



“I just want to see my child thrive”

Parents pushing for equity and inclusion in the child care system in BC

A summary of research with BC parents of young children with support needs

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genuine belonging

exclusion or rejection SYSTEM NAVIGATION

difficult decisions **FULL PARTICIPATION**

Parents pushing for equity and inclusion in the child care system in BC FUNDING STRUCTURE
quality of life

systemic nature of exclusion

adult-child ratios **COMMUNICATION** *one-on-one worker*

do not fit in permitted on the condition

informal support

RE-ORIENTED TOWARDS EQUITY under-resourced

COMMUNICATION

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“His name is Riccardo. I think people reading the report should see names to these amazing children.”

– Parent participant¹

¹ Riccardo's parent explicitly requested and consented to the use of his image and first name here.

Executive Summary

In 2021, Employment and Social Development Canada (ESDC) initiated and funded research in three provinces – British Columbia (BC), Nova Scotia, and Quebec – focused on parents’ experiences of accessing or trying to access formal child care for their children ages zero to four. The purpose of this report is to summarize the findings from the research conducted in BC.

Inclusive child care in BC is at a critical tipping point. The provincial government’s championing of universal child care has placed increasing demands for more early childhood educators (ECEs) and child care spaces. As highlighted in this report, this demand coupled with the lack of a provincial policy or framework on inclusive child care within a universal child care system is having unintended harmful consequences for young children with support needs and their families whose barriers to childcare are amplified in this context.² Through in-depth interviews with 15 parents and three professionals (see Appendix B for more information about who took part in this research) this exploratory, qualitative study sheds further light on the exclusion of and harmful consequences for young children with support needs in the current provincial child care system. The key findings are as follows:

The childcare system as it is currently designed is based on the presumption of a ‘typical’ child. Child care spaces, ratios, and programs are primarily designed to the exclusion of children who do not fit with normative views of children. Ableism is “a system of prejudice and discrimination that devalues and excludes people with disabilities.”³ It is “manifested in places, practices, policies, and perspectives that assert a preference for nondisabled people.”⁴ The ableist assumption that there is such a thing as ‘normal’ is so integral to the existing system that it plays out in multiple ways for children identified as having ‘support needs.’⁵ In this research, research participants described situations in which the child care system exposed their young children to experiences of assimilation, marginalization, othering and outright exclusion.

Structural and systemic mechanisms that reinforce ableism and exclusion⁶ showed up in individualized referral and funding mechanisms and a reliance on a biomedical model of disability that connected often hard-to-find resources with individual diagnoses. By doing so, this system largely placed the responsibility and burden on parents (often mothers) to navigate their way in finding scarce supports and resources.⁷ Research participants shared experiences of a system that privileges parents who have the time, resources, and capacity to be a ‘project manager’ in order for their children to have access to child care; creating inequities for children whose parents for various reasons face barriers to navigating this system.

The impacts of ableism and exclusion on families and children included financial hardships, chronic stress, poor parental health, and marital/relationship strain as a result of both the practical and emotional labor required of parents/mothers to constantly advocate for their children and witness the systemic exclusion of their children from important experiences with peers in a child care program. The quality of life of both the family as a whole and children who could benefit from child care were significantly impacted. In response, parents had to put their time and energy into creating informal supports with extended family members, parents in similar situations, and community members. Also, when childcare and other supports were not accessible, parents were often left with difficult decisions, including moving to a new community, home-sharing with another parent, extending maternity leave, and/or leaving work altogether.

Parents and caregivers found creative ways to push for childcare equity for their children. Parents had to be persistent, knowledgeable, and sometimes confrontational advocates for their children’s rights. Even though the system could be inhospitable to their children with support needs, most parents were emphatic that it was important to persevere in order to find professionals who could not only provide valuable specialized support for their children, but also help with system navigation and advocacy. Learning about how to access fragmented, time-limited, and sometimes costly formal supports became a central part of parents’ lives.

² Hyslop, 2022

³ Albert & Powell, 2022, p. 142

⁴ Eirikson, 2021

⁵ ‘Support needs’ is the current term used by the BC government https://www2.gov.bc.ca/assets/gov/family-and-social-supports/children-teens-with-support-needs/5_cysn_framework_-_appendices_glossary_bibliography.pdf

⁶ Underwood et al, 2021

⁷ MacDonald, 2018; Prentice & White, 2019

Experiences of belonging and inclusion did occur, despite structural barriers. ECEs who were welcoming, genuinely caring, affectionate, attuned, and let every child know they are valued made a big difference. Consistent with a trauma- and violence-informed approach to care, experiences of inclusion involved relational practices in which day-to-day programming was emergent and responsive for all children in a program. In inclusive spaces, children were provided with the supports needed to facilitate their full participation.⁸ Genuine inclusion and belonging⁹ as described in this study also involved meaningful engagement between child care staff and parents; recognizing and using parents' expert knowledge of their children and providing them with photographs, updates, artwork and more in order to feel connected to their children's child care experiences.

Adult-child ratios that realistically reflected what is required of child care providers to be present and engaged with a diverse range of children and their families was vital to inclusion. Parents expressed empathy for the demands on ECEs who are often managing more children than realistic to meet all children's needs. When available the regular presence of a one-on-one support worker helped not only by providing supports to an individual child and contributing to a more inclusive environment, but also by increasing the adult-child ratio.



An equity-oriented approach to child care policy and program development requires centering the perspectives of those who are directly impacted. By hearing in-depth experiences from a small number of parents and professionals, this qualitative study poses potential avenues for **next steps** towards the development of an inclusive and equitable child care system in BC. In addition to shedding light on how ableist norms continue to influence child care, insights from this study also point to emergent recommendations¹⁰ **on pushing the provincial system towards equity**, including but not limited to:

- Adopting and implementing a provincial policy on inclusive child care that includes meaningful supports for ECEs to make necessary shifts in their routine practices and programming, including mentorship, education, and funding.
- Altering licensing requirements for adult-child ratios in child care settings to reflect the realities of the diversity of children and families in our province .
- Learning more about what is required to adequately resource child care providers and SCD/ASCD consultants to support organizational-level inclusion and belonging, rather than a highly individualized funding model. This will reduce waitlists and increase the ability of those children who most need one-on-one supports to access them in a timely way.
- Continuing to scale-up initiatives that make ECE education affordable, and offer competitive wages and benefits to sustain the workforce over time in order to foster workplaces in which mentorship can continue to take place in child care environments, and stability and quality care can be fostered.
- Ensuring provincial grants and other resources related to accessibility and inclusion are available to licensed child care centers that are privately run. Not doing so excludes many rural and remote communities that do not have larger non-profit programs.
- Providing flexible funding to child care providers and SCD/ASCD consultants to allow for their programming, professional development, and services to be responsive to the needs of the families and communities they serve.

⁸ Frankel, Chan, & Underwood, 2019

⁹ Eirikson, 2021

¹⁰ Underwood et al, 2021

Introduction

This research was funded by Employment and Social Development Canada (ESDC) and similar, independent studies were undertaken simultaneously by research teams in Nova Scotia and Quebec. ESDC will be responsible for collating findings from all three provinces into a final report.

The purpose and scope of the funding for this exploratory study focused on capturing the experiences and views of 15 parents who were accessing, trying to access, or were unable to access formal child care arrangements for their preschool-aged children with support needs in BC. Parent experiences were complemented by interviews with three professionals – a child care center owner/manager, a Supported Child Development consultant, and an Aboriginal Supported Child Development consultant. Further interviews with parents¹¹ or child care professionals were unfortunately beyond the scope of the funding and timeline for this research. **For more details on the project**, see Appendix A for research methods, Appendix B for a profile of research participants, and Appendix C for a visual summary of the findings.

