

THE POLITICS OF FAMILY POLICIES: A CRITICAL DISCOURSE ANALYSIS OF  
ONTARIO'S EARLY LEARNING AND CHILD CARE POLICY 2017-2020  
NAVDEEP SANDHU

**Supervisor's Name:** Dr. Dennis Raphael

**Advisor's Name:** Dr. Claudia Chaufan

**Supervisor's Signature:**

Dennis  
Raphael

Digitally signed by Dennis Raphael  
DN: cn=Dennis Raphael, o=York University,  
ou=School of Health Policy and  
Management, email=draphael@yorku.ca,  
c=CA  
Date: 2021.03.31 15:19:56 -0400'

**Date Approved:**

**Advisor's Signature:**

*Claudia Chaufan*

**Date Approved:**

March 31, 2021

## **Abstract**

Justin Trudeau, the leader of the Liberal Party since 2013, released the Multilateral Early Learning and Child Care Framework in 2017 to encourage the delivery of early learning and child care services on the principles of high quality, accessibility, affordability, flexibility, and inclusivity across Canada (Japel & Friendly, 2018). Following the Framework, the Federal Government of Canada signed 13 bilateral agreements with provinces and territories to financially support each of their early learning and child care services (Japel & Friendly, 2018). Inactions are just as relevant to public policy decisions as are actions while the former retains the status quo the latter brings change (Bryant, 2015). Therefore, it was important to discuss whether Ontario's Bilateral Agreement is an act of inaction or action in the realm of family policies, specifically early learning and child care. Ideas and institutions were the key factors in this paper's analysis of understanding policy change (Beland, 2005). Ideas and institutions are important to consider because former enacted policies and formal political institutions affect policy reform and policy change. To do this, the paper involves a political economy analysis, through Critical Discourse Analysis, guided by the Discursive Institutionalism framework, to assess whether Ontario's Agreement contributes to the expansion or shrinkage of the provinces' early learning and child care system. The policy analysis was summarized into key findings, followed with its interpretation, and final concludes with recommendations.

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# 1. INTRODUCTION

The federal government of Canada recognizes that the early years of life are important in the development of children and that the country ought to have relevant social and economic systems to promote equality (Government of Canada, 2017; Government of Canada, 2020). To this end, in 2017, the Canadian government aimed to invest \$7.5 billion over the subsequent 11 years to ensure that every province/territory could provide high-quality early learning and child care services (Government of Canada, 2017). In June 2017, the Multilateral Early Learning and Child Care Framework (henceforth, “the Framework”) agreement was signed between the federal and provincial/territorial ministers (Employment and Social Development Canada, 2019). The Framework’s vision aims to ensure that children can “... experience the enriching environment of quality early learning and child care that supports children’s development to reach their full potential,” while also focusing on the local, regional and system priorities that will have the greatest impact on families (Government of Canada, 2020, p. 3). As seen in Table 1 (see Appendix A), the guiding principles of the Framework aimed to make early learning and child care high-quality, accessible, affordable, flexible, and inclusive (Government of Canada, 2017).

Subsequently, the federal and provincial/territorial governments entered into three-year bilateral agreements (Government of Canada, 2017) that support and align with the guiding principles of the Framework; they require the government of Canada to allocate \$1.2 billion from 2017 to 2020 to the 13 provincial/territorial governments (Employment and Social Development Canada, 2019). Each action plan of the 13 bilateral agreements is unique to each provincial and territorial jurisdiction (Government of Canada, 2020). In turn, on an annual basis, each province/territory must report on the progress indicators in relation to the Framework (see Table

1, Appendix A for details on the type of indicators) (Government of Canada, 2020). This paper will focus on the agreement signed between the federal government of Canada and the government of Ontario on June 16, 2017.

### *1.1 Canada-Ontario Early Learning Child Care Agreement*

As part of the Framework, the Canada-Ontario Early Learning and Child Care Agreement (henceforth, “the Agreement”) outlines the guidelines under which the government of Canada will provide funding towards the cost of developing and delivering Early Learning and Child Care (ELCC) programs and services in Ontario, aimed at children under the age of six years old; notably, the Agreement has a specific focus on families in need (Government of Canada, 2020).

The payment program for the Agreement is separate from the Canada Social Transfer (CST) (Government of Canada, 2020). Specifically, the Agreement funds must be used as per the agreed-upon broader objectives. The first Agreement outlined funding for the period of April 1, 2017, to March 31, 2020 (Government of Canada, 2020). The Ontario Minister received \$144,960 million annual for each of 2017-18, 2018-19, and 2019-20 (Government of Canada, 2020). The second Agreement covers the period from April 1, 2020 to March 31, 2021, wherein the province received \$146.6 million (Government of Canada, 2020). After this Agreement period, Canada and all provinces/territories, including Ontario, will sign new bilateral agreements that will stipulate new action plans and new priorities for the period between 2021-22 and 2027-28 (Government of Canada, 2020).

This paper will focus on the 2017-2020 Agreement overall and the 2019-20 fiscal year, specifically. There are two reasons for this: 1) the 2019-2020 expenditures and actions are the most recent data available under the Agreement; 2) the vast majority of this span occurred prior to COVID-19. The COVID-19 pandemic has had a significant impact on the provision of ELCC

services in Ontario since March 2020; however, the province’s recovery plan for the ELCC sector is out of the scope of this paper.

### *1.1.1 ELCC Agreement Objectives*

The Agreement outlines four broad goals aimed to be achieved with the support of a range of stakeholders, including childcare providers and experts, indigenous people, minority communities, and other Canadians (Government of Canada, 2020). Along with focusing on the wider goals of the Framework, the objectives of the Agreement have been developed with the aim of supporting Ontario’s ELCC system, championing its responsiveness, quality, accessibility, and integrated service delivery to contribute to children’s healthy child development in the present and future (Government of Canada, 2020).

As the overarching objective, the government of Canada agreed to provide funds to the Ontario Minister (represented by the Ministry of Education and the Ministry of Child Care and Early Years) to support existing investments in regulated ELCC programs and services (Government of Canada 2017). Under the Canada-Ontario Agreement, the Ontario Ministry (on behalf of the Government of Ontario) agreed to address the local, regional, and system priorities that will increase the quality, accessibility, affordability, flexibility, and inclusivity of ELCC, specifically for families in need, by supporting the “measurable and demonstrable expansion of services/programs” (Government of Ontario, 2020, p. 4). Therefore, as the first objective, the funds are to be prioritized to go to regulated ELCC programs and services (Government of Canada, 2020). This includes facilities that meet the standards or are monitored by the Ontario Minister and that can be classified as, but not limited to, licensed child care (e.g. including centres, family child care homes, nursery schools, and preschools) and early learning centres (Government of Canada, 2020).

Second, while expanding its services/programs, Ontario aims to satisfy the language needs of minority communities (Government of Canada, 2020), including the Francophone population.

Third, the investment included funds that can be used towards multiple areas including capital and operating funding, fee subsidies, training, professional development, and support for the early childhood workforce; quality assurance, parent information and referral, and administration costs (Government of Canada, 2020). The three broad funding approaches are capital funding (including for new building infrastructure), operating funding, and fee subsidy.

Fourth, Ontario also agreed to embrace innovative approaches to work to achieve quality, accessibility, affordability, flexibility, and inclusivity, particularly for families in need (Government of Canada, 2020). The Agreement identifies high-quality training and professional development opportunities within the workforce as being important for developing a stronger system for learning in the early years (Government of Canada, 2020).

Lastly, the investment must be targeted towards families in need, which include lower-income, indigenous families, lone-parent families, and families in underserved communities (Government of Canada, 2020b). The Agreement also recognizes that funding is required for families working non-traditional working hours and those with children with varying abilities (Government of Canada, 2020).

### *1.1.2 Agreement Allocation of Funds*

Ontario's ELCC action plan includes annual investment in two broad areas of focus: 1) high-quality child care, and 2) high-quality early learning. Under the Agreement, for the fiscal years of 2017-18, 2018-19, and 2019-20, the province was to receive between \$145 and 146 million every year. These funds were to be directed towards the following actions areas:

- \$100 million to increase access to high-quality child care

- \$40 million to increase access to Ontario Early Years Child and Family Centres (EarlyON)
- \$5-6 million to invest in innovative approaches, specifically dedicated towards professional learning opportunities and high-quality training, to enhance the skills of the ELCC workforce (Ministry of Education, 2020b)

The Agreement takes an incremental approach to its funding allocation to ensure that across all three years of the Agreement, the province continues to expand these three aspects (Government of Canada, 2020). The indicators for measuring Ontario's progress are outlined in Table 2 (Appendix A).

### *1.1.3 Agreement ELCC Action Plan*

#### *1.1.3.1 High-quality licensed child care*

It is essential that high-quality licensed child care is accessible and affordable to all. Under this action plan, Ontario received roughly \$100 million per year (Government of Canada, 2020a). Of this, \$80 million was to be used for increasing subsidies and/or community-based capital for children aged 0-6 years. Fee subsidies are available for children enrolled in before-and-after-school programs and in licensed child care (Government of Canada, 2020). \$20 million was to be used to support the local priorities that will have a positive impact on increasing the affordability of child care (Government of Canada, 2020).

#### *1.1.3.2 Ontario Early Years Child and Family Centres*

A high-quality early learning action area aims to provide all Ontario families access to no-cost high-quality ELCC services through EarlyON services. Since January 1, 2018, EarlyON has covered services that promote early learning, parent and caregiver support and, if needed, provide referrals to specific services (Friendly et al., 2018; Government of Canada, 2020). EarlyON services are particularly useful for families that live in a remote area and who therefore have

difficulty accessing other EYCC programs (Friendly et al., 2018). Local (municipal) service system managers (see section “Background” for more details) lead the planning, management, and delivery of EarlyON services (Friendly et al., 2016). These local service system managers engage their communities through local consultative and planning processes to identify individual community needs (Government of Canada, 2020).

The Agreement identified that the core services offered by EarlyON will be founded on the principles of 1) engaging parents and caregivers through, for example, outreach activities that will bring awareness of the services to newcomers’ families, teen parents, low-income families and among others; 2) supporting early learning and development through providing access to Registered Early Childhood Educators (RECE); and, 3) helping families make connections to other community services, such as public health and education. Much broadly speaking, EarlyON ensures that:

- All expecting parents, parents, caregivers and home child care providers have access to high-quality services that support them in their roles;
- All children 0 to 6 years of age have access to inclusive, play and inquiry-based learning opportunities to improve their developmental health and well-being;
- All parents, caregivers and home child care providers have a better understanding of early learning and development, find it easy to access support, and are provided with an accessible, non-stigmatized place to seek help; and
- Local services collaborate in an integrated way to meet the needs of children and families and to actively engage parents and caregivers to increase participation (Government of Canada, 2020, p. 33).

Through this aspect of the Agreement, Ontario received \$40 million per year to improve family and children outcomes such as mental health, early learning and development, social inclusion, academic achievement, and employment (Government of Canada, 2020).

#### *1.1.3.3 Professional Development*

The Ontario Minister also provided funding of \$5 million to support the training and professional learning of the ELCC workforce (Government of Canada, 2020). \$2 million of this was earmarked for the Early Childhood Educators Qualifications Upgrade Program (Government of Canada, 2020; Ministry of Education, 2020b). This program provides grants to individuals working in early years and child care centres to incentivize them to obtain an Early Childhood Education (ECE) diploma so they can apply for membership with the College of Early Childhood Educators (Government of Canada, 2020). The program also provides RECEs the opportunity to develop leadership skills. It gives priority to Francophone, First Nations, Inuit, and Métis applicants. The other \$3 million was allocated for creating Centres of Excellence for Early Years and Child Care for the purpose of supporting RECE's professional learning (Ministry of Education, 2020b). To this end, this funding supports the consistent use of *How Does Learning Happen? Ontario's Pedagogy for the Early Years (HDLH)* in all ELCC programs (Ministry of Education, 2020b). The professional learning indicator data for 2018, 2019, and 2020 can be viewed in Table 3 (see Appendix A).

#### *1.2 Canada-Ontario ELCC Agreement Reporting: Expenditures and Actions for 2019-20*

In the 2017-18 fiscal year, \$127.7 million was the actual expenditure; in turn, \$158 million and \$144.3 million were the actual expenditures for 2018-19 and 2019-20, respectively (Ministry of Education, 2018; Ministry of Education, 2019; Ministry of Education, 2020b).

For an overview of the expenditures and actions in Ontario for 2017-18, 2018-19, and 2019-20, see Table 3, Appendix A. The data reported in this section was collected between March 2019 and March 2020. Notably, the March 2020 data could have been affected slightly by the global pandemic that hit in early 2020; in mid-March of this year, the emergency closure of child care centres was part of the provincial pandemic response (Ministry of Education, 2020b).

### *1.2.1 Indicators reported by Ontario for High-Quality Child Care*

In the 2019-20 “Early Years and Child Care Annual Report,” the Government of Ontario reported that the number of licensed child care institutions had increased by 1% or from 5,500 (in 2018-19) to 5,565 public centres; 3,000 of these centres were in publicly-funded schools (see Figure 1-2, Appendix B) (Ministry of Education, 2020b). Equally important, the number of licensed child care spaces increased by 4% in this span, from 445,000 (in 2018-19) to 462,802 spaces, which can be found both in the community and publicly-funded schools (see Figure 3-4, Appendix B) (Ministry of Education, 2020b). Moreover, 131 homes care agencies were operating, providing governance to 8,296 approved homes for child care (see Figure 5-6, Appendix B) (Ministry of Education, 2020b).

#### *1.2.1.1 Quality*

1. Percentage of program staff who are RECEs and percentage of licensed child care centres employing only RECEs for the positions requiring qualified employees

Under the CCEYA 2014, the Ministry of Education (2020b) monitors and enforces staff qualification requirements in all licensed child care centres. Centres must employ a proportion of supervisors, staff, or home child care visitors that are qualified employees holding their RECE certification or that have the director’s approval (Ministry of Education, 2020b). For example, there must be 3 employees allocated to a group of up to 10 infants (younger than 18 months) in a

centre. Of the three employees, one must be qualified with their RECE (see Table 1, Appendix C for further information) (Ministry of Education, 2020b).

In 2019, of the 31,083 full-time program staff working in licensed child care centres, 18,315 (59%) had their RECE certification (Ministry of Education, 2020b). Moreover, 78% of licensed child care centres employed supervisors that had their RECE certification (Ministry of Education, 2020b). Likewise, 97% of home care agencies employed RECE for all home child care visitor positions.

## 2. Number of affirmations confirming programming alignment with *HDLH*

The *HDLH* is a professional learning resource that provides licensed child care centres with support to embody pedagogy in their ELCC settings (Ministry of Education, 2020b). As of March 2020, the Ministry of Education (2020b) has supported the resource by ensuring that all licensed child care centres had implemented *HDLH* before their first license was issued or before their current license was renewed.

### *1.2.1.2 Accessible*

1. Percentage of children aged 0-12 for whom there are licensed child care spaces
2. Number of additional licensed child care spaces in licensed centres created year-to-year

In 2019-20, there were licensed childcare spaces available for 23% percentage of children (aged 0-12 years), up from 22.7% in 2018-19 (Ministry of Education, 2020b). 16,206 spaces were added in this span, bringing the total to 462,802.

### *1.2.1.3 Affordable*

1. Number and percentage of children receiving child care fee subsidies

In 2019, 29% of children at licensed child care centres (see Figure 7, in Appendix B for details on full and partial subsidy by age for 2019) and 68% of children at licensed home child

care centres received a subsidy (see Figure 8, in Appendix B for details on full and partial subsidy by age for 2019) (Ministry of Education, 2020b).

2. Number and percentage of children receiving child care fee subsidies according to family income

2018 data, which is the most recent available, indicates that most families receiving fee subsidies have an income of \$40,000 or less (see Figure 9, Appendix B). 34% of families making \$20,000-\$40,000 and 41% of families making \$20,000 or below receive the subsidy (see Figure 9, Appendix B) (Ministry of Education, 2020b).

#### *1.2.1.4 Flexibility*

1. Number and percentage of programs providing care during non-standard hours

Only a small percentage of licensed child care facilities offer care during non-standard hours. 10% of child care centres and home child care offer weekend care while 1% of child care centres and 7-12% of home child care offer evening/overnight care (Ministry of Education, 2020b).

#### *1.2.1.5 Inclusion*

1. Number of French-language licensed childcare centres

As of March 2020, 308 centres offered French-language programs and 101 centres offered bilingual programs (Ministry of Education, 2020b).

2. Number of Indigenous-led centres in urban and rural communities

27 licensed centres are indigenous-led within urban and rural communities (Ministry of Education, 2020b).

3. Number of children funded through Special Needs Resourcing

Special Needs Resourcing supports the inclusion of special needs children in all licensed child care settings at no cost to families (Ministry of Education, 2020b). In 2018, 31,483 children were supported through this service (Ministry of Education, 2020b).

4. Number and percentage of children for whom a licensed space is available as a result of parental income

Of the 462,802 licensed child care spaces available for children 0-12 years of age, roughly 97,000 spaces are used by families that have an income of \$40,000 or less; in turn, 185,000 spaces are used by families with incomes between \$40,000 and \$100,000 and 189,000 spaces are used by families that have incomes of \$100,000 and above (Ministry of Education, 2020b).

### *1.2.2 High-Quality Early Learning*

#### *1.2.2.1 Quality*

1. Qualification requirements for program staff working in child and family centres
2. Service guidelines require that programming is aligned with *HDLH*

By January 1, 2023, EarlyON centres must have at least one employee with an RECE certification to manage all core services. Exceptions can be granted to staff with 10 or more years of experience who meet the RECE requirements. The 2020 data support that all EarlyON centres have adapted to these guidelines and were under the compliance of the *HDLH* resource guide.

#### *1.2.2.2 Accessible, Affordable, Flexible, and Inclusive*

1. Number of EarlyON Child and Family programs offering full- and part-time hours
2. Number of child and family visits to EarlyON Child and Family Centres
3. Percentage of children served by EarlyON Child and Family Centres
4. Percentage of EarlyON Child and Family programs that offer programming during non-standard hours

5. Number of child and family centres (EarlyON) that offer culturally relevant programming for Indigenous children and families
6. Number of child and family centres that offer French-language programming for Francophone children and families

In 2018, there were 1296 EarlyON Centres (Ministry of Education, 2020b). 475 EarlyON were main centres while 821 provided mobile services (Ministry of Education, 2020b). Three hundred ninety-six of these offered care during non-standard hours (Ministry of Education, 2020b). 65 centres offered Indigenous programming while 116 centres offered programming for Francophone children (Ministry of Education, 2020b). As of summer, 2020, 81 new EarlyON centres were in the process of being established (Ministry of Education, 2020b). EarlyON served 401,116 (38%) of children aged 0-6 years old (Ministry of Education, 2020b).

## 2. STATEMENT OF PROBLEM

Canada is considered a “laggard” with regard to family policies, including the ELCC system (Mahon, 2009; Raphael, 2010b; Beaujot et al., 2013; Raphael, 2014; Anderson et al., 2016; Japel & Friendly, 2018). For example, Thévenon (2011) reviewed 28 of the 37 Anglo-Saxon nations’ family policies and identified Canada as an outlier within the category “short [maternal/parental] leave, support targeted on low-income single-parent families and families with preschool children” (Thévenon, 2011, p. 10). Thévenon (2011) also reported that as a result of this short-term, targeted approach, child care coverage in Canada is low and there is low public spending on universal child care; as a result, there are high costs for parents, especially for single-parent families (Thévenon, 2011). This can be attributed to a number of characteristics driven by Canada’s market approach to early learning and child care (Japel & Friendly, 2018). Beach and Ferns (2015) identified the characteristics of Canada’s market-driven child care provision:

- Inequities in access to ELCC services
- Poor service development
- Consumer-led model of financing, ultimately relying on privatized services
- Limited public management and planning, with minimum staffing levels, at a low rate of payment
- Quality undermined, with limited integration of care and education

Therefore, this paper’s critical assessment of Ontario’s ELCC system has been informed by two tensions that underlie the Canada-Ontario Agreement objective and priority areas.

First, the Framework and the Canada-Ontario Agreement give the illusion that they represent a new approach to welfare services and redistribution (Dobrowlksy & Saint-Martin, 2005). However, the Agreement is guided by a policy approach that is selective and targeted. This targeted approach is market-driven despite strong evidence indicating that a universal approach to child care would be more effective (Anderson et al., 2016). The Agreement has a strong emphasis on a social investment approach to ELCC that creates policies that are “targeted initiatives relating to tackling child poverty, getting mothers off social assistance and providing child tax benefits” (Dobrowlksy & Saint-Martin, 2005, p. 9). In fact, since the mid-1990s, this social investment approach has entailed Canada implementing means-tested benefits and establishing tax credits (McKenzie, 2014). For example, the Agreement’s priority area of “high-quality child care” emphasizes demand-side funding in the form of subsidies for families so that they can purchase ELCC services in the province (Government of Canada, 2020). The allocation of \$80 million in fee subsidies for children 0–6 years old reflects this means-testing objective (Government of Canada, 2020).

Second, as Friendly (2008) argues, the manner in which early learning and child care services are organized has an impact on the quality of the services provided. However, the discussion of organizational structure is minimal in the Agreement; it only mentions integrating and coordinating EarlyON services, which fall under the second priority area “quality early learning” (Government of Canada, 2020). EarlyON is a community-based service intended to be available at no cost to families to “engage parents and caregivers” in “supporting early learning and development” and “making connections for family,” while also providing targeted outreach services for families in need (Government of Canada, 2020, p. 35). However, the Agreement does not discuss integrating ELCC services across the province in terms of combining care and education services. Beyond the administrative level of moving child care into the education department, Ontario has not integrated these services at any other structural level (see section “Findings”).

## *2.1 Research Significance*

### *2.1.1 Research Objective and Questions*

This paper’s analysis of Ontario’s recent bilateral Agreement does not focus on the quantitative change of action vs. inaction, as this is not the issue; rather, it focuses on the quality of the change underlying the Agreement. I argue that in Canada, ELCC policies have continued to consist of only a series of small changes that have not led to a significant qualitative transformation. Within the aforementioned tensions, the purpose of this research paper is to critically assess how Canada’s neo-liberal ideology has influenced early learning and child care policies such as the Canada-Ontario Agreement. The Canada-Ontario Agreement is similar to all other early learning and child care policies developed in Canada since the 1970 Royal Commission on the Status of Women, when conversations about national, high-quality child care began

(Albanese & Rauhala, 2005). Despite efforts made by the federal, provincial, and territorial governments to improve access to affordable and high-quality early learning and child care since the late 1990s, Canadians have seen very few major changes in early learning and child care policies (Albanese & Rauhala, 2005; Anderson et al., 2016).

This paper will explore the interactions between discourse, ideology, and politics as they shape public policies like the Canada-Ontario Agreement. To do so, the paper will use theoretical perspectives of discursive institutionalism (DI), materialist political economy, and the political economy of health. By considering these three theories and critically reviewing the Agreement, I aim to understand the social, economic, and political structures and processes that shape ELCC services in Ontario and, more broadly speaking, policy-making in Canada.

