INCLUSION SASKATCHEWAN
supporting people with intellectual disabilities

Exclusion Tracker

National Exclusion Tracker (NET):
Saskatchewan Snapshot

Exclusion in Education and Child Care/Out-of-School Care

September 2, 2025 to January 21, 2026

This document provides a Saskatchewan snapshot of the data from the National Exclusion Tracker, stewarded by the Family Support Institute of BC and promoted through Inclusion Saskatchewan. The methodology, historical development of the Tracker, definitions, and analytical framework are detailed in the *Interim National Findings Report*. The statistics below reflect Saskatchewan-based responses within the national dataset and are presented here for jurisdiction-specific review.

Overall Context

- There were **45 reports** from Saskatchewan from September 2, 2025 to January 21, 2026.
- Saskatchewan reports came from at least **18 communities** and **13 school divisions**, and across all K-12 grade levels.
- Saskatchewan represents **8.7% of all national reports**.
- Saskatchewan reports reflect at least **1,786 exclusion incidents** (days missed) from K-12 education since September 2, 2025.
- 42 Saskatchewan reports **(93.3%) were related to K-12 education**.
- Within SK reports, **informal**, **undocumented**, and **partial-day exclusions** are more common than formal suspensions, while **mental health and learning impacts** are the most frequently reported outcomes.

Scan the QR code here to read the
Interim National Findings Report
with data from across the country!

K-12 Education

Question: *What happened?*

Participants were able to select multiple options.

- Shortened hours - 51.72%
- Sent home early - 27.59%
- Excluded from activities - 24.14%
- Told not to attend - 20.69%
- No personal care support - 20.69%
- Isolated - 17.24%
- Segregated - 13.79%
- Medical exclusion - 13.79%
- Kept home - 13.79%
- Gradual entry - 10.34%
- No access to learning - 6.9%
- Seclusion - 6.9%
- Denied enrolment - 3.45%
- Formally suspended - 3.45%
- Other - 3.45%

Question: *What reason(s) were given for the exclusion?*

Participants were able to select multiple options.

- Behaviour concerns - 44.83%
- Lack of staff - 37.93%
- Cannot accommodate needs - 37.93%
- Funding limits - 31.03%
- Safety concerns - 31.03%
- No personal care support - 24.14%
- Focus on other students - 20.69%
- Untrained staff - 13.79%
- Other - 13.79%
- No medical support - 6.9%
- Space/facility limits - 3.45%
- No diagnosis - 3.45%
- Age/grade issue - 3.45%

Question: *What short- and/or long-term impacts did the exclusion have on your child/youth?*

Participants were able to select multiple options.

- Loss of learning or developmental opportunities - 75.86%
- Reduced sense of belonging - 65.52%

- Increased stress or anxiety - 62.07%
- Left without schooling - 51.72%
- Disruption of work or family life - 44.83%
- Low mood or depression - 41.38%
- Strain on relationships - 41.28%
- Serious impacts on mental health or wellbeing (eg. isolation, loss of hope) - 41.38%
- Escalation of disability-related conditions (eg. OCD, PDA, PTSD, etc.) - 27.59%
- Strain on finances - 24.14%
- Impact on physical health - 20.69%
- Other - 10.34%

Question: ***What short- and/or long-term impacts did the exclusion have on you as the caregiver and on your family?***

Participants were able to select multiple options.

- Increased stress or anxiety - 86.21%
- Disruption of work or family life - 75.86%
- Low mood or depression - 65.52%
- Strain on relationships - 58.62%
- Serious impacts on mental health or wellbeing (eg. isolation, loss of hope) - 51.72%
- Strain on finances - 48.28%
- Frequent absence from work - 41.38%
- Impact on physical health - 34.48%
- Had to reduce work hours - 34.48%
- Escalation of disability-related conditions (eg. OCD, PDA, PTSD, etc.) - 31.03%
- Lost employment - 13.79%
- Other - 13.79%
- Lost medical benefits - 10.34%

Child Care & Out-of-School Care

Of the 45 reports in the dataset, only 3 during this period relate to child care and out-of-school care. At this stage, the sample is not large enough to draw conclusions in Saskatchewan. However, the national dataset does show some emerging patterns that can be useful for looking at what needs to be addressed in Saskatchewan as well as across the country to improve accessible and inclusive care.