

Chapter 7

Gerrard Resource Centre: Toronto, Ontario

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Problem Identification

Accessing childcare is a problem plaguing many families in Canada. Childcare ‘deserts’ throughout the country—areas where the number of children needing childcare far outweigh the supply of childcare spaces available in that community³³—make it extremely challenging for families to find childcare.³⁴ However, lack of availability is often not the only barrier that families face when searching for childcare. Affordability is another factor that affects families’ ability to access childcare. Even if families are fortunate enough to secure it, increasing fees make childcare an unfeasible option for many families.³⁵ Many families currently rely on a patchwork of care for their children.³⁶ Families who may need short-term childcare outside of the traditional childcare system to address emergency issues have limited or no options available to them to help support them in these situations.

Families who need short-term childcare to attend medical, legal or housing appointments also face obstacles, and families who have children with disabilities can face even greater challenges. The number of appointments for both caregivers and children may increase when a child has a disability. The staff at the Gerrard Resource Centre (GRC) have long recognized the need for emergency and respite childcare to support all families but particularly recognize that families who have a child with a disability may have more situations when emergency childcare is needed. The GRC supports families as a whole and knows that families may need childcare for a variety of reasons, including emergency childcare for siblings while parents are attending appointments with their child with a disability, visiting specialists or service providers, attending school meetings, and so on.

Strategy Description

Method

The GRC’s Emergency Child Care program was designed to support parents who need time to address emergencies, attend legal, housing, or health-related appointments or are in need of parent relief. Emergency Child Care is available to all families for children from birth to 6 years old, Monday to Friday from 9:00 a.m. to 1:00 p.m. There are no fees for this program; donations are gratefully accepted.

The Inclusive Early Childhood Services System (IECSS) project found that accessing disability supports and services is a lot of work for families. The Emergency Child Care program is a direct service designed to help reduce the stress and some of the workload for families, including by addressing issues related to their child’s disability. The

³³ David Macdonald, “Child care deserts in Canada,” Canadian Centre for Policy Alternatives, 2018.

³⁴ Ibid.

³⁵ David Macdonald and Martha Friendly, “Developmental milestones: Child care fees in Canada’s big cities 2018,” Canadian Centre for Policy Alternatives, 2019.

³⁶ Rhonda Breitzkreuz, Kerry Colen, and Rebecca Horne, “Producing the Patchwork: the Hidden Work of Mothers in Organizing Child Care,” *Journal of Family Studies*, 26 June 2019.

Emergency Child Care program provides care for other siblings while parents take a child with disabilities to appointments, attend personal appointments, or receive parent relief. This service acknowledges the workload, including numerous appointments, as well as the additional stress placed on these parents.

The IECSS project also found that “individual programs may be inclusive, but most families who have children with disabilities are clients of or participants in multiple services. Inclusion beyond single programs across the spectrum of services is rare”. Programs can aim to create an environment that welcomes all children and families, creating equitable care, however, for families accessing multiple services, this approach may not exist in more than one program or service. The Emergency Child Care program staff committed to taking note if families share other services or programs and support families’ connection to other services through a system of “warm referral,” a term used by human service organizations to refer to the act of making a relational referral or connection to a supportive organization and/or individual by giving the family or individual a specific contact.³⁷ The “warm referral” method aims to create opportunities to support families in gaining entry into other services or programs they are interested in accessing by increasing communication, and working together to reduce the workload on families.

Procedures

The Gerrard Resource Centre has been offering emergency childcare for families with children from birth to 6 years old for over 30 years as part of its menu of family-support services. This program has offered a flexible model of childcare to families for a variety of reasons. Families have used this program to attend legal, housing, medical and health-related appointments, to study, to seek employment, to work and for parent relief needed in times of stress or illness. The Government of Ontario recently announced that it would no longer fund any emergency/respite programs and funding was eliminated in 2019. The funding provided through the IECSS in Action project enabled the GRC to offer emergency childcare and support to families that have a child or children with disabilities. One of the first activities of the project was to promote this program by sharing the flyer with families, with a focus on supporting children with disabilities. At the same time, questionnaires were created so that staff could get a better understanding of the reasons families were using this service and how the Centre could better serve children with disabilities and their families. The questionnaire provided a method to discover the reasons families used the service and also a way to start a conversation with families about their service needs.