I will use Critical Discourse Analysis (CDA) to analyze the Canada-Ontario Agreement. CDA draws on sociolinguistics by using a text-based approach to analysis (Luke, 1997; Schneider, 2013). CDA is social-theoretically informed; it considers text as a form of social practice and recognizes that text is in a dialectical relationship with another realm of the social context (Herzog, 2018). I will use this to analyze the Canada-Ontario Agreement because it is socially shaped and socially shaping. In this analysis, I will use thematic analysis to determine how socio-economic realities shape the ELCC sector. Specifically, I will investigate how the politics and the rhetoric that informs the sector are expressed through the policy. Through this thematic analysis, Ontario's political position on the ELCC can be brought to light. The primary objective of this paper is to answer the questions,

- 1) Why is Ontario's, and thus Canada's, ELCC system the way it is?
- 2) How can Ontario and Canada better provide high-quality child care?

To answer these questions, I will focus on understanding the socio-political context within which the Canada-Ontario ELCC Agreement is situated. Subsequently, I aim to answer the following secondary questions:

- 1) Does the Agreement differ from previous child care policy efforts made by the Canadian government and the province of Ontario? Does it actually promise efforts to expand to become universal child care in Ontario?
- 2) Does the Canada-Ontario Agreement sufficiently promote high-quality, accessible, and affordable ELCC?
- 3) How is ELCC conceptualized within the Agreement? Does the Canada-Ontario Agreement promote integration between child care and education?
- 4) What are the implications of the Canada-Ontario Agreement within the socio-political context of Ontario?

In this paper, the term child and children refer to young people that are 0-4 years old – those that have not yet moved to Junior Kindergarten in Ontario. However, not all data reported in this paper will be focused on 0-4, as Ontario government and its reports define and report data on children aged 0-12 (CCEY, 2014). This paper will be adapting the term ELCC to refer to “child care and early years programs and services” (see section “Background”) in Ontario. I reserve the term Early Childhood Education and Care (ECEC) to refer to a specific organizational model that will encompass the ELCC services that combine child care and early years programs and services. Therefore, when using the term ECEC instead of ELCC, I refer to the integrated services of education and care. Some ways to facilitate the integration of early learning and child care into ECEC include 1) applying the values and principles of public education to child care services, 2) creating a system or framework within which ECEC services and funding, workforce and

regulation are not separate entities, and 3) creating a concept to integrate “education” and “child care” (further discussed in the “Findings” section) (Friendly, 2008).

### 3. BACKGROUND

#### *3.1 Overview of Canada’s system child care system*

ELCC differs structurally across Canada; nonetheless, there are similarities across the country’s 10 provinces and 3 territories (Japel & Friendly, 2018).

First, regulated child care is often comprised of centres, nursery schools, preschools and regulated home child care that are under the same legislation; it is typically the responsibility of the education ministry or the social welfare department (Japel & Friendly, 2018). Despite having a jurisdictional responsibility for ELCC, with the exception of Quebec, no province/territory has managed to have a coherent ELCC system (Friendly, 2008).

Second, regulated child care is provided on a fee-based criterion, delivered entirely on for-profit and non-profit models (Japel & Friendly, 2018). In contrast, kindergarten is provided on a no-fee, universal basis (Japel & Friendly, 2018). Most provinces/territories fully fund and deliver kindergarten; however, funding for and delivery of services for younger children is largely a private, family responsibility (Friendly et al., 2018).

Third, with the exception of Ontario, provinces/territories assign a minimal role to local/municipal governments with regard to child care provision (Japel & Friendly, 2018). In Ontario, the service system managers provide support to all licensed child care and EarlyON child and family programs in the province (see section ELCC for more details).

### *3.2 Liberal Welfare State and Federalism*

According to Friendly (2018), two political systems have shaped the characteristics of ELCC in Canada as well as the overall trajectory of social policies, including child care policies: 1) Canada's status as a liberal state, and 2) federalism.

Canada is a liberal democracy that has a liberal welfare regime (Friendly, 2018). As such, Canada has taken a market-driven, consumerist approach to various aspects of family policies (excluding kindergarten), including child care (Japel & Friendly, 2018). Canada has a mixture of private non-profit and private for-profit ELCC (Japel & Friendly, 2018). Child care chains have started to become more prominent in recent years and corporate child care operations are rapidly expanding as well (Japel & Friendly, 2018).

This system relies on the market to support families through social programs (Albanese & Rauhala, 2015). Canada's reliance on the marketplace for child care is evident through the fact that responsibility for developing, managing, and funding child care falls on the private sector (e.g. parent groups, voluntary organizations, or entrepreneurs) (Friendly, 2008). The Canadian government provides only limited regulations and some funding (Japel & Friendly, 2018). While Nordic countries give the state a stronger role, Canada has a relatively weak welfare state where ELCC relies on the market, means testing, and limited and targeted public investment (Friendly, 2008; Friendly, 2018). The only exception is Quebec's approach to child care policies and programs, which more closely resemble a social democratic model (Albanese & Rauhala, 2015).

Compared to other federations (e.g. Germany, Austria, Australia), Canada is more decentralized (Japel & Friendly, 2018). Provinces/territories organize and deliver ELCC, with the exception of populations such as military families and (on-reserve) indigenous families (Japel & Friendly, 2018). Every province and territory has its own ELCC program and these programs vary

in terms of availability, affordability, and quality (Friendly, 2008). Across Canada, the organization and delivery of child care is approached somewhat differently, but it remains similar at its core: all provinces/territories lack a comprehensive plan for providing families with access to high-quality ELCC (Japel & Friendly, 2018).

### *3.3 Ontario's Early Years and Child Care System (ELCC)*

The Ontario provincial government and the ELCC sector function under the “Child Care and Early Years Act” (CCEY) (2014) legislation. The provincial government sets overall policy, legislation, and regulation for the ELCC sector while the Ontario Minister provides licenses and contracts and also conducts inspections and investigations of licensed child care and unlicensed child care facilities (Ministry of Education, 2018). The Early Years and Child Care Division of the Ministry of Education is responsible for all licensed ELCC programs, including licensed child care centres and licensed home child care agencies (Friendly et al., 2018). Licensed (i.e. regulated) child care is comprised of child care centres, home child care, and in-home services (CCEY, 2014; Friendly et al., 2018).

Ontario's ELCC system consists of two streams: early years programs and services and licensed child care services. CCEY (2014) defines early years programs and services as “programs and services for children or parents that are specified or meet the description set out in the regulations, which, involve or relate to the learning, development, health and well-being of children, do not provide child care and are not extended day programs, and are funded wholly or partly by the Ministry” (p. 3). Moreover, the CCEY (2014) defines child care as “the provision of temporary care for or supervision of children in any circumstance other than in exempt circumstances” (e.g. service provided at home, schools, private schools, camps or by relatives or residential or foster care, etc.) (p. 5). Therefore, ELCC refers to “child care and early years

programs and services” that “include the provision and delivery of child care” or “early years programs and services” (CCEY, 2014, p. 3).

Under the umbrella term of ELCC, programs and services are delivered by non-profit, for-profit, and publicly-operated entities (Friendly et al., 2018). In Ontario, all publicly-operated ELCC falls under the management and administration of the service system managers, known as Consolidated Municipal Service Managers and District Social Services Administration Boards (CMSM/DSSAB). There are 37 CMSM and 10 DSSABs (see Figure 10, Appendix B) (Cleveland, 2018). In total, as of 2017, the ministry funds 150 CMSM/DSSAB, First Nations, school boards, and lead agencies in the ELCC sector (Friendly et al., 2018; Cleveland, 2018). The provincial government also supports ELCC on-reserve by funding 77 First Nations and three transfer payment agencies; it provides direct support for First Nations to operate ELCC programs (Friendly et al., 2018).

### *3.3.1 Types of ELCC Services in Ontario*

#### *3.3.1.1 Licensed Child care centres*

In Ontario, licensed child care centres provide full-day (child care centres), part-day (nursery schools), and before-and-after school programs (Friendly et al., 2018). They can be housed within schools, community centres, workplaces, and commercial spaces and they are delivered by a mix of not-for-profit (75%) and for-profit (25%) entities ((Friendly et al., 2018). In 2020, 5,565 centres provided 462,802 spaces to children in Ontario (Ministry of Education, 2020b). Of these, 34,841 spaces provided services in French, 7,285 spaces provided bilingual services, and 3,342 spaces were on reserves (Ministry of Education, 2020b).

### *3.3.1.2 Licensed home child care*

Home child care makes up about 4-6% of all licensed child care (Cleveland, 2018). In 2020, in Ontario, 131 licensed home child care agencies (80% non-for-profit and 20% for-profit) provided contracts to individual home child care providers, as they are not directly licensed by the Ministry of Education (Friendly et al., 2018; Ministry of Education, 2020b). These 131 agencies oversaw 8,296 approved homes (Ministry of Education, 2020b). Two agencies were run by First Nations and were responsible for 31 approved homes.

### *3.3.1.3 In-Home Services*

In-Home services are provided to children at their homes or at other residential spaces (Friendly et al., 2018). Here, an agreement between the child care provider and a home child care agency ensures oversight (Friendly et al., 2018).

### *3.3.1.4 Unlicensed home child care*

Unregulated child care, commonly referred to as unlicensed home child care, is permitted in Ontario as long as the service providers disclose that they do not have a license. Unlicensed child care is not inspected unless a complaint is received. However, if an inspection does occur, ministry staff ensure that these homes are compliant with the requirements for child care (Friendly et al., 2018).

## *3.3.2 Financing ELCC in Ontario*

Among 14 Organization for Economic Cooperation and Development (OECD) countries, Canada has the lowest Gross Domestic Product (GDP) spending for its ELCC programs (Friendly, 2008). In 2006, Canada spent about .25% of its GDP on ELCC while Ontario spent about .28% of provincial GDP (Friendly, 2008; Friendly, 2016). While these findings were reported in 2006, evidence shows that minimal to no improvement has been made to Canada's ELCC systems

(Friendly, 2016). Thus, it would be fair to assume that the percentage of GDP spent on ELCC has remained approximately the same as it was in 2006. In all provinces other than Quebec, fees for child care are primarily covered by parents, although some provinces/territories cover some operational costs for regulated child care centres (Friendly et al., 2018).

### *3.3.2.1 Demand-Side Funding*

#### *3.3.2.1.1 Operational and Capital Funds*

Funds provided to centres by provincial/territorial jurisdictions are meant to support services operationally – e.g. assist with staff wages (Japel & Friendly, 2018). The goal is to help reduce the costs of parental fees (Japel & Friendly, 2018). Across Canada, Quebec, Manitoba, and Prince Edward Island are the only provinces that allocate a substantial amount for operational support to ELCC services, with Quebec’s operational funding being the most generous of the three (Japel & Friendly, 2018). On the other hand, capital funds are one-time funding provided to cover costs of building new facilities or for centre or home repair (Ferns & Friendly, 2014).

#### *3.3.2.1.2 Parent Fees*

Parents have the burden of covering all or most costs (Japel & Friendly, 2018). As such, parent fees are the primary source of funding for child care services (Cleveland, 2018). According to the 2016 OECD report, Canadian child care fees are amongst the highest of 35 OECD countries (Japel & Friendly, 2018). Child care fees for children 0-4 years old can cost anywhere from \$9,000 to \$20,000 per child/year, depending on region and age (Cleveland, 2018). A two-income family typically spends approximately 22% of its annual income on childcare, which compares to 15% in other OECD countries (Japel & Friendly, 2018). High-quality child care is scarce and more expensive than it was a few years ago in Ontario (MacDonald & Friendly, 2016). In Toronto,

Ontario, roughly three quarters of families have difficulty affording licensed, regulated child care (MacDonald & Friendly, 2016).

#### *3.3.2.1.3 Infant fees*

Infant (birth to 1.5 years old) fees tend to be the highest, regardless of the province/territory because they have a higher delivery cost due to the staff-to-child ratio (MacDonald & Friendly, 2016).

Compared to other provinces/territories, Ontario has the highest infant fees across non-school aged children (MacDonald & Friendly, 2017). In Toronto, in 2017, the median cost for full-time infant fees for both centre and home spaces was \$1758 per month (up from \$1649 in 2016) or \$21,096 annually (MacDonald & Friendly, 2016; MacDonald & Friendly, 2017).

#### *3.3.2.1.4 Toddler Fees*

Although the definitions vary by province/territory, toddlers are typically between 18 months and three years old (MacDonald & Friendly, 2017). Parental fees for toddlers tend to be lower compared with infants but higher than they are for preschool spaces (MacDonald & Friendly, 2016). In Toronto, in 2017, full-time toddler fees were on average \$1354 per month across home and centre spaces (\$16,248 annually) (MacDonald & Friendly, 2017).

#### *3.3.2.1.5 Preschool fees*

Preschool children between the age of 3 to kindergarten-age (between four and six years) make up the majority of children in licensed child care spaces in centres and home child care (MacDonald & Friendly, 2017). Toronto ranks highest in the country when it comes to parent fees for preschoolers in child care; on average, parents pay \$1,212 per month for full-time services (\$14,544 annually) (MacDonald & Friendly, 2017).

### *3.3.2.2 Ontario ELCC Funding Support: Subsidies*

Child care subsidy systems are available in all provinces/territories with the exception of Quebec (MacDonald & Friendly, 2016). The individual family fee subsidy system covers all or part of a family's cost for child care (MacDonald & Friendly, 2016). In most provinces/territories, child care subsidies are paid on behalf of low-income families; these families are determined by factors such as income, the number of parents in the family and children in care, and workforce or education participation (MacDonald & Friendly, 2016). The after-subsidy amount for low-income families must be paid out of pocket, and the amount differs by the family characteristics mentioned above (MacDonald & Friendly, 2016). Fee subsidies make up anywhere from 21 to 64% of the total funds spent on licensed child care services, with most provinces/territories spending 40-45% of their child care funding on fee subsidies (Japel & Friendly, 2018).

Ontario's child care subsidy system affects the affordability of licensed child care services (Cleveland, 2018). To be eligible for a subsidy, parents need to be seeking employment, already employed, or in training or education (Cleveland, 2018). In 2017, over 111,000 children aged 0-12 received child care subsidies in Ontario (about 40% were for infant care, 34% for toddler care, and 31% for preschool-aged children) (Cleveland, 2018). In contrast, 260,000 children 0-12 in licensed care did not receive child care subsidy in 2017 (Cleveland, 2018).

#### *3.3.2.2.1 Parental Leave in Ontario*

Ontario provides up to seventeen weeks of maternity leave for all employees who have at least thirteen weeks of employment (Friendly et al., 2018). In addition to maternity leave, birth mothers have the right to a maximum of sixty-one weeks of unpaid parental leave while other new parents are entitled to up to sixty-three weeks of parental leave (Friendly et al., 2018).

## 4. METHODOLOGY

### *4.1 Discursive Institutionalism*

Historical institutionalism analyzes the roles of policy legacies and political institutions as well as the roles of ideas and discourse in policy change and outcomes. The framework of historical institutionalism, political institutions and ideas and discourse essentially centres upon the concept that politics create policies (Beland, 2005).

DI is an extension of the historical institutionalism theory that focuses on ideas and discourse (Schmidt, 2008). DI theorizes about the role idealism plays in shaping the world; specifically, it examines policy-making within the institutional context (Beland, 2005). DI provides a “more dynamic approach to institutional change” that recognizes that ideas and discourse matter and provide an interpretative framework for its analysis (Carstensen & Schmidt, 2016).

Carstensen and Schmidt (2016) discuss ideational power’s ability to capture certain ideas in politics, specifically those that translate into actions; often, these ideas come at the expense of other ideas that do not have enough support from groups that have the right resources (Coburn, 2015). Carstensen and Schmidt (2016) see ideational power as an analytical category within the framework of DI and consider it to be no different from other category of power, such as institutional or structural power.

Carstensen and Schmidt (2016) suggest three key components of ideational power — power through ideas, power over ideas, and power in ideas. Power through ideas occurs when individuals or a collective are able to use ideational elements to change other people’s cognitive and normative beliefs. Power over ideas is evident when individuals or a collective impose their own meanings of ideas by shaming others who either do not hold not their views or who resist

accepting the alternative meaning. Finally, power in ideas, which is the power most closely related to structural and institutional forms of power, suggests that ideas have the authority to structure further ideas.

## *4.2 Political Economy*

### *4.2.1 Materialist Political Economy*

Political economy can be used to understand how economic, political, and social systems are created by the social institutions that are informed by neoliberal ideology and that further influence the health of people within different socioeconomic gradients (Coburn, 2010; Armstrong, Armstrong, & Coburn, 2001).

This paper's analysis considers the materialist point of view within the political economy, which focuses on ideas, institutions, power and the influence they have on the mode of production and class (Coburn, 2010). Therefore, the materialist political economy views society as being organized around production and class (Coburn, 2010). The materialist approach suggests that ideas are shaped by the world (Coburn, 2010). Subsequently, ideas need to be supported by the dominant group to be transformed into action (Coburn, 2010).

#### *4.2.1.1 Neo-liberalism*

To understand political economy, one must understand what political ideology and power are and how they interact to shape public policy (Bryant & Raphael, 2015). In capitalist countries, the predominant political ideology that shapes policies is neo-liberalism (Bryant and Raphael, 2015; Navarro, 2007). Neoliberalism suggests that labour and financial markets should be free of government control and be deregulated; the state should reduce its economic and social interventions (Navarro, 2007). A neo-liberalism practice does not argue that the states have become less interventionist; rather, it states that the nature of state intervention favours business

and corporate power at the expense of the working-class (Navarro, 2007). Thus, in capitalist countries, there are differing degrees of strengths with regard to class structures and alliances, within which there is a strong linkage between the dominant classes (Coburn, 2010). Class inequalities have increased within capitalist countries, whereby the dominant class is responsible for enacting many class-determined public policies (Navarro, 2007).

Within a capitalist nation guided by neoliberalism, public policies will always be unsuccessful at achieving equality in terms of social well-being (Navarro, 2007). At its fundamental core values, neo-liberal policies are centred around deregulating labor markets, financial markets, and commerce in goods and services and reducing public social expenditures and encouraging the privatization of services; a main goal of this system is to promote individualism and consumerism (Navarro, 2007).

### *4.3 Political Economy of Health*

#### *4.3.1 Social Determinants of Health*

Social position and political, economic, cultural, and social context are the structural or social determinants of health inequalities; they are also known as the “causes of the causes” (Mantoura & Morrison, 2016; WHO, 2010). The social determinants of health inequalities are recognized as the causal factors that place specific groups of people within certain socioeconomic positions (WHO, 2010). People’s socioeconomic position is the product of their Social Determinants of Health (SDH); in turn, this determines the social context within which they live (WHO, 2010). Mikkonen and Raphael (2010) include the following as the SDH that affect the health of Canadians: aboriginal status, disability, education, employment and working conditions, food insecurity, health services, gender, housing, income and income distribution, race, social exclusion, social safety net, unemployment and job security, and early childhood development.

Moreover, the social determinants of children's health (SDCH) include housing and income security, food security, children's and parents' social locations, and early childhood development (Bryant, 2015; Raphael, 2014). SDCH affect children's health 1) by exposing them to the negative impacts of SDH, and 2) because family's living circumstances are influenced by their SDH (Raphael, 2010b). Therefore, the health of children is linked to the quality and distribution of SDCH; in turn, these are influenced by their parents' SDH, which are further determined by public policies within the welfare state (Bryant, 2015).

SDH create social stratification that makes certain groups of people more prone to differential exposure and vulnerability (WHO, 2010). In turn, these people are exposed to greater levels of health illness, which further worsens their differential exposures and vulnerability; in turn, this becomes a vicious cycle of health inequalities (WHO, 2010).

A political economy of health, with consideration of the SDH, focuses on the role of the welfare state in the distribution and quality of the SDH, including the SDCH (Bryant, 2015). Both social and health inequalities are products of the public policies that inform the quality and distribution of the SDH (Raphael & Bryant, 2015). Commonly, policies that aim to reduce health inequalities focus on the SDH for reducing its effect on groups of populations (Mantoura & Morrison, 2016).

#### *4.3.2 Welfare State*

##### *4.3.2.1 Types of Welfare State*

Esping-Anderson's regime typology of Social Democratic, Conservative, and Liberal welfare states, which is shaped by the ideologies of governments, explains the differences in the development of public policies as they pertain to SDH (Bryant, 2015). The three welfare regime philosophies are characterized by social stratification, decommmodification, and the role of the state,

market and family in the distribution of social-economic resources to ensure equitable distribution to citizens characterize (Bryant, 2015; Raphael, 2015). Higher levels of stratification are associated with higher levels of exposure to the unequal distribution of SDH – specifically, of income and wealth (Raphael & Bryant, 2015). Stratification is also related to power; higher-income groups have a greater influence on public policy (Raphael & Bryant, 2015). Everything can be commodified or decommodified, including child care, dental care, education, and social and health services (Raphael & Bryant, 2015). Therefore, decommodification is associated with a high level of quality-of-life that is accessible as a benefit of citizenship, irrespective of one's role in the paid employment market (Raphael & Bryant, 2015). Another difference between the three regimes is the roles the state, family and market have in the responsibility of the economic and social security across the life-course (Raphael & Bryant, 2015). The three welfare regimes are also distinguished by their roles in providing welfare services (health care, education, social services) and social transfers (income redistribution, including pensions, unemployment benefits) (Eikemo and Bambra, 2008; Bryant, 2015; Raphael, 2015). Notably, the differences between welfare states create differences in people's living experiences (Bryant, 2015).

Social Democratic welfare states (e.g., Scandinavian countries) provide their populations with the most generous package of welfare services and social transfers centred on decommodification (Bryant, 2015). Social democratic states are more decommodified than are conservative and liberal welfare states (Bryant, 2015). As such, they support the provision of programs and services founded on a universalist measure; thus, they aim to reduce inequalities and to support measures that shape the equal distribution of SDH (Raphael, 2015). Of the three welfare state regimes, social democratic welfare states most overtly aim to reduce social stratification and its effects (Coburn, 2010).

Conservative welfare states (e.g., Belgium, France, and Germany) centre their public policies on the family (Bryant, 2015), which they view as the primary source of economic and social support. They provide a moderate level of decommodifying societal resources, often tying it to employment (Bryant, 2015; Raphael, 2015).

Liberal states (e.g., the United States, the United Kingdom, and Canada) (Coburn, 2010) emphasize the role of the market (Raphael & Bryant, 2015). They commodify the resources needed for multiple facets of life, including health (Raphael & Bryant, 2015). Liberal states are the least decommodified welfare states; as such, they are mainly dominated by the market (Esping-Anderson, 1990). Liberal states' welfare services and social transfers tend to target specific populations, often those defined as being disadvantaged (Raphael, 2015). The market is an important institution in liberal states and it is guided by business, corporate power and influence (Raphael, 2015).

## 5. METHOD

### *5.1 Critical Discourse Analysis*

Lupton (1992) defines discourse as the communication that occurs through text and spoken words; it consists of everything from a “patterned system of texts, messages, talk, dialogue or conversation, which can both be identified in these communications and located in social structures” (p. 145). In turn, discourse analysis is the study of discourse at social, political and economic levels; there is a focus on the ‘style’ of the verbal communication and on the manner in which ideology is reproduced (Lupton, 1992). Dijk (1995) defines ideology as:

the basic frameworks of organizing the social cognitions shared by members of social groups, organizations or institutions. In this respect, ideologies are both cognitive and social. They essentially function as the interface between the cognitive representations and processes underlying discourse and action, on the one hand, and the societal position of interests of social groups, on the other hand. (p. 17)

Ideologies are often expressed in verbal forms, but they can also occur in non-verbal forms (e.g., pictures and gestures) (Herzog, 2018). Therefore, ideologies, like languages, are social (Dijk, 2006). An ideology is not situated within an individual or on a personal level; rather, it is situated at a social level. In turn, it is used by those at individual or personal levels (Dijk, 2006; Fairclough, 1989).

