

The Waiting Game: A Critical Analysis of Childcare Waiting Lists in Winnipeg

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Abstract

Winnipeg is a city with high rates of child poverty, a high Aboriginal population, and a chronic shortage of childcare spaces. Some neighbourhoods have more and better services than others – yet all areas of the city have long waiting lists for childcare services. In some municipal wards, prospective parent users will face a delay of between one and four years for a childcare space. This thesis interrogates the distribution of childcare spaces and childcare waitlists throughout the city, showing how waitlists and services systematically differ between more and less affluent wards, and by wards with higher and lower percentages of Aboriginal families. These findings are particularly important for public policy. Manitoba has developed a new on-line centralized registration and waitlist system that was launched in Brandon, Manitoba in the fall of 2010. The provincial government has declared it will use this centralized data to guide the funding and expansion of new childcare services. A close examination of waitlist and services in Winnipeg, however, strongly predicts an unintended outcome: rather than promoting more and better access to childcare services, the provincial registration and waitlist strategy is more likely to result in a further maldistribution of access and service, reproducing an existing socio-economic gradient that particularly disadvantages Aboriginal and low-income parents.

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Table of Contents

ABSTRACT	2
ACKNOWLEDGEMENTS	3
TABLE OF CONTENTS	4
CHAPTER ONE	7
INTRODUCTION.....	7
RATIONALE AND SIGNIFICANCE	10
DESCRIPTION OF THE PROBLEM	11
ORGANIZATION OF THE THESIS	14
SUMMARY	16
CHAPTER TWO	18
THEORETICAL FRAMEWORK	18
UNDERSTANDING WELFARE REGIMES	22
SOCIAL EQUALITY IN CANADA’S LIBERAL WELFARE STATE	28
RACIALIZATION OF POVERTY	30
OVERVIEW OF CHILDCARE: POLICY CHANGES AND FUNDING.....	31
SOCIAL BENEFITS FROM CHILDCARE: FOR CHILDREN, FOR FAMILIES, FOR WOMEN, FOR SOCIETY.....	35
SUMMARY	37
CHAPTER THREE	39
METHODOLOGY.....	39
RESEARCH DESIGN.....	39
SURVEY INSTRUMENT	40
POPULATION.....	41
GEOGRAPHY	42
ANALYSIS.....	48
SURVEY CODING FOR ESTIMATED TIME FOR SPACE.....	50
SUMMARY	53
CHAPTER FOUR	54
GENERAL DESCRIPTION OF CHILDCARE SERVICES IN WINNIPEG.....	54
WINNIPEG CHILDREN AND ABORIGINALITY.....	61
WINNIPEG CHILDREN AND POVERTY.....	63
CHAPTER FIVE	68
WARD PROFILES.....	69
WAIT TIMES BY WARD.....	72
WAIT TIMES BY AGE OF CHILD.....	73
WAITLISTS AND SOCIAL INEQUALITY	75
WHAT ARE ‘OPEN’ AND ‘CLOSED’ WAITLISTS?.....	77
SUMMARY	77
CHAPTER SIX	80
‘FIRST COME FIRST SERVE PRINCIPLE’	80
COMMON METHODS FOR UPDATING CENTRE WAITLISTS	81
COMMON WAITLIST POLICIES	85
COMMON CENTRE POLICIES	86
WAITLIST POLICIES BY LOCATION	88
WHEN PARENTS HAVE TO DECLINE A SPACE.....	91
SUMMARY	93

CHAPTER SEVEN.....	95
CHILD CARE IN WINNIPEG.....	97
WAITLISTS BY NEIGHBOURHOOD.....	98
WAITLISTS BY AGE GROUPS.....	101
WAIT TIMES.....	108
WAIT TIMES BY AGE.....	109
WAIT LIST POLICIES.....	109
THE BEGINNING OF 'GOOD' WAIT LIST POLICY.....	111
BUILDING A SUCCESSFUL CHILD CARE SYSTEM: LESSONS LEARNED.....	114
CONCLUSIONS.....	116
REFERENCES.....	118
APPENDIX A.....	122
APPENDIX B.....	123

List of Tables and Figures

Table 1: Winnipeg Wards.....	43
Table 2: Centres Without Waitlist Information	46
Table 3: Number of Facilities Per Ward.....	55
Table 4: Child Population, Childcare Programs, by Wards	56
Table 5: Child Population, Childcare Programs, Spaces and Access by Ward* .	57
Table 6: Share of Space by Ward	59
Table 7: Child Population Break-down by Licensed Capacity Break-down per Ward.....	60
Table 8: Social Inequality in Winnipeg, Aboriginal Ancestry by Ward	62
Table 9: Social Inequality in Winnipeg: Rate of Poverty	63
Table 10: Social Inequality in Winnipeg: Census Family Income by Ward.....	64
Table 11: Social Inequality in Winnipeg: Poverty, Aboriginal Ancestry, Childcare Access and Family Income by Ward.....	65
Table 12: Waitlist Names and Access by Ward	71
Table 13: Average Time to Wait for Space from Least to Most.....	72
Table 14: Average Time to Wait for Space by Program	75
Table 15: How do Parents Get Names on Waitlist*	82
Table 16: How do Names Remain on Waitlist*	83
Table 17: Methods for Removal of Names from Waitlist*	84
Table 18: Waitlist Policies for All Centres	85
Table 19: Waitlist Policies	89
Table 20: When Parents Decline Space*	92
Table 21: Expansion of Childcare Spaces by Waitlist (Scenario A)	103
Table 22: Expansion of Childcare Spaces by Child Population (Scenario B)	104
Table 23: Future Access Rates – Comparison of Two Models of Childcare Expansion in Winnipeg.....	105
Figure 1: Poverty, Aboriginal Ancestry, Family Income, Access Rate and Percentage of Waitlist by Ward.....	107

Chapter One

Introduction

Access to childcare means having a space when and where it is needed. In Winnipeg, however, long waiting lists frustrate parents and deny families access. Winnipeg parents have resorted to “extreme tactics to land daycare spots,” according to the *Globe and Mail* (*Globe and Mail*, May 9, 2008). According to the national newspaper, a frustrated father whose child had been on the waiting list for years recently confronted a childcare centre director in a local grocery store. Karen Ohlson, the childcare director accosted by the angry parent, was sympathetic but could do little to help, since the waiting list for her 87-space centre contains 460 names. According to Ohlson, parents have even tried to use bribes to get a space. Executive Director of the Manitoba Child Care Association, Pat Wege observed “It doesn’t matter where you are in Canada, the story’s the same when you come to childcare. Not enough services and too many parents looking for spaces” (*Globe and Mail*, May 9, 2008).

In April 2006, the Child Care Coalition of Manitoba released a study reporting over 15,000 children’s names on Winnipeg’s waiting lists, a sign of “unmet need.” In response, Winnipeg Sun columnist Tom Brodbeck dismissed the findings, claiming that the “Child-care lobby’s numbers are a joke”. Brodbeck rejected the study because parents may put their names on several waitlists. In short, he declared that “Nobody knows how many families are on multiple lists because there is no central wait list registry” (*Winnipeg Sun*, April 6th, 2006). The debate in the *Winnipeg Sun* over waiting lists brought the issue to the forefront.

In 2008, the Manitoba government launched a 12 point five-year strategy, titled “Family Choices.” The 2008 Family Choices plan was designed to build on an earlier plan, which ran from 2002 - 2007. The new Family Choices plan was based on the principles of accessibility, universality, affordability, and quality (Government of Manitoba, 2008). For the first time, the provincial government also committed to action on waiting lists. The strategy proposed that

a centralized early learning and childcare waitlist will be developed to provide families with current reliable information about the availability of early learning and childcare in their community. This waitlist will also provide better information for planning the expansion of childcare in Manitoba (Province of Manitoba, 2008, pg. 7).

Family Choices went on to explain that “currently, because each program maintains its own waitlist, and because parents often place their children on several waitlists, parents may not have an accurate idea of when a space will be available for their child” (Province of Manitoba, 2008, pg.7). Three years later, in October 2010, the province launched a pilot program of an online child-care registry in Brandon, Manitoba with the expectation of expanding the registry province-wide by late 2011. According to the Family Services and Consumer Affairs Minister Gord MacIntosh, “The registry allows parents to enter information about their child and their care requirements just once. Their names will then be added to the wait list of as many child-care facilities as they choose” (Westman Journal, October 20, 2010). The online tool is designed to supply up-to-date information on all available licensed providers, including alerts when child-care providers are accepting applications, to enable parents to make changes to their contact information for all providers at one time, and to allow child-care centres to access a current list of children waiting for care so they can fill any openings

(<http://www.gov.mb.ca/chc/press/top/2010/10/2010-10-14-115300-9944.html>). The childcare registry provides a one-stop tool for parents and childcare providers, enabling both parties to access up-to-date information. At the same time, the childcare registry likely helps childcare centres spend less administrative time on maintaining their waitlists.

However, the provincial government's original objective in creating a centralized waitlist was to *reduce* the length of waiting lists and *reduce* wait times. Initially the new registry appears to be a waitlist, but it is unclear exactly how the childcare registry will reduce waitlists or wait times (Family Choices: Manitoba's Five- Year Agenda for Early Learning and Childcare, 2008). It might be predicted that the province intends to encourage the development of new spaces where waiting lists are longest. Findings from this study suggest that this strategy, while seemingly ideal, is unlikely to be satisfactory. A close examination of waitlist and services in Winnipeg strongly predicts an unintended outcome: rather than promoting more and better access to childcare services, the provincial registration and waitlist strategy is more likely to result in a further maldistribution of access and service, reproducing an existing socio-economic gradient that particularly disadvantages Aboriginal and low-income parents.

This study is important because it provides previously unknown information about waitlists and wait times in Winnipeg. This study provides a starting point to understand where and why across Winnipeg waitlists and wait times are particularly long. This information can inform those concerned with child care delivery and also contribute to policy decisions.

Rationale and Significance

Despite a wealth of research on many aspects of childcare, there is little available information on childcare waitlists. Currently, the small amount of information about waitlists that exists is from a 2006 Winnipeg survey done by the Childcare Coalition of Manitoba. The research found there were close to 15,000 names of children on waitlists for a space in a licensed childcare facility (Childcare Coalition of Manitoba, 2006). Throughout the city, parents find it difficult and frustrating to obtain a childcare space.

This thesis uses a feminist lens to interrogate current waiting lists in Winnipeg and to assess how the proposed provincial waiting list initiative may address them. My main research question asks where and why waiting lists exist, and does so to consider the prospects of a centralized waiting list in terms of its ability to reduce wait times and waitlists. Thus, my thesis addresses if or how waiting lists could be a reasonable and appropriate predictor to use to guide expansion of childcare services. This research demonstrates that a belief that waitlists can be centrally managed and used as a tool to guide the expansion of services is too simplistic for what emerges as a very complex problem.

One of the most significant challenges to remedying the childcare problem into ensures equitable distribution and access to affordable quality childcare for children and parents. One of the main reasons why waitlists exist and continue to grow is because there are simply not enough facilities and spaces to accommodate the present child population (McCracken & Prentice, 2004). As a result the lack of available space contributes to lengthy childcare waitlists. The term ‘maldistribution’ refers to an uneven distribution of facilities and spaces which is directly correlated to neighbourhood

advantage and disadvantage. A study conducted by Prentice and McCracken in 2004 found both scarcity and poor distribution of space in the city of Winnipeg. The authors linked the maldistribution of facilities to race and class stratification by neighbourhood. The present study confirms and extends their study, revealing that waitlists are also linked to privilege and racialization. In doing so, this research offers new information regarding the distribution of waitlists and wait times. My hope is that these findings provide data that can better inform policy makers and lead to the development of better policies and greater equity that will contribute towards improving the lives of families, and in particular, the lives of women.

Description of the problem

Licensed and regulated childcare is fragmented across all Canadian provinces with the exception of Quebec. Quebec's childcare policy provides affordable full-day childcare where parents pay a fraction of the full cost of childcare (Baker, 2009). Quebec increased access, made childcare services more affordable, and implemented progressive family policies (Friendly & Prentice, 2009). The rest of Canada lags behind.

The issue of access does not exist in a vacuum. Access to affordable, high-quality childcare remains one of the key issues in helping Canadian parents reconcile work and family responsibilities. The collage of Early Childhood Education and Care (ECEC) services in Canada is a result of several factors. Chief among them are inadequate public funding and underdeveloped public policy, which contribute to scarcity and inequality of access to programs in all provinces, save Quebec (Friendly and Prentice, 2009). In the city of Winnipeg, inaccessibility and the scarcity of space have resulted in waiting lists across all wards.

In 2002, Manitoba's Five Year Plan for Child Care 'Strengthening Families, Building Communities' promised to advance three major elements for childcare. One of these elements was improving accessibility. "Beginning in September 2002, there will be further increases in the number of funded child care spaces" (Province of Manitoba, 2002). However, between 2002 and 2007 Manitoba's licensed childcare overall growth was insignificant at 1.1 percent annually. Despite the efforts of Manitoba's first Five-year Plan for Child Care in 2002, a shortage of childcare space persists. In Winnipeg, as in all of Manitoba, childcare services are scarce and expensive. The costs of parent fees are \$7,280 per year for an infant, \$4,888 for a preschooler, and \$2, 836 - \$3,138 for a school age child (Beach, Friendly, Ferns, Prabhu & Forer , 2009). One of the main reasons for the maldistribution of childcare space in Winnipeg is that the voluntary sector builds, owns and operates childcare facilities. "Almost all of Winnipeg's childcare centres are non-profit services run by voluntary boards, and they start-up when and where community initiative exists, rather than on the basis of need or planning" (Prentice & McCracken, 2004, p. 19). Previous research has demonstrated that Winnipeg neighbourhoods with the highest concentration of childcare centres are the most affluent, whereas poorer neighbourhoods have considerably less service. Affluent neighbourhoods are more likely to have higher social capital among other advantages and poorer neighbourhoods are more likely to have less social capital. The term 'social capital' here is conceptualized as social networks of different social groups who have access to power such as economic power and other resources that enable them to coordinate action and achieve desired goals, which results in the exclusion of other social groups and their ability to participate (Nayaran, 1999).

The result is “a geographic maldistribution of service quality and access that produces and reproduces a socio-economic gradient” (Prentice 2007, p.60). For example, in 2001, in Winnipeg, the poorest neighbourhoods have the highest rate of Aboriginality where “overall, 9.6 percent of Winnipeggers report Aboriginal origins, and where Aboriginality is the highest, the degree of childcare spaces per 1,000 children is lowest” (Prentice 2007, p. 67). Thus, in Winnipeg, socio-economic status correlates with racialization. “In the most affluent and least Aboriginal parts of Winnipeg, children have the best rate of access” (Prentice 2007 p. 68). River Heights, an affluent neighbourhood has an access rate of 25.4 percent whereas the Elmwood neighbourhood, which reports 12.9 percent Aboriginality and low socio-economic status, has access to childcare for just 13 percent of the neighbourhood’s children (Prentice, 2007).

Uneven distribution of spaces is not the only problem for Winnipeg childcare. The 2004 study found an unequal distribution of service by age, as Winnipeg has seven times more service for preschoolers (2-5 years) than for infants (0-2), and services for school-aged children are also in short supply. These inequities are not limited to the disadvantaged, as “geographic inequity characterizes the distribution of childcare spaces in all of Winnipeg’s neighbourhoods” (Prentice 2007 p.102). Despite being more privileged, neighbourhoods with better access to space are still under-served and can only meet the needs of one quarter of their children (Prentice 2007). Taken together, all of these factors contribute to childcare inequalities in Winnipeg.

Although childcare is a provincial responsibility at a policy level, and is primarily owned and operated by the voluntary sector at the service level, it is critical to include a municipal perspective in the future distribution and expansion of childcare in Winnipeg.

A leadership municipal role in childcare would be beneficial in the planning and development of facilities across the city. Both the private and public sector could work collaboratively to build and ensure the equitable distribution of space and reflect the need of the communities.

