

# Role of Child Care in Creating Inclusive Communities and Access for All

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Afin de servir de base à la mise en place d'un système national et inclusif de services de garde d'enfants pour toutes les familles et tous les enfants, le présent document examine les interactions institutionnelles de 127 familles canadiennes ayant des enfants handicapés. Notre analyse démontre que les familles ont participé à de nombreux services pour la petite enfance, mais que 79,5 % d'entre elles ont vécu l'exclusion. Dans la perspective de l'ethnographie institutionnelle, nous illustrons que l'exclusion se produit dans le cadre des politiques et des règlements auxquels doivent se conformer les familles pour être admises, maintenir l'inscription et composer avec des métatextes professionnels. Les principales considérations fondées sur les droits d'ordre économique et relatives aux politiques d'inclusion sont fournies. Nos considérations relatives à la recherche et aux politiques reconnaissent non seulement l'importance de l'inclusion au sein des services de garde d'enfants, mais aussi le rôle des services de garde d'enfants dans la création de communautés inclusives.

**Mots clés :** ethnographie institutionnelle, garde d'enfants, handicap, inclusion, protection et éducation de la petite enfance, soutiens familiaux

To inform the development of an inclusive national child care system for all families and children, we examine the institutional interactions of 127 Canadian families with disabled children. Our analysis demonstrates that families participated in numerous early-years services, but 79.5% experienced exclusion. Using an institutional ethnography lens, we illustrate that exclusion occurs through policy and regulations

families confront to gain entry, maintain enrolment, and contend with professional meta-texts. Key rights-based, economic, and inclusion policy considerations are provided. Our research and policy considerations recognize not only the importance of inclusion in child care but also the role of child care in creating inclusive communities.

**Keywords:** child care, disability, inclusion, early childhood education and care, family supports, institutional ethnography

For more than five decades, Canada has attempted to create a universal, inclusive child care system without success. This failure is partly linked to the division of responsibility for social programs under Canadian federalism whereby responsibility for implementation falls to provinces and territories (Prentice and White 2020). Without federal leadership, the Canadian child care system remains primarily a market model with a patchwork of commercial and not-for-profit services, high fees, and high variability in access dependent on geographic location (Prentice and White 2020). Many have argued that a high-quality, inclusive child care system is critical to children's well-being and development, families' ability to afford their child's care while at work, and society in terms of gender equality, workforce participation, and economic expansion (Alexander et al. 2017; Sarosi and Adeland 2019). Despite this evidence, a decade of Canadian federal government responses and policy interventions between 2006 and 2015 diverted from building a national system (for a history, see Friendly and Prentice 2009) on the basis of the faulty premise that "it's easier to put money into people's pockets" (Yalnizyan 2020). More recently, however, the federal government re-engaged with child care issues, and a commitment to moving forward with a national child care plan was highlighted in the Government of Canada's Throne Speech in September 2020:

Canadians need more accessible, affordable, inclusive, and high-quality childcare. Recognizing the urgency of this challenge, the Government will make a significant, long-term, sustained investment to create a Canada-wide early learning and childcare system. The Government will build on previous investments, learn from the model that already exists in Quebec, and work with all provinces and territories to ensure that high-quality care is accessible to all. (Canada 2020)

Welcomed by parents, policy analysts, advocates, and the child care sector who support the development of a national child care plan, this announcement was motivated by the coronavirus disease 2019 (COVID-19) context that has underscored child care's importance to the economy (e.g., Daley and Saad 2020; Yalnizyan 2020). The Government of Canada further reinforced this commitment with funding for a national child care plan announced in its 2021 budget (Canada 2021). The pandemic has highlighted how essential child care is for parents to work and economies to thrive (Daley and Saad 2020; Doucet,

Mathieu, and McKay 2020; Qian and Fuller 2020; Sultana and Ravanera 2020). However, acknowledgement that many early childhood services such as early intervention, family support, and health care are critical for families if children are to be included in child care has been missing thus far, rendering disabled children and their families particularly at risk. Accordingly, the process must ensure that the rights and interests of disabled children and their families are included in the development of a national child care system to ensure it is truly accessible to all in terms of availability, affordability, and ability to support the needs of all children and families. Perhaps inclusive child care is best understood as part of creating more inclusive communities as a whole.