In the verbal form, ideology is present and it is reproduced in discourse within social and political institutions (Herzog, 2018). Ideology is important because it legitimizes power, including the power abuse perpetrated by the dominant class (Dijk, 2006). Once embedded, materialized, and institutionalized (Herzog, 2018) at levels of acceptance, ideological dominance will lead the dominated groups to view the dominant ideology (e.g., world views, beliefs, and values) as ‘reality.’ This is known as cultural hegemony (Dijk, 2006). By having power over social institutions, the ruling class can strongly influence society to accept and obey specific ideas, norms, and expectations, that have been set by the ruling class, as legitimate and as the only worldview by which a society should abide (Gramsci, 1971). Here, the dominant ideology is disguised as being beneficial to all society’s members, even though it benefits the ruling class to the greatest extent.

There are different versions of discourse analysis that consist of a range of methodologies and that draw on different fields of critical social research that can be used to answer questions related to the social relations of, for example, class, gender, and power (Fairclough, 2003). The following definition of CDA by Fairclough (1993) will guide this paper's analysis:

Discourse analysis which aims to systematically explore other opaque relationships [linkage between discourse, ideology, and power] of causality and determination between a) discursive practices, events and texts and b) wider social and cultural structures relations and processes; to investigate how such practices, events, and texts arise out of and are ideologically shaped by relations of power and struggles over power; and to explore how the opacity of these relationships between discourse and society is itself a factor securing power and hegemony. (p.135)

CDA aims to find answers for the following questions:

- How do existing societies provide people with the possibilities and resources to live rich and fulfilling lives?
- In contrast, how do societies deny people these possibilities and resources? What aspects of existing societies produce poverty, deprivation, misery, and insecurity in people's lives? What possibilities are there that social change would occur to reduce these problems and enhance the quality of the lives of the members of these societies? (Fairclough, 2003).

CDA was used to analyze the Agreement because CDA's primary source of data analysis is text (Luke, 1997; Schneider, 2013). Text is the spoken and written language that serves specific social uses and functions (Luke, 1997). CDA is concerned with how power is constructed through

the written and spoken word and through the rhetoric that reflects class and class affiliation (Schneider, 2013). More specifically, CDA reveals the connection spoken and written language use have with politics; moreover, it examines how discourse influences social relations and, in turn, infiltrates into institutions, which further influences society to create and shape the world in a specific way that aligns with the dominant discourse (Schneider, 2013). Thus, CDA is not interested in text analysis, per se; rather, it aims to uncover the discourse analysis surrounding the specific text under study as well as the 'order of discourse' (networks of specific text type, discourse, social identity and personality) (Fairclough, 2003). CDA aims to unravel the structuring of social practices that occur at the text level and to consider the manner in which ideas move from abstract to structural (Fairclough, 2003).

### *5.2 Method of Analysis: Fairclough's Three Dimension of Discourse Analysis*

Fairclough (1989) uses a three-dimension framework of textual analysis for CDA. This qualitative analysis tool centres on viewing the language situated within a social practice. To conduct CDA, this paper relies on Fairclough's three-dimension framework. Moreover, the foundational method of research for this paper is thematic analysis (Janks, 1997; Braun and Clarke, 2006). Fairclough described three-dimension analysis as consisting of text analysis (description), processing analysis (interpretation), and social analysis (explanation (Janks, 1997). Through CDA, the Agreement text will be described using a thematic analysis, interpreted using the discursive institutionalism theory, and explained using political economy. By using CDA and the three-dimension framework, one can explore the Agreement's political underpinnings that produce and reproduce the relationships between discourse, ideologies and power.

## *5.2.1 Text Analysis*

### *5.2.1.1 Defining Thematic Analysis*

Thematic analysis identifies, analyzes, and reports patterns within qualitative or quantitative data (Barun and Clarke, 2006). Thematic analysis is a foundational tool that can be applied to different forms of qualitative analysis (Holloway and Todres, 2003). Thematic analysis is independent of many theoretical and epistemological approaches; thus, it can be fairly easily embedded in different theoretical frameworks (Braun and Clarke, 2006). Thematic analysis can be used for essentialist or realist research, constructionist or ‘contextualist’ methods, or it can be guided by theories such as critical realism (Braun and Clarke, 2006). This flexibility illustrates that thematic analysis can be used to identify the themes of the ‘world’ or ‘reality’ at the surface level or to unravel issues at much deeper levels (Braun and Clarke, 2006). This paper will identify the themes present in the Agreement, presenting the patterns of meaning within the data, which is also linked to the research questions (Braun and Clarke, 2006).

### *5.2.1.2 Steps in Thematic Analysis of ELCC Policy*

Theme selection can be done using an inductive (evidence) or a deductive (theoretical) approach (Braun and Clarke, 2006). Inductive thematic analysis occurs when the selection of the themes has been data-driven and does not need to fit into pre-existing coding categories or follow the researcher’s own theoretical assumptions (Braun and Clark, 2006). Instead, the themes are based on the data under review. In contrast, theme selection based on a deductive approach is analyst-driven, meaning that it is based on the researcher’s theoretical assumptions (Braun & Clark, 2006). This paper will employ an inductive approach to thematic analysis using the following steps: familiarizing myself with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes (Braun and Clarke, 2006).

The themes are analysed at both the processing and social levels (Janks, 1997). Processing analysis involve selecting themes that are descriptive and that closely represent the ‘reality’ of the data (Braun & Clarke, 2006). The focus here is to show summarized and patterned themes within the surface of the data (Braun and Clarke, 2006). Social analysis involves examining the theorized ideas, assumptions, conceptualizations, and ideologies that inform the surface meanings of the data (Braun and Clarke, 2006). To do so, DI – a theory aimed at understanding policy paradigms and political economy (specifically, materialist political economy and the political economy of health) – has informed this paper’s processing and social analysis of Ontario’s ELCC Agreement.

Using these two theoretical frameworks, I aim to provide insight into the current social practice within which the ELCC text is situated. These frameworks will provide structural insight into the politics and political ideology of the Ontario government’s ELCC policy development.

## 6. FINDINGS

Dijk (1995) argues that ideologies are rarely explicitly presented in text. Instead, he suggests they are reproduced through the surface structures of syntax, semantics and the other discourse structures that form and becomes part of the discourse change and (re)production (Dijk, 1995). It is important to analyze surface structures to identify and understand the underlying meanings of prominent beliefs of institutions. To do so, this paper’s approach to thematic analysis is centred on providing a detailed account of the themes within the Agreement (Braun and Clarke, 2006). The themes are selected based on the research questions that guide this paper’s analysis (Braun & Clarke, 2006). In turn, I situate the themes identified in the Agreement using the three types of ideational power (power through ideas, power over ideas, and power in ideas) within the theory of DI.

## *6.1 Power Through Ideas*

Through the act of cognitive and/or normative value or validity, persuasion is central to ideational power (Carstensen & Schmidt, 2016). Carstensen and Schmidt (2016) describe persuasion in cognitive terms of a policy's 1) relevance, which is conveyed by correctly identifying the problem that it expects to solve; 2) applicability, by outlining the steps needed to solve the problem; and, 3) coherence, by including concepts, methods, and instruments that are familiar and that can be applied without resistance (Carstensen & Schmidt, 2016). In contrast, normative arguments are valued for their appropriateness within a community (Carstensen & Schmidt, 2016). Here, ideational power is not practiced by manipulating groups of people; rather, it occurs by prompting people to rethink and change their "intersubjective held ideas." The goal is to create "common knowledge". Within a policy area, the discourse will be shaped by the predominant "understanding of an issue" (Carstensen & Schmidt, 2016). With this mind, the following section outlines the themes as they pertain to the normative argument present in the Agreement.

### *6.1.1 Prioritizing Demand-Side Subsidies*

#### *6.1.1.1 Fee-subsidies are the only funding approach in the Agreement*

As the following quotation and the next sections make evident, there is minimal intervention by the federal government, which is mainly bounded to favouring demand-side policy instruments, despite there being a poor link between fee subsidies and improvements in access and affordability (MacDonald & Friendly, 2017; Cleveland, 2018).

Investments related to child care initiatives will support children and families in need through increased access and affordability to licensed child care, by creating subsidies and

capital funding that will allow for more responsive services that are flexible and can respond to the varying needs of children and families. (Government of Canada, 2020, p.41)

In most of Canada, including Ontario, to support the operational costs of the services, child care is financed through parent fees, fee subsidies, along with a small amount of direct funding from the government (Prentice, 2006). Accordingly, in the Agreement, only demand-side support underlies its actions. A central feature of the Canada-Ontario Agreement is the increased funding available in the form of fee subsidies – the other two aspects of funding come in the form of operational and capital funding.

The government in Ontario employs the following solutions to address the issues in terms of accessibility and affordability: expanding access to fee subsidies, using capital funds to expand capacity, employing home-child care, and using non-traditional child care programs like EarlyON to provides services (Cleveland, 2018). As a result of the Agreement’s regional approach, accessibility, affordability and quality suffer, the extent to which varies throughout the province (Japel & Friendly, 2018). The following text from the Agreement clearly outlines its approach to achieving high-quality, accessibility, and affordability in ELCC services:

There are three key methods to create child care spaces, including capital funding, operating funding, and fee subsidy: Capital funding can include new builds and retrofits, while increasing access through operating funding and fee subsidy can include but is not limited to, new child care spaces available as a result of additional staff, increased hours, or other program changes that increase the number of children served by a program. (Government of Canada, 2020, p.26)

However, these solutions do not make the ELCC system stable.

### *6.1.2 Fee Subsidies does not equate to Accessibility and Affordability*

#### *6.1.2.1 Accessibility*

Anderson et al. (2016) identified that only 25% of the Canadian population has access to high-quality licensed child care spaces for children aged 0-5 years old. Accessibility to child care is not only defined by the cost but also by the availability of spaces in licensed centres. According to the Canadian Centre for Policy Alternatives (CCPA), in Canada, around 776,000 (44%) of non-school-aged children live in child-care deserts – communities with minimal child care (MacDonald, 2018). This lack of high-quality child care is especially noticeable outside of large cities (MacDonald, 2018). Therefore, to improve access to child care, we must improve the availability of spaces throughout the province (MacDonald, 2018).

Japel and Friendly (2018) identified that the demand-supply of child care centres is unevenly distributed throughout Canada, including in Ontario. For lower-income families on child care subsidies, data from Toronto indicates that securing a spot in a non-profit centre is difficult, especially when seeking a spot for an infant (Japel & Friendly, 2018). Child care services are not limited to a defined neighbourhood area (Japel & Friendly, 2018). Therefore, families with higher incomes are able to more easily secure places for their children at high-quality centres (Japel & Friendly, 2018).

The market determines where child care centre spaces are built (MacDonald, 2018). Thus, child care centres are often built where there is already high coverage rate; consequently, there is unequal distribution within cities, which continues to widen (MacDonald, 2018). For example, the spaces in Toronto are not evenly distributed; within the downtown region, there are higher coverage rates than there are in suburban areas (MacDonald, 2018).

The Agreement fails to address child care deserts in Ontario. The indicators identified for accessibility are very broad; however, they still do not capture the need for creating spaces in underserved communities. The Agreement identifies factors such as “percentage of children aged 0-12 for whom there are licensed child care spaces” and the “number of additional licensed child care spaces created in licensed centers” as the only two indicators with regard to accessibility (Government of Canada, 2020). In this way, the annual reports (Ministry of Education, 2018; Ministry of Education, 2019; Ministry of Education, 2020b) only broadly report on these indicators. Specifically, the 2020 data (see Table 3) identifies that 16,206 additional spaces were added in centres from 2018-19 to 2019-20 (Ministry of Education, 2020b). However, with a child population of 1,987,967, only 463,196 (23.3%) children aged 0-12 have spaces available for them in licensed child care (Ministry of Education, 2020b). These new spaces that were created do not come close to fully addressing the issues of accessibility; the Agreement abandons 76.7% of children with no child care centre spaces.

The Agreement directs funding towards underserved communities (see section “Promoting Targeted Approach”) (Government of Canada, 2020). Yet, in these underserved communities, the Agreement does not address the issue of the limited access to licensed child care: “For some families, especially those in harder to serve populations, [EarlyON programs] may be the only access point to high-quality programs run by Registered Early Childhood Educators in a regulated setting” (MacDonald, 2018). EarlyON programs are not a viable replacement for licensed child care, as they do not offer child care services.

#### *6.1.2.2 Affordability*

Across the province, after subsidies, parents pay 50-63% of the total fees of licensed child care (Cleveland, 2018). In Toronto, a 2016 economic study found that child care services were

only affordable for about 25% of Torontonians families (Japel & Friendly, 2018). The funding approach taken by the Agreement does not further promote affordability.

Although the Agreement gives special attention to lower-income families by providing fee subsidies as a policy instrument, this still does little to improve the affordability of child care. Fee subsidies are limited and strict in terms of quantity and eligibility. As form of a financial assistance, fee subsidies come with eligibility restrictions regarding how they can be used and who is able to use them (Adamson & Brennan, 2014). Moreover, even if low-income families are able to secure subsidies, CCPA reports that they may still be required to pay as much as \$450 month – an amount they may not be able to afford (Anderson et al., 2016).

Child care subsidies are determined by family income (Cleveland, 2018). Although the policy suggests that there is flexibility in terms who qualifies for the fee subsidy requirement, means-testing is still a component of these fee subsidies.

CMSMs and DSSABs determine eligibility based on provincial requirements, including a regulated income test; however, there is flexibility to allocate where parents may not have an identified need through the income test but where there are unique needs that may require additional child care funding. (Government of Canada, 2020, p. 29)

Nonetheless, in the Agreement, affordability is only measured by two factors: the “number and percentage of children receiving child care fee subsidies” and the “number and percentage of children receiving child care fee subsidies by family income” (Government of Canada, 2020). However, it does not specify how many of the families that receive the fee subsidies because of their income (for reference see Figure 9, Appendix B) received full or partial subsidies

(Government of Canada, 2020). This data would be valuable to understand to what degree the income test affected their eligibility for the full and partial fee subsidies.

The CCPA's 2017 survey argues that child care affordability is an issue for both low- and middle-income families (MacDonald & Friendly, 2017). Cleveland (2018) distinguished between affordable, unaffordable, and completely unaffordable child care. He defines affordable licensed child care by suggesting "a family can access it for their 0-6-year-old children for less than 10% of after-tax, after-benefit family income" (Cleveland, 2018, p.6). In turn, unaffordable child care "costs 10% to 19.99% of net family income" (Cleveland, 2018, p.6), while completely unaffordable child care costs 20% or more of a family's net income. Based on the above measure, Cleveland (2018) argues that licensed child care is affordable to fewer than 19-21% of Ontario families. For those that find child care affordable, there is about a 63% chance that they will use licensed child care; moreover, over 80% of the time, the main caregiving parent is employed (Cleveland, 2018). In contrast, parents that find child care unaffordable or completely unaffordable are less likely of being employed and of being able to use child care services (Cleveland, 2018).

### *6.1.3 Promoting Targeted Approach*

#### *6.1.3.1 Targeted Approach Is the Only Approach*

There is robust and substantial evidence that Canada should implement a universal or near-universal approach to child care that is affordable for all and able to meet the needs of diverse families (Anderson et al., 2016). Access to such programs is not contingent on income or other eligibility criteria (Anderson et al., 2016). The Child Care Advocacy Association of Canada (CCAAC) (2004) recognizes that a universal system is important to eliminating the SDH barriers to equitable access. Anderson et al. (2016) argue that universal approaches to any service share the following characteristics:

1. Entitlement can be defined in legislation to indicate the members of a group to whom the service will be equitably available;
2. Fees exist, but they are usually affordable for all through state publicly-funded services;
3. The services are publicly planned and routinely assessed for demand and, where needed, appropriate services are established to meet specific needs.

Notably, the concept of universal child care services does not mean that it would be perfect in providing services to all populations in underserved areas (Anderson et al., 2016). However, a publicly-funded program would be available for all those that want and need to use it (Anderson et al., 2016). Bennett (2008) defines a universal approach to child care in the following manner:

A universal approach to access is often contrasted with a targeted approach to [ELCC], whereby a government provides public funding primarily to programmes for chosen groups of children. Universal access does not necessarily entail achieving full coverage, as there are variations in demand for [ELCC] at different ages and in different family circumstances. Rather, it implies making access available to all children whose parents wish them to participate. (p.70)

However, the current ELCC Agreement only has a targeted approach towards child care funding (Anderson et al., 2016). The Agreement's preference for targeting is exemplified throughout its policy:

Canada and Ontario agree that funding will be targeted toward programs and activities, as described above, for children under the age of six, that will have an impact on families

more in need such as lower-income families, Indigenous families, lone-parent families, families in underserved communities; those working non-standard hours; and/or families with children with varying abilities. Needs also include having limited or no access to early learning and child care programs and services in the children's official language. (Government of Canada, 2020, p.5)

The problem with only employing a targeted approach to any policy is that as “more benefits are targeted at the poor and the more the creation of equality through equal public transfers to all is a matter of priority, the less poverty and equality will be reduced” (Arts & Gelissen, 2002, p. 19). Targeted programs are ineffective in strengthening SDH and in making their distribution equitable (Raphael, 2014). As a contrast, Quebec is an outlier among Canada's provinces/territories in that it provides more funding to its ELCC sector and it has created a subsidized, universal-type child care system (McKenzie, 2014).

#### *6.1.3.1.1 Comparative Case: Child Care in Quebec*

In contrast to the policies in Ontario and other provinces/territories in Canada, Quebec's child care policy better resembles the social policy of a social democratic state (Albanese & Rauhala, 2015). In the mid-1990s, Quebec transformed its family policies. The province was driven by the need to address poverty through promoting gender equity and women's participation in the paid labour market; thus, it enhances child development and provided equal opportunity for all children (Lefebvre & Merrigan, 2008). Evidence shows that Quebec's ELCC policies have had a positive impact on mother's employment, poverty, and inequality (Lefebvre & Merrigan, 2008; Beaujot et al., 2013).

A key component of Quebec's family policies is that it provides children access to affordable high-quality part and full-time ELCC services (Raphael, 2010b; Friendly et al., 2018). In fact, Quebec has the lowest child care fees in Canada (Japel & Friendly, 2018; Friendly et al., 2018). Of all Canada's provinces/territories, Quebec is unique in that it provides operational funds for its child care centre services, which in turn brings parental fees down to an affordable level (Japel & Friendly, 2018). Any child aged 0-4 can access subsidized child care (Beaujot et al., 2013). As part of the subsidized program, parents pay low provincially-determined fees (Friendly et al., 2018). Quebec families with an income of up to \$52,060 pay a set fee of only \$7.75 per day, which works out to only \$168 per month (Macdonald & Friendly, 2017). For households earning between \$52,060 and \$77,550, the basic fee is \$8.45 a day (Macdonald & Friendly, 2017). The fee continues to escalate to a maximum of \$21.20 a day for household's whose net income is \$162,490 or greater (Macdonald & Friendly, 2017). The fees are very affordable no matter the family income level. More importantly, these fees are consistent across all age groups, unlike the rest of Canada where fees vary based on the child's age (Macdonald & Friendly, 2017). Families that opt for privatized childcare and who therefore do not use subsidized child care have the option of receiving a tax credit for their child care expenses (Cleveland, 2018).

58.5% of Quebecois families use child care centres compared to 36.6% of families in rest of Canada (Beaujot et al., 2013). Quebec services are split between centres de la petite enfance (CPEs), which are predominantly non-profit that are operationally-funded with set fees, and garderies, which are mostly for-profit with no set fees but parents who are eligible can receive a tax rebate if for-profit centres used (Macdonald & Friendly, 2017).

In contrast, in the rest of Canada, the provincial/territorial fee subsidy systems do not meet the needs low-income families (Japel & Friendly, 2018). High-quality child care is socially

stratified across the rest of Canada (Japel & Friendly, 2018). High-income families are overrepresented in high-quality child-care centres, while those with lower incomes face many barriers that exclude them from accessing these services (Japel & Friendly, 2018).

#### *6.1.4 Quality in Targeted Approach to ELCC*

##### *6.1.4.1 Quality Assessment of HDLH*

If Canada was to incorporate a universal approach, child care services would bring children from different economic backgrounds together, which would help to end social exclusion and prevent segregation and stigmatization (Anderson et al., 2016, p.7; OECD, 2006). The most recent nationwide assessment of quality in child care services, completed in 2000, suggests that the majority of centres in Canada have mediocre services (Japel & Friendly, 2018). Monitoring for the purpose of licensing standards does not equate to high-quality service. Notably, outside of Quebec, there is little research on the quality of child care in Canada (Japel & Friendly, 2018).

High-quality ELCC is a multi-dimensional concept that can be measured at a system level as well as at an ELCC level (Employment and Social Development Canada, 2019). At the system level, quality is centred on the degree that early learning and child care services are integrated under the governance of one leadership structure (Employment and Social Development, 2019). This is important to support quality improvements of ELCC services, stability in children's learning environments, and the transition from child care to kindergarten (Employment and Social Development Canada, 2018).

Quality at an ELCC level can be divided into process and structural quality (Employment and Social Development Canada, 2019). At the process level, quality indicators include staff-child interactions and the educational curriculum, both of which play important roles in child development (Employment and Social Development Canada, 2018). In turn, the structural

elements of ELCC are the organizational and physical features that are essential for creating the conditions for achieving high levels of process quality, which will promote good quality of both education and care (Employment and Social Development Canada, 2018).

The Agreement measures quality at an ELCC level using indicators of “number and percentage of providers with ECE certification” (quality measurement at the structural level) and “number and percentage of programs adopting the *HDLH* framework” (quality measurement at the process level) (Ministry of Education, 2020b). The latter indicator is problematic in that beyond the initial implementation of *HDLH* in ELCC centres, the evaluation or quality of implementation of *HDLH* is not part of the Agreement. As evidence, *HDLH* is presented as a “component of quality” rather than as a “defining feature” of ELCC (Alexander et al., 2017, p.33).

## *6.2 Power Over Ideas*

Power over ideas indicates that certain ideas and their meanings are promoted and controlled at the exclusion of other ideas constructed by individuals or collective society (Carstensen & Schmidt, 2016). Typically, those in power control ideas in a society (Carstensen & Schmidt, 2016). Two ideas that are controlled and managed in the Agreement are the discourses around ELCC as a social investment and as part of the family-responsibility.

### *6.2.1 Business Case: Social Investment Discourse*

In OECD countries, the discourse of ELCC has shifted in numerous directions, including wanting to increase women’s labor force participation, helping balance work and family life, achieving equity for women, addressing the aging population, and addressing educational disadvantages and child poverty (Prentice, 2007). In Canada, the social policies initiated since the 1990s have been grounded in the discourse that ELCC investment is essential to economic future

outcomes for children as well as for the broader goal of poverty reduction (Campbell-Barr & Nygard, 2014).