Organization of the thesis

This thesis is organized by seven sections, covering a literature review, methodologies used for this research, a description of childcare services in Winnipeg, data waitlists and wait times, a review of current waitlist policies and practices, a discussion of findings, and last the implications and conclusions of this research. Chapter two reviews current knowledge on the issue of childcare. The connection between childcare and feminism is emphasized as the chapter lays out a feminist theoretical framework connecting social policy, gender equality and childcare. A history of significant social policies on childcare is outlined. An overview of Winnipeg's and Manitoba's childcare delivery and funding is summarized. Last, the chapter provides an overview of the societal benefits of childcare.

Following the literature review, Chapter Three describes the methodologies used for this research. This research was exploratory, in that it investigated whether or not there were patterns related to waitlists and the distribution of childcare services across the city. Data collection drew on mixed methods, primarily relying on a telephone survey that collected administrative data on individual centres waitlists as well as centre policies of waitlist management and administration. Sampling issues are addressed along with a consideration of ethical implications. Analytic and interpretation strategies are discussed.

This section ends with a technical explanation of some coding decisions and statistical calculations.

Chapter four covers a general description of childcare services in Winnipeg. This chapter provides basic descriptive data, including facility location by ward, number of spaces per ward, licensed capacity per ward and access rates (percentage of children for whom there is a space). In addition, the general description of services highlights the maldistribution of services which are linked to social inequalities of race and class. The pattern of inequality becomes particularly predominant when we compare low-income and high-income neighbourhoods, illustrated by median family income, poverty rates, and residents reporting Aboriginal ancestry.

Chapter five provides a discussion on waitlists and wait times across Winnipeg. This chapter examines the distribution of waitlists including both their size (in terms of number of names) and also the estimated length of time parents will wait to receive a space. This chapter explores the relationship between waitlists and geography, race and class and how this is related to neighbourhood differential access. A pattern is revealed once we look at waitlists and particular SES variables in advantaged/ disadvantaged neighbourhoods across the city. More advantaged neighbourhoods, where services are better developed tend to have *longer* waitlists. In contrast, disadvantaged neighbourhoods where fewer services exist, have *shorter* waitlists. This pattern appears counter-intuitive initially; because it might be reasonable to expect that privileged neighbourhoods with better access would have shorter waitlists and that poorer neighbourhoods with less access would have longer waitlists. This finding is particularly crucial because of its potential impact on planning for the growth of the childcare system. If the province were

to use waitlists to guide expansion of services (as stated in the provincial Family Choices proposal) one effect would be to reproduce and intensify, rather reduce, maldistribution based on socioeconomic disadvantage.

Chapter six provides a discussion of the policies that facilities commonly use to manage their waitlists. The chapter explains how childcare centres use such policies to attempt to reasonably distribute their scarce space in combination with considering individual families' needs and circumstances. This chapter finds that a complex 'first come first serve' principle guides the allocation of space. Concurrently, it is found childcare centres consider a range of factors in allocating places and that some policies take precedence over others in the distribution of scarce and high-demand spaces.

Chapter seven summarizes the findings on services, waitlists and waitlist policies. This includes a discussion of two significant findings. The first is that waitlists numbers alone are inadequate to guide the expansion of childcare services, as this use would reproduce maldistribution, reinforcing socioeconomic disadvantage. Second, this research highlights that waiting lists are best considered as a symptom of the root problem, namely the marked need for space. Chapter seven explores the implications of these findings to suggest 'good' waitlist policy and other related policies.

Summary

The purpose of this research was to gain a better understanding of where and why waiting lists exist and how they operate. Second, this research was driven by a desire to know if wait lists would be a reasonable and appropriate indicator to guide expansion of childcare services. The conclusion is that, while well-intentioned, the provincial childcare registry does not address the root problems of inequity and accessibility. The only way to

reduce waitlists and wait times is to create adequate and appropriate childcare spaces across the city, in a form that produces social justice and equity. This solution would require municipal, provincial and federal governments to take leadership in the areas of social policy, planning, delivery and expansion of childcare services.

Chapter Two

This literature review provides a context for understanding childcare in Canada, focusing specifically on the funding and delivery of childcare in Winnipeg. In addition, a brief explanation of the function of welfare regimes is provided, along with how policies influence childcare services and delivery. This chapter provides a theoretical framework that considers childcare through a feminist political economy perspective. The importance of this theory to childcare is that it uses a feminist lens that critiques traditional political perspectives about men's and women's roles within society. One of the common themes that link many feminist theories is "their recognition that sexism and misogyny operate in society and their goal of eliminating this inequality" (Baker, 2009, p.23). A feminist political economy approach is most compatible for a study of childcare because it focuses specifically on how socially constructed gender roles and the concept of 'family' are related to the division of work/labour relative to the economy (Bezanson, 2006). The chapter ends with an overview of the many social benefits that result from childcare.

Theoretical framework

There are several different ways to approach the topic of childcare, because there are many perspectives to consider with those associated with childcare. The field has multiple stakeholders, including the labour market, governments, parents, children, and women. This research draws on the theoretical framework of feminist political economy. This approach provides a lens that situates childcare within economic and political structures and illuminates the relationship of the gendered work of caring for children.

Furthermore, this framework foregrounds the social reproduction¹ of women's unpaid work (childcare) contributes to and allows a labour force outside the private sphere to flourish in the public domain. Diane Elson argues that it is necessary to include the domestic sector or women's roles in social production in order to appreciate the system of the political economy alongside a traditional or macroeconomic analysis² that includes both the public and private sectors (1998). This approach reframes basic assumptions about the economy and treats social production and reproduction as equally important in its value as the production of labour (i.e. goods and commodities) than traditional economics. From this, the private sector (market) and the public sector (state) and social reproduction (domestic) are then combined and fully integrated as a flow of output and input values, the output of each sector providing input to each of the other sectors (Elson, 1998).

Feminist political economy applies a gender-based analysis to studying production and social reproduction through the distribution of labour and goods in economic, political and domestic structures. This perspective examines ways in which gendered hierarchies are both constituted and reproduced through the labour market economy, state policies, and gendered divisions of labour (Bezanson & Luxton, 2006). Moreover, a feminist political economic approach "reveals and clarifies how gender determines or influences social and political relationships and structures of power and the differential effects that flow from these relationships and structures" (Interpares, 2004, p.4). This approach makes women's subordination visible and takes these social relations as key to understanding the nature of women's inequality under capitalism.

¹Social reproduction has multiple meanings. The term here is used for the purpose of highlighting childbearing, parenting, and nurturance, one that is most often excluded from traditional economics.

² Traditional economics does not take into account the role of social reproduction in their analysis.

While there are many applications where a feminist political economic approach is useful, the primary focus of this analysis reveals how childcare comes to be organized as a private, market-based, individual responsibility, one which rests with women performing the care of children.

The unequal division of labour between women and men creates and perpetuates inequalities that disadvantage women. These gendered divisions include type of employment, wage parity, and women's individual economic power and agency. Evidence demonstrates that women are disproportionately responsible for the caring of children. The overwhelming majority of care work, which includes childcare is performed by women and is generally invisible and undervalued (especially within a traditional economic system). Diane Elson argues that as long as care work is viewed from this perspective the domestic sector is "disabling to struggles for women's rights and for equality between men and women" (1998, p, 189).

Additionally, Baker asserts that change must be both individual and structural, "Families willing to work for an equitable division of paid and unpaid work need external support, in the shape of accommodating workplaces and government policies on issues like parental leave and the provision of quality childcare" (2009, pg.128). Without such changes, care work remains a private and primarily female responsibility, therefore childcare plays a significant role in terms offender equity.

According to Turnbull, a 1996 census survey of unpaid household activity shows that comparing parents who are employed more than 30 hours per week in paid labour, 31.7% of fathers provided between 5 and 14 hours of childcare per week, 29.6% of mothers provided 30-59 hours childcare per week and an additional 25% of these mothers

provide more than 60 hours per week (2001). These data clearly demonstrate how women's childcare responsibility and worth is directly attached to their economic status.

Furthermore, it is women that bear the brunt of the "second shift" (Hochschild, 1989) meaning that women who work outside the home also have the additional burden of performing childcare. As Rianne Mahon points out, "feminists have long argued, state support for the development of an ample social care infrastructure is not just about job growth or demographics. It is a necessary, if not sufficient, condition for achieving gender equality" (2002, pg. 5).

The feminist political economic approach is significant to this research because it exposes the obscured social inequalities inherent in economic and political structures when childcare is viewed as a commodity in a market based economy rather than a social responsibility. In addition, this approach addresses traditional gender roles and the social provisioning of paid and unpaid work in the private/public sphere. In order to resist this traditional typology, the feminist political economic approach conceptualizes social reproduction as "the work of nurturance of the human family and community, as an economic category as well as a work of care" (Riley, 2008, p.4). This theory allows us to see how market reliance produces inequalities by class and race that negatively affects women. From this, it is essential that childcare be viewed in terms of universal accessibility and availability, affordability, and high quality of care. Class and gender inequality are addressed when childcare is considered as a right of citizenship, rather than a commodity or a private and gendered role.

For these reasons and more, a feminist political economic perspective provides part of the response to achieve more social justice in Canadian society. It is clear from

previous research that much of the problem rests in the inequitable delivery of services that continues to underlie the existing childcare system (McCracken & Prentice 2004, Prentice, 2007). At the same time, social inequalities of class, gender and race are maintained through this maldistribution and reproduce the socio-economic gradient. Moreover, Jenson et al. argue that to transform the existing childcare system requires national policy to establish universal childcare for all Canadians (2003). As such, the role of the Canadian government and the development of its social policies are key in understanding how Canada's prevailing policies and welfare regime have affected the provision of childcare.

Understanding Welfare Regimes

A common textbook definition of a welfare state is “that it involves state responsibility for securing some basic modicum of welfare for its citizens” (Esping-Andersen 1998, p.133). Accordingly, “modern welfare states typically attempt to provide some level of protection against various contingencies, including poverty, unemployment, disability, sickness, and old age through a wide range of programs and services and through statutory benefits and provisions” (Olsen, 2002, p. 27). Typically welfare states diverge with respect to their values or principles of rights and stratification resulting in different reliance on and treatment of the state, market and the family. Esping-Andersen's welfare regime model holds that nations can be grouped by the content of their welfare states. By examining the content of welfare states we find qualitative differences that can help us identify the different strategies taken by nations. Esping-Andersen developed his welfare typology by identifying three ideal type welfare regimes; the social-democratic, the liberal and the conservative (1998).

Welfare states have both an economic and political impact on society. An interesting feature of Esping-Andersen's model is his insight concerning the role that the welfare state plays in relation to systems of stratification, by reducing or reinforcing existing patterns of inequality. Examples that highlight these effects include the distribution of resources through a tendency to either promote individualism or collective solidarity. A social-democratic approach to poverty (Sweden) for example, consists of trying to abolish poverty through redistribution. This is accentuated by a rights-based (by virtue of citizenship) services alongside universal and comprehensive policies. Social democratic welfare regimes include services that include childcare, education, health-care among many other social and highly inclusive programs for the elderly, disabled, substance abusers, refugees, immigrants, and others (Olsen, 2002).

These represent some of the central tenets that foster the social democratic regime in Sweden, which serve to promote a high level of solidarity and ensures public support for this system. Because of universal, tax-sponsored income security along with the comprehensive social service programs, Swedes are somewhat more decommodified than most other industrialist nations (Olsen, 2002). This has precluded the need for, and creation of, private sector options for social services. The social democratic model sets itself apart from its liberal counterpart with the integration of social equality within its social programs and benefits. Comprehensive risk coverage, generous benefits, universalism, and service intensity combined with income-related security measures are central defining characteristics of the social democratic welfare regime (Olsen, 2002).

A conservative welfare regime, as described by Esping-Andersen, is a regime that uses policy to uphold status differences and preserve tradition, hierarchy and paternalistic

attitudes. Accordingly, the state is viewed as maintaining and sharing its closely linked historical ties between church and state, which reinforces its hierarchical/patriarchal structure. “Conservative-welfare regime states are specifically designed to uphold and reproduce existing status and income differences among members of different classes and sectors in society rather than to create a more egalitarian society” (Olsen 2002, p.77).

Conservative regimes have fairly broad coverage for social insurance programs as they are mandatory in the workplace. However, admission to programs and benefit levels are based on a record of contributions and not based on need. As a result, individuals who have limited, part-time, or no work history are forced to rely upon the residual benefits provided by the state. An excellent illustration of the conservative regime at work is Germany’s usage and distribution of state-mandated and state-directed social insurance programs for blue and white-collar workers. Many German benefits are distributed over the life cycle (in sickness, or old age) to a family or an individual. Yet access to such programs and benefits are based on the contributions made by employers and employees, and are not based on need. Consequently if an individual has not been integrated into or participated in the labour market for a considerable amount of time, it would be difficult if not impossible for him or her to receive social insurance/assistance. Although the state plays a minimal interventional role, the government in a conservative regime does not fail to intervene to protect those who are unable to succeed in the market place through no fault of their own. The state does have some residual provisions for those who do not have access to the latter type of insurance/social assistance; however this only serves to strengthen the cleavages in the hierarchical structure. “Conservative welfare states thereby foster dualism, or cleavages between ‘benefit insiders’ and ‘benefit outsiders’

(Olsen 2002, pg.77). This has dire effects on women, because what is fostered are the traditional notions of women staying at home to raise children while men participate in the labour market.

In conservative regimes, insurance benefits are based on participation and contributions to the labour force. In some welfare regimes, what is referred to as the primary system includes generous social benefits and programs which are male-centered and premised on the long-term, full-time attachment to the labour market. Under this regime, women are further penalized. The secondary stream of welfare is composed of means tested social assistance programs. Means tested assistance is simply defined by individuals that do not qualify for primary social programs and must prove that they need the secondary type of social assistance required. The secondary stream is concentrated mostly by women, characterized by stringent rules, eligibility requirements and is composed of means tested social assistance programs. Most often, women are relegated to part-time, low paying jobs in the service sector that do not afford them the same access to such social benefits. Many women are forced to prove that they are deserving of such assistance and are stigmatized and demoralized by asking for the states provisional support. In such a regime there are potentially devastating effects for women who have not participated in the labour force. These examples demonstrate some of the systemic gender inequalities that exist within specific regimes.

Canada fits the liberal regime, which can be characterized by its commitment to privacy of the family and a market-based economy. In other words, the family is regarded as private and the government is reluctant to interfere outside of the public sphere. This is relevant to childcare services, which have been seen to belong to the private rather than

the public. Historically, childcare services were established and delivered by the market rather than it being a governmental responsibility. The delivery and planning of childcare services fit a liberal ideology. Manitoba has a user-pay model of childcare like most provinces, but also has its own distinctive features that set it apart from other provinces, save Quebec. Manitoba has fixed parent fees where "the province mandates a maximum fee that can be levied in any licensed program eligible for government operating grants" (Prentice, 2004, pg.197). Other unique characteristics are that Manitoba has very little commercial care and adheres to a 'unit funding' model, which recognizes the different costs associated with each age group. These key features are not in line with what would constitute a liberal welfare regime, as they more reminiscent of a collective social solidarity rather than a system based on privacy of the family and market-based economy. In general, however, liberal social programs prefer to remedy a problem rather than taking a more pre-emptive and preventative approach. Time and again this serves to maintain the status quo and uphold the class structure created by market conditions (Olsen 2002, pg.73).

Moreover, in liberal regimes the state avoids policy measures that tamper with the free market. Ideals of liberalism incorporate maximization of the free market with little to no state intervention. The market approach assumes all individuals are capable of market participation. However, this leads to significant stratification of society because the underlying premise is freedom of competition. This is especially true for women in the labour market as they are most likely to work in service sector jobs, work part-time, receive less pay, and work shift work (Statistics Canada, 2005d). Moreover, the market itself is gendered. The market operates under the false notion that all individuals have

equal opportunity to access resources. Here it becomes clear that the market fails to recognize the way in which women's domestic (unpaid) labour has restricted, shaped and limited their ability to participate in the labour force. As a result, liberal approaches are characterized by the less far-reaching goal of trying to alleviate poverty, reflecting needs-based selected and limited programs. As a result, the social provision of services is stigmatized as welfare rather than a right of citizenship.