The purpose of this article is to provide policy options informed by evidence from the Inclusive Early Childhood Service System (IECSS; n.d.) longitudinal research project that has been mapping family interactions with the early childhood service system sectors since 2014. Our research examines the institutional policies, procedures, and practices that govern childhoods lived through the experience of disability. It examines the ways in which services are organized around vulnerability and disability, with the intention of identifying more clearly how these experiences affect participation in child care and inclusion in communities. Participating families began the study before their child's entry into school; these families have disabled children, children with developmental concerns, or children who access developmental supports. These families, who have first-hand knowledge of service integration, disability-inclusive practices, and systemic discrimination, provide broader perspective on child care as part of a larger network of services. Although there is now an urgent call for universal child care, little attention has been paid to articulating a plan for this child care to be inclusive of disabled children, and no consideration has been made of the importance of other early childhood services in funding or planning a national system. Part of this challenge relates to jurisdictional issues because the federal government does not have direct control over child care beyond using its spending power to entice provinces and territories to shift to public provision of child care and other public services to address this gap (Bevan, Bezanson, and Lysack 2021). Planning for child care must therefore recognize the larger policy context, including the many other systems within which children and families interact, if it is to serve children and families

well (Qian and Fuller 2020; Underwood et al. 2018). We present our findings to provide a more comprehensive understanding of the contribution child care can make to creating inclusive communities and access for all, with a focus on systemic concerns and the socially constructed categorisation of some children as special and in need of particular services.

## Literature Review

A national child care system designed for everyone would help to level the economic and developmental playing field for Canadian families by expanding access to quality care regardless of income (Friendly, Ballantyne, and Anderson 2020; Prentice 2015; White, Friendly, and Prentice 2016; White, Prentice, and Perlman 2015), resulting in positive outcomes for all children, families, and society (Alexander et al. 2017; Sarosi and Adeland 2019). This system, like education and health care, must be treated as a vital part of the social infrastructure that allows parents to be employed, study, and carry out the work of supporting their children to participate in early childhood education, care, and intervention (Dessanti 2020), but it must also be recognized as a critical site of participation for children. The Multilateral Early Learning and Child Care Framework agreement (Canada 2017) between the Government of Canada and the provinces and territories sets the foundation for the development of early learning and child care systems. The framework states that “inclusive early learning and childcare systems respect and value diversity, which could include but is not limited to children and families who are experiencing vulnerability [and] children with varying abilities” (Canada 2017, 2).

Langford, Powell, and Bezanson (2020) provide guiding ethical principles for early childhood education and care (ECEC) services that include early learning and child care for young children and are considered distinct from education services. Their first guiding ethical principle is that “families/households and early childhood educators are understood as diverse, both in characteristics and needs” (Langford et al. 2020, 110). Concerns about universal child care programs designed without consideration of flexibility or resources necessary to be inclusive of all children suggest that this system needs to be developed with a wider and more diverse understanding of how childhood is experienced (e.g., Beaujot, Du, and Ravanera 2013). Indeed, research has previously indicated that participation in child care is affected by policies on immigration and child protection, as well as family courts, and social welfare. This interaction between child care policy and other systems is quite complex (Ineese-Nash et al. 2018; Underwood 2012; Underwood et al. 2018).

The social and economic case supporting the development of a national child care system is clear (e.g., Alexander et al. 2017; Dessanti 2020). Difficulty accessing child care affects parents’ ability to be employed (Statistics

Canada 2019). Child care is central to an “inclusive, productive economy” and “critical for early learning and development” (Daley and Saad 2020, 3). Finally, child care provides children opportunities for early identification, referral to services, and early intervention. “Accessible” child care typically refers to cost and the availability of licensed spots (e.g., Lazzari and Balduzzi 2020) rather than accessibility by or inclusion quality for disabled children. Inclusion quality in child care has an impact on the extent to which disabled children are welcomed as full participants and their unique needs are met (Irwin and Lero 2020; Irwin, Lero, and Brophy 2004). Yet, child care is only one aspect of several complex systems of early childhood learning, development, care, and intervention for families of children experiencing disability that allows parents to be employed and provides socialization and learning opportunities for their children (Frankel, Underwood, and Powell 2020; Koller, Le Pouesard, and Rummens 2018).