Child Care in BC

The BC government is continuing to implement its vision for universal child care and efforts are also underway by the government to create a province-wide inclusive early learning and child care system in which all children, regardless of their ability can fully participate.¹² As of April 2022, the provincial Ministry of Education and Child Care (MECC) is responsible for early learning and child care in BC. Longstanding and central features of advancing inclusion in this province are two provincially-funded programs – Supported Child Development (SCD) and Aboriginal Supported Child Development (ASCD).¹³ These programs are administered by the Ministry of Children and Family Development (MCFD). Child care licensing is the responsibility of the Ministry of Health. Creating an inclusive, universal child care system in BC is therefore

dependent on collaboration among these three Ministries and the child care sector, including recognized early childhood education institutions, and non-profit and private child care providers.

Currently there is no coordinated inclusive child care policy or framework in BC to ensure that the evolving universal child care system is inclusive of all children.

Equity and Inclusion

A central motive and question guiding the researchers is – how can this exploratory research contribute towards advancing equity and inclusion in the BC child care system?

Equitable access to early learning and child care is a human right and an issue of social justice.¹⁴ Access to optimal early child development is also a key determinant of population health that can have lifelong consequences for all children, including children with diverse abilities and their families and communities.¹⁵ An equity-based approach recognizes that not all families in Canada are the same and requires more than giving all parents an 'equal' opportunity to apply for child care spaces. An initial step in advancing equity is understanding that how government systems and child care programs are currently organized automatically privileges some parents and children while simultaneously disadvantaging others. Addressing equitable access is necessarily complex and cannot be achieved without structural changes.¹⁶



¹¹ Though the study was limited to 15 interviews with parents and three with professionals, 32 additional parents expressed interest in participating. The demand quickly became so high recruitment had to be halted.

¹² Government of British Columbia, 2018

¹³ Information on SCD and ASCD programs available at: <https://icdabc.ca/>

¹⁴ Halfon & Friendly, 2013

¹⁵ Moore et al., 2014

¹⁶ Gerlach & McFadden, 2022

“A lot of resources are tied to MCFD, and that’s not a safe space for a lot of people. And especially for myself as a Metis person – there’s a lot of intergenerational trauma associated with the police, and then also with child services, because my grandma had siblings taken. That was one of the most terrifying realizations too: oh, I have to go to these people whose responsibility it is to remove my kids from me if they think I’m inadequate and I have to ask them for help? It’s terrifying. It’s a terrifying process to go through.”

As outlined in this report, many children with health conditions, abilities, and/or behaviors that do not fit dominant, normative expectations are far less likely to be able to access child care. When families have resources such as well-paying and stable careers, and/or extended family who can step in, they may be able to overcome some of the barriers to accessing formal child care. When families are not already burdened with challenges related to such things as housing insecurity, poverty, violence, and isolation, they may also be able to successfully advocate for inclusion of their children in child care. When families experience supports that are offered in their language, that can be accessed in their home community, and that reflect (or at the very least respect) their cultural values and ways, barriers to inclusive child care may be further reduced. However, when families face additional barriers as a result of intersecting issues of gender inequity, poverty, ableism, and/or racism, access to child care that is suitable for and welcoming to their children may become increasingly out of reach.

“I got pregnant with both my kids from fathers who are not in my kids’ lives, so I’ve been a single parent ever since I was pregnant with my son, and on low income.”

In other words, parents and children who can benefit the most from inclusive child care may have the least access. Framing inclusive child care from a social justice and equity perspective, therefore, means that there is no one-size-fits-all policy or practice approach to advancing inclusive child care and that the advancement of inclusion policies and practices need to be informed by and inclusive of diverse family, child and community contexts.

“If I could have my voice be heard, or be the voice for many others who don’t have the opportunity, who lost their career paths or lost their jobs and haven’t had a chance to speak out about it, if I could speak for them I would love to.”

A word about language

When conducting this research, gender-inclusive language was deliberately used. For instance, research participants were asked an open-ended question about how they identify themselves, rather than offering categories from which they would choose. 14 out of 15 parents who participated identified themselves as female/mothers; one identified himself as male/father. As will be discussed in the findings, professionals often defaulted to communicating directly with mothers, to the exclusion of parents of other genders, which compounded both the weight of responsibilities on mothers and the systemic disengagement of other parents.¹⁷

“The forms don’t even allow you to put two email addresses on it. So when I say to a doctor you need to email me and my husband, we are our daughter’s parents. We both need to be looped in on any communication. They always forget, they never do it. I have to forward it to my husband. But nobody in the medical world gets that.”

“Because I think back to when I was raising my children with my partner, and even the burden of having to share the email afterwards. It’s one thing for me to read it and respond, and be like I know in my head that this appointment is coming up. But then to explain the report, instead of like, wouldn’t it be great if we both just got the report?”

In writing this report, the authors experienced a tension between making visible the ways a lack of equitable child care lands disproportionately on mothers¹⁸ and inadvertently perpetuating gender binaries, and the implicit assumption that caring for children is the primary responsibility of mothers. To attend to the complexities

of families’ lives and how they are implicated in broader societal forces, the authors’ analysis of the data was informed by intersectionality.¹⁹ From this perspective, the over-representation of female-identifying participants in this study is understood as a reflection of the cumulative nature of systemic privilege and disadvantage, which can further entrench other inequities playing out in families’ and communities’ daily lives.

ASCD – Aboriginal Supported Child Development

ECE – Early Childhood Education/ Early Childhood Educator

ESCD – Employment and Social Development Canada

MCFD – Ministry of Children and Family Development

MECC – Ministry of Education and Child Care

SCD – Supported Child Development



¹⁸ Scott, 2021

¹⁹ Gerlach & McFadden (2022)

Where are we now?:

An ableist and exclusive child care system

A recurring theme in research participants' interviews was that the child care system as it is currently structured and designed – including spaces, staff ratios and programming – are seemingly based on the presumption of a 'typical' child. Parent participants frequently used the word 'normal' and emphasized that a dominant assumption that there is such a thing as 'normal' was so integral to the existing system that it played out in multiple ways for their children with support needs. It is in this context, that the following inter-related findings focus on participants' views and experiences of assimilation, marginalization, othering and exclusion in child care spaces.

“Being forced to pretend”: Assimilation is not inclusion

Parents described situations in which their children were able to be at a child care center, as long as they were not 'too' different and could 'fit in'. Having to suppress elements of who they are was conveyed as being painful for children, and hurtful for parents who repeatedly got the message that their children **do not fit in** as they are. Research participants also shared the ways they both implicitly and explicitly received messages that the child care system is not designed for their children. For instance, some parents are required to show up during the day to help their child eat or do a fire drill, and another had to pick up and drop off her child at times that differed from other families. Another child was required to leave his favourite toy at home.

“I said, are your teachers that are working at this daycare, are they not trained to work with all types of children or are they only trained to work with 'normal' children? It takes a lot from a parent to ask that, and exclude my son from being 'normal' – but you're bringing me to that point.”

“So if the lights are too bright, they're supposed to pretend the lights are fine. And if they don't, people treat them differently, or they treat them weird, or they say you're oversensitive. And there's just so many examples of that, whether it's sensory or related to just sense of self or interests, or anything. Stuff that causes a lot of psychological and in many cases physical pain that is just totally unnecessary. There is no reason to make anyone do that! They're not hurting anyone. Leave them alone. That's the kind of safety I'm talking about.”

This finding emphasizes that it is not inclusion when children are required to change aspects of themselves or 'pretend' in order to fit into what 'normal' children and/or programming looks like. This finding also points to needed shifts in understandings of and supports for inclusion and diversity in child care programs.