In *Why We Need a New Welfare State* (2002) Esping- Andersen contends the greatest current challenge of the European Union to developed nations was sustaining vibrant economies to support the quality of life of its citizens. In part to combat poverty and the negative health and social consequences that are associated with poverty, governments must supply the necessary social infrastructure. This can be accomplished through strong social programs that support its citizenry, through educational systems, employment training, among others. This investment is particularly important for children because they are the most susceptible to the effects of social and material deprivation. Moreover, Raphael asserts,

Also important to society is involving as much of the population in active, productive employment as possible. Such activities –and this is especially the case for women- not only strengthen economies and reduce welfare support costs, but also strengthens gender equity thereby promoting human and social development among women, men and children. The establishment of living wages, progressive taxation structures and a national system of child care are primary means of achieving poverty alleviation and promoting gender equity through full employment (2006, pg. 100).

This sentiment is echoed by others who recognize the benefit of alleviating child poverty that is in the public good for all of society. This includes the involvement of a variety of stakeholders that may contribute to a stronger and more equitable society. The European

Pact for Gender Equality (2011-2020) outlines many strategies to reduce or remove gender inequalities. These include several measures to promote better work-life balance for women and men. Some of which include but are not limited to,

"eliminate gender stereotypes and promote gender equality at all levels of education and training, as well as in working life, in order to reduce gender segregation in the labour market, improve the supply of adequate, affordable, high-quality childcare services for children under the mandatory school age, improve the provision of care facilities for other dependants; and promote flexible working arrangements and various forms of leave for both women and men" (Council of the European Union, 2011, pg.4).

Social Equality in Canada's Liberal Welfare State

Over the last several decades, the ways in which families are structured has changed. There is no longer a single definition that encompasses or describes a 'typical family.' Statistics Canada has expanded the definition of family types to include several different configurations:

The formation and characteristics of family units and reproductive behaviour, including married and common-law couples (opposite-sex and same-sex, with and without children at home); lone-parent families; nuclear families; economic families; births; fertility patterns of women; adoptions; multi-generational families; blended families and stepfamilies; reasons for lone parenthood (divorce and separation, or widowhood); parental behaviour; child custody; children leaving; foster care; siblings; and kinship.
(Statistics Canada, 2005d).

More recent shifts in family formations and higher rates of divorce in part have contributed to the increase in lone parent families which are most often female headed. In 2003 there were 224 divorces for every 100,000 people in Canada (Statistics Canada, 2005d). In order to earn a living, many lone mothers work in the paid labour force and require childcare arrangements. Canadian data show that lone parents or single mothers are mostly relegated to part-time, low-paying employment or shift work (Statistics

Canada, 2005d). Other types of jobs where women traditionally concentrate are teaching or administrative positions, and sales/service occupations. The gendered nature of these jobs comes with few employee benefit packages that contribute to health plans or pensions or consider childcare arrangements. Statistics show that women account for about 70 percent of all part-time employees, a figure virtually unchanged from almost 40 years ago, and in 2004, approximately two thirds of women engaged in traditionally female occupations (Statistics Canada, 2005d).

In the last three decades, the employment levels of female lone parents and women with very young children have risen substantially, “by 2004, 65 percent of all women with children under the age of three were employed; more than double the proportions in 1976 and in 2004, 68 percent of female lone parents were employed” (Statistics Canada, 2005d). Further, the average earnings of employed women are still substantially lower than those of men where women have not reached wage parity and families headed by female lone parents also have relatively high rates of low income. “Female-led lone-parent families carry a disproportionately high burden, with a child poverty rate of 38 percent (2008 LICO before tax). More than half (52.1 percent) of female lone mothers with children under six live in poverty” (Campaign 2000, 2010). Female lone mothers are challenged to balance earning a living, affording affordable housing, and securing adequate childcare along with their familial responsibilities. For these reasons, female lone parent households make up a disproportionate share of all children living in a low-income situation and contribute to high child poverty rates. Friendly and Prentice (2009) argue, “Poor children are disproportionately from single-

parent families, which are primarily headed by women, reflecting poverty's gendered aspect" (p. 20).

Racialization of Poverty

It is imperative to situate the health and well-being of Aboriginal children within a historical, social and political context to gain an understanding of their present state and future. Greenwood argues, "In Canada, Aboriginal children are born into a colonial legacy: low socio-economic status, intergenerational trauma associated with residential schooling, high rates of substance abuse, increased incidents of interactions with the criminal justice system", just to name a few (2005, pg. 553). These indicators represent some of the disparities that exist between Aboriginals and their non-Aboriginal counterparts and how colonialism continues to negatively affect current generations.

Between 2001 and 2006 the Aboriginal population of Canada increased 20.1 percent. Children and youth aged 24 and under made up almost one-half (48 percent) of all Aboriginal people, compared with 31 percent of the non-Aboriginal population. About 9 percent of the Aboriginal population was aged 4 and under, nearly twice the proportion of 5 percent of the non-Aboriginal population. Similarly, 10 percent of the Aboriginal population was aged 5 to 9, compared with only 6 percent of the non-Aboriginal population (Statistics Canada, 2006a). According to Statistics Canada, Aboriginal people in Canada are increasingly urban. In 2006, 54 percent lived in urban areas (including large cities or census metropolitan areas and smaller urban centres), up from 50 percent in 1996. In 2006, Winnipeg was home to the largest urban Aboriginal population of 68,380 in a city of 636,177 people. Aboriginal women are more likely to have more children and be lone parents than their non-Aboriginal counterparts. In 2006, the majority

of Aboriginal children aged 14 and under (58 percent) lived with both parents, while 29 percent lived with a lone mother and 6 percent with a lone father. From this we can see that Aboriginal women are doubly disadvantaged, burdened both by gender and by racialization. Taken altogether, these factors illustrate how poverty, racialization and childcare are closely connected.

Overview of childcare: policy changes and funding

The distribution of regulated childcare space varies in each province and territory. In Manitoba, regulated childcare includes part-time nursery schools, full and part-time group childcare centres and licensed family homes (Friendly et al, 2006). Parents who opt to use childcare must pay for the cost of the service, unless their income is low enough to qualify for a fee subsidy. The fees parents pay for childcare vary according to the age of the child, length of day and is also dependent on the type of care. Infant care is the most expensive at \$28.00 for a full day of care, while both preschool and school-age are \$18.80 for a full day of care (Childcare Resource and Research Unit CCRU, 2008). To put the cost into perspective, in 2008 Winnipeg parents paid \$7,200 per year in childcare fees for an infant. Neither the federal, provincial, nor municipal government directly operates childcare services in Manitoba. The provincial government's current role is to license and monitor childcare facilities regulated by the *Community Child Day Care Standards Act* and the *Child Day Care Regulations* as well as to provide subsidies and centre funding.

Beginning in the 1960s, Canada's first introduction to a national welfare program related to childcare came in the form of the Canada Assistance Plan (CAP) (Beach & Friendly, 2005). The CAP was one of several pieces of federal social legislation that

initiated a conditional shared-cost program by the Canadian government in the 1960s. At that time, a key feature of the CAP was that its funding was open-ended, which meant that provinces/territories could access 50 percent cost-shared funds under the CAP. By the 1970s the federal government introduced set maximum income limits and conditions that restricted cost sharing under the CAP. In 1990, the CAP would undergo its most difficult change where the government “unilaterally announced the cap on CAP, that is, it would limit annual increases under CAP to 5 percent for the provinces not entitled to equalization payments (Ontario, Alberta and British Columbia-the so-called “have” provinces)” (Beach & Friendly, 2005, p. 3). In 1995, federal funds were reduced; the Canada Assistance Plan (CAP) was eliminated and replaced by a block transfer- newly named the Canada Health and Social Transfer (CHST). As a result of CAP’s demise, the conditions of the CAP were no longer applicable to childcare funding and significantly reduced the federal government’s spending power (Beach & Friendly, 2005).

By 2000, the provincial/territorial/federal First Ministers announced their commitment to an Early Childhood Development (ECD) Agreement, which included the following: healthy pregnancy, birth and infancy parenting and family supports, early childhood development, learning and care, as well as community supports. The federal government committed to \$2.2 billion of funding for five years beginning with the CHST which was later restructured into two separate funds: the Canadian Social Transfer (CST) and the Canada Health Transfer (CHT). Additionally in 2003, the ministers responsible for social services announced the Multilateral Framework on Early Learning and Child Care (MFELCC), which built on the 2000 ECD Agreement. The agreement had two specific objectives: to promote early childhood development and to support the

participation of parents in employment or training by improving access to affordable, quality early learning and child care programs and services. With this new agreement the federal government committed a total budget of \$1.05 billion over a seven-year period. However, “unlike the ECD agreement, these funds had to be spent on regulated child care and unlike Canada Assistance Plan spending, were solely federal, not cost-shared” (Beach & Friendly, 2005, pg. 4).

A few years later, in April 2005, a bilateral agreement was signed between the Government of Canada (under Liberal Prime Minister Jean Chrétien) and the Government of Manitoba, recognizing the importance of creating a shared vision with specific objectives, guiding principles, and how to invest funds for the ELCC system. Under the bilateral agreements, provinces like Manitoba committed to the development of a system of childcare based on four principles: quality, universal inclusiveness, accessibility, and developmental learning and care (QUAD). Each principle is “reflective of, and builds on, the principles for effective approaches established under the previous Multilateral Framework on Early Learning and Child Care” (Government of Manitoba, 2003). In Manitoba for 2005 - 2010 the federal-provincial transfer of \$126 million was specifically earmarked to enhance, stabilize and continue to build the necessary infrastructure for a successful childcare system. However, this changed after the 2006 federal election, as the new Conservative government of Stephen Harper replaced the previous agreement with a direct federal transfer of \$9 million. Due to the change in political parties along with the substantial loss of funding, “the new Government of Canada provided reduced transfers to provinces, gave a small allowance to parents, and tax measures” (Manitoba Child Care Association, March 2007).

One of the major elements of childcare financing is fee subsidies. Beach and Friendly (2005) best describe how Canada's two types of financial approaches to childcare are funded. The two funding options are demand-side funding or supply-side funding. Demand-side funding is to help users pay for childcare through a subsidy or a Child Care Expense Deduction (CCED). The CCED is intended to assist parents who pay for childcare by allowing the parent with a lower income to deduct from their taxable income a specific sum of money dependent on the age of the child and produce receipts for their childcare expenses (Friendly, 2004). Supply-side funding is directed to childcare service providers for operational funding and their services (i.e., wage grants). Over the last three decades, the supply-side of funding has "come and gone, been increased, decreased, eliminated or changed in scope and purpose" (Beach and Friendly 2005, p.1).

Conditions and limitations on eligibility for fee subsidies vary across the provinces and territories. Up until 2007, Manitoba eligibility levels had remained the same since 1991. The eligibility for fee subsidy in a 1 parent, 1 child family is as follows: parent may receive a maximum subsidy with an annual income of up to \$15, 593 and a partial subsidy up to the break even point at \$27,796, where all fee subsidies would end. Subsidized parents are still charged a surcharge, formerly of \$2.40/day and reduced to \$2/day since 2007 (Friendly, 2011).

The primary source of funding for the childcare sector is parent fees. In Winnipeg, "more than \$63 million of the sector's revenues - or about two thirds of total revenue - can be attributed to parent fees and subsidies" (Prentice and McCracken 2004, p. 12). The remaining one third of sector revenue comes in the form of operating and disability grants. In Manitoba, the province has provided "unit funding" to most regulated

childcare facilities, which serves to recognize the different costs associated with care for each age group. The province mandates a maximum fee for care for infant, preschool, and school-age programs, ever since the provincial government implemented a standardized fee structure dating back to the early 1980s. In Winnipeg, “all licensed facilities that wish to enroll subsidized children or that receive funding must adhere to the “flat” fee structure” (Prentice and McCracken 2004, pgs.18-19). Similarly, Manitoba is one of two provinces (Quebec is the other) that have flat-fee structures. Manitoba has little commercial or for-profit care as compared to other provinces (Prentice, 2007).

For parents and children, there is simply no guarantee of receiving space in a childcare facility, regardless of a family’s income. For low-income parents, the situation is even worse. Although there are various subsidies intended to help parents with childcare costs, the reality is that many are excluded. Families may not be able to afford childcare, their proximity and ability to get to and from childcare facilities may be limited (geographically challenged), or they simply might not meet the criteria to receive subsidies. Federal policies, family structure and finances, accessibility, and the hodgepodge of the delivery of services (vary province to province) all contribute to the inadequacies of the current system. That said, research clearly supports the many societal benefits that come out of childcare.

Social benefits from childcare: For children, for families, for women, for society

Childcare has multiple benefits. It is widely recognized as being good for children, for women, for families, and for society. Quality childcare promotes the positive development of children. Children’s development can be nurtured in the family (Cleveland & Krashinsky, 1998), but children can also garner similar benefits from the

environment of regulated childcare facilities (CRRU, 2005). According to Friendly (2008) there is a wealth of childhood development research that supports the contribution made by quality early childhood education and childcare (ECEC) programs. As she notes, experts and the public now recognize that “good quality early childhood education is an important foundation of lifelong learning with long-term implications for prosperity at the societal level” (Friendly, 2008, p.63). A strong public interest in good childcare makes better children and workers in the future. Of equal importance is how childcare benefits parents and families.

According to Cleveland and Krashinsky (2003) there is strong evidence that supports investing in childcare, which benefits families. Childcare helps support all parents in their attempts to balance work and family. Childcare allows parents to work, and families benefit from the wages earned. Within Manitoba it is estimated that one in two workers is a parent, which means that 50 percent of the workforce is attempting to find this precarious balance between work and family (Prentice & McCracken, 2004). Part of the solution to addressing this imbalance would be access to childcare. The taxes generated by parental employment contributes to the economy, and sustained employment in the workforce also contributes to skills and future wages. Shellenback (2004) argues that parents who have access to reliable childcare have reduced absenteeism and lower turnover, marking a benefit for employers. Affordable, accessible childcare can allow parents to work and also to provide a safe and secure environment for their family.

Childcare is particularly important for mothers and single parents. Parents, specifically mothers, are able to participate in the labour force where they can earn

wages, contribute to the gross domestic product (GDP) and maintain a high skill level, an investment in society. Similarly, mothers who participate in the paid labour force or who obtain an education or skill can serve to maintain or augment the family income. As a result, the family income increases and the depth of child poverty decreases (Prentice, 2007). Still, “just one in seven Canadian children have access to regulated care” (Prentice 2007, pg. 57). It is clear that access to reliable childcare supports employment, women's equality, and allows for a more balanced work/ family dynamic, all of which have direct positive impacts on reducing poverty and increasing social cohesion (Friendly, 2006).

Warner and Zui (2007) argue that when childcare is included within (regional) economic development policy and community infrastructure this results in positive investments, because “by characterizing social policy as investment, decision-makers are reoriented from a focus on immediate costs towards a longer-range perspective of social return” (p.118). Dugger (2004) contends that investment in our children today should be the highest priority of private and public policy because childcare will have a long-term impact on the future workforce. Economist and Nobel Prize winner James Heckman (2000) argues that investment in early childhood education produces multiple benefits for children, families, the economy and society as a whole.

Summary

The issues concerning childcare are numerous and complex. Childcare for families is problematized by changing social policies, funding and accessibility. Many are structural issues that require fundamental changes within political and economic systems, including addressing persistent gender and racial inequalities. The literature review identifies a number of ways child care disproportionately affects women. This

chapter has outlined context for the research and explains how a feminist political economic approach enables a critical analysis of gender equity. Esping-Andersen's welfare model shows that in liberal welfare states, as long as childcare is viewed as a private commodity rather than a public investment that has social and economic benefits and returns, it is likely that the current ideology and inequitable practices will prevail.