Access to inclusive and accessible child care has been linked to family well-being and positive developmental outcomes for children (Odom, Buysse, and Soukakou 2011). Interestingly, although inclusion is typically billed as part of child care goals (e.g., Ministry of Training, Colleges and Universities 2012), and many centres aim to include disabled children, inclusion is not mandated in Canada. As a result, children, disabled or not, and families are not entitled to services (Halfon and Friendly 2013) in the way they are to education, thus leading to systemic discrimination. Centres may exclude children, especially if staff lack confidence or training or if there are inadequate human, financial, or professional resources to ensure a program is prepared to include all children (Irwin et al. 2004; Irwin and Lero 2020; Killoran, Tymon, and Frempong 2007).

The well-being of children must also be considered over the long term. Approximately 3.7% of Canadian children aged younger than 15 years have a disability (HRSDC, 2011); this statistic is from the most recent national dataset on children with disabilities aged younger than 15 years in Canada as a result of the cancellation of the Participation and Activity Limitation Survey. In addition, 22% of Canadians aged older than 15 years are disabled, with mental health being the most common form of disability for youth (Morris et al. 2018). Disabled Canadians are at risk of living in poverty, with those who have severe disabilities (based on a global severity score calculated on the basis of number of disabilities, level of difficulty, and frequency of limitations) being much less likely to be employed than those without disability, and women with disabilities being at much greater risk of poverty (Morris et al. 2018). Disabled children may or may not grow up to be disabled adults, but the definitions of disability have authority in institutional settings and affect the ways in which society thinks about disability (Underwood et al. 2018, 2019; Underwood, Moreno-Angarita, et al. 2020).

As a result, the early educational experiences of disabled children will affect their likelihood of future employment, social participation, and capacity to self-determine and advocate in the context of interdependence (Frankel et al. 2020; Guralnick 2011).

## Theoretical Framework

This research is informed by Disabled Children's Childhood Studies (Runswick-Cole, Curran, and Liddiard 2018), a distinct area of study that embraces interdependence and values disability experiences in childhood while disrupting theories of childhood that are bounded by specific periods of time; it rejects the idea that children must always be active social agents (Underwood, Moreno-Angarita, et al. 2020). This study aims to understand how policy and professional discourses, along with the texts that accompany these discourses, create disabled childhoods (note that our language is consistent with our theoretical position, but each family uses their own terminology to describe their experience with disablement and development diversity), while also valuing the contributions that the lives and experiences of these children and families give to our understanding of the early childhood systems with which they interact (Underwood, Moreno-Angarita, et al. 2020).

Inclusion is commonly referenced in child care activism and policy alongside calls for high-quality care (Buyse and Hollingsworth 2009; Frankel et al. 2020; Irwin et al. 2004). Definitions of inclusive ECEC refer to program qualities that make them accessible, supportive, and welcoming for children (DEC/NAEYC 2009; Irwin et al. 2004; Underwood 2013). Yet, inclusion goes beyond enrolment for all children, to recognizing and valuing the individuality of children's cultural, spiritual, social, and disability identities in the communities in which they live (Frankel, Chan, and Underwood 2019). The IECSS project examines experiences of disability in this broader context. Our research recognizes not only the importance of inclusion within child care but also the role of child care in creating inclusive communities beyond child care. Our research indicates that community inclusion is much more complex than child care policy has addressed to date. The purpose of our research is to better understand the power the complex procedural environment holds in families' access to services they deem essential to promoting the health and well-being of their children.

## Methodology

Starting in 2015, we began recruiting Cohort 1 families from five Ontario communities: District of Timiskaming, Wellington County, Hamilton, Toronto, and Constance Lake First Nation. With new funding in 2018, we expanded into Cohort 2 recruitment, adding Powell River, British Columbia; Comox Valley, British Columbia;

Yellowknife, Northwest Territories; Brandon, Manitoba; and Peel region, Ontario. Within these communities, we shared our recruitment flyer with more than 1,000 community organizations, including child care, family support, early intervention, and agencies that work with specific populations—such as people who have immigrated to Canada, Indigenous-run agencies, and other culturally specific organizations—and children's treatment centres. Because recruitment is ongoing, this community engagement allows us to share emerging findings from the study with these organizations at the same time as we engage in recruitment efforts. We recruit families who have preschool-aged children for their first year of the study. We currently have 127 participating families (67 in Cohort 1; 60 in Cohort 2). With funding for up to nine years of interviews, we follow families through the transition to school and up to the end of the elementary grades. Cohorts 1 and 2 are in the sixth and third years of interviews, respectively. Interviewers ask about the services and supports families are seeking, waiting for, or enrolled in and the procedures and policies they navigated to gain entry.