“They were just eliminating him from all activities”:

Marginalization is not inclusion

Parents also shared stories of their children being able to attend a child care center, but **not participate** with other children in programming. Sometimes, if there was outdoor programming, a child with support needs was required to stay inside with an adult. Similarly, if there was a group activity, a child was given something else to do, or a particular child was regularly excluded from play as a result of not modelling for all children how to play with each other.²⁰ A lack of specific equipment, support, or care for a child to participate also resulted in children not being able to participate with their peers.

“Yeah, they just got busy, and they were just eliminating him from all the activities, like they hardly care about him. If he doesn’t eat lunch then, it’s OK, whatever.”

“My last center, they would keep her inside sometimes because they just didn’t want to deal with rolling her wheelchair on the grass, and they didn’t want to carry her.”

“And I feel like that was the main concern: if our staff have to spend too much time with your child specifically, then it will take away from the other ‘normal’ kids. So although it’s not explicitly said, it’s implied that if you deviate too much from this quote-unquote ‘norm’, then they’re not interested in providing the supports for you.”

“He’s always at the water table by himself whenever I get him.”

Similar to the previous finding, this finding points to the need to enhance program-level supports for the inclusion of all children in addition to more specific supports for individual children.

“You want to feel like you’re not singled out”:

Being ‘othered’ is not inclusion

Some research participants noted that when children with support needs attended child care centers, **they were permitted on the condition** of having a specialized **one-on-one worker** or additional funding. Sometimes, one-on-one support was identified as being important to facilitate a child’s participation and integration in the activities of the center, and model inclusive care for providers. Other times, however, individualized supports were provided in ways that suggested children with support needs are ‘other’ than who the program was designed to include.²¹

“One-on-one support isn’t always the answer. And in fact it’s probably only the answer for about 25% of the kids. The rest of it is usually stuff that can be done in an inclusive setting, given the training and the input of the team, and the support of the child care center.”

“They called it a classroom support, not a one-on-one support. So they’re there for your child, but they’re also there to support the classroom, so that the classroom can be inclusive while the child is still there. I think it’s important to have, even if it’s just a few hours a day.”

²⁰ Frankel, Chan, & Underwood, 2019

²¹ Snoddon, 2021

This finding highlights how children and/or parents experienced themselves as being outside of, or a burden to regular programming – rather than being accepted and integral to it.

**“Anyone can refuse a child, and they do ... regularly”:
Being excluded is not inclusion**

There is currently a high demand for child care in BC, with limited access to spaces as well as long waiting lists for additional professional supports. Child care providers – whether privately run or publicly funded – are currently under no obligation to accept every child. A disturbing but perhaps not unexpected finding given the current BC context, is that research participants reported that children with support needs regularly faced **exclusion** from entering a center, **or rejection** from a center once their diagnosis and/or support needs were formally identified. Many parents said they were told that their child required extra supports in order to be attend child care. However, as a result of long waiting lists for extra support, parents shared painful experiences of their children’s access to child care being denied or significantly delayed, often resulting in cumulative stresses and disadvantages for families, as outlined in a later section.

“From the beginning, when they keep telling me he needs extra support but it is not available. It’s like telling your child he needs a certain medication to grow, but that medication is not available to him.”

“And because there was such high demand for spots, they only wanted to take the cream of the crop. They didn’t want to take those kids that were challenging. They didn’t have to. And so, they could take my spot and have the person they had hired one-on-one. But instead of taking that person for my daughter, they would then be able to have that person for like four kids – because their ratio was whatever their ratio was. And so, we got booted.”



“If the normal daycares can’t have our kids, then who’s going to take care of them? They need a place as well. It’s not like they can’t do anything, they have capabilities, they do. It’s just they have their own way to do things. And they shouldn’t be ignored. I’m like, if they’re ignored at this age? They have their whole life in front of them. Facing rejection? No. Nobody deserves that.”

Structural and systemic mechanisms that reinforce exclusion in child care

The findings of this research raise concerns that the experiences of assimilation, marginalization, othering, and exclusion described above do not happen randomly or sporadically, but are widespread and systemic in nature. Also, that the current child care system is structured in such a way that exclusion is more likely than inclusion. In the following section, the findings highlight a number of inter-related mechanisms that appear to work in concert to unintentionally contribute to **the systemic nature of exclusion**. Understanding these mechanisms is important in order to better understand what structural changes are needed to advance inclusion.

“Not every child has a diagnosis”: Slipping through the cracks without a diagnosis, and being singled out with a diagnosis

The current predominant funding model directly links the resources needed to support children in child care settings to individual diagnoses, with different diagnoses leading to different resources and funding streams. Parents described how this **funding structure** complicated experiences for them and their children. On the one hand, without a diagnosis many parents found themselves unable to access supports for their child, and in turn could not access child care. Alternatively, parents shared experiences of differential treatment for their children after a diagnosis was obtained – in some cases children were dismissed from child care centers once diagnosed. Additionally, parents and professionals

who were interviewed for this study described that many children have different needs that are not necessarily ‘diagnosable’, and that these children are often left out of accessing resources and valuable supports. Furthermore, many of the parents interviewed were seeking child care well before they knew their children had support needs. In some cases, learning about the need for a diagnosis and then being waitlisted meant children were school-aged before they were eligible for the resources that might have supported them in their child care setting and critical early years of development.

“I almost think they need to fund an extra staff member in every center, because – and I can’t stress this enough – It’s not just about the one child that’s labeled. There’s more children that are not being diagnosed that are falling through the cracks than those that are already diagnosed and – I hate to use the word label but it is – that have the label, that have the diagnosis. Even those that are even on wait lists. But there’s other kids that are never getting it.”

Using an individualized and biomedical orientation to disability and resourcing does not address the needs of a wide range of young children. This individualized approach is consistent with the broader neo-liberal economy, and perpetuates a system in which investments are not made in widespread structural changes that could contribute to meaningful inclusion of diverse children.²² As parents in this study described, this approach can create competition over scarce resources for (often time-limited and contingent) inclusion of specific children.

²² Langford et al, 2017

“Usually there’s programs that provide funding, but because currently the diagnosis that receives the most funding from government programming is autism – he’s doesn’t have autism, so he doesn’t qualify. That’s like the golden diagnosis right now for funding streams. So it was sort of a struggle, because he still needs support.”

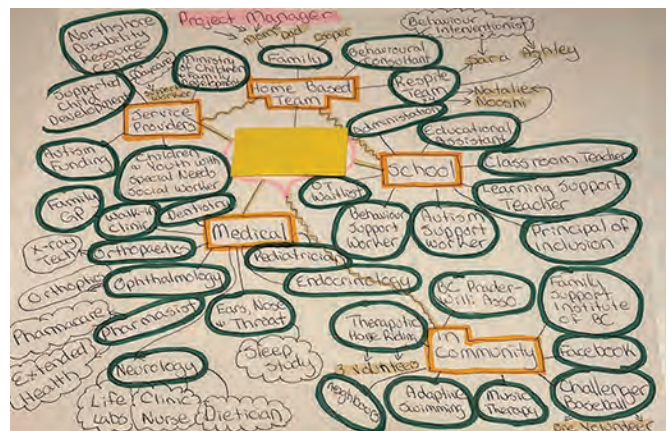
**“All the different hoops, and all the different people”:
Navigating an exclusive system**

Closely related to the above findings, a recurring theme in this study was how the current individualized, developmental and biomedical orientations to disability and inclusion, and related funding models – placed the responsibility on individual parents (often mothers) to spend extensive amounts of time and emotional labor on **system navigation** in order to access scarce child care spaces and supports. Parents described having to learn about and maneuver through multiple bureaucracies in order to effectively advocate for their children. Parents also reflected on their experiences of being blamed rather than supported, when striving to access resources for their children.