Chapter Three

Methodology

Chapter One describes parents' frustration with long waitlists across the city of Winnipeg. In the same discussion, the controversy concerning the accuracy of a 2006 study conducted on waitlist names in Winnipeg was raised. The province's Family Choices proposal spoke about creating a centralized waiting list to address the challenge of long waitlists. In the fall of 2010, a childcare 'registry' was piloted in Brandon, Manitoba. Still, there is very little information on this particular topic. The focus of this research is to shed light on the topic of waitlists and to contribute new knowledge to the current literature on childcare. It is worth reviewing the methodology employed in this study, before turning to data findings in Chapters Four, Five and Six.

Research Design

This research is exploratory in nature as it investigates Winnipeg childcare services to explore for patterns related to waitlists, wait times, waitlist policies and the distribution of childcare programs across the city. The primary data source used in this research is a telephone survey that collected administrative data on individual centre's waitlists, policies and practices. A quantitative approach was considered essential to understanding the context of the current childcare environment. As the literature review shows, historically there have been numerous changes made to the childcare portfolio where the most recent impact on childcare comes from a change in power of the political parties from the 2006 federal election.

Survey Instrument

A telephone survey was constructed to garner information on childcare waitlists and waitlist policies. The survey questions were designed to collect basic descriptive data, which would allow the testing of relationships such as correlations between socio-economic status (SES) and the distribution of facilities across Winnipeg. I gathered empirical information on the current distribution of childcare waiting lists in Winnipeg (the number of spaces and the number of centres), the distribution of spaces that are available by age group (infant, preschool age, school age), names in total on waiting lists, names on waiting list per age group, how up-to-date the waiting lists are, and other questions related to facility waitlist policies/practices. For example: Do siblings have priority access to space over others on the waitlist? How do facilities distribute space and what is the estimated /average wait time to receive a space in a childcare facility?

The survey included both open-ended and close-ended questions. I tested my survey on a pilot sample of 45 centres in May 2009 to observe if I had captured the correct information. Based on this pilot, I slightly revised the survey, which was used on 250 centres from mid May, 2009 to November 30th, 2009. During data collection from mid June, 2009 to November 30th, 2009, I made a third set of amendments in the final survey (See Appendix Survey A). The final iteration had a total of ten questions, six of which were close-ended. Forty-six responses lack waitlist information as I produced three iterations of my survey instrument, and the first iteration did not capture the requisite information.

Survey data were collected from 290 full-time childcare centres in Winnipeg, with questions focusing on childcare provision and waiting lists as administrative data. As

such, my telephone survey did not constitute research on human subjects and did not require research ethics approval. To confirm this, I obtained permission from Bruce Tefft, the chair of the Psychology/Sociology Research Ethics Board (REB) at the University of Manitoba, confirming that the collection of administrative data via telephone surveys with Winnipeg childcare facilities did not require REB approval³. To obtain primary data, I telephoned every full-time childcare centre in Winnipeg, and administered an oral survey. A large majority of respondents were facility Directors (at 69 percent), and 15 percent were Assistant Directors. The remaining 16 percent were early childcare educators (ECEs). I chose to only obtain data from full-time centre-based regulated childcare facilities to portray an accurate snapshot of Winnipeg's current childcare situation. I used the whole population rather than a sample, which allowed for the collection of a complete data set. My rationale for using full-time childcare facilities is that many families have parents who work full-time, or attend university or vocational school. Full-time regulated centre-based childcare is a necessity for many families and is the most used type of care by parents. Additionally, centres provide flexible hours, different types of care for all age ranges, have professional care-providers, and are the principal form of childcare service in Winnipeg (Prentice & McCracken, 2004, p. 22). My telephone interviews with childcare centres were conducted between May 1st and November 30th, 2009.

Population

The data set used was constructed from the Manitoba Family Services and Housing Alphabetical Directory of Child Care Centres by Region/Type of Care List

³ Refer to Appendix B (email from Bruce Tefft)

provided to me by the Province of Manitoba. The provincial Directory of Child Care is categorized by region and type of childcare. I chose this data set for several reasons. Out of the 368 childcare facilities in the city of Winnipeg, 290 childcare facilities provide full-time centre-based care, and they make up the full population of my study.

Childcare centres are generally categorized by type of program, and the primary criterion is the age of children served. Manitoba has four types of centre-based programs: infant, nursery, preschool and school-age. The Manitoba Family Services and Housing Directory⁴ categorizes each centre by the largest number of spaces within a given program. For example, Discovery Children's Centre, which has 206 licensed spaces, is considered a preschool facility. At Discovery Centre, infants make up 8 spaces, preschoolers 138 spaces, and the remaining 60 spaces are school-age. Thus, a given facility type may offer more than one program and serve more than one age group, despite its formal designation. My study did not include nursery programs, since these provide only part-time care. This study also excluded family home care. There were several reasons for this. First, family homes are less stable than centre-based programs, with higher turn-over. Second, family homes are not licensed for age-groups, and this criterion was essential for my analytic purposes. Finally, family care home services are less likely to implement formal policies, which were a focus of my research.

Geography

The City of Winnipeg is divided into 15 council wards and is governed by the City of Winnipeg Charter (Winnipeg Wards Boundaries Commission Final Report, December 2009). In the Charter, Sections 11 to 14 establish ward boundaries, which are

⁴ The governmental department name changed in 2010 to Manitoba Family Services and Consumer Affairs

used for administrative and electoral purposes. The Charter is governed by a number of guidelines that include using population statistics, the community or diversity of the interests of the residents of the ward, the means of communication between the various parts of the ward, the physical features of the ward, and all other similar and relevant factors (www.winnipeg.ca/clerks/doc/boundaries/wards.stm). In this study, I used the ward boundaries to establish my geographic divisions.

Table 1: Winnipeg Wards	
1	Charleswood
2	Daniel McIntyre
3	Elmwood
4	Fort Rouge
5	Mynarski
6	North Kildonan
7	Old Kildonan
8	Point Douglas
9	River Heights
10	St. Boniface
11	St. Charles
12	St. James
13	St. Norbert
14	St. Vital
15	Transcona

The choice to use wards, versus using other specific neighbourhood divisions was because wards are directly connected to local political accountability. Each city ward has an elected city counselor who is responsible to their constituents for neighbourhood concerns or issues. Although childcare is a provincial responsibility, the first level of

political action begins at the municipal level. From a political perspective, city counselors are the first actors that can bring attention to the concerns of their constituents on specific issues, such as childcare, and highlight that political action at the next level is necessary for change.

Using the city wards also allowed me to use the most recent (2006) Census data, ward characteristics and demographic data. From this, I could produce geographically specific analyses that drew on socio-economic variables. The specific variables that were used in my analysis included median family income, poverty rates, and Aboriginality. To highlight the relationship between class and distribution of services, I further divided the city wards into quartiles, based on socio-economic status (SES). These SES characteristics are the variables I used for the creation of socioeconomic groups for my tables. The quartiles used in my tables were modeled after Prentice's 2007 study "Childcare, Justice and the City: A Case Study of Planning Failure in Winnipeg". Poverty rate, in particular, was the primary variable that I used to stratify the wards because the percentage of poverty ranges from high to low. In addition, the wards were categorized into Low SES, Low-Mid SES, Mid-SES and High SES. It should be noted that median family income in the Mid-SES and High SES quartiles range between \$67,001 and \$90,304. Some of the Mid-SES median incomes are slightly higher and do not appear in the High SES quartile.

The SES measures used to divide the wards consisted of the poverty rate (incidence of low income for economic families before taxes), and by median family income. The poverty rate measure used was incidence of low income for economic families before taxes, defined as the percentage of economic families or persons not in

economic families⁵ who on average are at an income level who spend 20 percent or more than average on their before-tax income on food, shelter and clothing (Census, 2006).

The definition of Aboriginal Ancestry “refers to those persons who reported at least one Aboriginal ancestry (North American Indian, Métis or Inuit)” (Census, 2006). Aboriginal ancestry was referred to as ‘Aboriginal origin’ prior to the 2006 Census. However, the content of the variable remains unchanged in 2006 compared to the previous censuses (Census, 2006). The median family income was taken from the census family income which, by definition, is “the total income of a census family is the sum of the total incomes of all members of that family” (Census, 2006).

For the purposes of this study, I chose Aboriginality for several reasons. Winnipeg has a very high Aboriginal population. The 2006 Canadian Census reported more Aboriginal people live in Winnipeg than any major city in Canada, and in Winnipeg the Aboriginal population has increased 22 percent over the last five years. According to Statistics Canada, part of the increase is due to higher birth rates among the Aboriginal population than the non-Aboriginal population, which has implications for childcare among other types of infrastructure, such as social agencies, businesses and government (CBC News Canada, January 15, 2008). The racialization of poverty becomes very visible in Canada as Aboriginal children are demonstrably the most disadvantaged children. One in four children grows up in poverty in Aboriginal communities (Campaign 2000, 2010). In 1996, the Royal Commission on Aboriginal Peoples (RCAP) indicated that Aboriginal people are at the bottom of almost every available index of socioeconomic well-being. Some of these measurements include educational levels,

⁵ Economic family refers to a group of two or more persons who live in the same dwelling and are related to each other by blood, marriage, common-law or adoption

housing conditions, and employment opportunities among several others. However, since then there have been only marginal improvements towards reducing poverty among Aboriginal peoples in Canada. For purposes of this project, ‘racialization’ is primarily used to measure Aboriginality. I recognize the stratification effects of other dimensions of racialization, but for the specific reasons itemized above, I chose to focus on Aboriginal people in Winnipeg.

Four childcare centres were excluded from this study as they are situated outside City of Winnipeg boundaries despite being categorized as being in Winnipeg by the Manitoba Family Services and Housing Alphabetical Directory of Child Care Centres by Region/Type of Care List. Thus, of the 294 centre-based programs called “Winnipeg” programs by the Province of Manitoba, I used the 290 that were inside the City geographic boundaries proper.

Table 2: Centres Without Waitlist Information	
Ward	Centre Name (n=46)
Point Douglas	Stanley Knowles Children's Centre Inc.
	Explorer's Children's Centre Inc
	Ma Mawi Wi Chi Itata Centre Inc. - Child Development Centre
	Rupertsland Day Care Centre Corporation
	Bumper Crop Day Care Inc.
Mynarski	Aleph-Bet Child Life Enrichment School Age Program Inc. - Margaret Park
	David Livingstone School Age Program
	Eagle Wing Nursery, Kindergarten and School Age Facility
North Kildonan	North Kildonan Little Thinkers Inc.
Elmwood	YMCA/YWCA Hampstead School Before & After Care Program
Transcona	Spring Meadows School Age Centre Inc.
St. Charles	Sigfusson Nurseries Buchanan In-School Program
	Crestview School Children's Centre Inc.
	Fairlane Children's Centre Incorporated
St. James	Continued next page

St. James	Sigfusson Nurseries All Day Program
	Sigfusson Nurseries Athlone In-School
	Sigfusson Nurseries Bannatyne In-School
	St. Matthews Kids Korner
	Strathmillan Children's Centre Inc.
	Discovery Children's Centre Inc.
Daniel McIntyre	YMCA/YWCA Laura Secord School School Age Program
	Wild Strawberry Children's Centre - Toddler and Preschool Program
	Downtown YM-YWCA Before and After School Program
Fort Rouge	Fort Rouge Child Care Program Board Inc.
	Ecole Crane Before and After School Program
St Boniface	Rainbow Day Nursery Phase 3C
	Rainbow Day Nursery Inc. (phase 3-B)
Charleswood	Whyte Ridge Before and After School Program
	Roblin Park Day Care Ltd.
River Heights	Rockwood Kidsplace
	Lions Gate Day Care Centre
	C.A.P.T. (Grosvenor) Inc.
	C.A.P.T. Inc.
St Vital	Morrow Avenue Day Care Inc (Dr. D. W. Penner School)
	Morrow Avenue Day Care Inc. (Glenwood School)
	St. Germain Day Care Centre Incorporated
	St. Vital Child Care Co-op Inc.
	St. Therese Catholic Daycare Inc
	Ashworth Children's Centre Incorporated
	Morrow Avenue Day Care Inc. (Marie-Anne Gaboury School)
	St. George Before & After School Program
St Norbert	Behavioural Health Foundation Day Care
	Bairdmore Before and After School Program
	St Avila School Age Child Care Program
	Chancellor Before and After School Program
	Dalhousie Day Care Inc.

Of Winnipeg's 290 facilities, six facilities refused to participate as they explained they were too busy or simply not interested. Four of the refusals were from the Sigfusson

centres, which are owned and operated by the same individual. Since Winnipeg has a very small number of for-profit centres, the omission of four may be significant; meaning the results may not be representative of commercial centres. The other two refusals were North Kildonan Little Thinkers Inc. located in the North Kildonan ward, and the Behavioural Health Foundation Day Care found in the ward of St. Norbert. However, all six centres remained in the data set as I had descriptive data about them, such as facility size or ward location from the Provincial data. Thus, the data analyzed in this project is all 290 centre-based programs in Winnipeg, although some data are missing for some facilities.

In addition to the six centres which declined to participate, some data are missing for 40 additional centres. In the first iteration of my survey I did not capture the requisite waitlist information. I began my telephone survey by telephoning centres in alphabetical order. However, I found I was only able to speak with staff as they were available, which often required several attempts to find a convenient time. Since centres were approached randomly (by alphabetical name), there is no reason to be concerned that the missing data skew the results in any direction. The forty centres where I did not ask for the requisite information consisted of one infant centre, 13 preschool centres and 26 school-age centres from thirteen of the City's fifteen wards. My total response rate for infant centres is 89 percent, preschool is 91 percent and school-age is 82 percent which permits reliable analysis.

Analysis

I contextualized the childcare data in light of socio-demographic profiles obtained from the latest 2006 Census. In addition, a map of the distribution of centres and spaces is

further linked to these characteristics. I assigned each centre to one of the fifteen Winnipeg wards, and ran cross-tabulations to probe for the relationships between the distributions of, and access to, childcare facilities and space, as well as to highlight any relationship between socio-demographic characteristics, such as SES and racialization. I used a ward-based breakdown to assess the distribution of childcare centres and services to explore the relationship between spaces available in childcare facilities, the percentage of children in childcare and the access rate (percentage of children for whom there is space), which will include each age group. They are: infant spaces (0-2 yrs), preschool spaces (2-5 yrs), and school age spaces (6-12 yrs).

A code book was generated to maintain consistency of coding to input my survey information into a statistical program to analyze my data. This research is primarily descriptive, where I used univariate and bivariate analyses to demonstrate the correlations between the variables and the distribution of the population and their specific characteristics. These descriptive statistics and cross-tabulations assessed the relationship between the two variables.

My survey instrument also included open-ended questions related to facility policies. The reason for this was that I hypothesized that waitlists and waitlist policies had a direct relationship, and would affect access to space. I used some probes to elicit responses from the respondents, such as: Do siblings have priority on your waitlist? These probes were based on the first iteration of the survey instrument to achieve an understanding as to how waitlists and facility policy may affect one another. The first 45 pilot surveys did not capture the requisite policy information. The final revised iteration of my survey instrument (Appendix A) contained the nine most common responses

based on my first 45 surveys pertaining to waitlist policies where I included an ‘other’ category. The ‘other’ category was for any verbatim that did not fit the more common policies.

Survey Coding for Estimated Time for Space

A special note about questions relating to time is warranted. When I began the research, I assumed waitlists were primarily characterized by number of names (size). During the research, however, it became clear that waitlists also had to be addressed as a function of time. In the third and largest version of the survey, I introduced a question about length of wait time.

When I asked a question about the estimated amount of time a prospective parent would wait for space, I anticipated single responses or a single unit of time. The answers provided by facilities were considerably more complex. Common responses were “between one and two years”, “almost never”, “at least two years for an infant, or one year for a preschooler”, etc. I had to create some standardization for time-based responses.