Accessing disability supports and services is a lot of work for families

One of the primary goals of the Emergency Child Care program was to reduce the amount of work and stress that families face in their efforts to use supports and services. The goal of lowering families’ stress was assessed in an optional survey that was completed by families at the end of a day’s visit to the program. Questionnaires were chosen as an evaluation method as they produce values that can be compared, to note if

³⁷ Catherine Moher, “Putting families first: A strengths-based approach to serving families with young children,” *International Journal of Birth and Parent Education*, Vol. 6, Issue 3 (2019).

change is occurring or if the goals set out by the program are being met.³⁸ The third question in the survey was “Were you experiencing stress before using this service? If yes, please fill out Question 4.” (The response options were ‘yes’ or ‘no’.) The fourth question asked families to rate the Emergency Child Care program’s ability to lower their overall stress level using a 5-point Likert scale where 1 was no change and 5 meant yes, there was change.

Another goal of the questionnaire was to develop a greater understanding of the reasons that families were accessing the emergency childcare program and, more specifically, if the program was supporting families that were using developmental or disability services. The optional survey question 2 asked families why they requested emergency care for their child or children. The response options included “Attending a personal appointment”; “Attending an appointment with my other child”; “Needing parent relief”; “Attending to a family emergency”; and “Other,” followed by a space for adding further information if they wished. This question enabled staff to start a conversation with families interested in sharing why they use the Emergency Child Care program. To further assess whether the goal was met an appreciative inquiry strategy was also implemented. This evaluation strategy focuses on a program’s positives as a way to start an informal conversation about families’ thoughts and feelings about that program.³⁹ Appreciative inquiry was used to ask families what they liked about the Emergency Child Care program. Staff kept a journal and took notes about the families’ thoughts about the program. This method was used to evaluate if families were using the program to help make accessing disability supports and services less difficult.

Outcomes

1. Assessing the use of the Emergency Child Care program by families who have a child with a disability or who are accessing disability services is a nuanced task that the IECSS in Action project discussed when deciding on an evaluation technique. It was important to our team that all families could access the childcare program and that they understood that they did not need to disclose why they were using the service. The team also understood that early in a child’s life a family may just be starting the process of coming into contact with disability or developmental services and therefore may not yet self-identify as users of these services. Children did not need to have a diagnosis to be counted in the IECSS in action project—an important point, since families can benefit from support in the form of emergency childcare no matter what stage they are at in accessing services. Having run the Emergency Child Care program for 30 years the staff also knew that families had used the program not only for the child who was accessing disability services but also for their siblings so that a caregiver and the child accessing the services could attend an appointment.. The team feels that it is important for future policy to take into account that programs that are not

³⁸ John W. Creswell, *Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research*, 4th ed. (Upper Saddle River, NJ: Prentice Hall, 2012).

³⁹ Lillian Hung, Alison Phinney, Habib Chaudhury, Paddy Rodney, Jenifer Tabamo, and Doris Bohl. “Appreciative inquiry: Bridging research and practice in a hospital setting.” *International Journal of Qualitative Methods* 17, no. 1, 2018.

specifically disability services support many families that are somewhere in the process of accessing disability services, however, it may be challenging to quantify.