“At that point I didn’t know anything about this whole system. I was like OK whatever. I just played dumb – and at that point I was really dumb and naive of the system.”

“And then trying to apply for child care subsidy, which was a pain because it was a long process. And if something was off on paper work, they wouldn’t accept it. It took four, five, six months for them to accept my son’s paper work, and I was almost starting school and they weren’t even in daycare yet. First, they wanted things that I don’t even have. They wanted stuff about their fathers, I’m like yeah, we’re not together, they haven’t even seen their kids. I’m a single parent.”

One parent described the system navigation as ‘project management’ (on top of parenting *and* a full-time job), and provided a visual of all the points of contact she has had with different government ministries and other professionals – who she perceived as never or rarely connecting directly with each other.



“So those are community supports. This is school. This is our home team. This is service providers. And this is medical. So Ministry of Health, MCFD, Education – and none of them talk to each other.”

“So that’s how many steps, right, to get to that point, and you have to think about the barriers. So like, the first time we went over, we paid for the ferry. It’s an expensive cost. But no one had thought to say, hey you can get a form, and then you don’t have to pay for it. So, that’s another systems thing.”

“The lack of child care options is really challenging”:

Competing for scarce child care resources

With limited child care spaces and under-resourced ECEs, the parents interviewed described how their children with support needs were systematically excluded. Ideally, parents sought care for their children that suited their needs when it came to size, schedule, type of programming, location, and cultural and emotional safety. However, with access to child care currently a challenge for many families in BC, there were often no options left for families of children with support needs.

With such competition for limited child care spaces, intake interviews for some parents felt like a list of difficult-to-meet criteria for inclusion. Also, after a diagnosis was obtained, some parents were told that their children were no longer able to stay at a center in which they were already enrolled. The disruption to routine and relationships that this brought about had negative implications for both children’s sense of belonging and families’ wellbeing.

“They’re very nice people, they just need the training”:

Educating child care providers

Research participants also shared experiences in which child care providers did not seem equipped to work with children whose behaviour, abilities, or needs deviated from a presumed norm. They described having to educate providers about their children’s conditions and how to support them, and what inclusion means and can look like. Only one parent interviewed knew of a formal inclusion policy at the child care center their child attended. Also, several parents and professionals interviewed expressed the need for the **core ECE curriculum to be more inclusive** of a diverse range of children, and concerns that a ‘Special Needs certification’ or ongoing professional development on inclusion were optional.

Some parents noted that when ECEs were supported by other professionals (such as SCD and ASCD) on a regular basis in their child care setting, it led to increased inclusion. These professionals modeled in real time how to do things in a way that was inclusive of all children; working together with ECEs in the setting, and helping to cultivate a program-wide inclusive environment.

“The staff at the center are very poorly trained when it comes to children with a little bit of extra needs. They need more training. I cannot emphasize that enough.”



“And that was when it was sort of a vetting kind of a feeling. You fill out the forms, they call you, then you go in and desperately hope they can take you. And then it’s sort of, as you are there and going over the forms, it feels sort of like you’re falling down the notches. Oh, he doesn’t have that skill? Oh that’s a concern, and oh that’s another concern.”

“And I’m just like, what are the little things that you guys can’t handle about him? If he hadn’t gotten this diagnosis, most likely you would’ve just followed through and went on with treating him like all the kids that are there. But the fact that he’s got this diagnosis, all of a sudden oh my god, he’s that special kid, and no one can really look after him.”

“They basically said something along the lines of: we won’t turn away kids who have special needs. But what I told them is, that’s not what inclusivity is! And they basically just shrugged it off as like, well we can’t require all of our educators to have a special needs designation – special certificate.”

“And I actually taught her [child] to say that to them. I taught her to say ‘I am doing my best’, whenever she’s having issues with them, because she is, you know. But if you’re not educated, you don’t know that.”

“Because cathetering – even working in child care, a lot of people are scared to learn or they don’t want to learn or they just have too many staff. So we had a teacher there that was doing it for her, and she just got promoted to the other side of the center, so she couldn’t do it anymore.”

“They didn’t even really know what autism is – a social and communication disability – and so when they would have challenges with her and we would try to help them understand where she was coming from, they would always just default to like classic child care stuff, like oh she’s tired or she’s hungry or maybe she’s just not dealing well that day. I was just like, no she’s autistic and she is having trouble communicating with you.”

Impacts on children and their families of exclusive child care system

Research participants shared how the burden of navigating the child care system impacted their careers, mental wellness and families' quality of life and how this was exacerbated by the assumption that it was their child and not the system that needed to adjust. The following section focuses on the findings that show some of the impacts the system is having on children and their families.

“Parents can't go to work if no one is looking after their child”:

The true costs of an exclusive system

When children with support needs could not access child care, the impacts extended to the entire family and beyond. Parent participants in two-parent families shared that this meant one parent had to leave their job – most often the parent who was already in a position to earn less and the burden of leaving established employment seemed to disproportionately land on mothers.²³ Participants shared how devastating it was to lose a source of income, autonomy, fulfillment, and purpose.

“My partner has a very good job that pays really well and he works crazy hours. So that's been really challenging for me. Whereas his career is farther ahead than mine is and we kind of need his job, so it kind of takes priority.”

“That full year we paid for [our son] 3,500 dollars. But I then did a price analysis for how much we were paying for my daughter [who has support needs] for that same period, and it was 15,000 dollars. We were using our autism funding at that time, which was 6,000 dollars. But it was still 9,000 dollars we were paying out of our pocket, and that was one year! So I was like, holy crap, we can't do this!”

For single-parents who were interviewed, when child care was unavailable, they had to rely on income assistance and other forms of formal and informal support and found it extremely difficult or impossible to get a job or sustain a career. These interviews shed light on the compounding and inter-related challenges of housing insecurity, low income, lack of child care, and barriers to employment. Findings showed that parents can lose years of opportunity for **career advancement and earnings**, perpetuating financial hardships for families, and gender wealth (and other) disparities overall.²⁴

“I would be working, ideally. But because my son, his therapy – taking him there and bringing him back, and I have my daughter as well, I can't work. I have a bunch of appointments for her assessments as well.”

“My mental state of mind – its deteriorated so much from this”:

Mental wellness of parents and children is compromised

Participants described how having to piece together formal and/or informal child care and professional supports amidst the other demands of parenting and working led to additional and time-consuming **practical labour**. On top of that, participants reflected on the **emotional labour** of constantly having to advocate due to their relentless experiences of discrimination, and witnessing their children being consistently excluded from experiences that could have enriched their lives. As with the financial burden, the emotional burden lands on the excluded child, the primary caregiver, and other family members – leading to marital strain, parenting stresses, and poor health. The impacts of a lack of child care on parental wellness cannot be overstated.

²³ Scott, 2021

²⁴ The Conference Board of Canada, 2017

“Everybody thinks me and my husband have our shit together. We don’t. We’re fighting at home, our marriage is about to collapse. Our kids are hiding from us when we’re screaming at each other. We are not coping in any sense of the word. We had gone to family counselling and we still couldn’t keep it together. I wasn’t sleeping. We were over-eating. We were drinking. All of it.”

“There’s not even been a single day that I have not cried, I have not woken up from my sleep, I get less sleep. It’s a constant struggle.”

“Managing child care, especially for a kid that you worry about how they’re doing at child care, is a lot of mental labour – extra mental labour. And for me, the idea of going back to work full time feels like I’m kind of going back to work to do two jobs. Because I’m going back to work, but then I have this huge other thing to manage that is very stressful and it wears me out.”

“Of course it’s taken a toll with our marriage, with our lifestyle, because my husband deals with the same thing: Feeling super exhausted and feeling really hopeless because we’re constantly being told our son needs this but it’s not available to him and how he’s lacking this, he’s lacking that. I don’t even know how we’ve been dealing with that all this time.”