The social investment discourse, also referred to as the human capital approach or the “business case”, is the main driver of ELCC policies in Canada (Prentice, 2007; Adamson & Brennan, 2014). The Agreement and its key objectives have been influenced by the social investment discourse. They aim to move “towards greater quality and consistency is critical as quality early years interventions positively support not only children’s overall academic attainment, but their future financial stability and well-being as adults” (Government of Canada, 2020, p.38).

Rather than focusing on gender equality or family-work balance, the economic argument continues to be the dominant discourse; this shapes investment and policy development around ELCC (Prentice, 2007). This has influenced the development of the ELCC policy choices that centre on demand-side instruments such as fee subsidies (Adamson & Brennan, 2014). Because the human capital argument for childcare in Canada has become accepted, social policy analysts, organizations, and champions of social movement view ELCC as a tool for high economic returns that outweigh the cost of providing the services (Prentice, 2007). In theory, research on child and cognitive development has also been important in convincing policy-makers to embrace high-quality ELCC for future learning and a prosperous society (Prentice, 2007). However, in practice, the flaws in the system mean that they do not adequately deliver high-quality ELCC services.

Ontario’s vision for the early years is to ensure that Ontario’s children and families are well supported by a system of responsive, high-quality, accessible and increasingly integrated

early years programs and services that contribute to healthy child development today and a stronger future tomorrow. (Government of Canada, 2020, p.21)

The human capital investment approach is problematic because it focuses only on the future of society and the employability prospects of these future adults instead of on the well-being of these children at the present time (Campbell-Barr & Nygard, 2014). Policy that adapts social investment discourse will likely prioritize individualism over collectiveness (Dobrowolsky & Saint-Martin, 2005). This creates the preference of working on social issues with individuals rather than focusing on groups. Such policies manage to work with children, families, organizations, and the voluntary sector in ELCC, but they will not help overcome the SDH, including class, income, and early childhood development.

The transformed service system will help to improve child and family outcomes related to mental health and well-being, early learning and development, social inclusion, academic achievement, and employment to ensure the best possible future for children. (Government of Canada, 2020, p.33)

### *6.2.2 Emphasis on Family Responsibility*

Family-responsibility discourse has been prevalent in family policies for several decades, including in the Agreement (Jenson, 2004). Within this discourse, parents are considered the main decision-makers for their children's well-being; in turn, the role of public policy is to help facilitate that decision-making by providing parents with options (Jenson, 2004). Within this policy discourse, children's needs are only addressed indirectly (Jenson, 2004). The Agreement primarily

takes a neo-familial approach to child care (Jenson, 2004). For example, the Agreement promotes family-responsibility discourse by using a “casework approach to supporting families.” This promotes the idea that the government should provide access to community services such as EarlyON (Findlay, 2014). EarlyON services are not designed to meet the material needs of parents; instead, they promote individualized responsibility while offering minimal support (Findlay, 2014). For example, the Agreement states, “parents, caregivers and home child care providers have access to high-quality services that provide rich early learning experiences and environments that support them in their role and enhance their well-being” (Government of Canada, 2020, p.33). However, this puts the onus on parents as it expects that they will individually learn the best practices; notably, the Agreement offers little guidance on how they should do so.

The Agreement does not promote gender equality. In fact, gender is completely omitted from the Agreement even though Mikkonen and Raphael (2010) include gender as one of the 14 SDH. Moreover, women typically experience a greater burden of the unequal distribution of SDH than do men (Mikkonen & Raphael, 2010). In part, this occurs because women have a greater role in the unpaid work of caring for a child (Mikkonen & Raphael, 2010). In addition, the lack of access to affordable high-quality child care creates a barrier to women’s participation work (Mikkonen & Raphael, 2010).

Women are the primary advocates of child care policies; however, the Agreement does not invest in gender in a way that supports women in balancing paid work and family responsibilities. Although the Agreement claims that it “supports women’s labour market participation” (Government of Canada, 2020, p.41), investment in fee subsidies will not advance equality on a larger scale and it will not make child care accessible and available.

### *6.3 Power in Ideas*

Power in ideas concerns the ideational power in establishing a dominant discourse with regard to how ideas are considered (Carstensen & Schmidt, 2016). According to this concept, through the processes of structural and institutional power, certain ideas have established authority, at the cost of other ideas (Carstensen & Schmidt, 2016). The Agreement presents power in ideas by showing that ELCC cannot be comprehensive in the manner in which it integrates education and child care services. By not including care in its EarlyON centres, this establishes that care cannot be part of ECE and it suggests that it does not begin until a child reaches kindergarten. In addition, there is power in the idea that leadership around ELCC services can only be bounded to community efforts, such as the EarlyON centres. Furthermore, the Agreement suggests that SDH are not relevant to the success of the ELCC sector.

#### *6.3.1 Lack of integration of Care Provision in Early Learning Services*

ECEC combines two separate streams of services — early education and care — into a single ministry (Kaga et al. 2010). The degree of integration between education and care greatly influences the organization and delivery of education and child care services (Kaga et al., 2010). If education and care are organized as “split systems” in a country or province/territory, then, typically, the responsibility of policymaking and administration for the care system falls upon the social welfare system while education enters the jurisdiction of education ministries (Kaga et al., 2010). This fragmentation between education and care results in education officially starting around the age of 3 or 4 years; in turn, prior to this age, care is considered to be all that these younger children need (Kaga et al., 2010). When there is a split system, there is great variation not

only in the programs' goals and visions, but also in the types of services they deliver, the workforces within each system, as well as access and eligibility criteria, funding, and regulation (Kaga et al., 2010). Additionally, a split in a system results in the care component receiving less attention and, therefore, often being less developed (Japel & Friendly, 2018).

Integration of ELCC facilitates continuity between the two sectors to the point that a child can make a smooth transition out of child care into school (Kaga et al., 2010). It also ensures that within one national ELCC framework, the regulation, funding, training, and service delivery are all coherent (Kaga et al., 2010).

Integration can vary with regard to the extent of both structural integration and conceptual integration (Kaga et al., 2010). Structural integration begins by moving national responsibility for education and child care into a single ministry. OECD (2006) points out that the ministry responsible for the integrated system must have a clear focus on both education and child care services and understand their importance to children's development and education. Integrating education and child care responsibility within a single ministry will have the benefit of improved public management, reduced variation in access and quality of services, greater investment in the youngest children, and overall coherence and consistencies across whole systems in terms of regulation, funding, curriculum and assessment (Kaga et al., 2010).

Equally important to the structural integration is the conceptual integration; this is measured by the degree to which the whole ECEC system has a shared common language regarding the role of education and child care (Kaga et al., 2010). Beach and Bertrand (2009) said that "good education 'cares' and good child care 'educates'" (p. 2). However, the Agreement makes minimal effort at its policy and service delivery levels to integrate care into EarlyON

services (Japel & Friendly, 2018). The Agreement presents education and child care as “split systems” of ELCC – as such, education occurs without a component of care.

In Ontario, child care was integrated within the education ministry occurred in 2010 (Japel & Friendly, 2018). Beyond this administrative level, integration between education and care has not occurred at the level of provision of EarlyON services; similarly, the integrative concept of ECEC does not exist at the policy level and no plans have been outlined in the Agreement to change these discrepancies. The differences between education and care mean that there may be inequality in services and an absence of continuity of services as a result of differences in access, regulation, funding and workforce.

### *6.3.2 Under-investment in ELCC as an infrastructure*

The Canada-Ontario Agreement has not set any foundation for building a childcare system that is integrated with licenced childcare centre facilities at the municipal, regional or provincial levels (Prentice, 2006). Instead, this policy enforces stand-alone ELCC service delivery. Although the ELCC policy mentions integration, there are no guidelines, recommendations or formal mechanisms for involving the provincial government in service co-ordination in a capacity any greater than as a regulatory body. The policy document describes the province’s role as follows:

The province develops policy, legislation and regulations to govern the licensed child care system and provides funding to service system managers (CMSMs/ DSSABs) to support general operating, fee subsidies, special needs resourcing and wage enhancement....The province is also responsible for licensing, inspection and enforcement under the CCEYA, and its regulations. As well as responsible for investigating and responding to complaints in licensed and unlicensed child care. (Government of Canada, 2020, p. 24)

There is little to no conversation about the fragmentation and incoherence of Ontario's services. Instead, when the Agreement mentions "integrated service delivery models," it is referring only to the integration of community-based centres in Ontario, the EarlyON (Government of Canada, 2020, p. 38).

Ontario is moving forward with implementation of Ontario Early Years Child and Family Centres beginning January 1, 2018. This approach will transform four existing early years programs... into an increasingly integrated, cohesive system of services and supports for children ages 0-6 and their parents and caregivers. (Government of Canada, 2020, p. 23)

It goes on to say:

Ontario Early Years Child and Family Centres will offer programs and services through a variety of service delivery methods including: centres, mobile services, virtual hubs and local phone lines. While the requirement to establish centres is mandatory, providing mobile services, virtual resources and local phone lines is optional and at the discretion of individual CMSMs/DSSABs. Ontario Early Years Child and Family Centres are intended to be community-based, including schools, community buildings/spaces, and common areas within residential areas. (Government of Canada, 2020, p. 35)

### *6.3.3 SDH are not addressed in Agreement*

Some consider education and child care to be an equalizer that prevents intergenerational poverty and exclusion (Alexander et al., 2017). To reduce inequality, public spending on high-

quality, affordable ELCC must be expanded and services must be made available to all families on the socioeconomic spectrum. As Raphael (2010) noted, “despite growing acceptance of the importance of the SDCH, the explicit link between social determinants and public policy-making is sometimes neglected” (p.2). This has occurred even though the Agreement discourse is situated within the SDH discourse “... of identifying those in need of health and social services” (Raphael, 2011, p. 226). As Raphael (2011) argues, at this level, SDH discourse recognizes individual and community experience of the SDH as an “inter-connected set of adverse” effects (Raphael, 2011, p. 226). At this level of understanding of the SDH, the Agreement proposes ELCC objectives and actions that neglect the “causes of the causes” and reinforce the notion that the community-level ELCC objectives and actions will suffice in addressing inequities (Raphael, 2011).

In addition, the Agreements mainly takes a targeted approach to ELCC service provision, as noted above. Meanwhile, mentions of other SDH are minimal to lacking; where they are present, such mentions do not guide the discussion of early learning and child care in the province (see Table 5, Appendix D). The closest the policy comes to speaking about SDH is by mentioning “families in need” (Government of Canada, 2020), which appears seven times in the document, always being referenced in the context of the Agreement’s targeted approach. Again, continuing with its SDH discourse “of identifying those in need of health and social services,” the Agreement defines families in need as being “lower-income families, indigenous families, lone-parent families, families in under-serviced communities, those working non-standard hours and families with children of varying abilities” (Government of Canada, 2020, p. 42). As a result, the ELCC services and programs mainly intervene at a preventive level by taking a targeted approach at “at-risk individuals and communities” (Raphael, 2011, p. 5). The problem with this approach is that it has a very little impact on the unequal distribution of the SDH (Raphael, 2011).

## 7. DISCUSSION

### *7.1 Ontario Embracing Neo-liberalism*

Prentice (2007) argues that the social investment paradigm for childcare validates neo-liberalism (Prentice, 2007). Neoliberalism is the dominant ideology in the economic, political and social domains of capitalist countries and international agencies, including the International Monetary Fund, the World Bank, the World Trade Organization, as well as the technical agencies of the United Nations, such as the World Health Organization, Food and Agriculture Organization, and the United Nations International Children's Emergency Fund (UNICEF) (Navarro, 2007). As a theory, neoliberalism is grounded in the following principles:

1. The state (more commonly known as the government) has a reduced level of involvement in economic and social activities;
2. The state has limited interventionism and the labour and financial markets are deregulated; and,
3. Labour, capital, goods, and services are allowed to freely move between national and international borders by eliminating barriers to commerce and investment (Navarro, 2007).

Navarro (2007) argues that neoliberalism has been responsible for inequalities since the 1970s because the dominant class has increased as a result of “class-determined” public policies (p. 7). Of relevance to this paper's analysis are the public policies such as “reduction of social public expenditures, which has hurt the working class,” “promotion of individualism and consumerism, hurting the culture of solidarity,” and “promotion of an anti-interventionist discourse, that is in clear conflict with the actual increased state interventionism, to promote the interests of the dominant classes and the economic units—the transnationals—that foster their interests” (Navarro,

2007, p. 7). The following sections speak to these policies in the context of the Agreement and ELCC in Ontario.

### *7.2 Shrinking ELCC System in Ontario*

An important indicator of GDP is the transfer of fiscal resources to a population; this may occur in numerous ways, including through social investment in social policies such as education, employment training, health care, and financial assistance (Raphael, 2010). Raphael (2010) identified family benefits, ELCC services, and parental leave as the three areas that are most important to understanding a state's perceived role with regard to public spending in social policies. GDP is an indicator that speaks to a country's commitment to supporting family policies such as ELCC (Raphael, 2010b). Therefore, one way to assess a country's ideology towards family policies is to look at the percentage of GDP spent on family benefits such as ELCC services (Raphael, 2010b).

Among OECD countries, Canada sits at the bottom of the ranking in terms of public social spending on family policies (Anderson et al., 2016; UNICEF, 2018). In Canada, childcare receives around 0.2% of GDP spending compared to countries like Denmark that invest around 2.4% (Bonoli & Reber, 2010; Beaujot et al., 2013). Canada is also one of the lowest public spenders (ranking 36<sup>th</sup> of 37 wealthy countries) on ECE (Raphael, 2014). UNICEF (2018) reports that Canada ranks 22<sup>nd</sup> among OECD countries in the degree of access to ECE, while it is 18<sup>th</sup> and 9<sup>th</sup>, respectively, for primary school and secondary school reading achievement (UNICEF, 2018). Canada's enrolment in ECE services in children aged less than 5 is 58%, substantially below the OECD average of 69.6% (Alexander et al., 2017). The reading gap seen in Canada's primary schools can be attributed to the low investment the country has made in ECE (UNICEF, 2018). In

fact, education inequality in primary schools in Canada has contributed to inequalities in ECE access (UICEF, 2018).

To assess whether Canada's welfare state has been shrinking or expanding requires that one consider its "broad patterns of spending but also specific benefit levels, program scope and comprehensiveness of coverage" (Henderson & White, 2004, p.3). Performing an analysis of specific programs can unmask any differences unnoticeable by overall social spending patterns (Henderson & White, 2004). Therefore, the following section will speak to the Agreement's efforts to support ECE.

### *7.2.1 Poor Investment in Early Childhood Education*

As mentioned above, family policies are one of the public policy domains that influence the social determinants of early childhood development (Raphael, 2010b). As an SDH, early childhood development can be supported by the government through child care and ECE (Raphael, 2010b).

Not only are "early learning" and "childcare" services considered separate systems, but the discourse on ECE is missing within the Agreement both for the childcare sector and in the EarlyON services (White, 2004). ECE is education for children before they enter kindergarten or before age five (Alexander et al., 2017). ECE refers to the pre-primary school education programs that are curriculum-based, attended regularly, and taught by educators (Alexander et al., 2017). ECE can be offered through two sectors: 1) licensed childcare adapting a curriculum-based approach and 2) pre-kindergarten that prepares children for school. However, both of these sectors tend to be prone to providing unstructured education, especially as they sit outside of the school system (Alexander et al., 2017). If ECE remains set outside of the school system, the services are able to be delivered by for-profit and not-for-profit childcare centres (e.g., EarlyON) (Alexander et al., 2017).

Curriculum is an indicator of high-quality ECEC (Alexander et al., 2017). The Agreement did not adopt an early years curriculum to represent ECE quality within the ELCC sector; instead, the Agreement only uses the *HDLH* framework. The Ontario government released the *HDLH* in 2014 (Government of Ontario, 2014). The framework is a professional learning resource guide used by early childhood educators who work with children from birth to eight years of age; it supports program development and pedagogy (Government of Ontario, 2014). The Government of Ontario (2014) defines pedagogy as “the understanding of how learning takes place and the philosophy and practice that supports that understanding of learning” (p. 5). Children, educators, and families are important elements of Ontario’s pedagogy (Government of Ontario, 2014). In turn, *HDLH* takes a pedagogical approach by identifying the following actions:

1. “establishing positive, responsive adult-child relationships”;
  2. “providing inclusive learning environments and experiences that encourage exploration, play, and inquiry”;
  3. “engaging as co-learners with children, families/caregivers, and others”;
  4. “planning and creating environments as a third teacher”;
  5. “using pedagogical documentation as a means to value, discuss, and make learning visible”; and
  6. “participating in ongoing reflective practice and collaborative inquiry with others”
- (Government of Ontario, 2014, p.11).

Notably, the Agreement’s approach to pedagogy is in contrast to the social pedagogy tradition adapted in Scandinavian countries that emphasizes supporting children in their broad developmental needs; thus, the Scandinavian system combines care and education, without hierarchy (OECD, 2006). Beyond advocating for the *HDLH* framework, the Agreement does not

invest in ECE. The *HDLH* framework provides very little to no structure in terms of development-focused curricula (Employment and Social Development Canada, 2019). *HDLH* is not balanced between academically focused, structured activities and play and unstructured time. Moreover, there are no specific learning priorities, such as literacy/reading, math, or socio-emotional development (Alexander et al., 2017).

In ECEC, the early childhood curriculum is important in ensuring high-quality care for cognitive development and school readiness (Employment and Social Development Canada, 2019). Through being exposed to an early childhood curriculum (e.g. development-focused curricula) that consists of being exposed to language-based content and various learning activities, children can engage in age-appropriate activities that will manifest positive benefits during their ELCC attendance that can also be maintained into their school years (Employment and Social Development Canada, 2019). This benefit is especially true for children who come from lower-income families (Employment and Social Development Canada, 2019).

Importantly, access to quality education should begin for all children before compulsory school is offered. The evidence shows that access to education in earlier years leads to economic and social benefits (Anderson et al., 2016). Quality education serves to increase “female labour market participation, improve child outcomes (particularly for disadvantaged children), and reduce inequality in Canada” (Alexander et al., 2017, p. 5). In addition, children who attend early learning have “better human capital skills that potentially enable them to find better jobs and earn higher incomes than children who don’t attend similar programs” (Alexander et al., 2017 p. 6). More broadly, ECE can help reduce social inequalities and, in turn, health inequalities; the benefits of these consequences are particularly realized by the children of lower-income families (UNICEF,

2018). Despite the benefits of ECE, Canada's approach to ECE lags behind international standards of structured ECE, as modeled by Scandinavian countries (Alexander et al., 2017).

### *7.3 Minimal State Role in ELCC System*

In Canada, childcare came into policy discussion in the post-World War II era (i.e. late 1940s and early 1950s), long after other social service provisions had been established in Canada (Prentice, 2006). When Canada began the major retrenchment and structuring of its economy, childcare rose from residualism; along with education, it became a welfare service issue as opposed to a rights-based service (Prentice, 2006). With that, ELCC is relatively new in expansion and development and often described as a residual welfare state policy (Prentice, 2006). As such, it arguably can be said that it is most vulnerable to retrenchment for reasons such as that there is a lower mobilized interest in providing these services as they primarily benefit women (Henderson & White, 2004). Despite shifting and evolving in the degree of its involvement in response to political, economic, and social forces, the federal government has generally taken an inactive role in the structure of ELCC in Canada (Japel & Friendly, 2018).

Strong evidence supports the argument that health outcomes are better among children when the state more actively provides social and economic support rather than relying on the marketplace (Raphael & Bryant, 2015). A characteristic important to the social-democratic regime is the state's role (Mahon, 2009), especially in terms of financing and providing services to its citizens through taxation, including care and education (Mahon et al., 2012). For social-democratic regimes, universality and decommodification are the key characteristics of their ECEC models (McGrane, 2014). In addition, public and non-profit centres are sought over the for-profit, commercial sector (McGrane, 2014). The social-democratic ECEC model's universality and

decommodification are achieved by providing quality care and education to children at no or little cost (McGrane, 2014).

However, in Canada, debates continue regarding the degree of involvement the government should have in the delivery of social services (White, 2004). Childcare and children are primarily considered a private, family responsibility (Albanese & Rauhala, 2015). In contrast, kindergarten is a public responsibility that falls into the category of public education (funded by provincial/territorial government). This is an indication of Ontario's (as a liberal regime) commitment to public education as an "equalizer" (Friendly, 2008; Friendly, 2016). In Canada, kindergarten is delivered under the province/territory's public education system as universal; typically, it is non-compulsory (with the exceptions of New Brunswick, Nova Scotia, and PEI), has no parental fees, and is available to all five-year-olds prior to elementary school, and in some provinces/territories (e.g. Ontario), to all four-year-olds (Japel & Friendly, 2018).

The Ontario government's view on its involvement in ELCC policy is evident by the ELCC Agreement (White, 2004). It can be described as a mixed neo-liberal and inclusive liberal model. Within the neo-liberal model of ELCC, childcare is considered a private responsibility (McGrane, 2014). The provincial/territorial government plays a minimal role in childcare provision and ensuring quality standards — broadly speaking, the childcare market — thus extending its involvement to simply providing financial support to parents within a system where parents have the freedom to choose their preferred type of care centre (McGrane, 2014). On the other hand, inclusive liberal decision-making is guided by the "social investment" notion of developing human capital to reduce future social welfare costs and to train populations well enough to ensure they can function within a globalized economy (McGrane, 2014). Thus, ELCC is viewed as an investment in the education service instead of as a care service (McGrane, 2014).

As a mixed system, Ontario's Agreement, which is an extension of ELCC policies in Canada, is centred around giving responsibility to parents to choose any care arrangement (for-profit, non-profit) that meets their needs; the government's role is centred around regulating, monitoring, expanding, and building ELCC facilities to improve accessibility (McGrane, 2014). The Agreement shows that the government is mostly involved in funding childcare for families that are "at-risk" (White, 2004). Taking this perspective allows childcare to be presented as part of a welfare program rather than as a service for supporting all families (White, 2004). Although the policy does speak to early learning and childcare, the two sectors are not presented as one program (White, 2004). The discourse in the policy is around either "early learning" or "childcare" instead of recognizing the connection between the two programs by discussing "early learning and childcare." The policy does not adopt the two services as one.

Resembling a neo-liberal policy more than an inclusive liberal one, the government of Ontario does not publicly manage where children attend childcare (McGrane, 2014). The Ontario government does not regulate the enrollment of children in the regulated for-profit and non-profit sectors; rather, it is a free market (Jenson, 2004). If families are unable to find a space in a regulated childcare centre, even though such spaces are only available to less than a quarter of children of age (22 %), or if they cannot enroll their children in a regulated centre due to cost, they have to turn to the unregulated childcare sector (Japel & Friendly, 2018; Ministry of Education, 2020b). However, data on the use of unregulated childcare has not been collected (Japel & Friendly, 2018). This data also shows that the market decides where childcare centres open, not the provincial government; thus, centres are not always geographically available to those who need them (Prentice, 2007). For example, childcare is denser in urban centres than it is in rural or remote communities in Canada (Prentice, 2007). This is not a coincidence; this pattern of distribution

within the province implies an implicit system that relies heavily on third-party community organizations or the market to deliver childcare services (Prentice, 2007). The Agreement does not recognize the importance of geographic access in its allocation of funds/priority areas (Prentice, 2007). Notably, geographic access is important for creating equity in service distributions (Prentice, 2007).