Our research team, including partner organizations and university researchers, has been interviewing these families about their experiences accessing services for their children since 2014 (note, we intentionally use *families* rather than *parents* to refer to our participants in recognition of the variety of family and custodial arrangements of the families in our study). Our research documents families' experiences about how this system works (or does not work) using interview questions and analyses informed by institutional ethnography. The focus of the research is broad because families navigate multiple government funding agencies and providers; the system is also affected by privately operated services funded through institutional fundraising, family fees, grants, and subsidies (Underwood 2012). Although early childhood service systems are not a single system from a policy standpoint, they operate as a single institutional environment from the standpoint of families because of the interaction of administrative, managerial, and professional practices that form the "ruling relations" shaping these children's and families' lives (Smith 2006, 2009).

We analyze our interviews using a two-stage process. First, we create an attributes table for each participant that lays out the services, referrals, waitlists, amount of time in services, and required documentation, along with funding criteria and allocations. A map of the service experience is then created using this table. The map chronologically follows the family's interactions with health care, child care, therapeutic and intervention services, cultural services, school and related services, social services, recreational services, family court, legal services, housing, food security, employment, immigration, and any other services that arise through the interviews.

For this article, we conducted an additional examination of the interviews collected to date, focusing on families' experiences of being excluded from services. A research assistant on the project reviewed all completed interview transcripts for experiences of exclusion, documenting all experiences in a spreadsheet organized by participant identification number, the type of service, and details on the exclusions experienced. The experiences were then qualitatively analyzed using NVivo (version 12) to capture the institutional explanation for exclusion as described by family members. The coding began with initial codes that were then organized into the three institutional processes described in the findings. Our focus on examples of exclusion is with the hope of understanding the policy and regulatory environments in which they are produced.

## Findings

The findings are presented in two parts: (a) service interactions and (b) exclusion from services. The "Service Interactions" section provides context to illuminate how early childhood services operate in the everyday lives of families and disabled children. The "Exclusion from Services" section provides a detailed description of the findings from the analysis conducted for this article on the mechanisms and relations through which children and families are excluded across the institutional landscape of the early years.

### Service Interactions

These families participate in a large number and variety of services, with participation in particular services associated with their child's age (see [Figure 1](#)). The services begin with prenatal and postnatal care for the child and mother with screening for disability. This first experience is the introduction to a theory of disability, one in which children's abilities are the subject of or impetus to define them from the standpoint of "impairment, vulnerability or service-use" (Watson et al. 2002, 2, cited in [Underwood, Moreno-Angarita, et al. 2020](#)). Babies are screened at birth, and some families begin interacting with early childhood services at this point. Families may engage with community-based health screening, including hearing, vision, and developmental screens, which introduce disability typically without recognition of differences in worldview, intersectional identities, and risks to families who have children identified with disability and often with limited choices in service interactions. After this point, some families enter child care, but this is less likely for disabled children (see next section). Some children also participate in early intervention programs or ongoing health interventions, which are often quite separate from child care.