“It didn’t feel like a very enriching environment”:

Missing out on opportunities to learn and belong

Early childhood education that is genuinely inclusive of a wide range of behaviours and abilities is an important way for children to meet friends, learn new things, engage with the world, and prepare for school.²⁵ Without it, many parents in this study shared their worries about their children’s **quality of life**. Parents talked about how important it was to have access to child care that offered enriching experiences. Particularly during the pandemic, children with no access to child care have had very few opportunities to connect with other children or adults in their community. Parents expressed their concerns about their children’s present-day opportunities for joy and growth, as well as their readiness for school and other community connections.

“She just wouldn’t go in, and so I walked with them, and when I walked with her I got her all the way up to the door and then it was just obvious she didn’t feel safe, she didn’t feel comfortable, she didn’t want to go in. And I was just like, OK, well this is over. And we just went home.”

“But yeah, and he was happy for about a month. After that his smile just disappeared. He stopped laughing. Yeah, it tore open my heart.”

Highlighting the importance of the quality of inclusive child care, parents noted that simply having access to child care was not enough. When they experienced their children being marginalized and othered *within* their child care settings, this also took a significant toll on their children’s quality of life.

“She used to do this curling up thing, the saddest thing ever. She’d just curl up into a little ball on the floor, and a lot of people see it as a good version of a tantrum because it’s not making a big scene for the parent. But as a parent who knows her, I’m just like, she is just in tremendous distress.”

“But to be honest I don’t think it’s very good for him, because like I said every day he comes home and I have to wind him down. He comes home to the point where he is banging his head and stuff because he’s so overwhelmed.”



²⁵ Underwood et al, 2019

“I’ll have to revamp things”: Family life is disrupted

When child care and other forms of support are not accessible, parents are often left with **difficult decisions** including moving to a new community, home-sharing with another parent, extending maternity leave, and leaving work altogether. Some parents described finding a job in a neighbouring community, because that was where child care was available, or piecing together a difference schedule of multiple child care centers every week. They also talked about having to let go of other things that contributed to quality of life for their child and family, including extra-curricular activities for siblings.

“So in many ways not having access to child care, it’s shaped our whole life. I didn’t go back to work until he was six. I was off that whole time – seven years.”

“So going back to work when he was a baby, I had him in four different places when I went back to work. I had to make a schedule at the beginning of every week to see who could take him for my five days of work. And I worked an hour from home, so some days he would be in daycare here and I would go an hour away to work. And some days I would have to take him into [another town], and it was nuts. I eventually burnt out and couldn’t do it anymore and left that job.”

“Neighbours, friends, extended family if they have it. Or some of them have to quit work, stay home. We have a lot of what we call – it’s not single parenting, but a lot of the families have one parent who is out in camp all the time, so you almost have this single parent at home all the time, even though they’re married. So it really ties them to home when they can’t get child care or the exposure for their child to other activities as well. So it sets up this dynamic for them.”

Participants reflected on how a lack of child care became a defining feature of life not only for their excluded child, but for the entire family. Parents who had found child care centers in which their children experienced belonging often described the journey as a laborious and painful process in which they felt it was more luck than a just and equitable system.



Pushing for equity in the child care system:

Towards real inclusion

As the above findings show, underlying beliefs and assumptions about 'inclusion' in concert with the current child care structure are unintentionally creating and perpetuating a greater risk of health inequities for children at a very young age with neurodiversity, differing abilities and complex health conditions. In response parents in this research shared how, faced with this reality, they are having to put their time and energy into finding **creative ways to push** for equitable child care access for their children.

“Fight for your child to be included and have a right to education”: **Advocating for children**

Parents described having to be persistent, knowledgeable, and sometimes confrontational advocates for their children's rights. This involved advocating for access to child care, **advocating** for professional supports in order to support their children's participation, and advocating for full participation once accepted.

“I had to get angry to the point of basically yelling at these professional people. And that's not something that I really do. I mean, if you're going to discriminate against somebody's kid, probably prepare to get yelled at by a mom. But still. Really? I had to send an incredibly strongly worded letter.”

“I didn't even know in the early years that I was even advocating. I didn't even know that was a word. I didn't.”

One parent shared how she had called the same child care center daily for three months before finally getting a return phone call and child care for their child. Another parent spoke about having to self-refer multiple times within the healthcare system in order to get the referrals needed for extra supports. One parent described how they had provided education to child care staff about how to administer life-saving daily medication and interventions for her child. Several parents had to find allies within the field to access much-needed financial and other supports after facing initial hurdles and rejections. Other parents, still, found themselves fighting for equitable and respectful treatment of their children in centers where they were already enrolled.

“We really do have to rely on other people”: **Cultivating strong informal supports**

Parents also had to rely on the **informal support** of extended family, other parents in similar situations, and community members. While parents appreciated how extended family members provided intermittent, regular, or even live-in child care, they also noted that this support was not always reflective of the kind of programming and socialization they had hoped for their children.

Parents talked about how other parents of children with disabilities are an important source of information and emotional support for them; connecting in different ways, including Facebook groups where parents share resources and advice with each other, in-person and online support groups, and informal relationships. Parents also found support in connecting with adults who were living with the same condition as their children; providing information, guidance, and emotional support. Friends and community members also shared the load in a wide range of ways including providing child care, building a sense of community, and even co-housing and co-parenting. Parents emphasized the important role informal supports played in helping them through the toughest times when child care was inaccessible.

“Tapping into resources”: Strategically accessing formal supports

A recurring emphasis in interviews with parents was that, even though the system can be inhospitable for their children with support needs, it was important to persevere in order to find the right **professionals** who could not only provide valuable specialized support for their children, but also help with system navigation and advocacy. A central part of life for the parents in this research was learning how to access fragmented, time-limited, and sometimes costly formal supports in order to promote their children’s optimal health and development.

Parents recognized that professionals who center the experiences and priorities of the child and family, and who know the systemic constraints families are facing, can be vital allies. Additionally, it was sometimes through professionals that parents were able to cultivate relationships with informal supports including other parents on similar journeys.

Experiences of belonging and inclusion: What does inclusive child care look/feel like?

Despite all of the structural barriers to inclusion that exist, there was also evidence of how ECEs, SCD and ASCD consultants, parents, and other community members are steadfastly committed to fostering **genuine belonging** in child care centres for children with neurodiversity, differing abilities, and health conditions. Whereas the concept of inclusion tends to identify presence in “mainstream spaces” as the “gold standard,” the notion of belonging is about feelings of acceptance, safety, and comfort – which are a personal experience and may occur in a wide range of settings.²⁶ The inter-related findings in the following section provide insights into what child care that fosters genuine belonging can look like when provided in response to the unique and varied ways children experience their worlds.



²⁶ Eirikson, 2021, p. 47

“And so the big thing I talk to parents about when I have talked to other parents, is don't give up. You can't give up. And we have to have each other.”

“The situation here is pretty unique, and we live in a cohousing community. We have very close connections with the neighbours, we see them almost every day. And it's the creation of a space where those relationships can be formed and really grow. It is, I think different from the rest of the urban environment where people might be in single family homes and they just don't have the connection with the neighbours or close friends that they would like to really help keep them healthy.”

“Don't be afraid to reach out to the support organizations, because I do think that a second set of eyes and a second opinion is really useful.”

“Our nurse actually is the one who got us into the daycare. They didn't want us right away, but our nurse was like, no, it would be the best for them. I was very, very pleased with that. And it took me a while. I went to my nurse because I wasn't sleeping. And then she realized I needed a little more support, and she helped me get back up. And then the Child and Family Advocate has helped me so immensely. He does it calmly, and he always gets back no matter what. He just really cares.”