Guiding the groundwork of the Agreement is social investment discourse, which focuses on the “future” of the workforce of Ontario as opposed to focusing on the idea of “investing in children.” The “investing in children” policy paradigm depicts a shared responsibility and partnership between society at large and families in investing in children’s futures and outcomes (Jenson, 2004). Through this paradigm, attention in public policy is given to ELCC initiatives while parents’ relationship to the labour force is not as important (Jenson, 2004). Instead, having children gives parents access to different benefits and services (Jenson, 2004). However, having access to these benefits, in turn, encourages paid labour force participation and promotes employability (Jenson, 2004).

### *7.3.1 Path Dependency of ELCC Policies*

Policymaking involves the all-encompassing goal that guides the policy choice, the policy instrument (technique) that will be used to achieve the goals, and the setting of the instrument or the level at which the policy will be set into motion (Hall, 1993). Depending on the degree of importance given to each of these variables, the level of change in policymaking is determined (Hall, 1993).

The policy paradigm model identifies the learning process that underlies the different patterns of policy change (Bryant, 2015). It considers how the ideas and institutions within which policymaking decisions occur contribute to incremental or more radical policy change and, thus,

shape how social and health issues are addressed (Bryant, 2015). Policy paradigms are a component of political discourse that recognizes the role of ideas (Hall, 1993). In turn, the role of ideas in politics cannot be underestimated (Bryant, 2015). Interest groups (e.g., political parties) gain power through ideas, which, in turn, influence policy paradigms and ultimately political discourse (Hall, 1993). Hall (1992) described policy paradigms as

an overarching set of ideas that specify how the problems facing them are to be perceived, which goals might be attained through policy and what sorts of techniques can be used to reach those goals. Ideas about each of these matters interlock to form a relatively coherent whole that might be described as a policy paradigm. Like a gestalt, it structures the very way in which policy-makers see the world and their role within it. (as cited in Jenson, 2004, p.5).

Within the policy paradigm model are first-order, second-order, and third-order changes (Bryant, 2015). First-order changes in policies occur when the policy instrument setting is changed based on new knowledge, but the overarching goals and policy instrument remain the same (Hall, 1993). Therefore, first-order changes are routine or minor policy changes (Bryant, 2015).

Second-order changes occur when the all-encompassing goals are the same, but with past experience and information, the choice of policy instrument and its setting are reformed (Hall, 1993). Second-order changes are changes in policy instruments intended to achieve a specific policy goal (Bryant, 2015). However, neither first-order nor second-order changes are not centred on creating drastic changes to a policy area; rather, they aim to adapt incremental or strategic

actions (Bryant, 2015). These changes do not challenge the ultimate goal of the policy paradigm; they merely adjust it (Hall, 1993).

When the goal, instrument, and setting are changed, this is a third-order change (Bryant, 2015). Third-order changes occur rarely, but when they do, they bring about major changes (Hall, 1993). Third-order changes are the radical policy changes driven by politics and, in some cases, policy failures; in such cases, the government recognizes the limited capacity of the dominant paradigm to meet the needs, which results in a shift towards a new policy paradigm (Bryant, 2015).

Ontario's Agreement is a second-order change that predominantly involves changes in the policy instrument or the technique (degree, amount, type of funding) and the setting (what ELCC Agreement encompasses). The goals, however, have always remained the same regardless of the type of Agreement or policy introduced in Canada. As Friendly (2016) argued, a liberal democratic regime like Canada has always made limited public investments in ELCC and provided a limited state role (Friendly, 2016). The Agreement is a product of social learning and a response to previous policies, which suggests that the government has path dependency (Hall, 1993). Path dependency is centred on the argument that the past shapes the present and future policy decisions (Dobrowolsky & Saint-Martin, 2005).

The legacies of policies determine subsequent policies (Dobrowolsky & Saint-Martin, 2005). Indeed, the Agreement is a product of the previous policies enacted in the ELCC sector. Some investment efforts have been made between the federal and provincial/territorial governments to improve ELCC in Canada since the late 1990s; endeavours include the National Children's Agenda in 1997, the Federal and provincial/territorial Early Childhood Development Agreement in 2000, and the Multilateral Framework on Early Learning and Child Care in 2003 (Findlay, 2015). Overall, these initiatives created minimal progress in ELCC; its key indicators

(e.g., fees, quality, space) mainly moved Canadian social policies towards familism, residualism, and exclusion (Findlay, 2015).

Paul Martin, who served as the Prime Minister of Canada from 2003-2006 under the Liberal government, was the only Prime Minister who attempted to institute a national childcare program (Anderson et al., 2016). An agreement was signed between the provinces/territories and the federal government. Funds for ELCC delivery and provision were earmarked, based on the principles of Quality, Universality, Accessibility, and Development (QUAD) (Japel & Friendly, 2018). The federal government promised to spend \$5 billion on ELCC over five years under bilateral agreements to build a national childcare system while advancing the principles of the 2003 Multilateral Framework Agreement (Findlay, 2015). However, before this could be implemented, a new Conservative government, with its neo-liberal, socially conservative ideology, won the 2006 election, and the agreement was cancelled immediately (Japel & Friendly, 2018).

The bilateral agreements cancelled under the Stephen Harper Conservative government were replaced with the Universal Child Care Benefit (UCCB) and the Child Care Spaces Initiative (CCSI) (Findlay, 2015). The plans for UCCB and CCSI included a commitment of \$250 million a year for five years, an allocation of \$100 per month for UCCB, and financial incentives for businesses and non-profits to accelerate childcare spacing (Japel & Friendly, 2018). However, these funds were combined with the CST after the effectiveness of the UCCB and CCSI became clear (Japel & Friendly, 2018).

It was not until 2015, when a new Liberal Party federal government was elected under leader Justin Trudeau, that ELCC policies and funding were reconsidered (Japel & Friendly, 2018). Those recent efforts highlight this paper's policy analysis. However, because only minimal changes occurred, the Agreement remains similar to other endeavours that have been initiated over

the last 30 years. It can be argued that the Agreement is a product of an ongoing debate around ELCC during multiple transitions of power between conservative and liberal majority governments with regard to the “autonomous action by the state” (Hall, 1993, p.15).

Since the 2006 federal election, this deconstructing trend has been strengthened and deepened by a far right, neoliberal Conservative government that not only cancelled the national child care program attempted by its Liberal predecessor but set a new precedent of abdication of any federal role in social programs mapped by previous Liberal and Conservative governments. (Friendly, 2016, p. 198)

The Federal government, as evident under the Agreement and previous policies, plays a coordination role vs. a leadership role (Prentice, 2006). All previous ELCC initiatives, including the Agreement, reflect Canada’s federalism and the limitations its governments have had in creating national standards within the division of power between the federal and provincial/territorial governments with regard to ELCC as well as other social programs (Prentice, 2006). Indeed, most, if not all, former ELCC Agreements in Canada have been individualized between the federal government and provinces/territories as opposed to being grounded in the goal of building a pan-Canadian system — a cross-country framework for which the policy entrepreneurs in ELCC sectors have advocated for 30-40 years (Prentice, 2006). It is notable that these initiatives were decided and promised in a Canadian system that is organized around market-based services (voluntary and commercial sectors), which includes Canada’s childcare system. This indicates that there was a disconnect between the vision of creating a national, universal childcare system and the aims to actually implement it (Prentice, 2006).

Path dependency also speaks to the fact that discourses are embedded within institutions and, therefore, they are not easily amendable. This is why social investment discourse in this liberal regime is bounded by neoliberal ideology and continues to be central in different ELCC policies, including the Agreement (Mahon et al., 2012). Indeed, over the past 30 years, the federal government has taken only incremental steps towards ELCC because of the social investment discourse (guided by neoliberal ideology) (Mahon et al., 2012).

Campbell-Barr and Nygard (2014) argue that human investment discourse, which has influenced Canada, is further framed and strengthened by supranational organizations, such as the OECD and the World Bank. Since the mid-1990s, ELCC has been on the policy agenda in Canada and in other countries, as they have likely been influenced by supranational agencies and the focus they have on ELCC (Campbell-Barr & Nygard, 2014). For example, reports from the Starting Strong Series by the OECD (1998, 2001, 2006) are examples of discourse that has focused on ELCC and its role as a cost-effective approach to human capital development (Campbell-Barr & Nygard, 2014). The emphasis on human capital by the supranational agencies and subsequently by national governments is evidence of the hegemonic ideas of the social investment benefits of ELCC (Campbell-Barr & Nygard, 2014). The human capital theory has given all national governments a reason to be involved in the provision of ELCC services even though the traditional family ideal was once the most valued (Campbell-Barr & Nygard, 2014).

#### *7.4 Reliance on Market Service Delivery*

The labour market and families play key roles in the Canadian liberal regime (Mahon et al., 2012). Canadian society relies on the market for all aspects of our life — everything is a commodity, including childcare (Beach & Ferns, 2015). Mahon and colleagues argue that regardless of the for-profit or non-profit status of childcare facilities, Canada's childcare system

still functions and is shaped within a market context (Beach & Ferns, 2015). Social investment discourse also feeds into the market discourse within the neoliberal approach, preventing the social change needed for the childcare system to properly evolve (Beach & Ferns, 2015). It pushes education and care to the background behind the goal of trying to build our future labour force (Beach & Ferns, 2015).

Market policies in Ontario and across Canada have led to governments choosing demand-side funding, as is reflected in the Agreement (Adamson & Brennan, 2014). Driven by neoliberalism, demand-side is a symbol of the pro-marketization efforts in ELCC (Adamson & Brennan, 2014). The idea of choice (including from the perceptions of both the parents and the provinces/territories) is the hallmark of neoliberalism market discourse; in turn, this is a core idea of the Agreement, which is reflected by the demand-side funding (Mahon et al., 2012). Ontario, as well as all provinces/territories except Quebec, is mainly concerned with licencing and fee subsidies (Prentice, 2007). However, the evidence clearly indicates that a supply-side investment by the state can bring more quality, accessibility and affordability than parent subsidies currently provides (Adamson & Brennan, 2014).

This demand-side funding through the market mechanism promotes private care; thus, as a result, state responsibility becomes limited (Adamson & Brennan, 2014). In Canada, user-pay fees (i.e., parent fees) and subsidies are the major sources of funding for childcare, resulting in an average of 80% of a centre's revenues. The remaining budget comes from direct funding (e.g., operational fees) (Prentice, 2006). Parents are not only responsible for the user fees. Ontario's childcare system also depends on the independent, stand-alone, third-sector to ensure that childcare services are delivered; most members of this third-sector are parents (Findlay, 2006). Parents deliver childcare for other parents; therefore, they act on the board of directors of various child

care facilities (Prentice, 2006). In addition, they frequently are responsible for fundraising and supporting pedagogical activities (Prentice, 2006).

#### *7.4.1 Equity is not prioritized in demand-side funding*

Inequality and equality are dimensional concepts, whereas inequity and equity are political concepts (Kawachi et al., 2002). The former are descriptive terms that do not imply moral judgement, while the latter express degrees of commitment to morality and social justice (Kawachi et al., 2002).

Health inequalities are inequitable when they are unfair and unjust (Kawachi et al., 2002). Equity in health is achieved through the equal distribution of the major SDH (e.g., household living conditions, workplace conditions, health care) between social groups at different levels of social advantage and disadvantage (e.g., absolute or relative deprivation) or within the social hierarchies (e.g., wealth, power) (Braveman & Gruskin, 2003). Health inequities particularly put people from socially disadvantaged environments at further risk of poor health (Braveman & Gruskin, 2003). Politics, economics, and social policies are the social determinants of health inequities; they are the “causes of causes” that shape the distribution of SDH (Mantoura & Morrison, 2016). This unequal distribution results in health inequalities and inequities (Mantoura & Morrison, 2016).

There are three ways of addressing inequities through public policies. First, health inequities can be targeted by focusing on disadvantaged groups to improve their health outcomes (Mantoura & Morrison, 2016). Second, health inequities can be reduced by focusing on the health gap between those in the lowest-income groups and the general population (Mantoura & Morrison, 2016). However, in this case as well, the focus is on the lowest-income group or the most disadvantaged (Mantoura & Morrison, 2016). Finally, health inequities can be addressed by focusing on the health gradient. This differs from looking at the gaps between two groups; instead,

it considers how health is distributed across all population groups (Mantoura & Morrison, 2016). The socioeconomic gradient in health refers to the worse health of those at a lower socioeconomic status rather than those within a higher socioeconomic group (Kawachi et al., 2002). Therefore, the focus on the gradient is about looking at the systematic differences caused by the unequal positions in socioeconomic hierarchy, which in turn result in the differences in the experience of life (Mantoura & Morrison, 2016).

Commonly, policies act on reducing health inequities by focusing on SDH or on reducing their effect on the different populations – as opposed to also tackling the social determinates of these health inequities (Mantoura & Morrison, 2016). Approaches that address SDH target living and working conditions, settings, communities, and supporting individuals (Mantoura & Morrison, 2016). Approaches that address the social determinates of health inequities act upon the social, political, cultural, economic, and environmental contexts and the social positions of groups within a population (Mantoura & Morrison, 2016). These approaches are political economy, macrosocial policies, intersectionality, and life course (Mantoura & Morrison, 2016).

The Agreement takes a settings approach to acting on the SDH to address social inequities. Mantoura and Morrison (2016) define the settings approach as a manner of creating an environment for people that is more conducive to building and sustaining good health in their lives. A settings approach is more than creating interventions to alter individual behaviour (Mantoura & Morrison, 2016). Rather, a settings approach focuses on communities' social, economic, and institutional characteristics to create the resources necessary for supporting better health (Mantoura & Morrison, 2016). As a policy that is trying to take a settings approach, the Agreement's objectives are to

build its early learning and child care system by addressing local, regional, and system priorities ... by supporting measurable and demonstrable expansion of services/programs that continue to support children, parents, families, and communities... such as lower income families, indigenous families, lone-parent families, families in underserved communities. (Government of Canada, 2020, p. 4-5)

The Agreement is centred on creating physical and social resources, such as childcare spaces, early learning centres (i.e., EarlyON) and fee subsidies. It creates demand-side policy instruments to try to ensure the resources are available to its targeted population. That said, by taking a targeted approach and making demand-side funding available to a disadvantaged group of people, equity is not prioritized. This is because the Agreement does not address the SDH and the “causes of the causes” in their truest form, as outlined next.

First, Ontario’s fee subsidy system is restrictive (Japel & Friendly, 2018). Based on the guidelines, fee subsidies are not available to all those who need them. While the Agreement contends that its fee subsidies are aimed at its targeted population, most of the funding fails to reach those exact population groups (Japel & Friendly, 2018). To manage the demand of fee subsidies, CMSMs and DSSABs are encouraged to consider socioeconomic factors when determining parents’ recognized needs with regard to the allocation of fee subsidies. These factors include income levels of families with children, geographic areas, such as territory without municipal organization; high growth areas, social assistance recipients, children’s age groups, and cultural and linguistic groups, such as Indigenous peoples and Francophones (Ministry of Education, 2020a). The issue with these socioeconomic factors is that most of them are not true SDH as most are not among the 14 SDH identified by Raphael and Mikkonen (2010). Arguably,

these socioeconomic factors listed by the Ministry of Education (2020a) are simply geographically based, despite this, the Agreement still fails to lead to equity in terms of geographical regions.

Second, the fee subsidy program's design does not ensure that the full fee for childcare is covered (Japel & Friendly, 2018). One of the guidelines noted by the Government of Ontario (2018) is that "as a general rule, funding for full-day child care should only be provided where the family's collective needs require it" (pg. 136). As such, CMSMs and DSSABs use income testing based on "adjusted income" to determine eligibility and the amount of fee subsidies that will be allocated to parents (Ministry of Education, 2020a). Again, the problem with income testing is that it rations subsidies in a manner in which those who are not part of the labour force and those who do not meet a predetermined income will be unable to secure funding (Japel & Friendly, 2018). With income testing, parents in need living in disadvantaged circumstances but who are "hidden in average data" are neglected (Mantoura & Morrison, 2016). This creates barriers to access. As the market determines child fees, they fluctuate. For most families, that means that there is an increase in fees yearly and that fee differences must be paid out-of-pocket (Japel & Friendly, 2018).

Third, Ontario's fee subsidy eligibility is centred on CMSMs and DSSABs considering the recognized needs of the child, the parents, or both to determine approval and the amount of subsidized childcare (e.g., whether funding for full-day or part-day is appropriate) (Ministry of Education, 2020a). Children's recognized needs to qualify for fee subsidies include having special needs or social needs (e.g., having issues with home/family environment) (Ministry of Education, 2020a). Fee subsidies are prioritized for such children even if parents do not have recognized needs (Ministry of Education, 2020a).

The recognized needs set out in the fee subsidy guidelines for parents include participation in employment, an education program, a training program, or study/preparation, as well as the travel associated with participating in the activities mentioned above and any other unique circumstances (Ministry of Education, 2020a). The issue with this list is that the criteria focus on labour market participation and ignore members of the population that do not participate in the formal labour market, which creates further inequities (Henderson & White, 2004).

All in all, the issue with the Agreement is not about the lack of affordability; it is about the limited affordability that creates inequities in access, especially for the low-income families for whom the service is intended (Japel & Friendly, 2018).

#### *7.4.2 Maximum Threshold of Profit*

As mentioned above, in Canada, privately-owned childcare centres can be either private non-profit or private for-profit (Japel & Friendly, 2018). Four out of five childcare centres in the country are private non-profit owned by the voluntary sector (operated/delivered by parents) (Prentice, 2006). In contrast, one out of every five childcare centre spaces are for-profit facilities that are operated by the for-profit commercial sector (Prentice, 2007). Even though most of Canada's centres are non-profit, the for-profit sector is growing, with the highest number in Newfoundland at 73% (Prentice, 2007).

For-profit centres in Canadian provinces need to be licensed and they are eligible for limited public funds (Prentice, 2007). However, on August 20<sup>th</sup>, 2018, the Ontario Conservative government removed the "For-Profit Maximum Percentage Threshold" from its childcare funding guidelines (Ontario Coalition for Better Child Care [OCBCC], 2018). These threshold guidelines had ensured that public funding for childcare was capped and protected from "big box childcare" companies expanding in Ontario (OCBCC, 2018).

The concern with removing the limitation on the for-profit sector for public funding is that it can create opportunities for for-profit operators like transnational childcare corporations and monopolizing companies to gain great traction in the marketplace; in turn, trade laws could be triggered, as happened in Australia (Prentice, 2007). In Canada, commercial childcare operators are typically small providers of centre-based spaces; but it is possible that “deficit minded” governments could be convinced by the business case discourse to assign childcare provision to the commercial sector of the private market (Prentice, 2007). This would be harmful as the evidence clearly shows that the commercial childcare sector is not in a position to meet Ontario’s childcare needs (Prentice, 2007). Empirical evidence and research support that non-profit centres are higher quality because they have better staff/child ratios and employees with more training and experience in serving the range of children from diverse economic backgrounds (including families on childcare subsidy); in contrast, for-profit programs have been found to perform poorly on quality indicators such as staff qualifications, wage levels, training, and staff/child ratios (Prentice, 2007).

Canadian evidence also indicates that when for-profit childcare centres that are discouraged through public policy and financing, they are fewer in number, but the quality they provide is good (Prentice, 2007). On the other hand, regions that support for-profit care through legislation and funding have higher proportions of for-profit care, but the quality is lower (Prentice, 2007). Even with the regulations and licensing requirements throughout the regions of Canada, these can easily be breached and policing and compelling minimum standards is costly to jurisdictions (Prentice, 2007). Campbell-Barr and Nygard (2014) argue that the new social risk facing welfare states is the idea of modernizing welfare provision. ELCC supporters continue to advocate for non-profit provision amidst the ongoing discourse that places childcare as a commodity in the market.

## 8. CONCLUSION

In Canada, child care was not on the political agenda until the country entered into WWII, which triggered the need to employ female workers and, in turn, left children needing care (Japel & Friendly, 2011). Between, 1941-1974, Canada began to embrace a deeper establishment of the welfare state (McKenzie, 2014). This period saw financial assistance provided by the federal government to support the targeted provincial/territorial costs of organizing and delivery of services such as day care, crèches, and recreation centres for mothers or parent guardians who were employed as part of the war effort (McKenzie, 2014). In the 1940s, across Canada, child care was predominantly delivered to the children of low-income women who had to work outside the home (Friendly, 2008). By the 1950s and early 1960s, child care had become a targeted social program for which eligibility was determined through means testing and casework investigations, and it was given to those in need and those deemed “deserving” (e.g. single mothers) (McKenzie, 2014). In 1965, federal and provincial governments began providing subsidies for child care for those in need (Dobrowolsky & Jenson, 2004).

Starting in 1970s and continuing through the 1980s, the rise of the neoliberalism ideology started to change the direction of the welfare state (McKenzie, 2014). Child care began moving towards market reliance over redistributive benefits (McKenzie, 2014). Subsequently, between 1989 and 1997, the federal government decreased its cash transfers to provinces/territories (McKenzie, 2014). This destabilized programs and services at all levels of government, eroding the social programs and public services that families relied on, including child care (McKenzie, 2014). To reduce the impact that the spending cuts had on poverty and social inequalities, Canada introduced a number of tax credits or tax deductions in 1998 (McKenzie, 2014). However, tax measures do not help families with no taxable income; thus, the prospect of receiving a tax

deduction did not help many families pay for childcare (McKenzie, 2014). In fact, overall, tax measures do little for developing accessible, affordable, and high-quality licensed child care (McKenzie, 2014).

While these changes were occurring in most of Canada, the province of Quebec was on a different path. In 1997, the province began investing large amount of funds into family policies (Japel & Friendly, 2018). While the Ontario government, along with the governments of all the other provinces/territories, was moving towards a market-oriented delivery of child care, Quebec announced a number of family policies to reduce poverty and support equal opportunity, including implementing a low-fee child care policy (McKenzie, 2014). Meanwhile, governments across the rest of Canada focused on targeting poor families and supporting them through fee subsidization (Japel & Friendly, 2018).

The differences between Quebec and Ontario's policies are the result of differences in ideas, discourse, political ideology. In the mid-1990s, while Quebec was being led by the Parti Québécois (PQ) government, a social democratic provincial party, Ontario was led by Mike Harris and a Progressive Conservative government (McKenzie, 2014). Harris reformed province's welfare policies to reflect neoliberal policy initiatives (McKenzie, 2014). Individualism and self-sufficiency were embraced without considering the needs parents (especially women) had in terms of child care (McKenzie, 2014). This resulted in the decreased affordability of licensed child care (McKenzie, 2014). Furthermore, the difference between Quebec's approach and that of rest of Canada is that Quebec has considered family policies, including child care, as actions for children's health, women's rights, and social inclusion (McKenzie, 2014). In contrast, the rest of Canada has been primarily guided by the social investment discourse (McKenzie, 2014).

