

Home child care should be affordable, high-quality – and licensed ^[1]

Licensed child-care centres have limited spaces. For many parents, the only alternative is home child care. We need a new system

Author: Varmuza, Petr, White, Linda A., & Perlman, Michal

Source: The Conversation

Format: Article

Publication Date: 13 Oct 2021

AVAILABILITY

Access online ^[2]

EXCERPTS

The Government of Canada, in its 2021 budget, committed to investing more than \$30 billion over the next five years toward the expansion of access to high-quality, affordable child care.

Government investment resulting in a significant fee reduction for parents or caregivers is expected to mean a significant increase in demand for child-care spaces – a demand that cannot be easily met through the expansion of existing facilities.

In Ontario alone, the increased demand could result in a doubling of current enrolment of children ages zero to five. We know from the experience in Quebec that a rapid increase in parent demand and resultant rapid expansion of supply can come at the expense of the quality of care children receive.

It is imperative that policy-makers and planners learn from these experiences.

Licensed child-care centres have limited spaces that will not meet the expected increases in demand resulting from lowering child-care prices across provinces and territories. For many parents, the only other regulated alternative will be home child care, be it licensed or unlicensed.

The fact that unlicensed home child care is permitted in all parts of Canada is perplexing. As we have noted elsewhere, a commercial dog walker who walks five dogs in Toronto needs a licence to operate a business, yet a caregiver providing care to children in her home does not. This licensing regime that allows for unlicensed care to operate legally is confusing to parents.

For example, we have found that a substantial proportion of parents inaccurately reported the regulatory status of their home child-care arrangement. In Ontario, approximately 80 per cent of children whose parents reported that their child attended a licensed home child care were, in fact, part of an unlicensed informal arrangement.

Only a small proportion of children are in some kind of licensed home child-care arrangement. Depending on the individual provincial or territorial jurisdiction, individual home child-care providers are either directly licensed or supervised by a licensed home child-care agency. In reality, most of the children using home child care are in unlicensed and unsupervised arrangements.

There are many issues surrounding oversight and quality of home child care, including health and safety, provider qualifications, quality standards, and program supports. The enforcement of existing regulations with respect to the number of children in care (the only regulatory component affecting informal child care) is conducted almost exclusively on a “complaint only” basis.

It is also important to note that children from families with lower incomes and lower levels of education and whose parents work irregular hours are over-represented in home child care. This raises an important equity issue where children from the least well-resourced families end up in the least-regulated and least-supported forms of care.

In our recently published article, “Ontario as a case study for modernizing Home Child Care licensing and support,” in *Canadian Public Administration*, we propose a system under which every home child-care provider serving more than one unrelated child has to be individually licensed. A provincewide coalition of independent home child-care providers argued precisely for this path of individual licensing when Ontario modernized the legislation governing child care in 2014. In addition to oversight of every home child-care provider, our model involves substantial support for quality improvements for all home child care.

In Ontario and the other provinces where home child-care agencies supervise home child care, adopting such a model would involve a major reform of the existing system.

Additionally, we are proposing three distinct but related components to make home child care safer, higher quality, and accountable for positive child outcomes.

First, each home child-care location should undergo an annual health and safety inspection. This inspection would also determine the number of children the home can safely accommodate.

Second, home child-care providers should be supported and supervised on a regular basis. We argue for the implementation, at least in urban areas, of a strong integration of home and centre-based child-care programs in a manner often referred to as the “hub” model.

Finally, an independent annual quality monitoring using validated measures would identify areas requiring improvement and ensure accountability for public funds.

We used data from Ontario to project the costs of such a model. Despite substantially improving health and safety, program support, and oversight that would result in higher quality of care, our proposed model would mean the per-provider costs of oversight would decrease substantially. However, since many more providers would be evaluated, and all providers would be licensed under this oversight plan, the overall costs would be higher.

It is likely that a proportion of home child-care providers who are currently operating might not meet the health and safety standards (for instance, basic fire-hazard standards). While this would be unfortunate, the loss of these unlicensed spaces should not pose a barrier to moving forward with significant increases in oversight of and support for home child-care providers.

Although the research we present here focuses mainly on Ontario, the principles underlying our proposed framework are widely applicable to all Canadian provinces and territories.

Together, our model for oversight and support of all home child-care providers would ensure that our society’s youngest and most vulnerable people have access to safe and higher-quality home child care. And it would do so in a cost-effective way.

Given the stakes and costs at hand, don’t we owe it to our children and their families to act?

Petr Varmuza is an assistant researcher at the Perlman Lab at the University of Toronto’s Ontario Institute for the Studies of Education; Linda A. White is RBC chair and professor in the Department of Political Science and the Munk School of Global Affairs and Public Policy at the University of Toronto; Michal Perlman is a professor of applied psychology and human development at the University of Toronto.

Region: Canada ^[3]

Tags: family child care ^[4]

quality ^[5]

legislation and regulations ^[6]

Source URL (modified on 19 Oct 2021): <https://childcarecanada.org/documents/child-care-news/21/10/home-child-care-should-be-affordable-high-quality-%E2%80%94-and-licensed>

Links

[1] <https://childcarecanada.org/documents/child-care-news/21/10/home-child-care-should-be-affordable-high-quality-%E2%80%94-and-licensed> [2]

<https://theconversation.com/home-child-care-in-canada-should-be-affordable-high-quality-and-licensed-166862> [3]

<https://childcarecanada.org/taxonomy/term/7864> [4] <https://childcarecanada.org/taxonomy/term/8943> [5] <https://childcarecanada.org/category/tags/quality>

[6] <https://childcarecanada.org/category/tags/legislation-and-regulations>