support for inclusive education and inclusive classrooms as a means to create a more accepting and understanding society. Inclusive education was acknowledged as providing children and youth with important opportunities for social development. As well, parents reported inclusive education promotes a sense of belonging and reduces the stigma associated with having an exceptionality. In the words of one parent: “It’s an absolutely wonderful idea. I don’t think it should ever go back to the old system.”

Among the identified strengths of the current model of inclusion were:

✔ siblings being educated together in the same school, regardless of special needs
  ✔ the availability of adaptive equipment
  ✔ greater effort placed on conducting assessments
  ✔ opportunities for socialization and peer modelling
  ✔ student access to additional resources and instructional methods
  ✔ one-to-one support in resource rooms and learning centres
  ✔ highly knowledgeable and skilled teachers and support staff
  ✔ the incorporation of individualization into school programming
  ✔ more children being properly diagnosed compared with years ago
At public workshops, participants told us early intervention is working well, inclusive schools promote a sense of community, and great strides have been made toward equality and equity in education. Other strengths highlighted included the dedication, empathy, and skill of teachers and the positive aspects of specific programs such as the International Baccalaureate and the Tuition Support Programs.

The students who completed the online survey had many positive things to say about their schools. As shown below, more than three-quarters of students agreed their schools were safe and welcoming places where the adults want them to do well, they get to learn from peers, diverse views are respected, and there are many extracurricular activities.

**STUDENT EXPERIENCE**

The extent (%) to which students agreed and somewhat agreed to the statements below.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agreement (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>At my school, all students are welcomed</td>
<td>85%</td>
</tr>
<tr>
<td>All of the adults at my school want me to do well</td>
<td>85%</td>
</tr>
<tr>
<td>At my school, I get to learn from and work with other students in my class</td>
<td>84%</td>
</tr>
<tr>
<td>At my school, it is okay if I have different views than others</td>
<td>83%</td>
</tr>
<tr>
<td>I feel safe and welcome in my school and classroom</td>
<td>81%</td>
</tr>
<tr>
<td>My school has lots of programs and activities for me to participate in</td>
<td>81%</td>
</tr>
<tr>
<td>(outside of regular classroom time)</td>
<td></td>
</tr>
</tbody>
</table>

Innovative programs and practices are already established in individual schools. We had the privilege of witnessing first-hand some of these in schools around the province, including:

- innovative classroom teaching and assessment practices
- classroom learning materials that reflect and promote diversity
- a transition-support program for children entering primary
- a behaviour-intervention program for elementary students
- intensive mathematics intervention in early elementary grades
- programs for teaching young children social-emotional skills and self-regulation
• intensive middle/junior high school intervention programs for mathematics and literacy
• varied life skills and learning centre programs tailored to the elementary, middle/junior high school, and high school levels
• alternative high school programs that enable students to graduate

The strategic plan for implementing the new model of inclusive education will expand upon what is working well with the current model of inclusion for the benefit of all students, at all grade levels, in all schools across the province.

Breaking Down Barriers
The multiple barriers to inclusive education described in this report create major hurdles that must be overcome to achieve progress. Some of the main barriers in our province include

• insufficient funding, resources, and qualified staff
• challenges with class composition (increasing number and severity of student needs)
• insufficient in-class supports for students and teachers
• inadequate time for teaching, collaboration, and home/school communication
• long wait lists for student assessments
• excessive teacher workloads
• lack of interagency programs and services
• ineffective staff professional development
• lack of accountability and transparency
• uneven student, parent, and teacher access to essential supports in rural and urban areas
• silos

Some of the most powerful and entrenched barriers to inclusive education are the many silos that exist within and between schools, DEECD, other government departments, and community agencies. We must do a much better job of protecting the best interests of children and youth instead of protecting the policies and procedures of government departments and institutions.

It will take time, action, and the commitment of everyone involved to break with the past and work toward a better future for our students. To this end, the organization and processes of DEECD require realignment to support inclusive education and the implementation of MTSS. Currently, the needs of students with exceptionalities are, at times, an afterthought to the
development of programs, policies, assessments, and curriculum. The internal silos that separate staff within the department and at the regional offices must be eliminated in favour of collaborative and collegial practices for aligning, developing, and implementing educational change. New administrative structures and processes must support inclusive education and reflect the MTSS model of teamwork, integration, and collaboration.

Successful implementation begins with the end in mind. Our vision is to move from a fragmented and under-resourced education system that does not meet the needs of all students to a unified and well-resourced education system that supports teaching, learning, and the success of all students and is a leader in inclusive education.