Although it resembles a near-universal type system, Quebec’s ELCC system is not a publicly-delivered system (Friendly et al., 2018). Quebec’s child care sector is similar to that of the rest of Canada – that is, it relies on a market model for delivery (Japel & Friendly, 2018). Since 2009, the Quebec child care sector has been facing privatization; in turn, the provincial government has introduced tax credits to stimulate for-profit child care (Japel & Friendly, 2018). The problem with this approach is that it gives families with higher income more cash flow to pay the market-determined fees that are being charged (Japel & Friendly, 2018). Therefore, more important than any individual ELCC policy is the group of policies that can support the ELCC sector to sustain high-quality services, accessibility, and affordability; the goal is to develop a combination of ELCC policies that can help support a currently weak legislated system (Beaujot et al., 2013). Before discussing the recommendations for these policy actions, the following section provides an aspirational example set by Sweden.

### *8.1 Alternative Approach: A Case Study of Sweden’s ECEC System*

Sweden has strong SDCH-family public policies, including maternal/parental benefits and ECEC services. Before they access ECEC services, Swedish parents are commonly on parental leave, able to spend the first year at home with their child (Garvis & Lunneblad, 2018). Parents of newborns younger than one year of age are provided with parental payments as financial support (Cleveland, 2018). Parental leave policies encourage both parents to spend time with their newborn child (Garvis & Lunneblad, 2018). To encourage this behavior, both mother and father have access to up to 16 months of paid leave per child (Garvis & Lunneblad, 2018). To further encourage both parents’ leave from work and involvement in their child’s care, a “gender equality bonus” was introduced in the 2008 to encourage “shared parenting” (Garvis & Lunneblad, 2018, p.35).

Sweden has an integrated, universal child care system (Cleveland, 2018). In 1968, Sweden integrated two types of services – i.e. kindergarten (often delivered as half-day programming) and day care services (delivered as full-day programming) into one service (i.e. preschool); this new service was modeled as an ECEC (Kaga et al., 2010). The integration of the two types of provision was guided by the goal of creating a union between education (pedagogy) and care (Kaga, et al., 2010). There are three types of preschools: 1) those that are run by the municipality, 2) for-profit or non-profit independent preschools (these still receive funds from municipal governments; moreover, parental fees are monitored to ensure they are not set above the levels at municipal preschools), 3) parents' cooperative preschools (funding is provided by municipalities) (Garvis & Lunneblad, 2018). All three types of preschools are mostly funded and they are fully integrated into the universal public system of childcare (Garvis & Lunneblad, 2018). In 1996, after shifting governance of its program from the Ministry of Social Welfare to the Ministry of Education, Sweden instituted a national care and education curriculum (Garvis & Lunneblad, 2018). In Sweden, the move of ECEC from welfare to education was strategic – the main reason for this transfer was that the Swedish government saw ECEC as an important factor in children's future (Kaga et al., 2010).

Sweden's governance structure, dividing responsibility between both state and municipal governments, is similar to that of Ontario. In the 1990s, the Swedish government decentralized and moved responsibility of child care and schooling from its central government to the municipalities (Cleveland, 2018). While the Swedish central government still defines the goals, objectives, and the content of the national ECEC curriculum, the municipalities are responsible for policy implementation as well as planning and delivering ECEC services; this includes ensuring

adequate working conditions and pay for staff (Cleveland, 2018). The municipal authority has overall authority over ECEC for the children in its community.

Fees are based on parental income. Parents are required to pay 3% or less of their household income for their first child, a maximum 2% of household income for their second child, and a maximum 1% for their third child's attendance at preschool care (Cleveland, 2018). In addition, there is a maximum per month per child that is the equivalent of 1408 Swedish Krona (which works out to about \$209 Canadian dollars) (Cleveland, 2018). As such, municipalities cover 80% of the cost of child care (Cleveland, 2018).

## *8.2 Recommendations*

Since the publication of the Royal Commission on the Status of Women in 1971, Canada has seen promises for a national child care strategy guided by political agendas, but all of those promises have been fruitless (Albanese & Rauhala, 2015). The many attempts that have been made to translate the recommendations of a national child care policy and to try to work towards true equality for women have not been successful (Japel & Friendly, 2011). Even today, with the exception of Quebec, Canada has not adapted any form of a “common federal-provincial-territorial policy framework” approach to enable provinces to deliver ELCC services that are accessible, affordable, and high quality (Japel & Friendly, 2011). After the termination of the Canadian Assistance Plan (CAP), which was active from 1966-1996, provinces/territories aside from Quebec have developed a cost-sharing funding arrangement plan with the federal government to support child care among low-income families; this demand side funding continues to be the main component of providing support to families in need of ELCC services (Japel & Friendly, 2018). As a result of this market-led approach to delivering ELCC, which was founded on individualism and self-sufficiency, families in Ontario and rest of Canada face barriers to access as demand

exceeds the supply that is unevenly distributed (Japel & Friendly, 2018). As this paper shows, Ontario's latest policy towards ELCC has not lived up to its anticipated goal of increasing accessibility, affordability and quality. Anderson et al. (2016) propose a "common federal/provincial/territorial policy framework," long-term funding, and an ELCC system that is integrated at all levels of government; they suggest that this is the best manner to build a child care system that is accessible, affordable, and high quality. To do so, federal and provincial/territorial governments need to recognize that from a social and economic perspective, a market approach is not the best approach to ensuring people access to appropriate child care (Anderson et al., 2016). In addition, a move towards a shared framework among all provinces/territories will take time to develop; indicators such as accessibility, affordability, and high quality should be viewed as long-term goals that will take time to develop as long as they receive ongoing support from all levels governments (Anderson et al., 2016).

Jenson (2004) argued that public policy is in a constant cycle of being introduced, abandoned, and reformed. As such, change is difficult to identify, especially if a policy is renewed through path dependency. However, this paper recommends that a more comprehensive evidence-based policy is possible in Ontario, along with the rest of Canada, through "path shifting." This would occur when the province can embrace changes beyond the first and second order (Jenson, 2004). For an ELCC policy to be a third-order change, it needs to include refining its objective to ensure that an early childhood development (a SDCH) and ECEC system is embraced; moreover, it must move from a targeting approach to a near-universal approach to funding and ensure the policy changes occur at all levels of government, not just at the level of individual child care facilities.

### *8.2.1 Embracing a common ELCC framework across Canada*

Canada needs a common ELCC federal/provincial/territorial policy framework: a system that can allow a more effectively-managed system to develop (Anderson et al., 2016). A common ELCC framework can include many different characteristics as long as they are founded on evidence and research and they are shown to be connected to improving quality, accessibility, and affordability. Two characteristics that will be discussed here are using 1) early childhood development, a designated SDCH, to guide the development of a common ELCC framework; and, 2) integrating child care and education.

#### *8.2.1.1 Embracing Early Childhood Development Objectives*

As discussed above, early childhood development is an important SDCH (Raphael, 2014) as it recognizes the importance of biological, psychological, and social factors in creating latency, pathway, and cumulative effects in children (Mikkonen & Raphael, 2010). The quality of early childhood development is important and it is determined by children's and their parent's abilities to access material and social resources (Raphael, 2016). To support early childhood development, government interventions should include investing in SDCH-related public policies. Raphael (2010) identified two broad SDCH-related public policies that are essential for strengthening the quality and distribution of early childhood development: 1) developing policies that ensure economic security for families to support their access to material resources and, 2) developing family policies that include access to maternal/parental benefits, financial transfers to families, and education and care services (Raphael, 2010b).

Unfortunately, the Agreement does not succeed in improving the quality and distribution of early childhood development (Raphael, 2014). Access to child care is an important SDCH as it supports early childhood development; however, the Agreement fails to expand access to

affordable, high-quality care to all people, irrespective of their income. The government has invested large amounts of funds towards fee subsidies with the aim of providing access to child care services; however, international evidence indicates that targeted efforts and investments by governments are often unsuccessful and unable to address access to child care services (OECD, 2006). Moreover, targeted programs have little effect on strengthening early childhood development and the other SDCH. In addition, the Agreement lacks a proper ECE curriculum within its ELCC system. The *HDLH* framework is not an ECE curriculum; thus, Ontario needs to implement a unified, single education curriculum across the province in its ELCC sector.

To take a step towards developing a national system of ELCC services, like the one in Sweden and other social democratic welfare states, the Ontario government, as well as the Canadian federal government, would need to provide federal transfers for family policies (such as ELCC) that are contingent on provinces/territories achieving a common standard of accessibility, affordability, and quality (Cameron, 2009). On an annual basis, the Swedish government spends close to 1.6% of its GDP on preschool (Garvis & Lunneblad, 2018). Preschool has been viewed as a policy that supports Sweden's labor market policy; this has enabled the country to achieve gender equality and to build the field of education and learning (Garvis & Lunneblad, 2018). In fact, preschool is considered an important part of the Swedish welfare society as well as an essential aspect of socialization (Garvis & Lunneblad, 2018). Regardless of the strategy employed in Ontario and in Canada, it is important that the child care system has “political will, a commitment to public planning, and growing the system in public and non-profit settings to make it work” (Beach & Ferns, 2015, p.7).

### *8.2.1.2 Embracing the Integration of Education and Care*

Despite the efforts in the Agreement aimed to achieve high-quality services, education and child care continue to function conceptually, administratively, and programmatically as two sets of separate programs (Friendly, 2008). Therefore, another characteristic for Ontario and rest of Canada to embrace is the integration of child care and education. Currently, the Agreement does not set the groundwork for moving its ELCC system into an ECEC model. By integrating ELCC into the Ministry of Education, Ontario has moved towards the right direction. However, as Kaga et al. (2010) have argued, integration is a process and this level of integration is on a continuum.

In the 1970s, while Canada was cutting social spending and adapting neoliberalism, Sweden was already committed to its welfare system (Kaga et al., 2010). In Canada, ELCC is characterized by its split between education and care, a system that does not resemble those in countries like Sweden, where ELCC programs and education programs are coherent and consist of common staffing and administrative structure (Friendly, 2008). For Ontario, and rest of Canada, to embrace a similar path, the following key concepts and processes need be understood to create an adequate ECEC system:

1. Integration needs to be mandatory and accepted by all stakeholders within a scheduled timeframe.
2. There are different pathways to integration. These pathways are unique to the region and the rate of change with which they want to approach integration.
3. Integration is determined by the balance of barriers to change or the drivers for change.
4. Greater integration can be initiated if it is supported by all levels of the government.
5. Stakeholders must embrace “new-thinking” and “re-forming” what ECCCE is; it must go beyond the “childcare” and “education” division (Kaga et al., 2010).

Researchers recognize the importance of high-quality ECEC for increasing the equality of opportunities (Japel & Friendly, 2018). Within the range of services available under the Ontario Ministry of Education (e.g. pedagogical support, curriculum design, monitoring and evaluations), high-quality ELCC services are feasible.

### *8.2.2 Long-term funding plan*

Second, Ontario, along with the rest of Canada, needs to develop a long-term funding plan (Anderson et al., 2016). This policy analysis highlights the need for the Ontario government to invest in accessibility and affordability. As outlined earlier in this paper, availability and affordability go hand-in-hand; if one is a problem, so is the other (Japel & Friendly, 2018).

Because of the acceptance, and the popularity of the social investment discourse for child care in Canada, social policy analysts, organizations, and champions of social movements, including feminist groups, mainly view ELCC as a tool for which high economic returns outweigh the cost of providing the service (Prentice, 2007). This has influenced the development of ELCC policy choices that centre on demand-side instruments such as fee subsidies, as has occurred in the Agreement (Adamson & Brennan, 2014). In social democratic welfare states, such as Sweden, ELCC are embraced for their impact on children's right, women's equality, and social inclusion (McKenzie, 2014).

Demand-side funding does not overcome the SDCH or the SDH. Specifically, the Agreement does not provide a high number of children with access to licensed child care (Japel & Friendly, 2018). The issue with demand-side subsidies is that there is no mechanism to ensure that parents have access to high-quality care in a manner in which is able to efficiently respond to all of the needs of parents and children as well as the specific needs of low-income families (Japel & Friendly, 2018). Some researchers and policy analysts view ELCC as an equalizer that can close

the socioeconomic gradient gap between children from disadvantaged and those from advantage environments (Japel & Friendly, 2018).

Providing operational funding for the child care system in the province is one way of achieving equality in ELCC access (Japel & Friendly, 2018). Supply-side subsidies can be provided directly through the public sector (i.e. by way of various levels of government) or the provincial government can fund not-for-profit providers that are monitored regularly to ensure quality standards (Cleveland, 2018). In turn, the not-for-profit providers will be in stable financial position to provide quality child care services (Cleveland, 2018). Equally important, the child care system does not have to rely solely on the marketplace for child care. Consider the example of Sweden's universal child care system, which shows that a long-term funding approach can ensure access to ECEC services for all parents. In comparison to Sweden, Canada's GDP spending on preschool programming sits around 0.2 % (Bonoli & Reber, 2010). To achieve long-term sustained funding and to create a common federal/provincial/territorial ELCC framework, Canada's needs to spend at least 1% of its GDP (UNICEF, 2018).

### *8.2.3 Investing in all levels of ELCC infrastructure*

Third, the Ontario government needs an effective publicly-managed ELCC system that is guided by common goals across all levels of government and community (Anderson et al., 2016). Likewise, this paper recommends that all provinces/territories in Canada adopt such a system. As discussed above, in Ontario, ELCC falls within the sector of community service and it is the responsibility of the Ministry of Education (Friendly et al., 2018). In addition, as in other liberal democratic welfare states, Ontario's child care system is led by "parent-consumers, non-governmental organizations, and other community-based actors" (Friendly et al., 2018, p.11).

As a result of such an approach, the government then initiates policies, like the Agreement, that function at a settings approach to act on health inequalities and address SDH (Mantoura & Morrison, 2016). As illustrated throughout this paper, the settings approach is not enough to address the SDCH and SDH; as such, Ontario needs to invest in the infrastructure of the ELCC system, moving beyond the community level. In turn, this will then have a positive impact on the material and economic resources of both the parents and the children (Raphael, 2014).

A settings approach is bounded to the organization of the setting: “policies aim to modify the structural dimensions of an environment and to support the ability of individuals to take advantage of these structural dimensions and to have an impact on them” (Mantoura & Morrison, 2016, p. 14). In addition to having settings-based policies, Ontario needs to embrace healthy public policies that also address the SDH inequalities, guided by a macrosocial, intersectionality, and life course level approaches (Mantoura & Morrison, 2016). Healthy public policies can include, but are not limited to, adapting common ELCC framework across Canada and committing to long-term ELCC funding – essentially providing adequate resources to any policy that improves the quality of SDCH and SDH (Raphael, 2014).

Sweden’s ECEC infrastructure is connected across all levels of government; as such, the country has been able offer integrated, universal ECEC services (Garvis & Lunneblad, 2018). One of the infrastructures that plays a significant role in Sweden’s ECEC service delivery is the municipalities. The main difference between the systems in Ontario and Sweden is that there are mechanisms in place in Sweden to ensure that child care remains high-quality, accessible, and affordable for all parents and children (Garvis & Lunneblad, 2018). In Ontario, all child care services are privately owned not-for-profit or for-profit centres; in contrast, in Sweden, municipalities own and operate approximately 81% of the preschools and they are responsible for

providing parents with access to child care within four months of the request or they risk paying fines (Cleveland, 2018; Japel & Friendly, 2018). In contrast, only 19% of Sweden's child care centres are independently-operated centres, and these are split between for-profit, non-profit and parents' cooperatives schools (Cleveland, 2018). Because of the fee regulations set by each municipality in the country, the private sector has not seen the same growth in the way that it has in other countries (Garvis & Lunneblad, 2018).

Another difference between the systems of Ontario and Sweden is that in addition to providing space for all children that need preschools, Swedish municipalities are required to include children whose parents are unemployed or who are on parental leave with another child (Garvis & Lunneblad, 2018). At minimum, all children are entitled to 3 hours a day or 15 hours a week of preschool (Garvis, Lunneblad, 2018). Finally, other than the annual inspection, in Ontario, there are no standard mechanisms to assess and improve the process quality of ELCC centres (Japel and Friendly, 2018). In contrast, in Sweden, quality monitoring is an important component of what each municipality does; this includes the regular supervision and monitoring of all preschools (Garvis & Lunneblad, 2018).

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## APPENDICES

### Appendix A: Table Descriptions of ELCC Agreement Data

**Table 1: Multilateral Early Learning and Child Care Framework**

Multilateral Early Learning and Child Care Framework: Guiding Principles and Progress Indicators			
Guiding Principles	Definition	Progress Indicators	Indicators adapted by Ontario under Agreement
High Quality	<p>High-quality early learning and child care:</p> <ul style="list-style-type: none"> <li>Provides rich early learning experiences and environments and views children as capable, competent learners who are full of potential.</li> <li>Values the importance of building strong, responsive and respectful relationships in which purposeful interactions support optimal learning for children.</li> <li>Recognizes the importance of qualifications and training for the early childhood workforce. (p. 8)</li> </ul>	<ul style="list-style-type: none"> <li>Number and proportion of providers with early childhood education (ECE) certification and/or participating in professional development or training.</li> <li>Number and proportion of providers adopting innovative new tools, such as an evidence-based curriculum framework for early learning and child care.</li> </ul>	<ul style="list-style-type: none"> <li>Number and percentage of providers with Early Childhood Education (ECE) certification</li> <li>Number and percentage of programs adopting Ontario's Pedagogy for the Early Years – How Does Learning Happen?</li> </ul>
Accessible, affordable, and flexible	<ul style="list-style-type: none"> <li>High-quality early learning and child care should be flexible and broadly available to respond to the</li> </ul>	<ul style="list-style-type: none"> <li>Number and percentage of children who have access to regulated child care spaces</li> </ul>	<ul style="list-style-type: none"> <li>Number and percentage of children who have access to licensed child care</li> </ul>

	<p>varying needs of children and families to promote early childhood development. Accessible, affordable and flexible early learning and child care also supports families participating in employment, education or training, and harder-to-serve populations. (p. 8)</p>	<p>and/or early learning programs.</p> <ul style="list-style-type: none"> <li>• Number of children receiving subsidies or other financial support.</li> <li>• Number of flexible early learning and child care arrangements (e.g. non-traditional arrangements such as flexible/irregular hours, weekend and emergency services; and geographic distribution of spaces) for harder-to-serve populations of children.</li> </ul>	<ul style="list-style-type: none"> <li>• Number and percentage of children receiving subsidies</li> <li>• Number and percentage of licensed child care programs that offer flexible hours</li> <li>• Number of additional licensed child care spaces created</li> <li>• Number of children receiving subsidy by family income</li> </ul>
<p>Inclusive</p>	<ul style="list-style-type: none"> <li>• Inclusive early learning and child care systems respect and value diversity, which could include but is not limited to: <ul style="list-style-type: none"> <li>• Children and families who are experiencing vulnerability.</li> <li>• Children with varying abilities. (p. 8)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Number of children benefiting from programs and/or a number of programs designed to serve children from diverse populations, which could include but not limited to: children from French and English linguistic minority communities,</li> </ul>	<ul style="list-style-type: none"> <li>• Number of child care programs designed to serve French linguistic minority communities and Indigenous People off-reserve</li> <li>• Number of children with additional support needs participating in child care programs</li> <li>• Number and proportion of</li> </ul>

		<p>Indigenous people off-reserve, recent immigrants and refugees.</p> <ul style="list-style-type: none"> <li>• Number of children with additional support needs participating in early learning and child care programs.</li> <li>• The number and proportion of children from low-income and middle-class families participating in early learning and child care programs.</li> </ul>	<p>children from low-income and middle class families participating in early learning and child care programs</p> <ul style="list-style-type: none"> <li>• Number of new EarlyON Child and Family Centres (including full and part-time locations) Number of child and family visits to early learning programs</li> <li>• Number and percentage of children who have access to early learning programs</li> <li>• Number and percentage of early learning programs that offer flexible hours</li> <li>• Number of early learning programs designed to serve French linguistic minority communities and Indigenous People off-reserve</li> </ul>
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Source: Government of Canada. (2017). Multilateral Early Learning and Child Care Framework. Retrieved from <https://www.canada.ca/en/employment-social-development/programs/early-learning-child-care/reports/2017-multilateral-framework.html>

**Table 2: Indicators under the Agreement and Indicators Reported by Ontario 2018-2020**

Guiding Principles	High quality care Indicators Under Agreement	Indicators Reported by Ontario
<b>High Quality Child Care</b>		
Quality	Number and percentage of providers with Early Childhood Education (ECE) certification	<ol style="list-style-type: none"> <li>1. Number and percentage of program staff who are Registered Early Childhood Educators (RECEs)</li> <li>2. Percentage of licensed child care centres employing only RECEs for the positions requiring qualified employees</li> </ol>
	Number and percentage of programs adopting Ontario's Pedagogy for the Early Years – How Does Learning Happen	Number of affirmations confirming programming alignment with How Does Learning Happen?
Accessibility, Affordability, and Flexibility	Number and percentage of children of children who have access two licensed child care	Percentage of children aged 0-12 for whom there are licensed child care spaces
	Number and percentage of children receiving subsidies	Number and percentage of children receiving child care fee subsidies
	Number and percentage of licensed child care programs that offer flexible hours	Number and percentage of programs providing care during non-standard hours
	Number of additional licensed child care spaces created	Number of additional licensed child care spaces created in licensed centres
	Number of children receiving subsidy by family income	Number and percentage of children receiving child care fee subsidies by family income
Inclusivity	Number of child care programs designed to serve French linguistic minority communities and indigenous people off-reserve	<ol style="list-style-type: none"> <li>1. Number of French-language licensed child care centres</li> <li>2. Number of Indigenous-led centres in urban and rural communities</li> </ol>
	Number of children with additional support needs participating in child care programs	Number of children funded through Special Needs Resourcing
	Number and proportion of children from low-income and middle class families	Number and percentage of children for whom a licensed space is available by income.

	participating in early learning and child care programs	
<b>High Quality Early Learning</b>		
High Quality	Number and percentage of providers with Early Childhood Education (ECE) certification	Qualification requirements for program staff working in child and family centres
	Number and percentage of programs adopting Ontario's Pedagogy for the Early Years – How Does Learning Happen	Service guideline requires programming alignment with How Does Learning Happen?
Accessibility, Affordability, and Flexibility	Number of new EarlyON Child and Family Centres (including full and part-time locations)	Number of EarlyON Child and Family programs offering full- and part-time hours
	Number of child and family visits to early learning programs	Number of child and family visits to EarlyON Child and Family Centres
	Number and percentage of children who have access to early learning programs	Number and percentage of children served by EarlyON Child and Family Centres
	Number and percentage of early learning programs that offer flexible hours	Number and percentage of EarlyON Child and Family programs that offer programming during non-standard hours
Inclusivity	Number of early learning programs designed to serve French linguistic minority communities and Indigenous People off-reserve	<ol style="list-style-type: none"> <li>1. Number of child and family centres that offer culturally relevant programming for Indigenous children and families</li> <li>2. Number of child and family centres that offer French-language programming for Francophone children and families</li> </ol>
<b>Professional Learning</b>		
ECE Qualification Upgrade Program	Number of individuals supported through the Qualifications Upgrade Program per annum	Number of individuals supported through the Qualifications Upgrade Program
Innovative Service Delivery	Innovative service delivery to support professional learning	Number of Centres of Excellence established

Source: Ministry of Education. (2020b). Ontario's early years and child care annual report 2020. [http://edu.gov.on.ca/childcare/annual-report-2020.html#\\_bookmarkLicensed\\_Child\\_Care](http://edu.gov.on.ca/childcare/annual-report-2020.html#_bookmarkLicensed_Child_Care)