As a result, I coded estimated time to wait for space as a range of time. The reason for classifying time by ‘least amount of time to wait’ and ‘most amount of time to wait’ were because the responses given were often in the form of a range of months, and it was important not to inflate the amount of time a potential parent may wait to receive space. Where a facility reported that it was “Highly unlikely” or “almost never” that a parent would receive a space, I coded these as 48 months, as this was the maximum amount of months recorded where a maximum time was provided. The reason ‘most amount of time for space’ was used to determine time to receive space was to elicit the

most amount of time one may wait and “almost never” was coded by the highest recorded response.

For example, when respondents were asked for an estimated time that a parent would wait to receive space in a specific program, I was given either one number such as 3 months or 1 year, or a range of time such as approximately 3-6 months, or 1-2 years. As a result, I categorized wait times into ‘least’ and ‘most’ categories for amount of time. More respondents were in the ‘least’ category and resulted in a larger sample size. In reality, I asked “what is the estimated wait time?”. So included in the ‘least’ are those who gave one number, like 6 months *and* those also who gave a range such as 6-12 months. However, the lowest number given in the range was used in the latter example, where 6 months is recorded in the category ‘least’ so as not to inflate the wait time. The respondent who said 6 months would be recorded as ‘least’ for the 6 months and then for the ‘most’ would be recorded as 777 or non-applicable because they only gave one number and not a range. Thus there are more respondents in the ‘least’ category than in the ‘most’ category. The ‘least’ category equals one answer and the lowest number of the range where the ‘most’ category is when two responses were given and referred to as ‘least’ and ‘most’. The ‘least’ category used the smallest number given for the wait time question so as not to over inflate wait times. When the least amount of time for space was broken out into categories, results indicated that, of the families waiting for space, one-quarter (24 percent) waited six months, another quarter (24 percent) waited seven months to twenty-three months and over half (52 percent) waited two years or more.

Only a portion of the facilities provided information on their ‘estimated time for space’, which reduced the sample size for this question. Due to the fact that this is an

exploratory study and because other methods of dealing with missing data, such as pairwise or listwise deletion, would further reduce sample size and create bias, the estimated time for space to become available has a smaller sample size by program.

Coding of Models

I classified the locations of facilities into different models to distinguish /represent the relationship between models of facilities and waitlist policies. Different models were constructed according to location or ‘type’. What this means is that some models were more easily identifiable, such being sited in schools, churches or community centres, whereas others were categorized based on ‘type’ of building or specific location. For example, childcare centres located in strip malls are categorized as commercial, whereas a childcare centre that specifically caters to families employed by a hospital or military base are categorized as a workplace. The Canadian Wheat Board childcare program, for example, was classified as a workplace model because employees with children under the age of 12 whose parents worked for the Canadian Wheat Board were given priority for placement. An ‘Other’ category was constructed if a location or venue did not fit any of the existing models. For example, a private house housing a centre did not fit into any of the defined models and was subsequently coded into the ‘Other’ model. Although I tested for the effect of the model in some analyses, this factor was not frequently powerful as an explanation for findings.

Age group ward calculation

I used census data to convert the age groups at the level of the ward to fit the age group categories for childcare programs. Statistics Canada only provides age breakdowns in age categories of 0-4, 5-9, and 10-14. These age groups required modification to fit the

ages of childcare, which stops for children over age 12 years. I wanted to highlight how well wards meet the needs of their child population in regards to childcare by program ages, (i.e.) infant (0-2), preschool (3-5), and school-age (6-12).

Summary

This chapter has outlined some the methodological challenges of my research and the principles behind the choices made. Some of the information provided is for context and explanatory purposes. This research on waitlists addresses an element not previously considered in the current literature on childcare.

Chapter Four

General Description of Childcare Services in Winnipeg

Currently there is no regulatory body or government entity that works in the planning, development or expansion of childcare services. All childcare in Winnipeg is private, mainly provided by the voluntary sector which owns, operates and delivers over 90 percent of Manitoba's childcare spaces. A small number of commercial (for-profit) facilities exist. There are no publicly-owned or operated childcare services in Manitoba. This chapter describes the general distribution of services across the city of Winnipeg and the access rates these facilities produce for Winnipeggers. As well, the chapter discusses the distribution of the various childcare programs within centres. Data presented in this chapter highlights how the distribution of childcare services is linked to racialization, and class, producing a socio-economic gradient. The result is a pattern of maldistribution of childcare services linked to affluence and Aboriginality.

Table 3: Number of Facilities Per Ward			
		Frequency	Percent of Winnipeg total number of facilities
1	Charleswood	19	6.6 %
2	Daniel McIntyre	24	8.3 %
3	Elmwood	18	6.2 %
4	Fort Rouge	18	6.2 %
5	Mynarski	21	7.2 %
6	North Kildonan	8	2.8%
7	Old Kildonan	16	5.5%
8	Point Douglas	24	8.3%
9	River Heights	27	9.3%
10	St. Boniface	25	8.6%
11	St. Charles	19	6.6%
12	St. James	16	5.5%
13	St. Norbert	22	7.6%
14	St. Vital	25	8.6%
15	Transcona	14	4.8%
	Total	290	100%

The City of Winnipeg is organized into 15 wards. According to the 2006 Census, the average ward size by total population is 41,713 (Census, 2006). Each ward contains a different number of facilities, and these facilities include childcare programs with varying numbers of spaces.

Within Winnipeg's 15 wards, there are 290 full-time centre based licensed childcare programs. The 290 childcare centres have a total capacity of 15,585 licensed spaces. These childcare programs are categorized by the Manitoba Family Services and Housing Directory according to type of care, based on the age group which predominates. According to The Manitoba Family Services and Housing Directory the 290 childcare centres consist of 9 infant childcare programs, 139 preschool childcare programs, and 142

school age childcare programs. All childcare centres are regulated by the Provincial *Community Child Care Day Standards Act* (Province of Manitoba) and the *Child Day Care Regulations* (Province of Manitoba). Winnipeg has 94,654 children aged 12 or under. The 2002 Census reported a child population of 100,537 which shows a decline in the child population of just under 6 percent in four years (City of Winnipeg and Census Canada, 2002). The number of children (aged 12 or under) per ward ranges from a low of 3,799 in St. James to more than twice as many children in Point Douglas at 7,966. The number of facilities per ward ranges from 27 in River Heights (which has 1,613 licensed spaces) to North Kildonan, which has only 8 childcare programs providing a total of 386 licensed spaces. A ward with one large childcare centre may well have more absolute service than a ward that has a greater number of small childcare programs. Overall, there is no direct relationship between a ward's child population and the number of childcare programs in each ward.

Table 4: Child Population, Childcare Programs, by Wards			
n=290	Wards	Child population 12 & under	Total number of childcare facilities
1	Charleswood	6,497	19
2	Daniel McIntyre	7,113	24
3	Elmwood	6,807	18
4	Fort Rouge	4,479	18
5	Mynarski	7,198	21
6	North Kildonan	4,863	8
7	Old Kildonan	7,185	16
8	Point Douglas	7,966	24
9	River Heights	6,804	27
10	St. Boniface	7,630	25
11	St. Charles	4,270	13
12	St. James	3,799	16
13	St. Norbert	6,925	22
14	St. Vital	7,498	25
15	Transcona	5,620	14
Total		94,654	290

Some wards have more childcare programs than others, and the size of these childcare programs varies. There is a complex relationship between the numbers of childcare programs and the number of spaces - for example, River Heights has 27 childcare programs and 1,613 licensed spaces where Mynarski has a total of 21 childcare programs and 990 licensed spaces For example, Elmwood has a child population of 6,807 where St. James reports 3,799 children within its ward.

Table 5: Child Population, Childcare Programs, Spaces and Access by Ward*					
	Wards	Child population 12 & under	Total childcare programs	Licensed capacity	Access Rate (percent of children for whom there is a space**)
1	Charleswood	6,497	19	1,071	16.0%
2	Daniel McIntyre	7,113	24	1,081	15.2%
3	Elmwood	6,807	18	822	12.1%
4	Fort Rouge	4,479	18	1,030	23.0 %
5	Mynarski	7,198	21	990	13.8%
6	North Kildonan	4,863	8	386	7.9%
7	Old Kildonan	7,185	16	863	12.0%
8	Point Douglas	7,966	24	1,207	15.2%
9	River Heights	6,804	27	1,613	23.7%
10	St. Boniface	7,630	25	1,429	18.7%
11	St. Charles	4,270	13	806	18.9%
12	St. James	3,799	16	1,087	28.6%
13	St. Norbert	6,925	22	1,311	18.9%
14	St. Vital	7,498	25	1,170	15.6%
15	Transcona	5,620	14	719	12.8%
Total		94,654	290	15,585	16.9%
* Final proportion is an average not a total.					

Access is calculated by dividing the number of spaces by the number of children per ward to get an access rate. The current access rate for children in Canada from birth to 12 years is 19 percent (CCRU, 2011). In Winnipeg's fifteen wards, access rates vary considerably. For example, Daniel Macintyre with its 24 facilities, a capacity of 1,081 spaces, and a child population of 7,113 has an access rate of 15.2 percent where River Heights with its 27 facilities, capacity of 1,613 spaces, and a population of 6,804 children has an access rate of 23.7 percent. River Heights has the second highest access rate at 23.7 percent, while North Kildonan has the lowest access rate at 7.9 percent. Therefore River Heights can serve 4.1 times as many children as North Kildonan, but the River Heights access rate (at 23.7 percent) is 3 times higher than that of North Kildonan (at 7.9 percent). The best access rate is found in St. James at 28.6 percent, whereas the lowest access rate is in North Kildonan at 7.9 percent. The average access rate for all Winnipeg wards is 16.9 percent (this is in line with Canada's access rate).

Related to the access rate is the "ward share" of space. The percentage of facility spaces per ward divided by the number of total spaces in the City produces the "ward share" of space. In other words, this is the percentage of space that each ward may accommodate based on the distribution of total facility space for the City as a whole. Out of the 15 wards River Heights has the highest ward share of space at 10.3 percent where North Kildonan has the lowest ward share at 2.5 percent. The mean access rate for all wards is 6.6 percent (standard deviation .019).

Table 6: Share of Space by Ward		
	Wards	Ward share of Wpg total spaces (licensed capacity/total capacity)
1	Charleswood	6.8%
2	Daniel McIntyre	6.9%
3	Elmwood	5.3%
4	Fort Rouge	6.6%
5	Mynarski	6.4%
6	North Kildonan	2.5%
7	Old Kildonan	5.5%
8	Point Douglas	7.7%
9	River Heights	10.3%
10	St. Boniface	9.2%
11	St. Charles	5.2%
12	St. James	6.8%
13	St. Norbert	8.4%
14	St. Vital	7.5%
15	Transcona	4.6%
	Average	6.6%

The uneven distribution of childcare spaces for particular age groups is demonstrated by the breakdown of space per ward. Currently, the 290 childcare programs have 950 infant spaces, 7,810 preschool spaces and 6,825 school age spaces. Winnipeg has 16,909 infants, but very few infant childcare spaces. In Winnipeg, the worst-served age group is infants. North Kildonan and Elmwood have no infant spaces at all; in contrast, Fort Rouge and Charleswood have 18.3 percent of the city's infant spaces. As a population, the highest concentrations of the infant population are found in Point Douglas with (1413 children) and Mynarski at (1397 children). In contrast, the lowest concentration of Winnipeg infants is found in St. Charles (713) and St. James (698) respectively.

Table 7: Child Population Break-down by Licensed Capacity Break-down per Ward									
Wards	Total childcare programs	Child population 12 & under				Licensed capacity			
		Total child population 12 & under	0-2 yrs	3-5 yrs	6-12 yrs	Total capacity	Infant (0-2)	Preschool (2-5)	School-age (6-12)
Charleswood	19	6,497	995	1,504	3,998	1,071	74	491	506
Daniel McIntyre	24	7,113	1,393	1,945	3,775	1,081	85	658	338
Elmwood	18	6,807	1,235	1,758	3,814	822	0	379	443
Fort Rouge	18	4,479	980	1,287	2,212	1,030	100	628	302
Mynarski	21	7,198	1,397	1,930	3,871	990	64	500	426
North Kildonan	8	4,863	785	1,167	2,911	386	0	78	308
Old Kildonan	16	7,185	1,203	1,774	4,208	863	36	450	377
Point Douglas	24	7,966	1,413	2,052	4,501	1,207	181	617	409
River Heights	27	6,804	1,228	1,753	3,823	1,613	60	816	737
St. Boniface	25	7,630	1,390	1,973	4,267	1,429	72	683	674
St. Charles	13	4,270	713	1,035	2,522	806	72	380	354
St. James	16	3,799	698	990	2,111	1,087	76	562	449
St. Norbert	22	6,925	1,183	1,719	4,023	1,311	51	602	658
St. Vital	25	7,498	1,328	1,899	4,271	1,170	59	641	470
Transcona	14	5,620	968	1,401	3,251	719	20	325	374
Total	290	94,654	16,909	24,187	53,558	15,585	950	7,810	6,825

Table 7 illustrates the disparity between wards based on the child population, licensed capacity per program and age group.

The preschool population (children aged 3-5 years) of Winnipeg's fifteen wards is 24,187 children and it is this age-group that has the greatest amount of childcare spaces. The highest concentration of preschoolers is located in Point Douglas with 2,053 children, whereas the lowest number of preschoolers is St. James with 990 children. North Kildonan has only 78 preschool spaces for its population of 1,167 children aged 3-5 years. River Heights has the most preschool spaces (816) for its 1,753 children aged 3-5 years.

School-age children are aged 6 to 12 years, and in Winnipeg school-age children compete for 6,825 licensed school-age spaces. The total school-age population of Winnipeg is 53,558 children. The greatest numbers of school-age children live in Point

Douglas at 4,501 children. The lowest number of school-age children, at 2,111, are found in St. James. Rivers Heights has the most school-age licensed centre spaces at 737 for a child population of 3,823 compared to Fort Rouge, which has the least amount of school-age space availability at 302 with a child population of 2,212. The school-age population at 53,558 constitutes over half of the total child population at 56.5 percent. The preschool population at 24,187 constitutes slightly over a quarter of the total child population at 25.5 percent. The infant population at 16, 909 constitute 18 percent of the total child population.

Winnipeg children and Aboriginality

Aboriginal children comprise an increasing proportion of all children in Canada, and also of Winnipeg (Statistics Canada, 2006a). Table 7 shows that by neighbourhood there are varying degrees of those who report Aboriginal ancestry. Of the fifteen wards, Mynarski reports the highest degree of Aboriginality at 26.8 percent where River Heights reports the lowest degree of Aboriginality at 4.6 percent. Additionally wards that have the highest degree of residents reporting Aboriginal ancestry have very high child populations. Winnipeg has the highest population of Aboriginals of any province (Statistics Canada, 2006a). When neighbourhoods are clustered into low-high socio-economic categories, a clear pattern emerges between the degree of Aboriginality and socio-economic status. Of all wards, Aboriginal ancestry is highest in the neighbourhoods of Mynarski (at 26.8 percent), Daniel McIntyre (at 15.4 percent), Point Douglas (at 17.5 percent), and Elmwood (at 14.5 percent) respectively. On the other hand, neighbourhoods with a lower degree of Aboriginality are River Heights (at 4.6 percent), Charleswood (at 4.8 percent), North Kildonan (at 6.9 percent), and St. Norbert (at 7.6 percent).