Implementation Timeline

To build on successes, break down barriers, and implement the new model of inclusive education in a timely and evidence-based manner, multiple actions must be taken in a coordinated and sequential way over the next five years. The timeline presented below does not contain all of the specific actions described in Sections One through Seven, but, instead, provides a schedule for key steps in each of the five stages of implementation. The schedule and actions provide benchmarks for planning, implementation, and evaluation.
<table>
<thead>
<tr>
<th>STAGE OF IMPLEMENTATION</th>
<th>TIMELINE</th>
<th>KEY ACTIONS</th>
</tr>
</thead>
</table>
| STAGE ONE EXPLORATION AND ADOPTION | April – August 2018 | ✓ Establish Nova Scotia Institute for Inclusive Education (NSEII)  
✓ Strike interagency Professional Development Committee in NSIE  
✓ Appoint Executive Director of Inclusive Education in the DEECD  
✓ Establish provincial and regional MTSS lead teams  
✓ Appoint parents of students with special needs to Provincial Advisory Council, Regional Advisory Councils, School Advisory Councils, and NSIIE governing body  
✓ Appoint representative of the disability community to Provincial Advisory Committee  
✓ Develop Inclusive Education Policy Framework, including new behaviour, mental-health, and autism strategies and guidelines  
✓ Develop Cape Breton and Halifax Intensive Treatment Programs  
✓ Recruit additional education specialists for September 2018  
✓ Improve TIENET and reduce teachers’ paperwork and clerical work  
✓ Further align major change initiatives in public education with MTSS  
✓ Department of Health and Wellness allocates funding and resources for health-care services in schools  
✓ Enact funding agreements with other government departments  
✓ Incorporate inclusive education in teaching and leadership standards  
✓ Commence research into evidence-based practices for MTSS in Nova Scotia |
<table>
<thead>
<tr>
<th>STAGE OF IMPLEMENTATION</th>
<th>TIMELINE</th>
<th>KEY ACTIONS</th>
</tr>
</thead>
</table>
| STAGE TWO               | September 2018 | ✓ Begin expansion of Tiers 2 and 3 supports for students  
✓ Hire more specialists through the phased-in implementation of the revised staffing ratios, including 30 behaviour support teachers; 12 school psychologists, 12 regional school health nurses  
✓ Add 12 alternative programs in middle/junior high schools and high schools  
✓ Fund 400 school psychology and 200 speech-language pathology student assessments  
✓ Add $5 million to address complex classroom needs  
✓ Fund and launch a behaviour intervention training program for teachers  
✓ Fill specialist positions with qualified personnel only, including learning support teachers and guidance counselling positions  
✓ Maintain class caps as per Bill 75 and the 2017 recommendations of the Council to Improve Classroom Conditions  
✓ Maintain the Tuition Support Program  
✓ Launch Cape Breton and Halifax Intensive Treatment Programs |
<table>
<thead>
<tr>
<th>STAGE OF IMPLEMENTATION</th>
<th>TIMELINE</th>
<th>KEY ACTIONS</th>
</tr>
</thead>
</table>
| STAGE TWO INSTALLATION   | September 2018 – February 2019 | ✓ Complete development of the Inclusive Education Policy Framework, including all of the components  
✓ Complete internal realignment with MTSS model within DEECD  
✓ Explore alignment of the fiscal and school budget years  
✓ Streamline funding procedures and paperwork for inclusive education  
✓ Consolidate targeted grants with core special education funding  
✓ Explore the addition of educational audiologists for Nova Scotia schools  
✓ Professional Development Committee to develop paraprofessional and professional development activities and leadership modules for inclusive education  
✓ Senior Partnership Committee to finalize Interministerial Service Model Policy including all components  
✓ Senior Partnership Committee to develop programs for students with extraordinary care needs  
✓ Increase supports for partnership between home and school and parent participation in educational programming |
|                          | February 2019 – August 2019 | ✓ Provide staff with intensive professional development in the new policy framework and MTSS to support September 2019 launch  
✓ Implement leadership modules for inclusive education/MTSS  
✓ Align MTSS and the revised Public School Program  
✓ Strengthen Tier 1 supports |
<table>
<thead>
<tr>
<th>STAGE OF IMPLEMENTATION</th>
<th>TIMELINE</th>
<th>KEY ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAGE TWO INSTALLATION</td>
<td>February 2019 – August 2019</td>
<td>✓ Align SchoolsPlus model with inclusive education/MTSS&lt;br&gt; ✓ NSIIIE to develop tracking, reporting, and accountability procedures&lt;br&gt; ✓ NSIIIE to provide first annual report to the public</td>
</tr>
<tr>
<td>STAGE OF IMPLEMENTATION</td>
<td>TIMELINE</td>
<td>KEY ACTIONS</td>
</tr>
<tr>
<td>--------------------------</td>
<td>----------</td>
<td>-------------</td>
</tr>
</tbody>
</table>
| STAGE THREE IMPLEMENTATION | September 2019 – August 2020 | ✓ Begin implementation of the Inclusive Education Policy Framework and MTSS, including new behaviour, mental-health, and autism strategies, and interagency programs and services  
✓ Continue to expand Tier 2 and Tier 3 supports  
✓ Hire additional specialists through the phased-in implementation of the revised staffing ratios  
✓ Continue to develop and implement paraprofessional and professional development  
✓ B.Ed. programs to provide all students with enhanced coursework and practicums in inclusive education  
✓ NSCC to launch new program for preparing communication disorder assistants to work in Nova Scotia schools  
✓ NSCC to launch new teacher assistant education and continuing education programs  
✓ Professional Development Committee expands professional and paraprofessional learning options  
✓ Fund financial incentives for the recruitment and retention of education specialists  
✓ Department of Community Services and DEECD jointly fund enhanced high school transition supports |
<table>
<thead>
<tr>
<th>STAGE OF IMPLEMENTATION</th>
<th>TIMELINE</th>
<th>KEY ACTIONS</th>
</tr>
</thead>
</table>
| STAGE FOUR EXPANDED IMPLEMENTATION | September 2020 – August 2021 | ✓ Continue implementation of Inclusive Education Policy Framework, MTSS, and all related initiatives  
✓ Hire additional specialists through the phased-in implementation of the revised staffing ratios  
✓ Launch new specialized professional programs in Nova Scotia universities  
✓ Continue expansion of Tiers 1, 2, and 3 supports  
✓ Conduct audit of inclusive education costs to revise funding model  
✓ Continue to develop and implement paraprofessional and professional development  
✓ Review class caps  
✓ Review the Tuition Support Program  
✓ Review inclusive education infrastructure as described in this report  
✓ NSIIE to provide third annual report to the public  
✓ NSIIE to conduct formal evaluation of the implementation of inclusive education/MTSS, including the student results achieved  
✓ Evaluate and report on SchoolsPlus pilot programs for complex needs  
✓ NSIIE to provide fourth annual report to the public on implementation |
<table>
<thead>
<tr>
<th>STAGE OF IMPLEMENTATION</th>
<th>TIMELINE</th>
<th>KEY ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAGE FIVE</td>
<td>September 2022+</td>
<td>✓ Adjust implementation of the new model of inclusive education/MTSS in accordance with the findings of the formal review</td>
</tr>
<tr>
<td>CONTINUOUS</td>
<td></td>
<td>✓ Continue implementation of Inclusive Education Policy Framework, MTSS, and all related initiatives</td>
</tr>
<tr>
<td>IMPROVEMENT AND SUSTAINABILITY</td>
<td></td>
<td>✓ Hire additional specialists through the phased-in implementation of the revised staffing ratios</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Continue to develop and implement professional development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Conduct ongoing research into the implementation of inclusive education/MTSS in Nova Scotia schools and use the research findings to guide long-term implementation</td>
</tr>
</tbody>
</table>
The Commission on Inclusive Education was created a little over a year ago during a time—and to some degree as a result—of very real and understandable tensions, as well as a great deal of expressed concern about the challenges of meeting the high level of student needs in our schools.