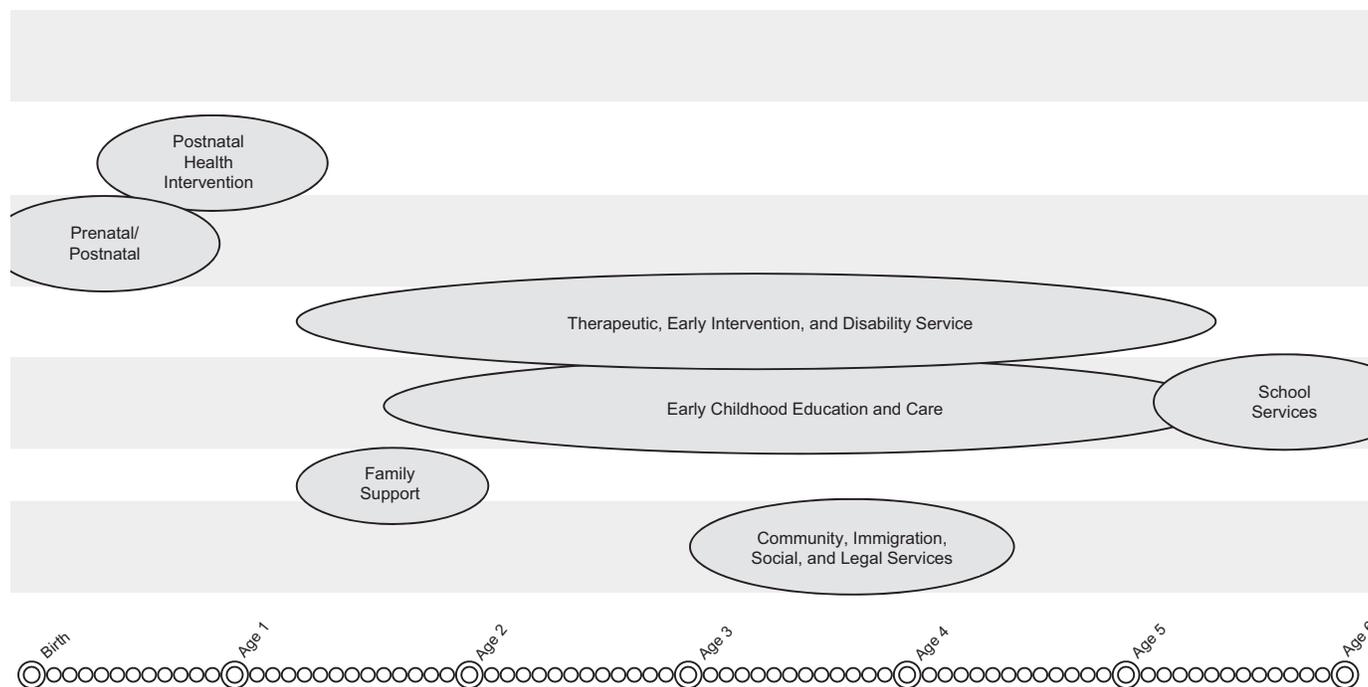
Families may also interact with multiple other service agencies where disability status (the child's and that

of others in the family) may be documented as part of qualifying criteria, such as for tax benefits, housing supports, and employment services or benefits, as well as in immigration, family courts, child welfare, and other legal proceedings. Disability status may increase the possibility of access in some cases; however, it may preclude access in others. Regardless, child care staff may be influential in these processes because they make decisions about what a child needs and support parents waiting on assessments or waitlists for services for their child. Some children also participate in recreational, religious, cultural, and other community activities. Many of these activities are separate from the services described earlier, giving most participants a reprieve from the high-stakes interactions they have with professionals. Within a few years, the child and their family move to a school environment where they face an entirely new set of rules and procedures specific to the school system.

### Exclusion from Services

The sheer number of service interactions is important in understanding how child care not only contributes to the early-years institutional environment but also relies on other systems that require a lot of work from families. It also means that there are multiple sites holding inclusion and exclusion possibilities. Of the 127 participants in our study, 101 (79.5%) have experienced exclusion from one or more programs (74.6% of Cohort 1 families and 85.0% of Cohort 2 families); this occurred in all geographic communities in our research, with some differences in the character of exclusion in urban, rural, remote, and Indigenous communities. Of those reporting exclusion, 21 (20.8%) reported exclusion from a single program or service, 62 (61.4%) reported exclusion from between two and five programs or services, and 18 (17.8%) reported exclusion from six or more programs or services.

Although the families have also shared many examples of inclusive relationships in which their children are full participants, given the commitment to ensure an inclusive system of care, it is critical that we identify structural, relational, and even discriminatory practices that exist in the current system. Institutions are organized to hold power ([Smith 2006](#)). They do this by requiring compliance with policy and regulations to gain entry and maintain a relationship with the institution and through regulation of the practices of professionals within the institution. These three institutional points of ruling—gaining entry, maintaining enrolment, and professional meta-texts—form the structure of the findings of our study and are discussed in detail in the following sections. A majority of these families experienced exclusion in each of these three areas, with 78.2% reporting exclusion related to gaining entry; 61.4%, related to maintaining enrolment; and 56.4%, related to professional meta-texts. In addition, most families experienced exclusion in two (42.6%) or all



**Figure 1:** Families’ Interactions with Various Aspects of the Early-Years Service Systems over Time

Source: Authors.

three (26.7%) of the categories; 30.7% experienced exclusion in only one category.