2. The Emergency Child Care program offered care for 19 children during the IECSS in Action project. Three families reported having a child with a disability or developmental concern. Taking up a holistic view of supporting families, more families that were accessing disability or developmental services may have used the Emergency Child Care program than is represented in the evaluation of the program. Fifty-three percent of the families attending the program used the childcare service to attend personal appointments and 26% used the service for some parental relief. Although some of the families had a child with a disability or developmental concern, on the survey they did not indicate if their emergency childcare need was for a sibling while they attended a specialist appointment with another child. Promoting the program is an important aspect of raising families' awareness of it and of its availability to families who have a child with a disability. The short duration of this project and our ability to reach other service providers to make sure they were aware of this program was limited.
3. The staff collected surveys from the parents and also kept a journal that recorded discussions between parents and staff. The survey responses indicated that 63% of parents were stressed before using the service. 74% selected "5" on the Likert scale of 1 to 5 (where "1" indicated "No change in stress level" and "5" indicated "Yes"—that is, their stress level was lowered after using the service. Further discussions with the staff also indicated that they were very happy with the Emergency Child Care program. Through these discussions, staff found out that one of the parents needed care for a sibling while the parent took her child with developmental concerns to the hospital. The parent also used the Emergency Child Care for both children so that the parent could receive parent relief and "could have a break." Appreciative inquiry enabled staff to get a deeper understanding of the family as a whole, the specific needs of the child or children, and the services that parents were currently accessing or might need in the future.

The staff also attempted to implement a system of "warm referrals," unfortunately without success. It was noted that implementing a system of "warm referrals" requires staff time to develop rapport and connection to other service providers as well as the time to have deep conversations with the families in order to effectively address their needs. Staff reflected that relationship-building is needed to support inclusion across services.

Recommendations

Understand why a family needs care. The most common reasons that families use childcare programs include needing care for their child or children while they work full time, while they study full or part time, and/or to provide their children with early-learning and education opportunities. Most often families are required to utilize childcare spaces on a full-time basis between the hours of 7:00 a.m. and 6:00 p.m. and our current licensed childcare system meets the needs of families working or studying full time. But

not all families require full-time spaces. Some parents who have chosen to stay at home or are working or studying on a part-time basis may only require childcare to go to personal appointments, specialist appointments with one of their children, to study or to receive parent relief. But the provision of childcare for a few hours a day is not an option commonly open to families, and families requesting part-time care must select a full-day option. The Emergency Child Care program at the GRC was designed to meet the needs of families requiring only part-time, occasional childcare.

Structurally, childcare programs need to consider all the reasons that families need childcare so that it can be truly flexible, accessible, and accommodate the diverse needs of our families and their children. In a flexible model of childcare, the reasons care is needed go beyond working or studying full time. Discovering the reasons that a family requests emergency childcare requires trust between parent and service provider, especially when the request is made for parent relief. A parent's fear of being judged by a service provider when he or she are in need of parent relief can occur unless the service provider is explicit that *any* request is an acceptable request. Supporting families by connecting them with other services through "warm referrals" may require more time to support parents until they decide to articulate their need for other services and programs.

Understanding the stresses that contemporary families face and their diversity, including their economic, social, cultural differences, as well as the dis/ability among family members, is needed to create places of inclusion and belonging. Developing relationships and understanding each family within a childcare or early-learning setting requires time. Many demands are placed on staff within licensed childcare settings, where the most important activity, naturally, is the care of the children. Increases in the documentation staff are required to provide has resulted in even less time to engage with families beyond urgent safety and health concerns. Whereas the focus of family support programs is two-fold, it supports the caregiver and the child or children. Inclusion can only be successful in the context of the relationships built between the service providers and whole family, including caregivers and their children. A strong case can be made for the integration of family support and licensed childcare as hubs of service delivery where the family is known to the agency and the entire family feels a sense of belonging.

1. If money were no object, what would you invest in first to support inclusion practice?

Investment would include a family-support component attached to each childcare or community-based service. This could be a program such as an EarlyON Child and Family Centre or similar family support program (nationally, programs have different names), or a staff person within a community-based organization whose primary role would be to support families who have a child with a disability or other related family issues. It is important for families to have a support system. The burden is especially great for families that have a child with a disability; the knowledge that they have a support system and someone who is there with them on this journey is key to the wellbeing of the family members. A person who is there to listen to stories without judgment and to support the parents decision-making and offer both emotional and concrete support when needed can be essential.