Table 8: Social Inequality in Winnipeg, Aboriginal Acenstry by Ward

Neighbourhood	Wards	Total Child population 12 & under	Residents reporting Aboriginal Ancestry (2006)
Low SES	Mynarski	7,198	26.8%
	Daniel McIntyre	7,113	15.4%
	Point Douglas	7,966	17.5%
Mid-Low SES	Elmwood	6,807	14.5%
	Fort Rouge	4,479	12.4%
	Old Kildonan	7,185	7.4%
Mid SES	St. Norbert	6,925	7.6%
	St. Vital	7,498	9.8%
	St. James	3,799	10.4%
	North Kildonan	4,863	6.9%
	St. Boniface	7,630	11.2%
	St. Charles	4,270	9.1%
High SES	Transcona	5,620	11.5%
	River Heights	6,804	4.6%
	Charleswood	6,497	4.8%
	Total	94,654	12.9%

Table 9: Social Inequality in Winnipeg: Rate of Poverty			
Neighbourhood	Wards	Total Child population 12 & under	Poverty rate (incidence of low income for economic families, before taxes 2006)
Low SES	Mynarski	7,198	30.6%
	Daniel McIntyre	7,113	29.9%
	Point Douglas	7,966	24.9%
Mid-Low SES	Elmwood	6,807	20.0%
	Fort Rouge	4,479	19.6%
	Old Kildonan	7,185	14.9%
Mid SES	St. Norbert	6,925	12.9%
	St. Vital	7,498	11.9%
	St. James	3,799	11.4%
	North Kildonan	4,863	10.1%
	St. Boniface	7,630	9.9%
	St. Charles	4,270	9.6%
High SES	Transcona	5,620	9.1%
	River Heights	6,804	8.5%
	Charleswood	6,497	7.0%
	Total	94,654	18.6%

Winnipeg Children and Poverty

Table 9 illustrates the poverty rate (as incidence of low income for families, before taxes 2006) by ward and SES.

Across the city, the rate of poverty differs between neighbourhoods. Similarly, the poverty rate demonstrates neighbourhood advantage and disadvantage. Of the fifteen wards in the city, the wards with the highest poverty rates are Mynarski at 30.6 percent, Daniel McIntyre 29.9 percent and Point Douglas 24.9 percent. The wards with the lowest

poverty rates are Transcona at 9.1 percent, River Heights at 8.5 percent and Charleswood at 7.0 percent.

Table 10: Social Inequality in Winnipeg: Census Family Income by Ward			
Neighbourhood	Wards	Total Child population 12 & under	Median family income (2006)
Low SES	Mynarski	7,198	\$43,578
	Daniel McIntyre	7,113	\$45,212
	Point Douglas	7,966	\$49,421
Mid-Low SES	Elmwood	6,807	\$51,635
	Fort Rouge	4,479	\$54,757
	Old Kildonan	7,185	\$64,450
Mid SES	St. Norbert	6,925	\$71,826
	St. Vital	7,498	\$67,825
	St. James	3,799	\$61,030
	North Kildonan	4,863	\$67,158
	St. Boniface	7,630	\$73,332
	St. Charles	4,270	\$67,170
High SES	Transcona	5,620	\$67,001
	River Heights	6,804	\$78,307
	Charleswood	6,497	\$90,304
	Total	94,654	\$57,689

Table 10 illustrates the median family income 2006 by ward and SES.

Median family income also reveals neighbourhood advantage and disadvantage. Again the wards of Mynarski \$43,578, Daniel McIntyre \$45,212 and Point Douglas \$49,421 median incomes fall into the low SES cluster where Transcona \$67,001 River Heights \$78,307 and Charleswood \$90,304 incomes are in the high SES group.

Table 11: Social Inequality in Winnipeg: Poverty, Aboriginal Ancestry, Childcare Access and Family Income by Ward					
Neighbourhood	Wards	Poverty rate (incidence of low income for economic families, before taxes 2006)	Access Rate (# of children for whom there is a space) (spaces/child population)	Residents reporting Aboriginal Ancestry (2006)	Median family income (2006)
Low SES	Mynarski	30.6%	13.8%	26.8%	\$43,578
	Daniel McIntyre	29.9%	15.2%	15.4%	\$45,212
	Point Douglas	24.9%	15.2%	17.5%	\$49,421
Mid-Low SES	Elmwood	20.0%	12.1%	14.5%	\$51,635
	Fort Rouge	19.6%	23.0%	12.4%	\$54,757
	Old Kildonan	14.9%	12.0%	7.4%	\$64,450
Mid SES	St. Norbert	12.9%	18.9%	7.6%	\$71,826
	St. Vital	11.9%	15.6%	9.8%	\$67,825
	St. James	11.4%	28.6%	10.4%	\$61,030
	North Kildonan	10.1%	7.9%	6.9%	\$67,158
	St. Boniface	9.9%	18.7%	11.2%	\$73,332
High SES	St. Charles	9.6%	18.9%	9.1%	\$67,170
	Transcona	9.1%	12.8%	11.5%	\$67,001
	River Heights	8.5%	23.7%	4.6%	\$78,307
	Charleswood	7.0%	16.5%	4.8%	\$90,304
	Average	18.6%	16.2%	12.9%	\$57,689

Taken altogether, a clear pattern of maldistribution emerges. In Winnipeg, childcare access rates have a direct relationship to neighbourhood advantage and disadvantage. When wards are divided into different SES types, such as low SES, mid-low SES, mid SES, and high SES, poorer neighbourhoods reported higher numbers of Aboriginal residents. The average degree of Aboriginality across all wards is 12.9 percent. The low SES clusters of wards report the highest degree of Aboriginality.

When we look at Aboriginal ancestry and the poverty rate together, the same three low SES wards report high rates of poverty. The index used to measure poverty is the incidence of low income for economic families before taxes (Census 2006). Daniel McIntyre reports a poverty rate of (29.9 percent), Mynarski at (30.6 percent) and Point

Douglas at (24.9 percent). The relationship to access rates becomes more visible when median family income is included with the two previous social indicators. Median family income for the wards of Daniel McIntyre is \$45,212, Mynarski at \$43,578 and Point Douglas at \$49,421 where each ward falls under the average access rate of 16.2 percent.

As a result when we compare advantaged neighbourhoods to disadvantaged neighbourhoods, it becomes clear that race and class are directly linked to worse access to childcare services. In comparison, the mid to high SES wards report a much lower percentage of residents reporting Aboriginal ancestry. Each of these wards also shares better access rates than their poorer counterparts. River Heights has the second highest access rate of all wards at (23.7 percent), St. Boniface has an access rate of (18.7 percent), and Charleswood (16.5 percent), all of which are above the average access rate of 16.9 percent.

In addition, these three wards have poverty rates well below the City-wide average poverty rate of 18.6 percent. River Heights reports a poverty rate of 8.5 percent, St. Boniface 9.9 percent, and Charleswood 7.0 percent. Income is another indicator of the existing inequity of the distribution of services and rates of access to childcare. The spread of the median incomes across wards shows that some neighbourhoods are advantaged and others are disadvantaged.

In Winnipeg as a whole, the median income is \$57,689. River Heights reports a median income of \$78,307, St. Boniface \$73,332 with Charleswood having the highest income of all the wards at \$90,304. When the wards are divided into SES quartiles, the poorest ward compared to the average median income shows a difference of more than \$14,000. The most affluent ward has a difference in income of almost \$33,000, which is

a two-fold difference. The disadvantaged wards of Point Douglas, Mynarski, Daniel McIntyre and Elmwood report the highest child populations which comprise 31 percent of the city's total child population. In contrast, the advantaged wards of River Heights, Charleswood and Transcona comprise 20 percent of the total child population.

The pattern of social inequality becomes evident when we compare best and worst-off quartiles by poverty rates, median family income and residents who report Aboriginal ancestry. The distribution is significant in that it serves to reinforce the socio-economic gradient, such that poorer and inner city neighbourhoods fare worst in terms of childcare services, and more affluent neighbourhoods fare better.

Chapter Five

In 2006, the Child Care Coalition of Manitoba (CCCM) conducted a telephone survey in which four-fifths of Winnipeg's 294 full and part-time centres reported having wait lists totaling 14, 758 names.⁶ Since then, there have been no public reports of childcare waitlists in Winnipeg. As stated in Chapter One, Tom Brodbeck alleged the research conducted by the CCCM on childcare waitlists was "bogus". He further stated that claims about the number of children on waitlists were phantom numbers, grossly inflated (Winnipeg Sun, April 7th, 2006). My research investigates what waitlist numbers look like three years later. The waitlist data collection took place between May 2009 and November 2009. This snapshot reveals new numbers and wait-times. My research confirms long waitlists persist. Further, in investigating wait times (which were not addressed in the 2006 CCCM report), I discovered new information about how long parents in different parts of Winnipeg can expect to wait to receive a childcare space.

This chapter examines the distribution of waitlists – their size and number across Winnipeg, including the estimated length of time parents must wait for a space. The next chapter will examine the policies that regulate such lists. In sum, I found long waitlists across all fifteen wards. Waitlists and wait times share a more complex relationship than expected, and are not determined by numbers alone, as there are other variables which play a considerable role in how centres determine the distribution of their space. What waitlists do provide is insight into the current architecture of Winnipeg's childcare,

⁶ CCCM media release, Winnipeg, 3 Mar 06

reconfirming claims about scarcity and maldistribution of facilities and space among the advantaged as well as the disadvantaged wards.

Ward Profiles

Parents put their children's name on a centre's waitlist with the expectation of receiving a childcare space. For most, the 'first come first serve' principle is implicit in what governs the distribution of centre's space. However, this is not the complete reality for parents or facilities.

Based on my telephone survey, I determined that 30,777 children's names are found on Winnipeg childcare centre waiting lists. These 30,777 names are recorded by 244 of Winnipeg's 290 childcare centre-based facilities (or 84 percent of the city's total facilities). The total number is likely to be higher than 30,777, if all centres had reported their data.

The fact that 30,777 names are on waiting lists in Winnipeg does not necessarily mean that 30,777 individual children require a childcare space. What this number does show is that twice as many children's names are on waiting lists as the city's capacity of existing spaces (15, 585). As Chapter Four pointed out, Winnipeg's maldistribution of childcare space is pronounced. This is clearly demonstrated by the severe shortage of space across the city, but also in the type of childcare spaces needed.

Parents may and do place their names on multiple waitlists, which complicates an attempt to know how many of the 30,777 names on waiting lists are unique. Parents list themselves on multiple lists to increase their chances of receiving a space. Thus, many names may be duplicated in other lists, but it is difficult to say which ones and how

many. Each individual childcare centre currently maintains its own waitlist.⁷ For the purposes of my research, I used wards to examine the relationship of waitlists and wait times as I probed for patterns.

Across wards, the numbers of names on waitlists varies considerably. The number of names on waitlists by ward range from a low of 267 names in North Kildonan to a high of 4, 550 names in River Heights. Across Winnipeg, the average number of names per ward waiting lists is 2,051 (standard deviation 990).

Chapter Four illustrates the contours of maldistribution and the socio-economic gradient. It showed some neighbourhoods have better access to childcare space than others. A similar pattern emerges when we look at waitlist numbers and location of neighbourhood. Just three wards - St. James (2,750), Ft. Rouge (2,574), and River Heights (4, 550) make up 31 percent of the total number of names of all of Winnipeg's waitlists combined. Furthermore, these same three wards also share the best and highest access rates, with St. James at 28.6 percent, Ft. Rouge at 23.0 percent and River Heights at 23.7 percent. In contrast, the neighbourhoods of North Kildonan (267), Old Kildonan (2, 578) and Elmwood with (1, 242) have fewer names on their waitlists and also have lower access rates than other parts of the city. In total, these three wards comprise just 13 percent of the total number of names on Winnipeg's waitlists, showing a substantial difference in waitlist sizes between more and less affluent neighbourhoods. A reasonable explanation for this is that parents wait for services where services simply exist. As a consequence, in neighbourhoods where there are more services and more spaces available, wait lists are longer.

⁷ The newly announced province-wide waitlist/registry may soon change this current practice

These pronounced differences in waitlists sizes have serious implications for the expansion of childcare services. Waiting lists create a paradox: to use the longest waitlists to guide expansion would result in an increase of services in the more advantaged neighbourhoods that already benefit from better access. On the other hand, if smaller waitlists were used to guide expansion, the distribution of services would be more equally distributed across the city.

Table 12 reports the total names on waitlists in relation to access rates

Table 12: Waitlist Names and Access by Ward				
	Wards	Total names on waitlist	Licensed capacity	Access Rate (# of children for whom there is a space) (spaces/child population)
		(n=244)*	(n=290)	(n=290)
1	Charleswood	2,249	1,071	16.5%
2	Daniel McIntyre	2,199	1,081	15.2%
3	Elmwood	1,242	822	12.1%
4	Fort Rouge	2,574	1,030	23.0%
5	Mynarski	1,831	990	13.8%
6	North Kildonan	267	386	7.9%
7	Old Kildonan	2,578	863	12.0%
8	Point Douglas	2,554	1,207	15.2%
9	River Heights	4,550	1,613	23.7%
10	St. Boniface	2,202	1,429	18.7%
11	St. Charles	905	806	18.9%
12	St. James	2,750	1,087	28.6%
13	St. Norbert	2,103	1,311	18.9%
14	St. Vital	1,264	1,170	15.6%
15	Transcona	1,509	719	12.8%
	Total/average	30,777	15,585	16.9%
*There were 46 facilities that did not give information about the number of names on the waitlist and are therefore not included in any analysis.				

Wait times by ward

Parents want to know how long they can expect to wait before their child receives a childcare space. Waiting times are related to the number of names on a waitlist, but the number of names alone does not provide a complete picture of wait time. I found that childcare facilities are reluctant to estimate a firm wait time for prospective parents, as they cannot guarantee a place in their facility and do not want to give false hope to parents. Centres are further constrained from giving parents a specific time frame because getting a spot is dependent on many variables other than where one's name is ranked on a waitlist.

The reality of large numbers of names on waiting lists means that parents must wait a long time for a childcare space. My research found that centres were generally able to provide a time *window* for a typical parent, usually providing a range of wait from a shorter to a longer period. In each ward there was a range between the shortest and longest wait time. Across all of Winnipeg, the average shortest wait time to receive space was 12.1 months (standard deviation 10.79) and the average longest wait time to receive space was 43.5 months (standard deviation 59.56).

Table 13: Average Time to Wait for Space from Least to Most		
	On average the least amount of time to wait n=177	On average the most amount of time to wait n=121
	Months*	Months**
Mean	12.1	43.5
*Those who said almost never were coded as 48 months - highest recorded. **Those who said almost never were coded as 180 months - highest recorded		

Bluntly put, a typical Winnipeg parent is highly unlikely to get a childcare space in less than one year and often must wait much longer. For a parent who is starting a new job, going back to school, or needing care for another reason, a wait of twelve months is a very long time. However many parents will never receive a childcare spot. For a parent who needs care before their child goes to school, a four-year wait means their child will ‘age out’ before the spot becomes available. A parent who waits on a preschool list may discover their youngster is now a school-age child before the preschool space ever materializes. In all parts of the city, for all ages of children, parents must wait to get a childcare spot.

However, because of insufficient data, it is difficult to make clear inferences between wait times and the length of the waitlist. What emerged from my study is that centres distribute space upon multiple factors.

Wait times by age of child

Childcare spaces in centres are specific to certain ages. A centre may have spaces for preschoolers, but not infants. Other centres serve only school-age children. Thus, in addition to looking at the total number of names on waitlists, we need to also understand the impact of waitlists and wait times by the ages of children who need care.

Childcare spaces in any given ward are for children of different ages. For example, River Heights has a total capacity of 1,071 spaces. These spaces are then further broken into age groups. Thus, in Heights there are licensed spaces for 60 infants, 816 preschoolers and 737 school-age children. On the other hand, Elmwood has a total capacity of 822 licensed centre spaces which consist of zero infant spaces, 379 preschool spaces and 443 school-age spaces. No parent can ever get an infant spot in an Elmwood

centre-based childcare centre, because no infant spaces exist. So we can see that wait times further vary according to the age of the child and the overall distribution of infant, preschool, and school-age space available per ward.

The average time to wait for space for all programs is 19 months and the shortest average time to wait for a space globally is 15 months. Again, based on the smaller sample, it is difficult to make inferences between the time to wait for space and the type of program. However, there are other factors that affect the length of time a parent may wait to receive space. The type of program is important because each program has a specific age range which would affect one's placement in a facility. In general, infant programs serve children from 0-2 years, preschool programs ages 2-5 years and school-age programs ages 6-12 years. If a parent has a child waiting for infant space, the timeline to receive space is limited to age two years. The likelihood of receiving an infant spot is slim, because the chances are that the child may 'age out' before an infant space becomes available. This is significant, because there are only 950 infant spaces for all fifteen wards, in a city which has an infant population (ages 0-2) of 16,909 children.