“One of the things I would like to say is just how much my wife and I really appreciate the supports that we have found. And really, we don't know what our lives would be like – it would be a little bit of a nightmare trying to find the same level of care for him in a place where those supports didn't exist.”

“And in terms of the pediatrician or the occupational therapist, if I pass along information or emails, they're just always going 100% supportive of whatever she needs, whatever we need.”

“Having enough adults is really important”:

Adopting realistic adult-child ratios

Not surprisingly, findings indicate that having **adult-child ratios** that realistically reflect what is required of child care providers to be present and engaged with a diverse range of children and their families is key for supporting inclusion and belonging. Parents expressed compassion for ECEs who were managing more children than was realistic and empathized that it was a very demanding job. When asked what needed to change, many parents pointed to the need for more realistic adult-child ratios in child care settings across the board. Parents noted that funding realistic ratios would help in shifting the burden away from specific children/families who can be perceived as creating additional work because their children are ‘different’.

“I do understand what the teachers are going through because they have a big ratio – it’s just one teacher with eight kids, that’s a lot, right? I cannot manage two kids.”

“It’s a lot. It’s a lot for one teacher. I mean, even normal kids have issues, right? So just in that, kids with more needs, it’s a lot problematic. And I cannot blame them. I myself get frustrated.”

“Definitely there’s the high child to caregiver ratio. When you’re trying to wrangle a bunch of kids here and there, it doesn’t take too many curveballs for things to get out of control. That would be a really huge thing.”

“And I know, I work with children. I’ll give a workshop for like 40 kids, or I’ll give a workshop for like 10 kids, and the difference for what I can give to the kids in those workshops is significant. It’s obvious. Oh yeah, the kid who is struggling to use scissors or something like that, I can really stop and take the time with them. Whereas a huge group environment, the kids who are struggling just kind of struggle their way through. And that was the moment when they could have been helped and maybe learn something, and you can’t always give it in bigger group environments.”

Some parents shared positive experiences in child care settings where there was either an extra staff member at all times or practicum students on a regular basis and as a result the child care centres were more able to be responsive to the full range of enrolled children. Also, when available the regular presence of a one-on-one support worker helped not only by providing supports to an individual child and contributing to a more inclusive environment, but also by increasing the adult-child ratio – benefiting both the children in the center and child care providers who were viewed as being often over-extended when working to existing licensing ratios.



**“Having caregivers that are so wonderful at building relationships”:
Letting every child know they matter and belong**

Many parents in this study described **inclusive** ECEs as being extensions of their families in which love, affection, attunement, and care were genuine and freely expressed. In describing the nature or character of inclusive child care providers, parents talked about an attitude that was welcoming and warm, and let every child know they were valued. Parents also described ECEs’ skills at ensuring that each child felt welcome and experienced belonging in big and small ways. Examples included: standing with a child at the fence to wave as their parent left or arrived, ensuring they had access to the activities that interested or excited them, and creating a quiet space (like a cozy tent) when a child was over-stimulated. Participants also noted how this form of relational support was enhanced for some families and children by the presence of a SCDP or ASCDP consultant in a program, and who had the effect over time of often changing the tone and environment to one that was experienced by families and children as inclusive.

“It makes it feel like him going there is like an extension of our family. I just don’t have to worry about it. I can trust them. It is amazing, it is amazing. It just kind of shows you how it can be when you have the right people doing the right thing with the right education and experience, it really works really well.”

“I don’t know how to say, like, emotionally intelligent people, but it’s kind of like that, who are really kind of solutions-based, but just really caring to the point that I felt like, at his current daycare setting, that it’s like they’re really aware that every child is learning and that we can help them learn some of these skills, even if it takes longer for some of these kids than others.”

“I think years of experience is probably going to be one of the most important things to look for. Not just because they’ve seen a lot, but because they’ve seen it and they’re still there. And it means that there’s an underlying love of children that’s – not just some kids but seeing the good in all kids.”

**“They tailor the program to the kids that they have”:
Developing emergent and responsive programming**

Much of what parents described when talking about inclusive ECEs reflects what is known about trauma- and violence-informed practice,²⁷ in which care is not standardized, but (through relationships and over time) can be tailored in response to the emotional, cultural, and social realities of the children in the center and their families’ preferences and priorities. Participants described how, beginning with intake and extending into the day-to-day of programming, inclusive child care settings were **designed for the children who attended them** – rather than expecting children to fit into pre-designed programming. In addition to programming and curriculum, this included ensuring the physical, social, and emotional environment was warm, kind and welcoming to a wide range of children.²⁸ Participants shared how the relationship a family had with a child care center that was responsive in this way began from a place of curiosity. For instance, rather than using intake to evaluate a child’s ‘fit’ for a child care setting, it was instead used as an opportunity to get to know the child: learning about what makes them unique, in order to better understand how to ensure the child care environment would be one in which the child could thrive.

“They don’t just have a schedule or a curriculum and then get a kid that that doesn’t work for and just keep trying to push them into that box.”

²⁷ Gerlach, Gordon, & Elliott, 2021

²⁸ Maich et al, 2019

“I’ve never ever got a sense of oh we don’t do that, or that’s beyond the scope of what we do. It’s always been, whatever she needs or whatever we need as a family, they’re going to meet us there.”

“He’s surrounded by his friends and he feels like he’s included”:

Supporting the full participation of every child

For the participants in this study, belonging and inclusion took place when children with support needs experienced a sense of belonging in a child care setting – it is was much theirs as anyone else’s and the necessary supports were provided to facilitate their **full participation**.

If a child did things slowly, it might mean allowing them the time it takes to transition from one activity to another without missing out. If a child was having a hard time focusing, it might mean some dedicated support when learning something new. If a child got over-stimulated when things were chaotic, it might mean ensuring there was a gentle quiet space for some voluntary down-time. If a child used a wheelchair, it might mean ensuring the space was open enough for them to navigate, and tables were at a height that they could use them.

“Very open and honest and above board with all the parents”:

Meaningful engagement with parents

Related to the above findings on participants’ views and experiences of belonging and inclusion, was the importance of two-way, respectful, and frequent **communication**. Parents stated that they would like to be informed about what was happening in the child care center – receiving photographs, updates, and artwork for instance helped them to feel connected with their children’s experiences. Parents also voiced that genuine inclusion involved them being meaningfully consulted and asked to share their expertise about their children. Regular and quality communication was also described as helping parents to create continuity for their children between their home-life, their child care setting, and the care they received from other professionals. It also helped child care providers to know how to best manage situations that could otherwise be challenging for them.

Also as noted above, there is no standardized way of fostering inclusion and not every parent has the same approach to addressing their child’s support needs. Building relationships and communicating regularly with parents was identified as helpful in ensuring that child care providers did not make assumptions about their values and priorities when it came to their children’s care.



“I want her to be included in everything. If you guys are doing water play, I want her there. That’s my biggest thing – I want my child to feel like she’s part of the class, and I don’t want her to feel like she’s being left out because she can’t walk or she has to be held. They go for walks, and one of the teachers puts her in a hiking backpack so she gets to be included in the hike. I just want her to feel like she’s one with the class.”

“It’s just he’s a little slow at listening to instructions. He will listen, but he’s slow at doing things. When I say, go put the shoes on, time to go to the park. Other kids, they’ll put their shoes on, but he’s slow. Yeah, he can do stuff himself, but he needs time. He’s slow at things.”

“Inclusive would be where all the kids are participating, where all the kids are doing what the teacher tells them. Not only specific kids, not only kids that are actually good at it. It should actually be everyone in the room. For example, All the kids should get turns. Show and tell, little things, yeah? That’s what I call inclusive. Where teachers at least greet everyone. If you’re passing by, give them a smile or something. And then, playing with the friends, taking turns. The teacher should encourage that more. yeah.”

