

# Parents pushing for equity and inclusion in the child care system in BC <sup>[1]</sup>

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

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**Source:** ResearchGate

**Format:** Report

**Publication Date:** 1 Sep 2022

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 [InclusiveChildcare.pdf](#) <sup>[4]</sup>

2.69 MB

## 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. 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." It is "manifested in places, practices, policies, and perspectives that assert a preference for nondisabled people." 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.' 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 exclusion** 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. 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.

**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. Genuine inclusion and belonging 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 recommendations **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.

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