It is worth noting that there are no targets for service access in Manitoba. There must be a school space for 100 percent of age-eligible children since school is compulsory, but there are no accepted guidelines for how many children must have access to childcare spaces. Winnipeg may not need 16,909 infant childcare spaces for its 16,909 infants - but having just 950 spaces for 16,909 infants does indicate the critical importance of expansion of services.

Table 14: Average Time to Wait for Space by Program	
	Average wait(months)
	Average
Infant n=69	21
Preschool n=128	15
School age n=107	21
Average total	19

Table 14 illustrates the estimated amount of time one may wait for space by infant, preschool and school-age program.

As compared to parents of infants, the chances of receiving space in a preschool or school-age program are slightly better. This is due to the fact there is a longer time span to gain a spot in a preschool (three years) or school-age program (six years) than infants (two years). Overall there is more space dedicated to both preschool spaces (7,810) and school-age (6,825) spaces. Paradoxically, wait lists for preschool and school age spaces are longer than wait lists for infants. This counter-intuitive finding means there is an unexpectedly inverse relationship between wait lists and access – where service is better, wait lists are longer and where service is worse, wait lists are shorter.

Waitlists and social inequality

The relationship to neighbourhood, class and distribution of space emerges when we look at waitlist numbers by neighbourhood and SES. When we look at the size of waitlist numbers in combination with family income, in general, advantaged wards have longer waitlists than their counterparts and also have better access to childcare. On the

whole, the advantaged neighbourhoods in the mid to high-SES range are found in the suburban areas of the city (median family income range is \$ 55,000 to \$90,000) and are the same neighbourhoods that have higher access rates. In contrast, low SES neighbourhoods with median incomes of \$52,000 or less, have smaller waitlists and are the areas that have worse access to childcare services.

Median family incomes coupled with Aboriginality (residents who report Aboriginal ancestry) reveal another facet of the social inequality associated with access to childcare services. Inner-city and urban neighbourhoods such as Mynarski (26.8 percent), Daniel McIntyre (15.4 percent), Point Douglas (17.5 percent), and Elmwood (14.5 percent) have the highest degree of Aboriginality. These findings show the importance of geography and the relationship to class differences and racialization. In other words, poorer and more Aboriginal children have worse access to childcare than their more affluent and less Aboriginal counterparts. Childcare access maps onto an Aboriginal gradient which further reproduces neighbourhood disadvantage.

The poverty rate provides an illustration of how inequality operates. In general, neighbourhoods with higher degrees of Aboriginality have higher poverty rates. Four wards have poverty rates between 20.0 and 30.6 percent, and five privileged wards have very low rates of poverty that fall just below 10 percent. For example, in Mynarski, where 30.6 percent of families are low income, the neighbourhood childcare access rate is just 13.8 percent, compared to River Heights where the poverty is 8.5 percent but childcare centres provides services for 23.7 percent of the neighbourhood's children.

What are ‘Open’ and ‘Closed’ waitlists?

In administering the survey, I asked questions about local policies. Facilities provided a variety of information about their waitlists. Some centres said that their waitlists were open, while others said they were closed. An ‘open’ waitlist is one that continues to collect names, despite the number of names on the waitlist. A ‘closed’ waitlist is one that no longer accepts new names for their waitlist.⁸ Almost 95 percent of centres stated that their waitlist was ‘open’ and would continue to collect names, however 5 percent of facilities reported their lists were closed.

Facilities expressed different reasons for having open or closed waitlists. Most facilities have open waitlists because the idea is that families have the right to wait for space regardless of the length of the waitlists. Those facilities who said their lists were closed explained that accepting names would be giving parents false hope, since they would likely never receive space. Thus, the total of 30,777 names on waiting lists could under-estimate the number of names since it includes some centres which refused to let parents join the wait list.

Summary

This chapter looked at waitlists by neighbourhood and wait times by neighbourhood to examine how waitlists and wait times relate. The research tells us that waitlists and wait times are insignificant and unrelated. This is because the length of time to wait for space is based on more than simply providing a time frame. Facilities reported a window of (estimated) wait time and not an absolute time. Wait times additionally vary according to

⁸ Survey collected information on centres that accepted names on their waitlists were ‘open’ and those who had stopped collecting names on their waitlist were ‘closed’.

program, for two specific reasons. First, the most difficult type of space to get is a space in an infant program. A parent waiting for space for their infant child is likely to ‘age out’ before ever receiving space because of the scarcity of infant spots (along with the prohibitive cost of care for infants). Only slightly better wait times were found for preschool and school-age space. The reality is that both preschool and school-age programs have a longer age range in addition to more childcare spaces (preschool = 7,810) and (school-age = 6,825). As well, cost of care is lower for both pre-school and school-age, potentially making this type of service more attractive to parents. Wait times are based on various considerations such as age of the child, distribution of space in each ward; and distribution of each type of program per ward as well as centre policies.

Waitlists persist because there are simply not enough facilities, spaces, and types of programs equitably distributed across the city to accommodate the present child population. In other words, in Winnipeg the demand for childcare far exceeds the supply. The reality is worse in some wards than others because more advantaged wards can better serve their child population. Advantaged neighbourhoods have higher incomes, better access to services, and more resources to plan, organize, and develop their neighbourhoods to expand their services. Lower- income neighbourhoods have worse access to services, fewer resources and generally have fewer facilities and spaces. Because childcare is delivered mostly by the voluntary sector and is operated and governed by their users, neighbourhoods with higher social capital are more advantaged. Again, neighbourhoods with lower incomes likely to have fewer spaces to accommodate children of different age groups. In contrast, wards with higher incomes are better able to

accommodate, due to more facilities and space, which are more evenly distributed based on the age categories.

An analysis of waitlist numbers and wait times shows that any proposal to simply increase supply where wait lists numbers are highest may have paradoxical outcomes. To use the highest numbers on waitlists to grow the system would result in maintaining the status quo. This means neighbourhoods with better access to childcare would continue to have the better service and those neighbourhoods with far less service would remain disadvantaged, reproducing socioeconomic disadvantage.

Chapter Six

This chapter explores how facilities use policies to manage their waitlists as well as the policies that are applied as centres attempt to fairly and rationally distribute a scarce and highly sought-after commodity – a childcare space. The research showed that waitlist policies are important because they play a determining role in both how one receives space and who receives the space.

Waitlists and wait times can only be understood with reference to policy. The prime policy regulating the distribution of spaces is generally described as the ‘first come first serve’ policy. The ‘first come first serve’ policy is the general rule that facilities attempt to apply in distributing space from waitlists. In practice, however, my research shows that the actual distribution takes many more factors into account.

‘First come first serve principle’

The survey asked facilities about their waitlist policies, probing for how the facility operationalized a waitlist. This was to explore relationships between waitlists, waitlist policies and allocation of space. A common theme that facilities spoke about was the ‘first come first serve’ principle. In theory, this is the foundation that guides how facilities distribute space. In other words, the waitlist is essentially a seniority list. For example, if a child’s name is number one on the list for infants and infant space is available, the logic is the first name on the list is the parent who would be offered the space. However, this principle is recalibrated on an intricate matrix of consideration, as childcare facilities employ a complex logic which addresses a number of factors in distributing their scarce space. Facilities consider a range of factors, but certain policies

take precedence over others. Imagine a hypothetical scenario of two separate families looking for space for their infant child. Each family has their infant child's name on the waitlist for the same facility, but one family has a preschooler already enrolled in the facility. I found that most facilities would prioritize the family who has an already-enrolled child over a family with no existing ties, as a very common policy procedure is to give families with siblings' priority in placement. But the first challenge is to know who is on the waiting list in the first place.

Common Methods for updating centre waitlists

Overall, centres have extraordinarily long waitlists which most find a challenge to manage. There are a number of ways for parents to place their child's name on a waitlist. Parents can telephone, drop-in, or email childcare centres to submit their child's name onto the waitlist. My research shows that 89 percent of facilities report the most common method for getting on a waitlist is by telephone. Thirty-five percent of facilities took names on the waitlist when parents drop in at the centre, and some expected parents and or their child to take a tour of the facility prior to putting their name on the waitlist. In over one-third of facilities, parents must actually visit in-person before their name will be accepted. This shows that most facilities require personal and direct contact with the centre; although 32 percent accept waitlists names by email application, and less than 2 percent through website application. Centres that accept email / website application to place names on their waitlist make the assumption that all prospective parent users have both access and the requisite knowledge to use a computer. The assumption that everyone has access to computer and the 'know how' to use them is contradicted by the 'digital divide'. The 'digital divide' refers to the emergence of the internet and convergence of

information and communication technologies (ICTs). This is more "commonly understood as the gaps between ICT 'haves' and 'have nots', it serves as an umbrella term for many issues, including infrastructure and access to ICTs, use and impediments to use, and the crucial role of ICT literacy and skills to function in an information society"(Sciadas, 2001, pg.1).

The digital divide is particularly important in terms of an online centralized waitlist, as it may exclude a portion of the population looking for childcare who lack access and knowledge about how to use computers. This 'digital divide' may exacerbate the existing inequalities to childcare access. Previous chapters have shown the inequitable relationship between geography, class and racialization in terms of access to childcare service. The 'digital divide' adds another facet of inequality that perpetuates the imbalance in the physical access to technology as well as the resources and skill set to participate using the online centralized waitlist.

Table 15: How do Parents Get Names on Waitlist*	
n=229	percent
Get on the waitlist	
Call/phone	89.08
Drop in/register/take tour	34.93
Email	32.31
Website application	1.75
Total	158.08
*Multiple response - will not equal 100percent	

Centres keep waiting lists by age of child. Many facilities organize their waitlists by age of child because this permits facilities to keep track of the numbers of children by age and the type of care/ program each child will require. For example, a child who is 18

months requires infant care, however if that child remains on the list past the age of two, most facilities will move the name into the next age group (preschooler).

For the most part, facilities update their waitlists by telephone and employ different policies for names to remain on waitlists. In general, centres make direct efforts to be in touch with prospective parent users. When centres update their waitlists, they usually telephone the parents to see if they still require care. Two hundred and four of the two hundred and twenty-nine respondents had direct contact with parents by telephone and another eighty had contact with parents through drop-ins or by taking a tour of the centre. In contrast, seventy four centres had contact with prospective users through email and only three centres had contact through their websites. Some facilities encourage parents to periodically check back with the centre to discuss whether or not the parent remains interested in a space. Put differently, centres' procedures for updating their waitlists are interactive and engaged processes that include a personal relationship with the parents. It is not a remote or abstract process that can be managed from a distance or by arbitrary rules.

Table 16: How do Names Remain on Waitlist*	
n=140	percent
Stay on the waitlist	
Unless otherwise informed	75.00
Check periodically	13.57
Re-register/or on for a certain length of time (eg 1yr)	12.86
Total	101.43
*Multiple response - will not equal 100percent	

My research also shows that 75 percent of facilities kept names on the waitlist unless parents informed the centre that they no longer required care. Fourteen percent of facilities encouraged parents to check periodically with the facility to maintain contact and remain up-to-date as to their present situation for childcare space. About 13 percent of facilities asked that parents re-register their child’s name each year to maintain current information. Similarly, facilities used common policies to remove names from the waitlist.

Table 17: Methods for Removal of Names from Waitlist*	
n=202	Percent
Removed from the waitlist	
Alternate care found	78.22
Aged out	10.89
Asked to be removed/in writing	10.40
No response/out of service	10.40
Moved to another file	3.47
Total	155.94
*Multiple response - will not equal 100percent	

There are several reasons why facilities remove names from their waitlists. The most frequent explanation specified for removal of a name when updating their waitlist was that when facilities called, the parent informed them that alternate care had been found. Facilities said it was rare for a parent to call and ask to be removed from a waitlist. Another 11 percent of facilities removed names if the child had aged out of the particular program. For example, if a child was on the infant waitlist and had reached the age of two, the child would no longer require infant care but would age up to the preschool program. However before names are removed, most often facilities automatically transfer

the name onto the next list to ensure that the child has the opportunity for placement in the next program. An additional 10 percent of facilities require a formal request in writing to be removed from the waitlist and another 10 percent are removed because facilities are unable to make contact from the current information given or that the telephone number was no longer in service. A fraction of facilities remove names from their waitlist but transfer the information into another file for future reference if required. Table 18 shows how centres use different policies to distribute space.

Common waitlist policies

Table 18: Waitlist Policies for All Centres (excluding missing)		
n=275		Percent of Cases
	Siblings have top priority for receiving space	94.18
	Estimated time given to families to respond to centres when offered a space	75.64
	Centre's encourage names on multiple lists to increase chances to receive space	59.64
	Centre staff have priority to space	41.09
	Families that previously had space in centre, left, and want to return	36.73
	Catchment school priority	25.45
	Collection of pregnant women's names on waitlists	13.09
	Special needs priority	13.09
	Business employees have priority for space	10.18
	Other	6.01
	Manitoba housing	4.00
	Catchment division priority	1.09
Total	Multiple response - will not sum to 100percent	380.19

There are a number of reasons that space may become available. Some possible scenarios are: a child has left a facility to go to another facility, a child may have aged up to the next program (infant to preschool) or perhaps aged out of the school-age program, or the have parents relocated or may have suddenly become unemployed. Therefore,

space will become available for different programs and how facilities distribute that space is directed by individual facility policies.

Common centre policies

The research shows that centres share a number of common policies that factor in to the distribution of their space. Unquestionably, the most common policy for the majority of facilities was that siblings should receive space first. Siblings receive priority above any others on the waitlist. The most frequent reason provided as to why siblings were given priority by facilities was to ensure that families could stay together. In addition, siblings who attend the same facility permit parents the convenience of transporting their children to one location. Furthermore, a sibling can often help the other in transitioning from care at home to a childcare facility as they have already developed a positive relationship with centre staff and other children. Facilities view the ‘family’ as the client, not just the individual child.

Some centres prioritized space to parents who previously had left the space and decided to return. For example, a mother who has had a second child and decides to keep their eldest child at home during her maternity leave, but who then wanted to return, would be given priority to receive space before another on the waitlist. Some centres will prioritize their own centre staff’s children for the purpose of staff retention and to maintain job security and reduce turn-over. Centres located in businesses or workplaces prioritized employees’ children from the waitlist before children in the surrounding community. For example, the Canadian Wheat Board’s childcare centre is located in its workplace and it prioritizes employees’ children over non-employees. Facilities that prioritized children with special needs indicated that this may only be possible if there

was funding for the required staff and was equally dependent on the individual child's needs. In addition, the facilities indicated that some special needs children were not necessarily medically diagnosed yet still required more care than typically-developing children.

Seventy percent of facilities encouraged parents to place their child's name on multiple lists. The reason is because they know all too well how difficult it is to obtain space. This is a desperate attempt to help parents in a difficult situation and further underscores the inadequacy of existing access. Therefore facilities tell parents to put their names on many lists to improve their chances of receiving space. Other centre policy required that children who were in the school catchment would receive priority to space over others, which also include children who attend the school.

Only a few facilities reported a low priority for placement related to both Manitoba Housing and school division catchment. Often 'other' circumstances will dictate accessibility to space assessed on a case-by-case basis. For example, some parents may have unique child or family circumstances that may have to be considered outside of facility policies and would need the approval of the parental board. Facilities exclude particular populations as some accept only French-speaking children, for example, and therefore limit the availability and accessibility to non-French speaking children in their centre; however these facilities maintain inclusiveness in terms of providing a culturally appropriate childcare centre.

I asked centres what a reasonable length of time was for parents to provide a response if they were informed that there was space available for their child. Centre answers ranged from 24 hours up to 2 weeks for parents to respond. Some centres

indicated that the time of year (i.e. summer holidays) may affect a parent receiving the message from a facility about space and therefore allotted a longer response time. Other centres institute a limited amount of time for families to respond when offered a space regardless of circumstances to do their best to be as fair as possible to all individuals on the waitlist.