### Gaining Entry

Gaining entry is fundamental to accessing services. Many services require formal documentation with specific categorisation of child and impairment. The categorisation must be severe enough, or not too severe, and the diagnosis or the concerns raised by professionals must fit criteria determined by institutions. To fill out this paperwork, families or professionals must understand what is being asked and have the correct legal relationship to the child. The reality is that precarious custodial relationships, citizenship, or fears of racial profiling in interactions with child welfare agencies have an impact on families’ willingness to engage with the processes required to gain entry into this system. Families need financial resources to pay for or gain entry, which may be through private insurance that is acquired through employers. Families also have to meet pre-established criteria, complete required paperwork, and navigate other processes before their children can access services. Also, the organization and affordability of the services sometimes fail these families. The procedural efforts required to gain entry are often confusing, burdensome, and, ultimately, exclusionary for many families. For example, one child was excluded from five child care programs, being refused, demitted, or asked to leave before getting a diagnosis of autism spectrum disorder. Ironically, upon diagnosis, the autism

clinic to which the family was referred suggested child care for the child for the interventions to be effective (see Underwood 2019).

Requirements to meet qualifying criteria, fill out required paperwork, meet deadlines, attain required signatures (e.g., biological parent needing to sign but not able to be accessed), or get updated assessments or assessments from other regions not being accepted are all examples of how institutions hold power. Families also had to contend with services’ organizational practices, including lengthy waitlists (one family waited three years for a needed service, another was 18,803 on the waitlist), lack of spaces, and referrals that were sent but had no follow-up. Some services were physically inaccessible, lacking disability parking, or having school buses that required the child to walk up the stairs or spaces that were wheelchair inaccessible. Some families experienced exclusion because services were too far, were not available for the full day, or did not allow siblings to attend. In addition, some service providers were not welcoming or made judgements about families. Some families (often moms) dealt with these exclusions by finding services on their own, going to other professionals for referrals, paying out of pocket for private services (e.g., personal support worker, speech-language pathologist, lifeguard), or driving to another city to access a service that was not available locally.

Affordability was a significant issue. Families were excluded from publicly funded services through changes

to government eligibility criteria, policy changes, and defunding of needed programs. For example, many of our participating families lost services because of Ontario Autism Program changes in 2019 (for a description, see Powers 2019), and others lost relationships they spent years building when rural schools closed. Families also lost eligibility for services when funding periods ended, they experienced unemployment, or when incomes increased past an eligibility threshold. Children were denied access to services because of their age, diagnosis, lack of an Individual Education Plan, or other specific accommodation-related reasons (e.g., needing to be toilet trained, not having severe enough or having too severe designations). The system also includes many private services that are funded either fully or partially through fees paid by families. This is true not only for child care, but also for many therapeutic services and schooling where promises of better inclusion are made. When fee-for-service models are in effect, families experience economic exclusion.

### Maintaining Enrolment

The programs that families participate in are part of a system that has long been unstable. This circumstance is the result of ongoing political disagreement about investing in the early years. Although child care has always been underfunded, the programs and services that are specific to disabled children are even more vulnerable. These issues are amplified in rural and northern communities. Maintaining enrolment in reliable, stable services is affected by time limits on services, staffing issues, and lack of accommodation or flexibility in the services. Many programs have a set number of sessions or time in the program. Inadequate staffing, lack of support workers, and family members or other support people not being allowed to attend are all conditions that can lead to exclusions. In addition, services are often not consistently available or are cancelled at the last minute because of low enrolment, lack of available professionals (e.g., special education teachers, educational assistants), labour strikes, and, more recently, withdrawal of services as a result of COVID-19 restrictions. Families also cited services that claimed they were unable to accommodate or lacked flexibility to include children because of a lack of transportation, lack of suitable activities (as determined by staff), refusal to take a child outside, noisy environments, and lack of physical space. Families sometimes chose to withdraw their child because they felt their child was being mistreated, returned from the program worse than before attending, or missed too much school for services provided only during school hours. Finally, some families were asked to leave or no longer qualified for services because of perceptions of changes in the child or the child's diagnosis such as being too severe (or not severe enough) or child behaviours (e.g., tantrums, lack of cooperation, aggression, other behavioural issues).

