



March 29 2016

Response to the Government of Ontario on proposed changes to the Child Care and Early Years Act (2014) and the Education Act: Phase 2 Regulations

Summary

1. This response is concerned with selected regulation changes—those listed in B1 (authorized recreation and skill building programs); D, D1 (tiered licensing, term of licensing); E1 (home child care); E2 (age groupings, ratios, maximum group size)—in the Ministry of Education’s February 1 2016 Phase 2 regulation posting.
2. CRRU also has concerns about the policy development and consultation processes that produced these proposed changes.
3. We are very disappointed that—rather than engaging with the child care community to collaborate on building the excellent, high quality, equitable ECEC system that would make Ontario a leader in Canada— the province’s activities have united the community to defend quality and access. We would have hoped that by 2016, the conversation would have been different.
4. We urge the Ontario government to abandon these changes and begin to put in place a comprehensive evidence-based policy process with the explicit aim of developing a full plan for a high quality, integrated, equitable, universal early childhood education and care system.

Context

The Childcare Resource and Research Unit has generally supported the intent and purpose of many of the Ontario government’s early childhood education and care (ECEC) changes in the last several years. This has included Bill 10, which we urged the Legislature to pass, as up-to-date legislation is a one key component of a high quality ECEC system. We also recognize that new regulations are a necessary part of the process of change for ECEC, as are other changes geared to planning, funding, governing and delivering child care services.

For some years, CRRU has urged the Ontario government to create an ECEC system that adopts the more “modern” approaches developed in other countries in the past two decades. Part of this would be using the best evidence about policy and practice. From our perspective, the regulations with which we are concerned do not fit the terms “modernization” or “evidence-based” very well.

At the time of our response to the CCEY Act (Nov. 19 2014), we observed that new legislation was necessary but not sufficient for developing and sustaining the high quality early childhood education and child care system that Ontario needs. In our brief to the legislative committee studying Bill 10, we urged that the provincial government implement a full policy process with

the aim of developing a robust, comprehensive “modernized” policy framework. We suggested that the provincial government needed to outline its vision, rationales, principles, short and long-term plans, funding and evaluation mechanisms. We suggested a comprehensive White Paper as an appropriate public mechanism.

This has not happened. Instead the child care community has been presented with a seemingly disconnected array of (often) perplexing policy, funding, program and pedagogical changes that are too often not clearly linked to the government’s stated directions. Key elements—funding, goals, targets and timetables, implementation plans—needed to provide the “glue” for ECEC initiatives are missing.

The Preamble to Bill 10 states that “a system of responsive, safe, high quality and accessible child care and early years programs and services will support parents and families, and will contribute to the healthy development of children” and that “research has indicated that the learning and development that occurs during a child’s early years is critical”. The first stated purpose of the Act is “to foster the learning, development, health and well-being of children and to enhance their safety”.

We believe that the proposed regulation changes we are challenging run counter to these statements.

We argue that Ontario needs to put in place a full, comprehensive policy process to address such key issues as: how quality will be strengthened and maintained; how the high quality child care workforce (including home child caregivers) needed to ensure high quality services will be ensured; how child care and kindergarten will become better integrated; how child care services will become affordable; how the supply of services will be grown to cover more than the 20%+ of children now covered; what provisions will be put in place to ensure the effective inclusion of children with special needs; how will the child care market be transformed to a system—to name just some of the most important policy issues that need to be addressed.

Selected regulation changes CRRU does not support

B1. Authorized recreation and skill building programs. While we agree that out-of-school programs for school aged children (grade 1 and up) need not only an overhaul but reconceptualization, we do not believe that the proposed changes are appropriate or well conceived. Specifically:

- a) We are particularly concerned with weakening licensing requirements and removal of ECE staffing requirements for children aged 6 – 8. We believe that younger school-aged children need the protection of licensing and that ECE-trained staff are appropriate for this age.
- b) We are concerned that the changes as proposed will exacerbate inequality, as more advantaged parents are in a better position to design, secure or pay for age-appropriate programs for their younger school-aged children.
- c) We are concerned about where children with disabilities fit, as it’s hard to see how services delivered by staff without the appropriate child development knowledge gained in an ECE training program will be able to provide an inclusive environment. We would

argue that services need knowledgeable staff who are trained to deliver inclusive programs.