This investment would contribute to inclusionary practices. Most inclusionary practice has naturally focused on the child or children with disabilities and on developing appropriate program plans for the child to ensure that he or she is receiving the necessary supports for optimum growth and development. However, little support is given to the family members other than a “to-do” list of appointments and activities to support their child’s growth. How many supportive services stop to ask what the families are going to need to ensure this list is followed, or how the family members are coping? All family members must feel a sense of belonging for inclusion to be successful. If a parent feels included, then by extension they will feel that their children are included. Inclusion goes beyond a program’s plans and activities—it must include the development of relationships between families and service providers, so that families feel welcomed and comfortable within the program.

Family support programs are designed to reduce isolation for families by providing emotional and concrete resources where possible. How best to reduce a family’s responsibilities can be subjective and therefore may be beyond the scope of the program, but creative problem-solving is not. Many family support programs have a “think-outside-the-box” attitude and their staff see other possibilities—in fact, the Emergency Child Care program developed from this very attitude. Staff received requests from families for short-term childcare so that they could attend to tasks such as housing or legal support meetings or personal health appointments. Accomplishing these tasks presented extra challenges for families with many children. Staff quickly recognized an unmet need that they could quickly fulfil since they were training early childhood educators and believed they could provide quality care in the context of the program. Funding cuts and government policies have stalled this creativity, unfortunately, and hindered the continuation of Emergency Child Care, which has been filling many families’ gaps in childcare.

The linkages to service providers in multiple sectors are also a component of family support programs, as is the expectation that programs will support families by making referrals to other community services. Family support staff often link families to childcare, recreational and health services and specialized services such as speech and language services. As well, some programs refer families to housing, legal and employment services. Traditionally, these have been agency-to-agency referrals. Of late, many organizations are starting to make “warm referrals” whereby families are given a personal contact known to the family support staff within another agency. This is an attempt to make the task of connecting to another agency easier and less time-consuming for the parent. The “warm referral” system requires some resources on the part of the agencies to build relationships between service providers.

2. What is the greatest barrier to full participation of children with disabilities in the early-years sector?

Barriers to full participation of children with disabilities in the early-years sectors requires acknowledgement:

- Physical barriers preventing families from fully participating. For example, lack of elevators, accessibility doorways, quiet spaces, availability of specialist equipment, etc.
- Fear of judgement by others. For example, if a family experience discomfort while participating in a program because their child is developmentally delayed, they may feel judged
- Flexibility of the program. For example, the hours of service, criteria to participate such as age vs ability, fees associated with participation, “lock in” referring to the fact that families must commit and pay for services in order to secure a space.

3. Geographic and cultural/linguistic considerations

Family-support detailed above addresses barriers to full inclusion that communities face will look different in different communities. Specific geographic and cultural considerations should be addressed when supporting inclusion for families. Our location within a diverse social, cultural, and linguistic context requires a good understanding of the diversity and the intersecting aspects of the lives of families and their children. Meeting the needs of families from diverse backgrounds and histories requires an understanding not only of cultural norms but of all the geopolitical landscape of the family’s country of origin. The family’s history and story can add further complexity beyond the disability of their child. Many families who are new to Canada are also adjusting to a new home, a new language, and new service systems. Early-years staff may need time to participate in training or at a minimum research different social and cultural norm.

The distance that families are travelling to access services is often a consideration. In the IECSS in Action project at the GRC, the majority (63%) of families travelled under one kilometre to reach services, 16% of the families travelled between one kilometre to three kilometres, and a few (21%) travelled over five kilometres. Families used different methods of transportation; some were within walking distance while others took public transit or drove to the centre. The project did not ask how they travelled to the program. Transportation to programs is something that should be considered when planning programs.