**Table 3: Licensed Child Care Indicators and EarlyON Indicators Data for 2018,2019, and 2020**

Principles	Indicators as Reported by Ontario		
	2018	2019	2020
High Quality Child Care			
High Quality	Staff Qualification		
	<p>Licensed Child Care Centres</p> <ul style="list-style-type: none"> <li>• RECEs employed by 81% of centres for supervisor positions</li> <li>• 19% had director approval for one or more positions</li> <li>• 62% of centres employed only RECEs for positions requiring qualification,</li> <li>• 38% of centres had director approval for one or more positions</li> </ul>	<p>Licensed Child Care Centres</p> <ul style="list-style-type: none"> <li>• RECEs employed by 79% of centres for supervisor positions.</li> </ul> <p>Licensed Home Child Care Agencies</p> <ul style="list-style-type: none"> <li>• RECEs employed by 96% of agencies for all home child care visitor positions</li> </ul>	<p>Licensed Child Care Centres</p> <ul style="list-style-type: none"> <li>• RECEs employed by 78% of centres for supervisor positions.</li> </ul> <p>Licensed Home Child Care Agencies</p> <ul style="list-style-type: none"> <li>• RECEs employed by 97% of agencies for all home child care visitor positions</li> </ul>
	<p>Licensed Home Child Care Agencies</p> <ul style="list-style-type: none"> <li>• RECEs employed by 81% of agencies for all home child care visitor positions</li> <li>• 19% had director approval for one or more positions</li> </ul>	<p>In 2019, 18,315 (59%) staff employed by licensed child care centres were RECEs out of a total of 31,083 full-time program staff</p>	
	Pedagogical Framework		
	7/5,437 licensed child care centres not following guidelines of HDLH	3/5,523 licensed child care centres not following guidelines of HDLH	All licensed child care centres following guidelines of HDLH
Access	Access to licensed child care spaces		

	Enough spaces for 22% of children aged 0-12 (1,966,462) in Ontario	Enough spaces for 22% of children aged 0-12 (1,990,070) in Ontario	Enough spaces for 23% of children aged 0-12 (1,987,967) in Ontario (2019 data)
	Number of additional licensed child care spaces created in licensed centres		
	427,032 spaces (+20,637 spaces compared to previous year)	446,596 spaces (+19,564 spaces compared to previous year)	462,802 spaces (+16,206 spaces compared to previous year)
Affordability	Child care subsidies		
	Subsidy received by ~28% of children in licensed child care centres and 67% of children in licensed home child care	Subsidy received by ~29% of children in licensed child care centres and 68% of children in licensed home child care (2020 data not available)	
	Number and percentage of children receiving child care fee subsidies by family income		
	Data not reported	~72% of children who receive fee subsidies in families with incomes of ≤\$40,000	~75% of children who receive fee subsidies in families with incomes of ≤\$40,000
Flexibility	Number and percentage of programs providing care during non-standard hours		
	Licensed Child Care Centres 7pm or later: 1% Weekend: 9% Overnight: <1%	Licensed Child Care Centres Weekend: 10% Evening or Overnight: <1%	Licensed Child Care Centres Weekend: 10% Evening or Overnight: <1%
	Home Child Care Providers 7pm or later: 12% Weekend: 10% Overnight: 7%	Home Child Care Providers Weekend: 10% Evening: 12% Overnight: 7%	Home Child Care Providers Weekend: 10% Evening: 12% Overnight: 7%
Inclusive	Number of French-language licensed child care centres		
	French-language Programs 302 centres with 31,251 spaces	French-language Programs 310 centres	French-language Programs 308 centres
	Bilingual Programs	Bilingual Programs 88 centres	Bilingual Programs 101 centres

	80 centres with 5,827 spaces		
	Number of Indigenous-led licensed child care centres in urban and rural communities		
	25	27	27
	Number of children funded through Special Needs Resourcing		
	31,766 (2016 data available)	30,794 (2017 data available)	31,483 (2018 data available)
	Number and percentage of children for whom a licensed space is available by income		
	<ul style="list-style-type: none"> <li>• ≤\$40,000: 92,000 spaces, 21%</li> <li>• \$40,000-\$100,000: 170,000, 40%</li> <li>• &gt;\$100,000: 165,000, 39%</li> </ul>	<ul style="list-style-type: none"> <li>• ≤\$40,000: 93,000 spaces, 21%</li> <li>• \$40,000-\$100,000: 178,000, 40%</li> <li>• &gt;\$100,000: 174,000, 39%</li> </ul>	<ul style="list-style-type: none"> <li>• ≤\$40,000: 97,000 spaces, 21%</li> <li>• \$40,000-\$100,000: 185,000, 40%</li> <li>• &gt;\$100,000: 180,000, 39%</li> </ul>
<b>High Quality Early Learning</b>			
	Staff Qualification		
	Teams must have at least one RECE (exemptions may be granted if the centre is unable to hire at least one RECE)		
	Pedagogical Framework		
High Quality	No data	All centres in compliance with HDLH (2018 data)	All centres in compliance with HDLH
	Number of EarlyON and Family programs offering full- and part-time hours		
	<ul style="list-style-type: none"> <li>• 376/1,155 main EarlyON Child and Family Centre Location</li> <li>• 779/1,155 mobile/satellite EarlyON Child and Family Centre Location</li> </ul>	<ul style="list-style-type: none"> <li>• 393/1,187 main EarlyON Child and Family Centre Location</li> <li>• 794/1,187 mobile/satellite EarlyON Child and Family Centre Location</li> </ul>	<ul style="list-style-type: none"> <li>• 475/1,296 main EarlyON Child and Family Centre Location</li> <li>• 821/1,296 mobile/satellite EarlyON Child and Family Centre Location</li> </ul>
	Number of child and family visits to EarlyON Child and Family Centres		
Accessible, Affordable, and Flexible	• ~2,119,624 visits by children	• ~2,544,132 visits by children	• ~2,733,002 visits made by children

	<ul style="list-style-type: none"> <li>• ~1,636,106 visits by parents and caregivers</li> </ul>	<ul style="list-style-type: none"> <li>• ~1,887,500 visits by parents and caregivers</li> </ul>	<ul style="list-style-type: none"> <li>• ~2,083,118 visits by parents and caregivers</li> </ul>
	Number and percentage of children served by EarlyON Child and Family Centres		
	334,268/32% of children aged 0-6 (2016-2017)	354,768/34% of children aged 0-6 (2018)	401,116/38% of children aged 0-6 (2018)
	Number and percentage of EarlyON Child and Family programs that offer programming during non-standard hours		
	400	333	396
Inclusive	Number of child and family centres that offer culturally relevant programming for Indigenous children and families		
	65	68	65
	Number of child and family centres that offer French-language programming for Francophone children and families		
	110	112	116
Professional Learning			
ECE Qualification Upgrade Program	Number of individuals supported through the Qualifications Upgrade Program		
	<ul style="list-style-type: none"> <li>• \$1.5 million federal funding, carried over to 2018-2019 agreement</li> <li>• 1,114 applications approved</li> </ul>	<ul style="list-style-type: none"> <li>• \$3 million provincial and \$2 million federal funding allocated</li> <li>• 1,570 applications approved</li> </ul>	<ul style="list-style-type: none"> <li>• \$3.5 million provincial and \$2 million federal funding allocated</li> <li>• 2,038 applications approved, a 30% increase from previous year</li> </ul>
Innovative Service Delivery	Number of Centres of Excellence established		
	Three Centres of Excellence established (Provincial, Indigenous, Francophone) with		Agreements expired on March 31, 2020. Going forward, the

	the goal of creating and supporting professional learning networks across Ontario	ministry instead allocated targeted funding for professional learning for Francophone and Indigenous professionals
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Source: Ministry of Education. (2018). Ontario's early years and child care annual report 2018. [http://www.edu.gov.on.ca/childcare/annual-report-2018.html#\\_bookmark19](http://www.edu.gov.on.ca/childcare/annual-report-2018.html#_bookmark19)

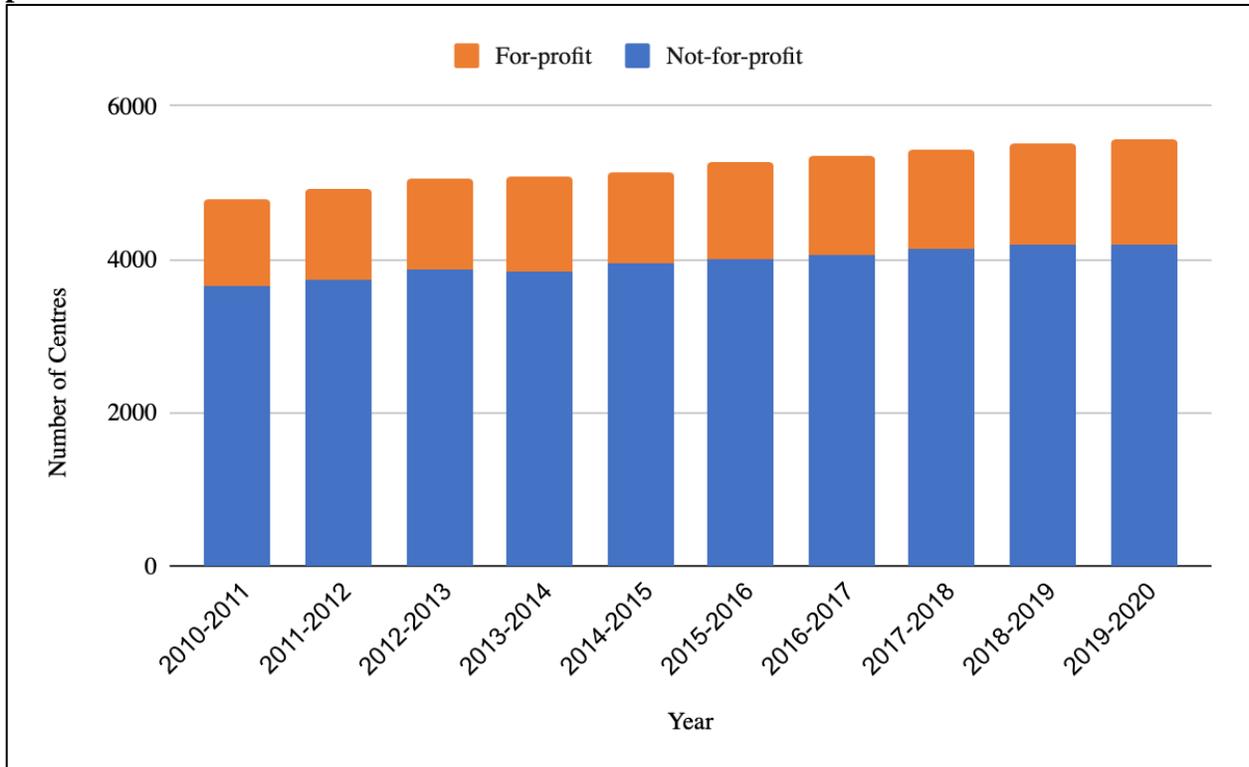
Ministry of Education. (2019). Ontario's early years and child care annual report 2019. <http://www.edu.gov.on.ca/childcare/annual-report-2019.html#Ped>

Ministry of Education. (2020a). Ontario child care and EarlyON child and family centres service management and funding guideline 2020. [https://efis.fma.csc.gov.on.ca/faab/Memos/CC2019/EYCC08\\_EN\\_attach1.pdf](https://efis.fma.csc.gov.on.ca/faab/Memos/CC2019/EYCC08_EN_attach1.pdf)

Ministry of Education. (2020b). Ontario's early years and child care annual report 2020. [http://edu.gov.on.ca/childcare/annual-report-2020.html#\\_bookmarkLicensed\\_Child\\_Care](http://edu.gov.on.ca/childcare/annual-report-2020.html#_bookmarkLicensed_Child_Care)

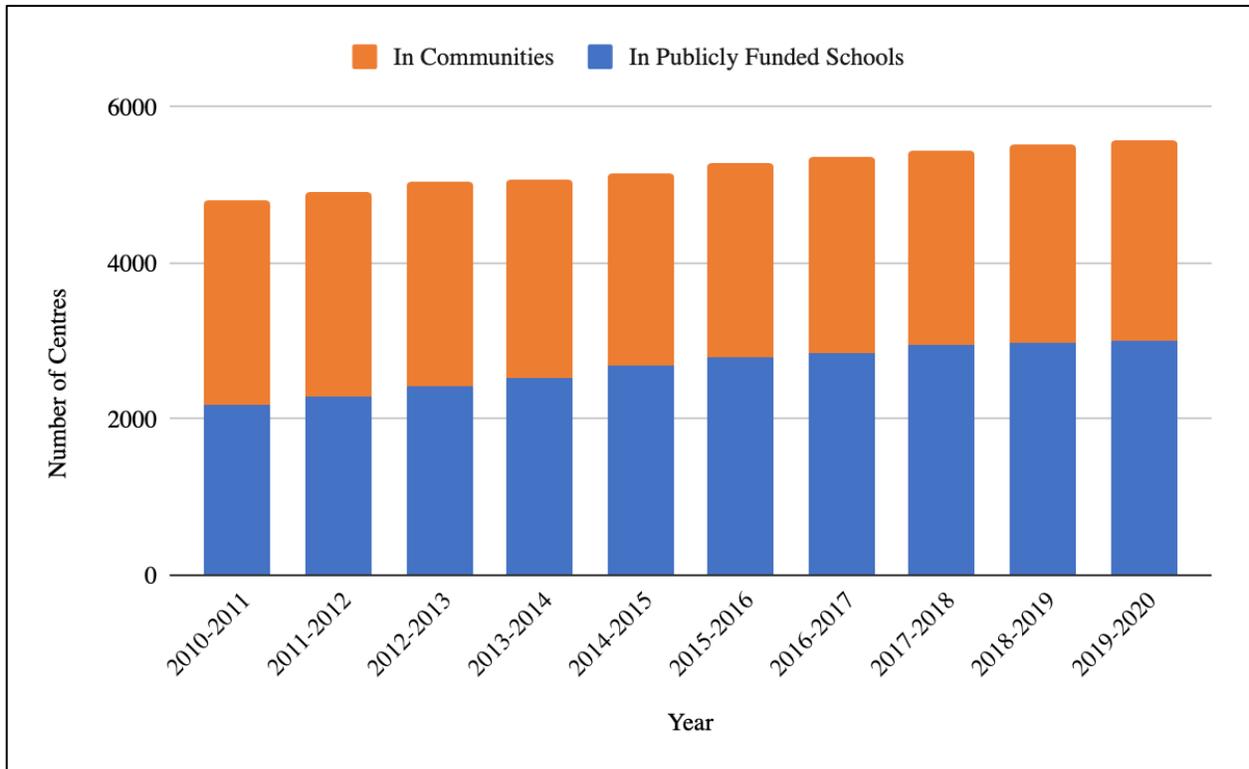
Appendix B: Figure Descriptions of ELCC Agreement Data

**Figure 1: Number of Licensed Child Care Centers, 2010-20 by For-Profit and Not-for-profit**



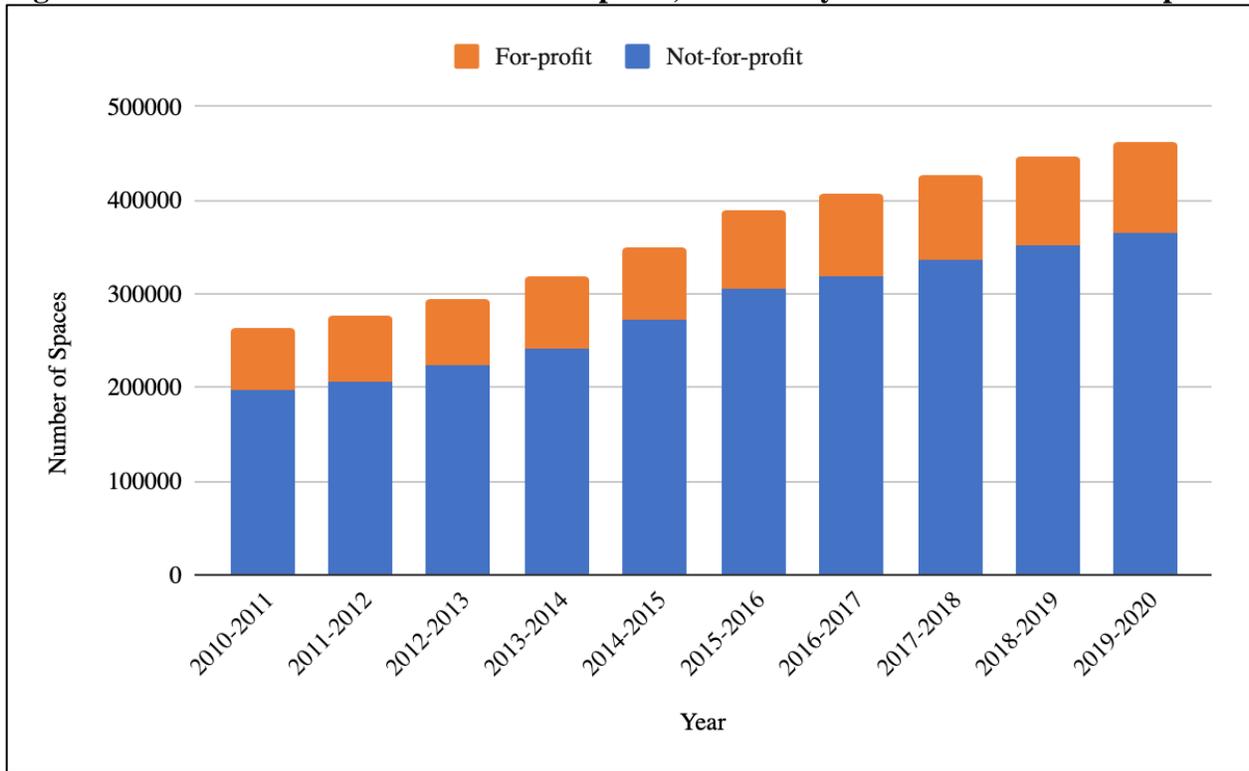
Source: Ministry of Education. (2020b). Ontario’s early years and child care annual report 2020. [http://edu.gov.on.ca/childcare/annual-report-2020.html#\\_bookmarkLicensed\\_Child\\_Care](http://edu.gov.on.ca/childcare/annual-report-2020.html#_bookmarkLicensed_Child_Care)

**Figure 2: Number of Not-for-Profit Licensed Child Care Centers, 2010-20 by community and Publicly-Funded Schools**



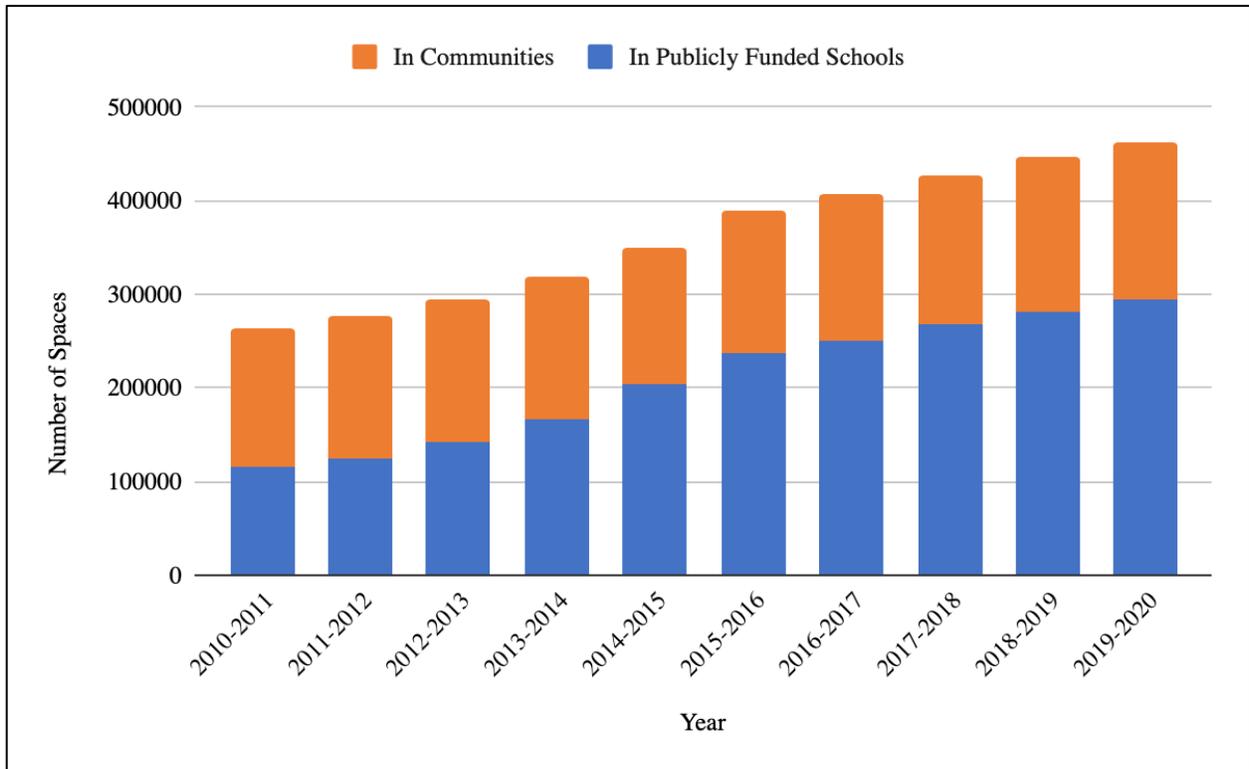
Source: Ministry of Education. (2020b). Ontario’s early years and child care annual report 2020. [http://edu.gov.on.ca/childcare/annual-report-2020.html#\\_bookmarkLicensed\\_Child\\_Care](http://edu.gov.on.ca/childcare/annual-report-2020.html#_bookmarkLicensed_Child_Care)