“I’m excited to see if they have a plan, and what they plan to do with my child. Because maybe I can implement that at home, and then if we work as a team, and then if I say I’m going to work on this with him, can you work on this with him, the same thing – then he’ll get a routine. And if there was communication, we could be a team, and it will help his learning. I just want to see my son thrive.”

“Now he has a daily communication book. That’s been really amazing, and I can just quickly see what he did in a day at school, and any concerns she’ll just write a few notes for me.”

“I burst into tears and walked away, and one of the teachers came running after me and just gave me a hug, and was like, We’ve got it from here. Right? They just knew the complexities, and anything I asked of them – for both of my children really, even though she had more needs – they were just like, so loving to both of our kids.”

“They really wanted to figure out where we were and what our plan for treatment was. And just knowing that we were having that conversation and that they didn’t just assume that we wanted certain types of interventions or certain types of behaviour management. They really made sure before moving forward.”

Recommendations to push the system towards equity

A central tenet of orienting a child care system towards equity is that it is informed by those who have lived knowledges and experiences of this system along with government vision and leadership.²⁹ The following recommendations come directly from the research participants and are provided in the spirit of contributing towards the implementation of universal child care in BC that is equitable and inclusive for *all* children and families; fostering the optimal health and wellbeing of all children regardless of their abilities, health, or behavioural diversity.

As these findings further reinforce, an individualistic model or approach to inclusion is placing an enormous amount of responsibility and burden on parents (particularly mothers) and on child care providers when there are structural inequities that are unintentionally making inclusive child care challenging or unattainable. Equity involves moving beyond physical or environmental access barriers and focusing attention and actions on deeply entrenched and often unconscious biases and structures that are contributing towards differential access and programs of exclusion. Based on the findings of this research, here are four ways the child care system in BC can be **re-oriented towards equity**.

Actively resist a culture of ableism

Ableism is “a system of prejudice and discrimination that devalues and excludes people with disabilities.”³⁰ It is “manifested in places, practices, policies, and perspectives that assert a preference for nondisabled people.”³¹ These research findings point to the importance of addressing social barriers to child care; ensuring physical access to spaces is not enough to advance equity. Thus, addressing ableist assumptions and beliefs is foundational to advancing an equitable, inclusive child care system in which every child belongs. Ableism does not only exist in child care; it permeates our society. For this reason, resisting it will require much more **active measures** than are currently in place.³² Participants in this study identified some steps the provincial government can take that can help to shift away from an ableist culture:

- Adopt and implement a provincial policy on inclusive child care that includes meaningful supports for ECEs to make necessary shifts in their routine practices and programming, including mentorship, education, and funding.
- Alter licensing requirements for adult-child ratios in child care settings to reflect the realities of the diversity of children in programs and their families.

“We want to have child care available to everybody, we want it to be affordable to everybody, we want it to be inclusive to everybody. Which requires staff, and it requires staff that are very skilled. And it requires pay that’s going to make these people want to stay for a long time.”

“Just accepting difference. Truly actually accepting it. And teaching the other kids and everybody about it.”

“You can’t run to those ratios with some of these kids with the anxiety levels they have now, and some of the other behavioral issues that aren’t enough behavior to get support but still require a lot of attention.”

“I think that every cent that we don’t spend on child care, we spend on something that was preventable if kids got a better start in life.”

²⁹ Gerlach, & McFadden, 2022

³⁰ Albert & Powell, 2022

³¹ Eirikson, 2021

³² Underwood et al, 2021; Van Rhijn et al, 2021

Streamline the system

This research reinforces a priority in BC to have an inclusive universal child care system that does not require complex navigation and **reduces the bureaucratic barriers** that families have to overcome to access child care and which are insurmountable for some families who will never be able to find their way through this system before their children enter school. In order to mitigate the current burden on parents, the participants in this study made the following recommendations to the provincial government:

- Create and maintain an accessible and centralized place for parents to access information and related resources; using technology to ease this process in order to reduce the current burden on parents.

“In my dream world there would be one platform. And I could upload all my documents, or the doctors could upload their reports. And then I could tag the people that I want to see it – So you’d have to have a time stamp. Did they just click on it and close it, or did they click on it and read it for half an hour? And the other tricky thing is you get these reports, and they’re all password protected. Maybe you wrote that password on a piece of paper a year ago, and you need to open it again but you can’t, because you forgot your password. So that’s another tricky thing is to access the reports that you even have.”

- Create and maintain an accessible and centralized system of service provision that reduces the need for parents to complete a lot of paperwork, rely on referrals, and (repeatedly) justify their need for ongoing support.

“And the other piece is that I think it really is good to keep the focus at least on the ground it needs to be a very community-based focus, you know, keep people talking to one another and forming relationships. Especially in the child care space, but even on the therapy side of things, it would be lovely to make more connections there.”

- Learn more about what is required to adequately resource child care providers and SCD/ASCD consultants to support program-level inclusion and belonging, rather than relying solely on a highly individualized funding model. This in turn, may reduce waitlists and increase the ability of those children who most need one-on-one supports to access them in a timely way.

“What would make it better and then how do we get to that point? I’m very interested in continuing these important conversations at higher levels even – because it has to change. There has to be a better answer here.”



Value and retain Early Childhood Educators

According to research participants, experienced and dedicated ECEs who stay in the field for a long time are a vital resource for ongoing mentorship and modelling on relational approaches that foster genuine belonging and inclusion. However, the child care sector in BC is experiencing increasingly high rates of turnover and labour shortages. Wages that do not keep up with the high costs of living and increasingly demanding working environments are contributing to this challenge.³³

In order to **sustain an experienced and educated workforce**, participants in this study made the following recommendations to the provincial government:

- Provide ECEs with comprehensive education that recognizes and supports diversity as the norm within the core curriculum.³⁴

- Continue to scale-up initiatives that make ECE education affordable, and offer competitive wages and benefits to sustain the workforce over time in order to foster workplaces in which mentorship can continue to take place in child care environments, and stability and quality care can be fostered.

“I think just find a way to either train or value or pay better these people that are handling our most precious asset in the world! There is no bigger thing than handing over your most precious cargo children to someone. They have such an important job and they should be valued monetarily far more than they are.”

“There’s a lack of ECEs, so daycares are running with the bare minimum. So staff are pushed to their limits. So staff who maybe could manage it can’t because they’re over-extending and they’re asked to do too much and the supports that they have in their programs might not be enough.”

“A lot of feedback I’ve heard from students who are doing it now is that they do practicums and you pay for the practicum, and then you go work for free. And there are programs trying to fix that, so awesome. That’s what they should be doing. I think that if you’re going into debt to be an ECE, that that should be a student debt that’s 100% forgiven.”

“I do think that early childhood educators and especially people who are going to work with kids who are a little bit different, they should have more access to that type of education. And it shouldn’t be this optional thing that if you want to pay extra money to do it you can.”

“It’s frustrating because in the ECE world, ten years ago they’re talking about raising the standard to a minimum education of a degree in child development. And it’s so strange because it’s actually going the other way. Because there’s not enough ECEs, because the value is not there, because it won’t pay your bills, daycares can’t find staff. And so now there’s accommodations to be like, Ok well ECEA is only this long. You can do this course at home, and the wage isn’t that much different. So there’s not incentive to get more – it’s not rewarded.”