### Professional Meta-Texts

The institutional power that is embedded in policies and procedures is enacted through professional discourses, beliefs, and decision making, which form a meta-text or underlying discourse that informs this system. The meta-text is manifested in the words and actions of front-line staff, including early childhood educators. The professionals working in the programs are governed by professional norms and procedures. These include regulations and principles related to children's behaviour, families' behaviour, and other professionals' behaviour. Through this regulatory management, institutions have power to stop services for children or remove children from services or to make families feel that they have no choice but to leave services that may be the only option available to them and that are essential for participation in other programs. Participants shared experiences of ableism and active exclusion resulting from this meta-text, describing actions and words that directly expressed ableist viewpoints and institutionalized values that indicated beliefs that not all children belonged in programs or were entitled to accommodations. In one case, a staff person in child care told a mother that her child's "future is bleak." Families also described challenges when working with multiple professionals, citing professionals who would not collaborate with one another, had tense relationships, or were unwilling to acknowledge other professionals' expertise. These relationships are also a product of professional conditions and institutional environments. Families further reported ableist practices such as being asked to pick up their child part way through the day or being told that their child was "not a good fit" for the service. There were many reports from families of their child being denied access to or refused services with no reasons provided and being discharged against the family's wishes. In addition, families described staff who were not trained or comfortable using specific equipment, seemed inexperienced or lacking in empathy, or had stereotypical views; in one instance, a child's medical concerns were not taken seriously, resulting in an unacceptable health risk.

### Discussion and Conclusion

The IECSS project has broadly identified complex systems of early-years services that go well beyond child care, merging with health care, social services, family courts, legal systems, immigration, housing, food security, employment, and others. These systems require extensive work, financial resources, and relational efforts on the part of families to gain access and maintain participation, and with particular reliance on this work by families of disabled children (Underwood, Church, and van Rhijn 2020). For this reason, consideration of the perspectives and knowledge held by families with disabled children

is vital to inform an inclusive national child care system designed for all children and their families. The families in this study have experiences that give them a broad view of the complex early childhood service systems with which they interact. Their collective experience provides a knowledge base on the integration (or lack thereof) and accessibility of services funded through multiple levels of government, different ministries, and private coverage or out-of-pocket funding and governed at different levels of government with varying procedures and policies. Our methodology enabled us to record family experiences as a way to study these governing practices. The comprehensive knowledge of our participants is unique in its scope and provides a comprehensive lens on the interactions between systems and policies that are relevant to staff of programs and policy-makers who write the rules that govern these programs. Our policy recommendations are informed by the experiences of children and families who have interacted with multiple agencies across systems that serve all young children and their families.

### **Rights-Based Policy**

For a national child care strategy to embrace the principle of inclusion, it will need to be attentive to the rights that are connected to multiple systems. Our research has identified a lack of universal access to early intervention, which is a provision under the Convention on the Rights of Persons with Disabilities (Underwood et al. 2018; UN General Assembly 2007). In addition, all Canadians have the right to access services free from discrimination, including ECEC services (UN General Assembly 1989).

Early intervention is a well-established practice for prevention of impairment and learning difficulties, is often most effective when embedded in community and mainstream ECEC settings, and has the greatest impact on children who are affected by poverty, disability, and racism (Guralnick 2011). Child care is also important for connecting children and families to their communities when they are participating in other services, such as clinical and health interventions, housing supports, food security, child welfare and family courts, foster care, and immigration, for example. Child care programs often have inclusion policies that do not consider this wide range of family and child experiences and therefore do not include all children. Moreover, the reliance on diagnostic information in disability-specific policy has led to considerable exclusion. Although our research also identifies many examples of positive inclusion, we have focused this article on system-wide exclusion for the purpose of better informing a national child care strategy.

In addition, children have the right to their identity. Disability is part of identity, interacting with other aspects of social identity, including culture, language, and social experiences (Ineese-Nash et al. 2018; Underwood, Moreno-Angarita, et al. 2020). The current system of services that

includes child care along with family support, early intervention, and health care is informed by a medicalized approach to disability.

From a rights-based policy standpoint, disabled children need better access to disability and developmental services, in addition to child care. This approach requires

- Removal of qualifying criteria for supports that are connected to medical or standardized assessments;
- Integration and coordination of services for universal access and to honour entitlements; and
- Family support to engage with these systems.