The commission’s task was to step back and assess the status of inclusive education in the province. We worked to fully understand where the difficulties lie, but also to learn what is working well. In Nova Scotia, we have a strong foundation on which to build, including widespread commitment to the concept of inclusion itself, and hard-working and creative educators who have shown us innovative ways to address challenges.

We considered the experiences and the opinions of those studying and working within our schools, and applied the knowledge found in research and review of best practices in charting a way forward. This plan for the future of inclusive education is informed by our research, but most importantly, represents the distillation of the ideas, hopes, and dreams of thousands of Nova Scotians. Their extraordinary wealth of knowledge and commitment to bringing about change were truly inspiring.

We used what we learned to create a vision of how inclusive education can and should look in our province. Our hope is to see this vision realized so Nova Scotia becomes recognized as a leader in inclusive education—with teachers who feel engaged, effective, and supported, and all students reaching their full potential.

In the introduction to this report, we noted that helping all students reach their full potential is both the promise and the challenge of inclusive education. Originally, inclusive education referred to the education of students with special needs. However, it is more than that, because students’ learning and progress are affected by many different factors. Making our schools truly inclusive requires addressing issues of social inequity, valuing and promoting diversity of all types, breaking down barriers, and creating welcoming schools and classrooms that support the full membership, participation, and citizenship of all learners.

We must also continue as a province to increase our focus on children’s early years—before they enter school. By supporting parents and creating nurturing social networks and quality childcare and early education opportunities, we can ensure that our children enter the school system equipped for success.
Our commitment as a commission has been to offer solutions that will transform our system for the better. Strong diversity of views on inclusive education exists. We realize not everyone will agree with all aspects of the new vision, but we hope any differences in opinions will be respected and lead to further engagement and dialogue.

Nova Scotians will not wake up to a fundamentally reformed education system the morning after this report is released. This change will take time, resources, and collaboration. We have provided a strategic plan to guide implementation over the next five years. The new Nova Scotia Institute for Inclusive Education, including the Executive Director for Inclusive Education, will offer leadership, essential oversight, and a mechanism for accountability. Ultimately, however, it will take everyone working together to make this successful.

This has been a challenging, but ultimately rewarding task. We thank the citizens of Nova Scotia—but most particularly the students—for the privilege of doing this work on your behalf.

Appendices and a complete Bibliography for this report can be found at www.inclusiveedns.ca