³³ McGinn, 2022

³⁴ Van Rhijn et al, 2021

Distribute resources equitably

When resources and funding are attached to certain diagnoses, many children slip through the cracks. Child care centers and other professionals also face different access to resources depending on factors such as non-profit status or geographical location. An **equitable approach to resource distribution** takes into account the ways intersectional influences may privilege certain people and communities over others, and adjusts for these inequities.³⁵ Participants in this study made the following recommendations to the provincial government in relation to distribution of resources:

- Allow SCD and ASCD consultants who have ECE certification to benefit from the provincial wage enhancement that ECEs who work in licensed child care centers can currently access.³⁶ These consultants are vital to fostering program-wide and child-centred inclusion in many child care settings throughout the province.

- Provide flexible funding to child care providers and SCD/ASCD consultants to allow for their programming, professional development, and services to be responsive to the needs of the families and communities they serve.

“It’s challenging living up here [northern BC]. And that needs to be recognized. There needs to be more understanding of family support, and the needs of family support. Not every child can go to a child care center and only access services there. So we need a little bit of a wider view of being able to access services.”

“It’s shameful. And it is completely discriminatory too. You have these children who literally need more in order to have the same experience, and those staff are not provincially supported.”

- Ensure provincial grants and other resources related to accessibility and inclusion are available to licensed child care centers that are privately run. Not doing so excludes many rural and remote communities that do not have larger non-profit child care programs.³⁷

“As far as universal child care, I think it’s good but I think all child care needs to be universal across nonprofit and private. Because otherwise a small town that only has one private daycare doesn’t get any of that, or gets a limited amount of that. So I think that needs to be taken into consideration, and we need to drop the profit versus nonprofit business. Because that only happens in the larger centers where there’s a choice.”



³⁵ Gerlach et al, 2021

³⁶ Information about wage enhancements for ECEs working in licensed child care facilities can be found here: <https://www2.gov.bc.ca/gov/content/family-social-supports/caring-for-young-children/running-daycare-preschool/child-care-operating-funding/wage-enhancement>

³⁷ Prentice & White, 2019

Conclusion:

What now?

Through qualitative interviews with 15 parents of young children with support needs and three professionals throughout BC, research participants shared both heart-wrenching stories of exclusion and uplifting stories of experiencing belonging and inclusion. Taken together, the learning from these interviews points to a system in which ableist assumptions are structurally entrenched, but in which there are, nonetheless, instances in which dignity-centered inclusive care takes place.

The overarching question that has emerged from this small-scale qualitative study is: **How can a universal and equitable child care system in BC be genuinely inclusive of all children regardless of their diversity?**

The learning from this study points to the following sub-questions as possible avenues to explore in response:

- Can a provincial inclusive child care policy or framework be co-developed in BC that advances equity at all levels of the system?
- How can SCD and ASCD programs be funded and supported to enhance program-level inclusive environments and relational inclusive practices with

all children in addition to their role of providing child-specific consultation and individualized supports?

- Is there an opportunity in BC to better resource, support and educate ECEs about creating child care environments that are inclusive of children's diversity and move beyond ideas of developmentalism and ableism which are consistent with the BC Early Learning Framework, but which, based on this study, are not being fully actualized?
- Does an ECE curriculum that centers individualistic and normative theories of child development – with an optional 'Special Needs' certification – perpetuate the notion that children with support needs are not who the childcare system is designed for?³⁸
- Given the overarching culture of ableism and the apparent structural segregation of young children based on diversity, what needs to change in order for all levels of the system to move beyond assumptions and beliefs about normalcy and advance a system that supports equitable access?

³⁸ Maich et al, 2019

“I thought, I should tell my story, how I feel. So, this is the main purpose. I really wanted to participate in this. Maybe it's going to help.”



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APPENDIX A:

Research method

In 2021, researchers Alison Gerlach and Janet Newbury in the School of Child and Youth Care at the University of Victoria were contracted and funded by ESDC to conduct a small qualitative study in BC about the experiences of parents whose children have support needs in accessing centre-based child care programs. Ethics was approved from the University of Victoria. Similar studies were being conducted simultaneously but separately in Quebec and in Nova Scotia.

Recruitment – Purposeful sampling and the researchers' pre-existing, extensive community network within BC were used to recruit research participants. A primary goal was to recruit a diverse group of parents, including: Indigenous and newcomer parents or primary caregivers with diverse gender, socioeconomic status, employment status, family make-up in various regions (urban, rural and northern), raising preschool-aged children with varying differences in types and severity of disabilities, neuro-diversity and/or medical complexity. The stated target population for this project was parents/primary caregivers of children aged 0 to 4 years. Several parents of children a little older than the target age were strategically included to capture their valuable experiences. Each parent participant received a \$50 honorarium (gift card) in acknowledgement of their time and information shared.

Semi-structured In-depth Interviews – From May-July 2022, and following informed, signed consent Newbury interviewed 15 parents, 1 director of a child care program and 1 SCDP and 1 ASCDP consultant by phone, over zoom, or in-person and audio-recorded. Following each interview, Newbury used HyperTRANSCRIBE software to transcribe and anonymize all transcripts and make analytical notes as transcribing.

Sociodemographic Information on Research

Participants – It was important to provide a context for the findings generated in this study. All participants were asked to complete a brief, anonymous sociodemographic form and this collated information is summarized in Appendix B below.

Analysis of Qualitative Data – The researchers co-developed a code book and Newbury used HyperRESEARCH software to code the data. Coded data was then discussed and the researchers collaborated on undertaking a thematic analysis to identify preliminary themes and sub-themes. Through discussions and further analysis these were further refined and a preliminary summary was shared with all research participants for their further input.

APPENDIX B:

Profile of Participants

Sociodemographic Summary of Parent/Caregiver Participants (n=15*)

Health region	Vancouver Coastal Health Region	7
	Fraser Health Region	6
	Interior Health Region	2
Self-Identified Community Context	Urban	9
	Rural	6
Self-Identified Ethnicity	Caucasian/European descent	8
	Indigenous	2
	Indian/South Asian	2
	Afghan-Canadian	1
	Korean-Canadian	1
	Vietnamese	1
Country of birth	Canada	10
	India	2
	Afghanistan	1
	Malaysia	1
	New Zealand	1
Gender**	Female	14
	Male	1
Relationship status	Single	4
	Married	10
	Common law	1
Level of education	Grade 11	1
	Diploma in progress	1
	Diploma	3
	BA	6
	BA + diploma	1
	Associate degree	1
	BA + part of MA	1
Employment	No (student)	1
	No (maternity leave)	2
	Part-time	3
	Full-time	9
Is employment effected by access to child care?	Yes	14
	No	1
Parent's age	25-29	2
	30-34	8
	35-39	1
	40+	4
Age of child with support needs***	2 years or younger	3
	3 and 4 years old	9
	Five years or older	6
Are child's support needs diagnosed?	Yes	13
	On waitlist or being assessed	5

# children <19 living at home	One	5
	Two	7
	Three	3
Reasons for needing child care****	To enable parent(s) to work	12
	To enable parent(s) to do other things/ take care of themselves	2
	To support child's learning and growth	5
	To enable child to socialize with other children	6

* 32 other parents expressed interest in participating. Active recruitment was prematurely halted as a result of the high rate of interest.

** This was asked as an open-ended question (no categories offered).

*** Some parents have multiple children with support needs.

**** Some parents gave more than one reason.

Sociodemographic Summary of Child Care Professionals

Professionals n = 3					
Position	Health Region	Community Context	Education	Years of experience	Years in current role
Child care director/ provider	Vancouver Island Health Region	Urban	ECE diploma (IT-SN) CYC degree	34 years	28 years
Supported Child Development Program Consultant	Vancouver Coastal Health Region	Rural	ECE diploma (IT-SN)	21 years	11 years
Aboriginal Supported Child Development Program Consultant	Northern Health Region	Rural	ECE diploma (SN) Bachelor of Education	35 years	6 years

APPENDIX C: Visual summary of findings

Inclusive Child Care in BC