- d) As no evidence-based rationale or discussion is offered for these changes, it is hard to know what is motivating them other than dollars.
- e) Overall, we argue that before Ontario makes this kind of significant policy change, there needs to be a much fuller examination of both what is needed to provide high quality out-of-school services for school-aged children aged 6-12 and what effects the proposed changes could have.

D, D1. Tiered licensing and term of licensing. CRRU has a number of concerns about the introduction of tiered licensing and increasing the term of a license to two years from one year. We do not support either of these.

- a) We argue against introducing a new, unknown monitoring mechanism into a system that already suffers from a less-than-robust approach to monitoring compliance with licensing requirements.
- b) Other than the statement that the caseload for program advisors has grown considerably (making monitoring resources scarcer in an underfunded system) there has not been a well-supported rationale presented for moving to tiered licensing. Information about tiered licensing presented argues that it is used in the US (a country shown to have a very weak child care regulatory system) but metrics showing its impact—what it accomplishes—have not been provided or discussed.
- c) Examining the publicly available licensing compliance information online at <https://www.iaccess.gov.on.ca/LCCWWeb/childcare/search.xhtml> shows inexplicable patterns of compliance, for example,

Mar 22, 2016	Licensing Inspection	97%
Sep 3, 2015	Licensing Inspection	0%
Jun 29, 2015	Licensing Inspection	93%

and

Dec 30, 2015	Licensing Inspection	98%
Jul 21, 2015	Licensing Inspection	0%
Jun 4, 2015	Licensing Inspection	0%
May 14, 2015	Licensing Inspection	0%
Dec 22, 2014	Licensing Inspection	91%
May 12, 2014	Licensing Inspection	98%
Jan 21, 2013	Licensing Inspection	93%

We would like more information about how the current compliance situation could practically be translated into meaningful levels or “tiers”. For example, where does a centre (as above) rated at 93% (high tier?) that falls to 0% three months later (low tier?) fit?

- d) There is no rationale offered for changing the term of a license; it is presumably also to reduce costs. We argue that it is inappropriate to reduce the level of monitoring in

Ontario's privatized, underfunded child care situation without some data and evidence about what impact this could have.

- e) Overall, we are opposed to both these reductions to the level of monitoring. We recommend that the current inspection schedule of one year be retained, that the system of monitoring, patterns of compliance and approaches to noncompliance be fully assessed before proposing substantial adjustments, that fuller information about the outcomes of tiered monitoring be presented and discussed, and that funds to hire an adequate number of program advisors should be allocated.

E1. Home child care. We do not support elimination of the specific caseload of 25 caregivers for home visitors in regulated home child care¹. In fact, we are extremely troubled about this proposal for two reasons:

- a) Research shows that support for care providers is a main predictor of quality in home child care, with frequent home visiting by well-trained specialist visitors specifically identified as key. Detailed literature on this is scanty but one in-depth US study recommended a caseload of no more than 12 caregivers and 10 home visits every six months (Reference available in <http://childcarecanada.org/publications/briefing-notes/16/03/proposed-changes-child-care-regulations-ontario-2016>).
- b) Agency home visitors are the mechanism by which regulated home child care is monitored for compliance with Ontario's regulations. Thus, reducing home visitors' capacity to monitor home child care by eliminating the specified caseload *ipso facto* reduces public oversight of regulated home child care significantly.
- c) The sole rationale presented for this significant change is to "provide flexibility to agencies' business practices" and "recognize that child care providers have a range of experiences and skills that may require varying degrees of support from a home visitor". It is also understood that lobbying by special interest groups is associated with this more "flexible business practice". We argue that it is inappropriate to design policy based on pressure by lobby groups but without the support of evidence about the outcomes for the services, families and children who will be affected.
- d) Home child care in Ontario has recently had two significant changes aimed at making the service more flexible or more consistent with unregulated care. Bill 10 increased the number of children for whom a regulated home child care provider may care from five to six (including the provider's own children). The long-standing regulation that no more than three children may be under three years of age in a regulated home was eliminated last August. In this already weakened environment, removing the home visitor caseload without examining and understanding the potential outcomes is very undesirable from the perspective of both quality and monitoring compliance.

CRRU strongly recommends against this change and also recommends restoring the "three under three" regulation.

E2. Age groupings, ratios, maximum group size. These are the proposed regulation changes that have received the bulk of public comment thus far. By changing age group definitions, the

¹ For further detail, see CRRU's BRIEFING NOTE (March 7 2016) online at <http://childcarecanada.org/publications/briefing-notes/16/03/proposed-changes-child-care-regulations-ontario-2016>

provincial government will *de facto* reduce staff: child ratios and increase group sizes for many infants (who will become toddlers) and toddlers (who will become preschoolers).