### **Economic Policy**

Child care reflects both social and economic policy goals as a support to parents' workforce participation (Alexander et al. 2017; Doucet et al. 2020; Qian and Fuller 2020; Sarosi and Adeland 2019); therefore, it is essential that the individual needs of families are considered when developing this system. The families in our study experienced multiple barriers to workforce participation. First, even when children participated in child care or school programs, they were more likely to be excluded part of the time, which conflicted with parents' work schedules. Second, many families struggled to gain entry to services as a result of disability discrimination, which caused them to not be able to secure child care. Consequently, many of these families relied on other, non-publicly funded child care options fully paid for out of pocket (Burton and Phipps 2009). Finally, the amount of work families carried out to participate in the complex systems of early-years services often precluded their participation in the workforce.

Many studies show that participation in inclusive, high-quality child care is the best way to start disabled children on the path to participation in their communities and a trajectory to academic achievement (Guralnick 2011). From an economic policy standpoint, these experiences are likely to translate into employment and community participation in adulthood. For a national child care strategy to support the economic well-being of families and disabled children, it must include

- Public funding for disability services and universal access through child care and family support programs;
- Recognition of the monetary, relational, and temporal contributions of families to this system with no penalty for those who are unemployed; and
- Priority mechanisms for participation by those families and children who have not been participating fully in this system.

### **Inclusion Policy**

Our data indicate repeated and relentless exclusion for some families, with most families having experienced

exclusion from at least one program. Any national child care strategy needs to be intentionally designed to ensure the full participation of all children, including those experiencing disability and developmental differences. Researchers have revealed many structural issues with how child care is designed that preclude the participation of disabled children (Frankel et al. 2019, 2020; Irwin and Lero 2020; Underwood et al. 2019, 2018; Underwood, Moreno-Angarita, et al. 2020). Moreover, child care, schooling, and health care promote an understanding of disability that is situated in pathologizing and normalising children's development, with the resulting entrenchment of ableist values across early childhood service systems.

The ways in which disability or differences in development are theorized affect the way in which the system operates. In many cases, the system is built on a medicalized theory of identification, referral, and then intervention; however, this history does not mean that experiences of children with disabilities and their specific interests should be ignored. Moreover, valuing of difference allows for a range of family, community, and cultural viewpoints, which is critical in striving to redress inequality based on racism, ableism, and ongoing colonization. These families have much less access to child care than others and may be accessing many other services. From an inclusion policy standpoint, a national child care strategy must ensure that money is spent on

- Removing the possibility of children being excluded because of children's disability or developmental characteristics, staffing shortages, changes in how services are delivered, or lack of available supports;
- Ensuring that policy and professionals are not determining needs on the basis of pre-existing conceptualisations of disabled experiences; and
- Ensuring that child care is understood as part of a complex group of services that includes family support, early intervention, social services, health care, and other services for families.

### Concluding Vision

The IECSS research provides evidence that the current system is not inclusive. The current system should not be replicated using public funds to implement similar approaches. Any definition of inclusion must be disability inclusive and recognize both program-level inclusion and the role of child care in creating inclusive communities. Sufficient government funding is required to enable child care policy-makers and programs to consider its effects on the other places and spaces where disabled children participate. Funding must be allocated to ensure adequate staffing, training, and facilities so families are actually in a position to care for their children and participate in the workforce. Regardless of whether they are part of the

workforce, their children must have equal access to ECEC services, including early intervention, family support, and health care. Ultimately, government should not be funding any child care programs that are not prepared to accept all children.

Access to regulated, quality child care and the inclusion of disabled children is a human rights issue (Halfon and Friendly 2013; Underwood et al. 2018). The multilateral framework outlines these five principles for child care: high quality, accessible, affordable, flexible, and inclusive. Our study provides evidence of the connections among these principles, but none of them will be enacted unless child care policy at every level (i.e., federal, provincial and territorial, regional and municipal, and within centres) is developed and monitored for recognition of disabled children and the diversity of their interactions with the procedures and practices of the system.

An inclusive, truly universal national child care system is possible with the federal funding commitment; however, provinces and territories will need to develop clear inclusion strategies that consider the implications across multiple systems to attain this goal. This system will require that Canada move beyond the current market-based child care model to develop a system that recognizes the complexity of interactions families have with service systems and to create capacity to support all children and families. Moreover, both the federal government and the provincial and territorial governments must connect funding to inclusive practice. This approach will ensure that human rights commitments are enacted and that all children and their families are recognized as citizens entitled to both employment and participation in society.

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