**Figure 3: Number of Licensed Child Care Spaces, 2010-20 by For-Profit and Not-for-profit**



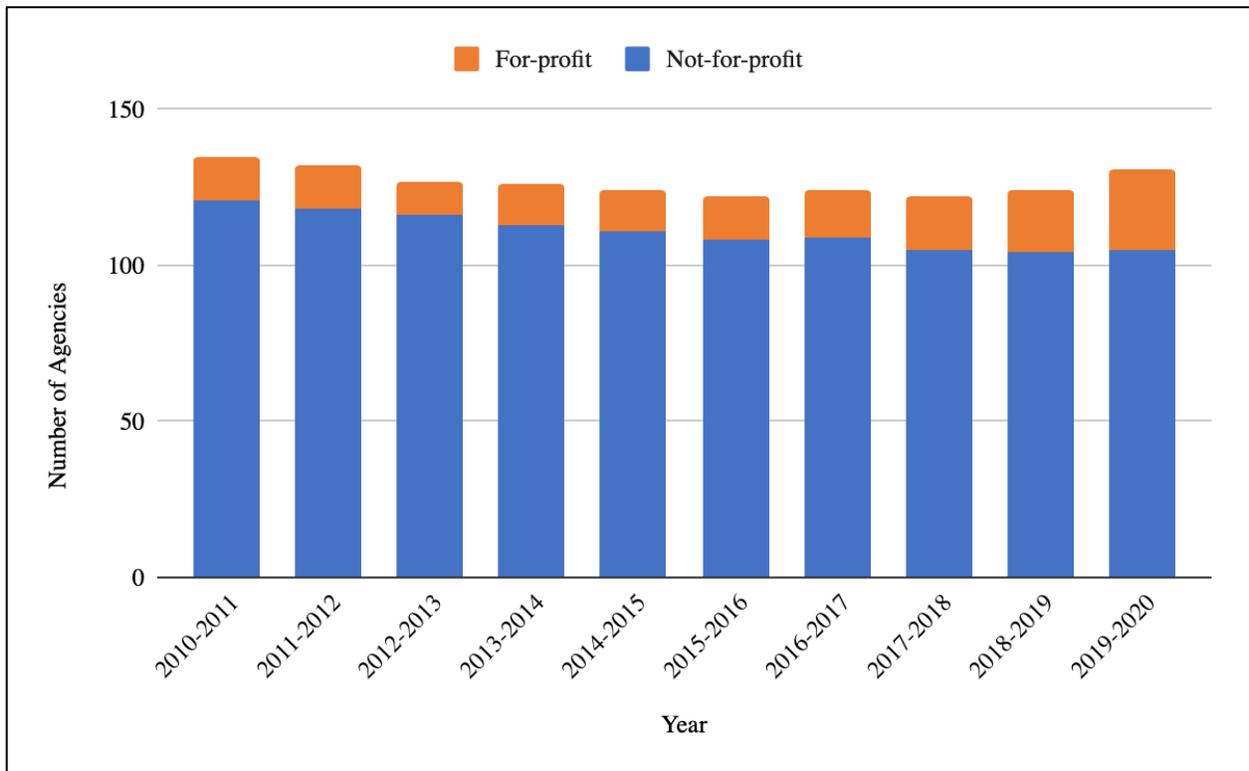
Source: Ministry of Education. (2020b). Ontario's early years and child care annual report 2020. [http://edu.gov.on.ca/childcare/annual-report-2020.html#\\_bookmarkLicensed\\_Child\\_Care](http://edu.gov.on.ca/childcare/annual-report-2020.html#_bookmarkLicensed_Child_Care)

**Figure 4: Number of Not-for-Profit Licensed Child Care Spaces, 2010-20 by Community and Publicly-Funded Schools**



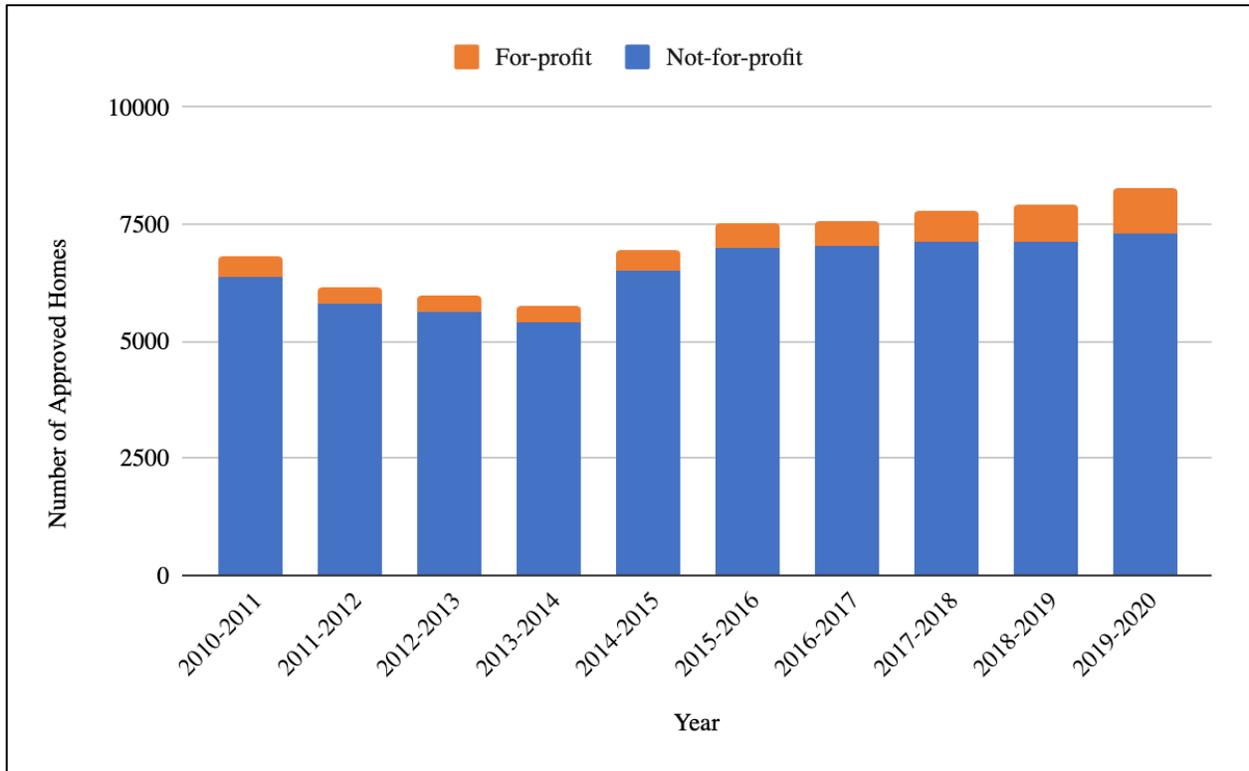
Source: Ministry of Education. (2020b). Ontario’s early years and child care annual report 2020. [http://edu.gov.on.ca/childcare/annual-report-2020.html#\\_bookmarkLicensed\\_Child\\_Care](http://edu.gov.on.ca/childcare/annual-report-2020.html#_bookmarkLicensed_Child_Care)

**Figure 5: Number of Licensed Home Child Care Agencies, 2010-20 by For-Profit and Not-For-Profit**



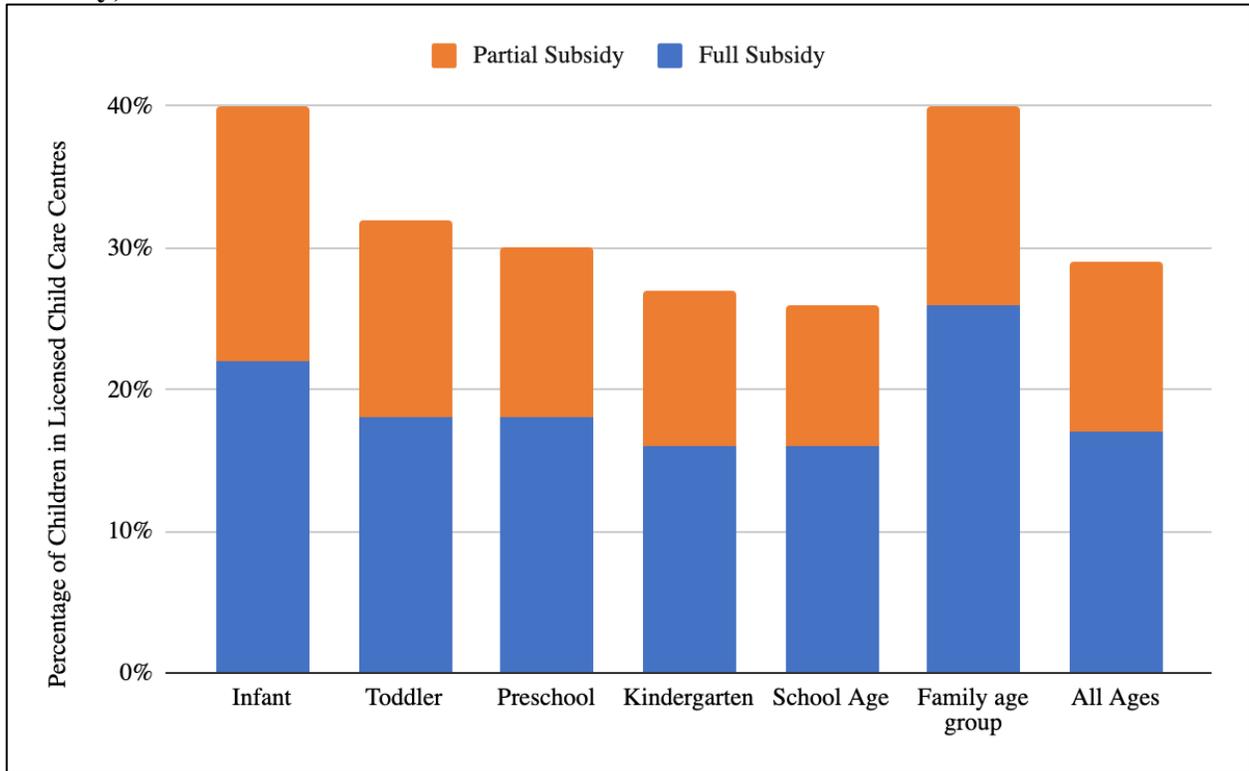
Source: Source: Ministry of Education. (2020b). Ontario's early years and child care annual report 2020. [http://edu.gov.on.ca/childcare/annual-report-2020.html#\\_bookmarkLicensed\\_Child\\_Care](http://edu.gov.on.ca/childcare/annual-report-2020.html#_bookmarkLicensed_Child_Care)

**Figure 6: Number of Approved Homes, 2010-20 by For-Profit and Not-for-Profit**



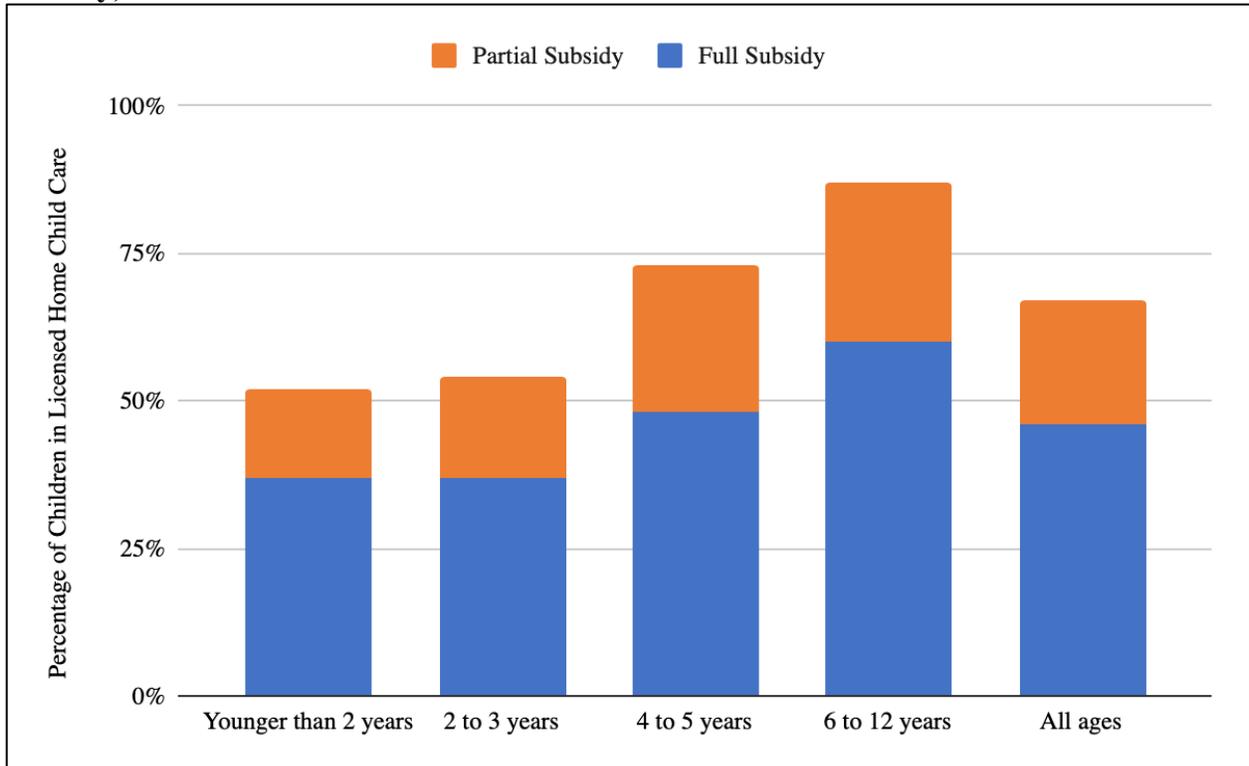
Source: Source: Ministry of Education. (2020b). Ontario's early years and child care annual report 2020. [http://edu.gov.on.ca/childcare/annual-report-2020.html#\\_bookmarkLicensed\\_Child\\_Care](http://edu.gov.on.ca/childcare/annual-report-2020.html#_bookmarkLicensed_Child_Care)

**Figure 7: Percentage of Children in Licensed Child Care Centres Receiving Full or Partial Subsidy, 2019**



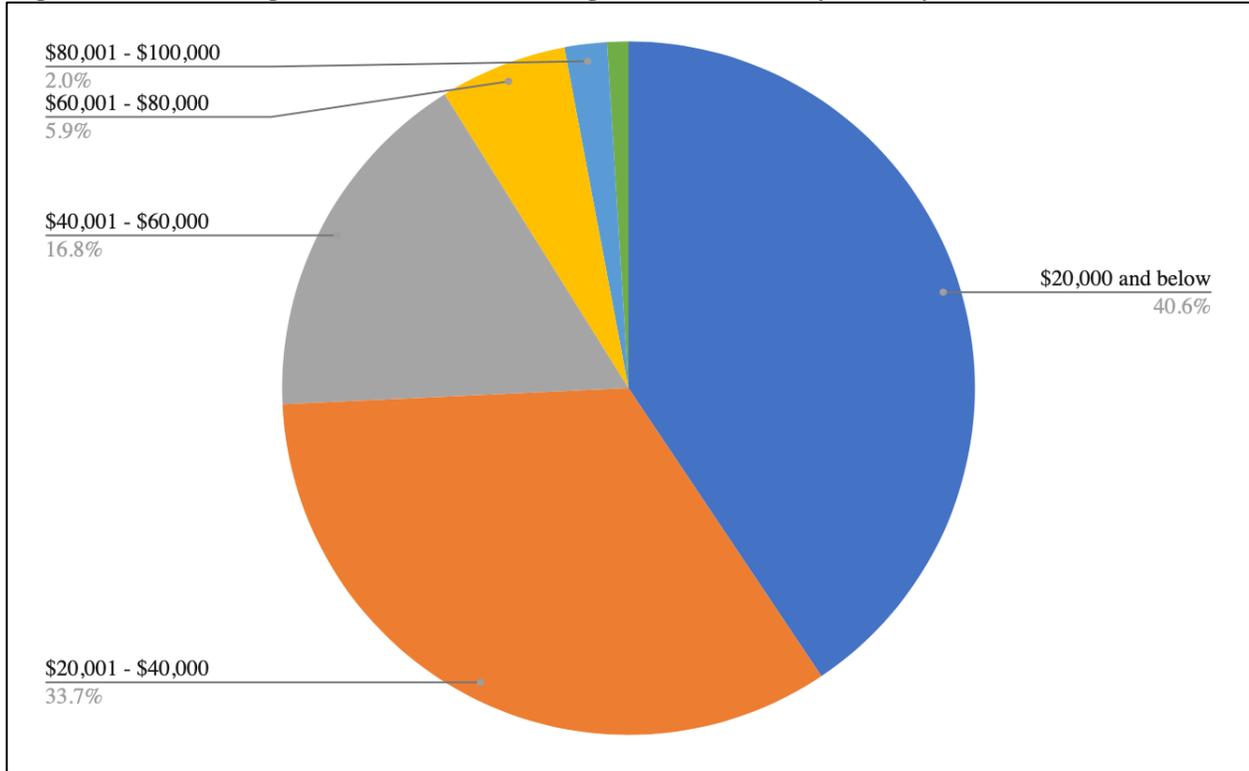
Source: Source: Ministry of Education. (2020b). Ontario’s early years and child care annual report 2020. [http://edu.gov.on.ca/childcare/annual-report-2020.html#\\_bookmarkLicensed\\_Child\\_Care](http://edu.gov.on.ca/childcare/annual-report-2020.html#_bookmarkLicensed_Child_Care)

**Figure 8: Percentage of Children in Licensed Home Child Care Receiving Full or Partial Subsidy, 2019**



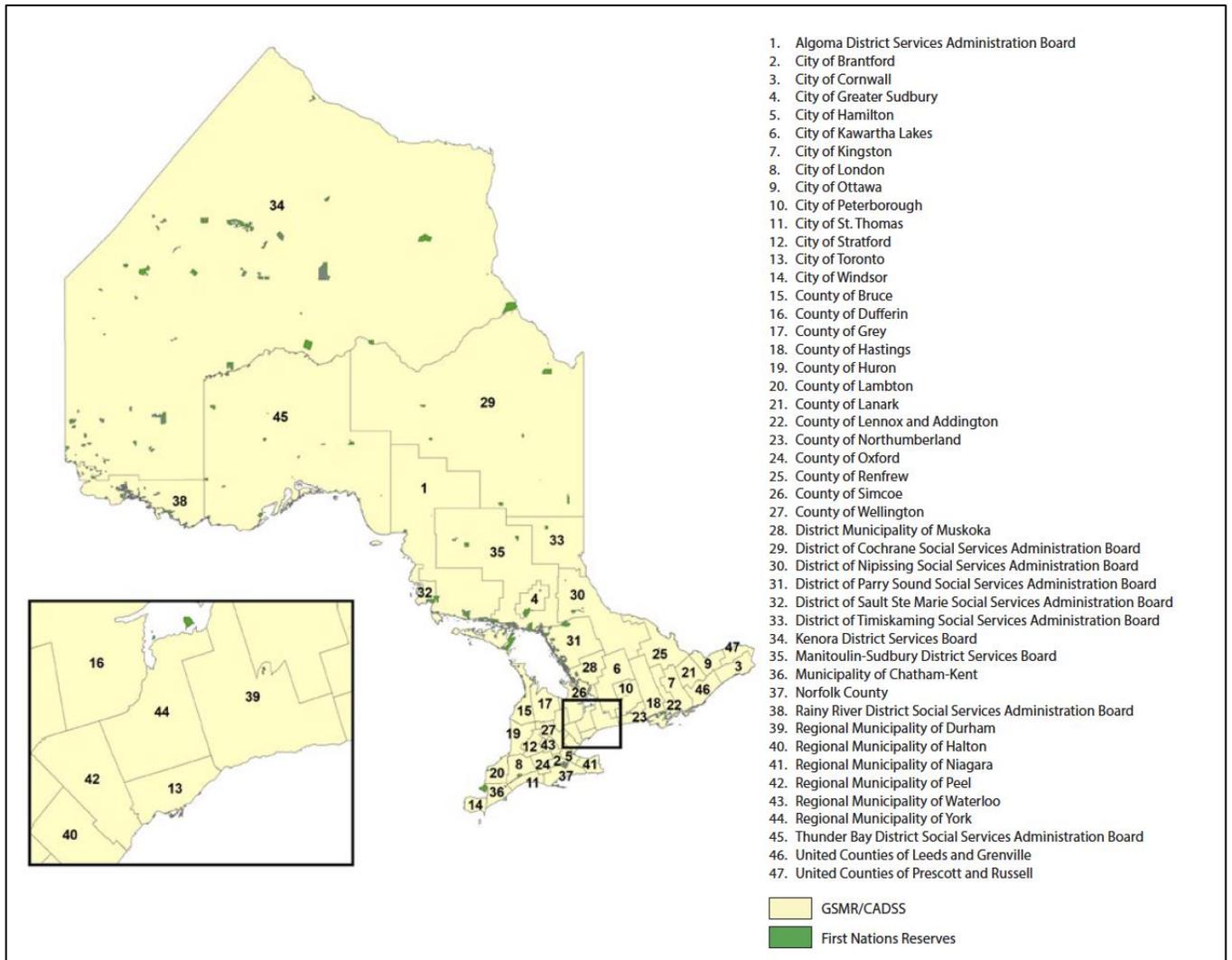
Source: Source: Ministry of Education. (2020b). Ontario's early years and child care annual report 2020. [http://edu.gov.on.ca/childcare/annual-report-2020.html#\\_bookmarkLicensed Child Care](http://edu.gov.on.ca/childcare/annual-report-2020.html#_bookmarkLicensed%20Child%20Care)

**Figure 9: Percentage of Children Receiving Fee Subsidies by Family Income, 2018**



Source: Source: Ministry of Education. (2020b). Ontario's early years and child care annual report 2020. [http://edu.gov.on.ca/childcare/annual-report-2020.html#\\_bookmarkLicensed\\_Child\\_Care](http://edu.gov.on.ca/childcare/annual-report-2020.html#_bookmarkLicensed_Child_Care)

**Figure 10: Consolidated Municipal Service Managers (CMSMs) and District Social Services Administration Boards (DSSABs)**



Source: Ministry of Education. (2020b). Ontario's early years and child care annual report 2020.[http://edu.gov.on.ca/childcare/annual-report 2020.html#\\_bookmarkLicensed\\_Child\\_Care](http://edu.gov.on.ca/childcare/annual-report%2020.html#_bookmarkLicensed_Child_Care)

## Appendix C: Child Care Staffing Regulations

**Table 1: Licensed Child Care Centres: Staffing Regulations**

Infant (<18 months)	3 employees to 10 children with a maximum of 10 infants in a group, for which one of three employees must be qualified.
Toddler (18 months to <30 months)	1 employee to 5 children with a maximum of 15 toddlers in a group, for which one of three employees must be qualified.
Preschool (30 months to <6 years)	1 employee to 8 children with a maximum of 24 preschoolers in a group, for which two of three employees must be qualified.
Kindergarten (44 months to <7 years)	1 employee to 13 children with a maximum of 26 kindergarteners in a group, for which one of two employees must be qualified.
Primary/Junior School Age (68 months to <13 years)	1 employee to 15 children with a maximum of 30 maximum primary/juniors in a group, for which one of two employees must be qualified.
Junior School Age (9 years to <13 years)	1 employee to 20 children with a maximum of 20 maximum juniors in a group, for which one of one employee must be qualified.

Source: Ministry of Education. (2020b). Ontario's early years and child care annual report 2020.[http://edu.gov.on.ca/childcare/annual-report-2020.html#\\_bookmarkLicensed\\_Child\\_Care](http://edu.gov.on.ca/childcare/annual-report-2020.html#_bookmarkLicensed_Child_Care)

Appendix D: Reference to SDH in the Agreement

**Table 1: Word Frequency and reference to SDH in the Agreement**

SDH	Term Used	Word Frequency
Aboriginal Status/	Indigenous peoples	25
Disability	Special needs	2
Early Life	n/a	0
Education	Education	3
Employment and Working Conditions	Employment	2
Food Insecurity	n/a	0
Health Services	n/a	0
Gender	n/a	0
Housing	housing	1
Income and Income Distribution	Lower-income families	6
Race	n/a	0
Social Exclusion	n/a	0
Social Safety Net	n/a	0
Unemployment and Job Security	n/a	0

Source: Raphael, D. (2016). *Social Determinants of Health: Canadian Perspectives*, 3rd edition. Toronto: Canadian Scholars' Press