We have outlined research literature relevant to these features and provided comparative information in our online BRIEFing NOTE at <http://childcarecanada.org/publications/briefing-notes/16/03/proposed-changes-child-care-regulations-ontario-2016>.

To summarize the main points:

- a) It is quality that determines whether child care is beneficial or negative for young children. That is, high quality is what makes child care “educational” (in the broad sense) rather than “institutional” or negative.
- b) Both ratios and group sizes are of key importance in quality, especially for younger age groups.
- c) Staff training in ECE at PSE level is also key. While the proposed increase in ECE training is more than welcome, it cannot be seen as a trade-off for poor ratios and group sizes.
- d) Ratios and group sizes have an impact on staff—on working conditions and key human resource factors such as staff morale, recruitment, retention and turnover—which all, in turn, are shown to influence quality as experienced by children.
- e) The ratio and group size regulations proposed would make Ontario one of the worst jurisdictions in Canada on these characteristics.
- f) The proposed regulations exceed expert-recommended ratios and group sizes considerably, even those proposed for new infant rooms (up to 12 months).
- g) Context is important, so making direct comparisons with European child care, with their less privatized, better funded, better trained and supported environment, is not generally appropriate.

CRRU spoke against regulation changes very similar to these in 2010 and in 2014. Although there have been some “tweaks” in the 2016 version, these are insufficient to pass the test of contributing to high quality. As proposed in 2016, from a quality perspective, the regulation changes to age grouping, ratios and group sizes cannot be considered to be anything other than detrimental to young children. In addition, we note that if commitment to inclusion of children with disabilities is to be meaningful, sufficient human resources must be available.

The provincial government’s rationales for making these changes have been two: 1) “parents are no longer looking for infant care” and 2) “these changes will increase accessibility”. On the first rationale, the provincial government has referenced the 2003 introduction of one year of paid parental leave for which some/many parents are eligible. No data or any other concrete support for this rationale has been presented or made publicly available in any of the years that it has been used. However, waiting lists for infant child care are notoriously long, so obviously *some* parents are looking for infant spaces. If this is a key driver, there needs to be further analysis.

Despite the fact that “increasing accessibility” is put forward as the main driver for the changes, the provincial government has presented no analysis to support it other than a “back-of-the-envelope” statement that “the age group redefinition will triple the number of child care spaces available for one-year-old toddlers — from 11,000 to over 30,000”^{2, 3}. There has been no obvious consideration of the impact on fees, centre costs, facilities or viability.

² Ministry of Education spokesperson Natalie McInerney, quoted in a Waterloo Record story

At the same time, analyses by community child care providers and Municipal Service Managers are reported to show that the availability of spaces will be reduced, not increased, and not only because infant rooms can be expected to become less viable and close.

A final point: Even if the provincial government were to clearly demonstrate that the proposed changes would increase accessibility, research shows—and experts today understand—that quality is an inappropriate trade-off for access. Today the importance of high quality has been well studied and is well recognized. As a 2008 statement from the head of the European Commission Directorate of Education states:

it is increasingly clear that access without quality is of little merit.... More childcare places are not enough: services have to be high quality, and go beyond labour market considerations to consider children's and their families' wellbeing both in the present and the future.

But one doesn't have to be a European Union official to know that eight 2 – 2 ½ year olds with one ECE, multiplied by three to make up a room with 24 other young children is way too many. Or that babies of one year need a better ratio than 1:4 and a smaller group than 12.

One can see how such changes can create “institutional” day care, not the “responsive, safe, high quality child care and early years programs... [that] will...contribute to the healthy development of children” identified in Bill 10's Preamble.

Parents understand this, grandparents understand it, researchers understand it and ECEs understand it. We urge the Ontario government to understand it too.

Thus, we call on the Ontario government to abandon these changes. Without delay, we urge the government to begin a comprehensive evidence-based policy process with the explicit aim of developing a full plan for developing, over time, a high quality, integrated, equitable, universal early childhood education and care system.

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³ Note that this same “back-of-the-envelope” approach was used to calculate that the increase from five to six in a regulated child care home would yield 6,000 new spaces—that is, about one child per home. This number was cited was despite the available data that showed that the mean number of children in an Ontario child care home had been about 2.4 – 2.5 for some years.