Waitlist policies by location

The research clearly indicates that facilities share numerous common policies. Moreover the research shows that the majority of childcare facilities are located in schools as well as other types of locations.⁹ This section looks at waitlist policy and the ‘location’ of the centre. The ‘location’ of a childcare centre was further categorized into a common ‘model’ to see if there was any relationship between type of ‘model’ and policies. The eight different models consist of schools, Young Men-Women Christian Association (YM-YWCAs), centres, churches, workplaces, community centres, commercial venues, Manitoba housing complexes¹⁰, and an ‘other/general’ category. Individual models encompass their own types of policies and use their own discretion as to who will receive space based on their policy.

Table 19 represents the three most common policies implemented by each model to receive space. The top three policies for each model are **bolded**.

⁹ Location refers to type of building

¹⁰ Children who live in Manitoba housing received priority placement from the waitlist

Table 19: Waitlist Policies								
Waitlist Priorities (Top 3 are in bold) n=228	School n=127	YM-WCA n=18	Church n=17	Workplace n=17	Community Centres n=16	Commercial n=11	MB Housing n=8	Other/General n=14
Siblings have priority	94.49	100.00	88.24	100.00	93.75	100.00	75.00	97.78
Left space and want to return	43.18	16.67	41.18	47.06	43.75	36.36	12.50	48.89
Staff have priority CENTRE STAFF	44.09	22.22	5.88	41.18	37.50	54.54	37.50	55.56
Catchments SCHOOL/ attending school/community boundaries	33.07	61.11	11.76	-	18.75	9.09	12.50	20.00
Pregnant women's names	19.69	-	23.53	17.65	18.75	27.27	-	26.67
Special needs priority	5.51	16.67	29.41	5.88	25.00	9.09	37.50	15.56
Other	7.87	22.22	5.88	23.53	18.75	-	25.00	13.33
MB housing	4.72	-	-	-	6.25	-	37.50	-
Staff have priority BUSINESS EMPLOYEES	10.24	11.11	-	58.82	6.25	9.09	-	15.56
Catchments DIVISION	-	-	5.88	-	6.25	-	-	-
Total	265.22	383.33	211.76	305.88	275.00	254.53	237.50	300.02
Note: Multiple responses - will not sum to 100percent - results exclude missing.								
Multiple choice responses - most common response given by location - or rather the policy that dictates - ex: YM-WCA will have their own policies regardless of where they are located such as church or community centre.								

Most models use a matrix of four to five variables to determine distribution of space. Of these four to five variables, without exception across all models, the most important priority is siblings. Parents with an existing child in a program will have their sibling placed before others. Most often, the rationale expressed was the importance of keeping families together in the same facility.

The second most common policy for most models excluding YM/YWCAs and Manitoba housing was for children who had left the space and wanted to return to the facility. For example, mothers who went on a maternity leave or parents who may have been laid off but returned to or acquired a job were offered space before others on the waitlist. Again, the most frequent response given was to keep families together.

Moreover, many held that it was equally important to return the child to the same facility as they had already developed bonds with their peers, and established previous relationships which included the centre staff.

The third most common policy excluding churches and workplace was that individuals that work in the centre (centre staff) have priority to space for their own children. The rationale extended for this was for the purposes of staff retention, specifically surrounding the difficulties of maintaining centre staff, especially adequately trained staff and qualified early childhood educators. All models reported that programs located in schools often used the school catchment as a policy for those children who attend the school to receive space above others excluding workplaces.

More than 10 percent of facilities placed pregnant women's names on their waitlist. Furthermore, centres stated that this had become a common practice due to the dire need to secure space. Facility staff encourage parents to put their names on different waitlists because they are long. This practice in particular reinforces the research that states that there is not enough space and highlights the desperation of parents trying to access space.

All models reported some type of policy related to special needs children however whenever possible; both churches and Manitoba housing prioritized children with special needs. A number of facilities reported that it was necessary to have medical documentation to secure funding for special needs children. Furthermore, facilities reported that they kept a separate waiting list for special needs children. Manitoba housing, community centres, and schools give priority to children who live in this specific type of housing above other children who live in non-subsidized housing. For all

models most of the 'other' category were decisions based on a case-by-case basis dependent on families' circumstances, or the specific needs of the child and parents where facilities exercised their own discretion.

Only churches and Manitoba Housing did not give business employees' children priority above others. Several facilities provided different reasons for prioritizing business employees' children. Some stated that it was to provide an opportunity for all employees to secure childcare space as well as to continue to be gainfully employed. Other rationales given were for the purposes of staff retention and to try and accommodate family circumstances. The priority that one must be within the catchment for the school division was extremely low, and only included YM-YWCA's and community centres.

There is less prescribed policy that facilities institute for managing space, such as when a parent is offered space and has to decline the space. Most often this happens because the parents' need for childcare does not match the time that the space is offered based on individual circumstances.

When parents have to decline a space

It is quite common for parents to be offered a space from the waitlist and have to refuse the space based on their individual circumstances. What this means is that facilities call parents from their waitlist and inform them that they have space available for their child. Many facility directors explained that because families and their personal circumstances change quite regularly, this dictates whether or not they are able to accept the space at the given time. As such, facilities apply their own individual policies when parents have to decline space. Centres do their best to consider family circumstances and

use policies to fairly administer their scarce space, however, centres cannot guarantee placement.

Table 20: When Parents Decline Space*	
n=230 (60 missing/no response)	Percent
Refusal of space, but want to remain on list	
Name remains in original spot	69.23
Change date of care	45.30
No guarantees for placement	27.35
Placed at bottom of list after refusal of spot	26.50
Names removed after refusal	1.28
Total	169.66
*Multiple response - will not equal 100percent	

The data show that the majority of the facilities will allow applicants to maintain the same place on the waitlist even after refusing the spot (69.23 percent). Additionally, 45.3 percent remain in the same place on the list and simply change their date of care. Another 27.35 percent of applicants are informed that after refusing a spot and maintaining the same place on the waitlist that there is no guarantee of receiving a spot. Furthermore, 26.5 percent are placed at the bottom of the waitlist after refusing the spot. Overall almost no facilities simply removed individual's names after an applicant refused a spot. Instead, most centres kept names in the same place on the waitlist, and some amended the date of care to match families' needs.

As well, some facilities suggested ways parents may be able to increase their chances to receive space. For example, if a space is offered to parents for a September placement and the applicant does not require the spot till November, some facilities

suggest parents pay for the space for 2 months to secure the spot (if this is financially feasible for the family). Other facilities recommend taking a space part-time or timeshare with another child, dividing the time between morning and afternoon care, or by days of the week.

Because parents regularly decline space when offered, facilities share many of the same practices in how they manage space when parents have to refuse space.

Furthermore, parents decline space based on their current situation and individual circumstances and facilities also know that more often than not that this is a very common and reasonable occurrence.

Summary

The research shows that centres share some common practices in regards to how they manage the names on their waitlists. Some facilities expect the families to call and have their names removed from the list, some centres encourage parents to call regularly to see if space is available, others already have licensed childcare but continue to remain on lists to keep their options open for space. Additionally, because parents regularly decline space when offered, facilities share many of the same practices in how they manage space when parents have to refuse space. It is abundantly clear that facilities also know that, more often than not this is a very common and reasonable occurrence as a result of family's current and individual circumstances.

In general, throughout their children's lives, families will face challenges and experience many changes where their individual circumstances need to be considered. Individual facilities use their policies and their own discretion to distribute space that takes into account families' different challenges and circumstances, and do so with the

best interests of both the child and parents to keep families together. Moreover, parents regularly decline space from facilities because their need for childcare at the time does not coincide with a facility's availability for space. Furthermore, the policies that facilities employ are not created randomly. They are based on the accumulated wisdom and knowledge of those who have the field expertise of working with children and parents. As a result, facility directors and early childhood educators, among others, have created common facility policies based on their years of trial and error.¹¹

¹¹Some may suggest the opposite conclusion but I chose to credit the field and to consider that these policies reflect the practical knowledge of the women who make the system work. The primary reason is there are no rules or policies imposed and the bureaucratic system simply regulates the childcare industry, and so facilities are scarcely constrained from implementing their own preferences. I assume, therefore, that their policies reflect the good sense of those active 'on the ground'.

Chapter Seven

This chapter synthesizes the findings on childcare services, wait lists and wait list policies to consider how this study may contribute to a better understanding of the policy environment for childcare in Winnipeg. Five years after the last study of waiting lists in Winnipeg, the pattern of distribution remains virtually unchanged (CCCM, 2006). Worse, the number of names on waiting lists in 2009 was almost double the number of names found earlier. In addition, this research found long waiting lists, with a city-wide average wait time for a childcare space of 43.5 months. These research findings make it clear that time alone does not solve the problem of the inequities of service distribution, long waitlists and wait times. But more importantly, this new evidence fills a gap which gives policy makers, childcare advocates, and researchers the ability to use the information in a meaningful way and the opportunity to develop a more equitable childcare system.

As Chapter Two points out, a feminist political economy perspective illustrates how childcare policy, gender and the family are related to the division of labour in the economy. The importance of using a feminist political economic lens is that it "addresses the social construction and economic bases of women's subordination, with important implications for our understanding of the factors generating the various forms of gender inequality and hierarchical power relations, and for policy and action. It also addresses questions and interests of women's needs "(Beneria, 2003, p.47). This type of analysis is critical for allowing us to see the inequality within the market and emphasizes the significance of care work and the importance of social provisioning in the economy. Additionally, a feminist analysis also reframes care work as a parental responsibility as opposed to women's work and provides the opportunity for a feminist perspective to be

considered in the development of public policy. The problems of maldistribution in Winnipeg itemized in this thesis are far from being just a ‘women’s’ problem.

Childcare services are characterized by a pattern of maldistribution which is closely related to racialization and class. Geographical access to childcare is linked to affluence. Some neighbourhoods have more facilities than others, and all neighbourhoods have long waiting lists. The distribution of childcare in Winnipeg demonstrates that affluent suburban wards have the largest number of facilities, and poorer inner city wards have fewer facilities and spaces. Inequity typifies the distribution of childcare spaces in Winnipeg.

As the first-ever in-depth study of waiting lists and wait policies in Manitoba, this research also carries implications for provincial policy. The 2008 “Family Choices” five-year plan for childcare includes a proposal for a centralized wait list. In April 2010, the provincial government announced that “the province is investing up to \$19 million more in Budget 2010 for new child-care centres, hundreds more spaces, the phasing in of a centralized online waitlist” (Government of Manitoba April 9, 2010). However what remains to be seen is how waitlists will be used, and if or how they will determine where these new spaces will be developed.¹² More modestly, it is equally difficult to see how the online waitlist will assist families looking for a childcare space. This final chapter summarizes the findings, and uses this overview to consider how the lessons of this study may be applied. I sketch out some recommendations that can aid in the creation of good childcare policy as well as contribute to the expansion of services across the city.

¹² This waitlist will also provide better information for planning the expansion of childcare in Manitoba (Province of Manitoba, Family Choices 2008, pg.7)

Childcare in Winnipeg

For the city as a whole, Winnipeg's access to childcare spaces remains low. As shown in Chapters Four and Five, Winnipeg's childcare services are scarce and poorly distributed. Within the city, some wards have more facilities than others. The size of childcare facilities varies, as does the number of spaces provided by each program. The scope of scarcity is highlighted by access rates – the percentage of children for whom there is space compared to the absolute number of children who might wish to use a space. Aboriginal Winnipeggers are particularly poorly served by the current distribution of licensed childcare. The depth of space scarcity grows even more clear from a review of the number of names on waitlists.

In addition to low numbers of spaces, there are several factors that contribute to the maldistribution of childcare services. Some of these factors include the narrow role of government participation in childcare, inadequate public funding and underdeveloped public policy, among others. What we do know is that the province has no formal role in the development or operation of childcare centres, with the exception of licensing and monitoring childcare facilities and providing subsidies and funding. From a municipal perspective, the city has no role in childcare services. Prentice argues, "Childcare is a form of co-production , wherein services are initiated, delivered and maintained by parent-users and governments depend upon such non-state action for policy implementation" (2006, p.523). As a result there is minimal participation by provincial government and no involvement by municipal government. The responsibility for the delivery and expansion of services as well as much policy development rests with the voluntary and private sectors. In making this observation, it is important to be clear that

inequity and maldistribution is not the *fault* of the voluntary sector. Rather, the source of inequity is a public policy and funding framework that relies on voluntary boards, community organizations and parents to deliver services. With all of these elements combined, the result is an unplanned and uneven distribution of facilities and spaces across the city of Winnipeg.

As Chapter Four points out, childcare services reflect a socio-economic gradient. The geographic maldistribution is linked to affluence and to racialization. My research found the same neighbourhoods that have lower incomes also have a higher percentage of Aboriginal residents than those in more privileged neighbourhoods which demonstrates that Winnipeg's distribution of childcare services is raced as well as classed. As previously argued by Prentice, the shape of this maldistribution results in less service for poorer neighbourhoods and better service for the more affluent neighbourhoods (2006).

Waitlists by neighbourhood

As outlined in Chapter Five, almost every childcare facility in Winnipeg has a waitlist and the overall number of names on waitlists is 30,777. The research confirms that long waitlists exist in most neighbourhoods throughout Winnipeg, with the number of names on waitlists varying across all neighbourhoods. For example, the neighbourhood with the fewest names on waitlists is North Kildonan (at 267); River Heights has the highest number of names on waitlist with (4, 550 names). However the numbers alone do not provide the whole story. Just as my research demonstrates that the distribution of childcare spaces is linked to accessibility and strongly related to other socio-economic factors, a similar pattern of race and class emerged in waitlists by neighbourhoods. On the whole, the research shows that the more affluent neighbourhoods

have longer waitlists whereas in the disadvantaged areas of the city, waitlists numbers tend to be smaller.¹³

This finding illustrates a paradox: Overall, the neighbourhoods that are the most privileged have the *most* childcare service and also have *longer* waiting lists. Conversely, neighbourhoods that are the *least* privileged – those that are the poorest, and which have the highest rates of Aboriginal families – have the lowest access to childcare and correspondingly *smaller* waiting lists. Although this appears counterintuitive, the explanation is quite simple – parents wait for services where services exist. In neighbourhoods with more service, waitlists are longer.

The real challenge is how to use waitlist data. If the Province of Manitoba opted to encourage service expansion where waitlists are longest, an unexpected outcome would be an increase of services in more advantaged neighbourhoods, areas that already benefit from better access. Conversely, if service expansion was prioritized where waitlists were shorter, distribution of services would become more equal across the city. In either scenario, the actual problem is not waitlists; it is access.

In 2006, a small study by the CCCM found close to 15,000 names on waitlists. Three years later, my research found about double the number of names on waitlists. However, my research encompassed more than simply wait list numbers. I collected information specific to waitlist numbers, wait times and waitlist policy. My methodology included the collection of empirical data on 290 childcare facilities in combination with an analysis of past and present childcare policies to gain an understanding of the current context of childcare.

¹³ As mentioned earlier, the privileged neighbourhood of St. James has an access rate of 28.6 percent with a waitlist of 2,750 names where the poorer neighbourhood of Elmwood has an access rate of 12.0 percent with a waitlist of 1,242 names.

Critics such as Tom Brodbeck of the *Winnipeg Sun* assert that many of the names on waitlists are duplicates, as parents routinely place their child's names on several lists and that the waitlist numbers are old and out of date. As noted in Chapter Six, centres implement policies to maintain and update their waitlists, which are not static. The fact is that nearly 31,000 names cannot be a figment of anyone's imagination. More useful than simply hoping waiting lists are fictitious, it is important to consider why parents put their child's name on multiple lists in the first place.

The answer is that Winnipeg has a crisis of access. Some parents wait on multiple centre waiting lists in order to increase their odds. It stands to reason that parents would place their child's name firstly where spaces are available and secondly in neighbourhoods where access is better -- all with the goal of increasing their chances of getting a childcare space. Parents act this way because of the scarcity and poor distribution of existing space, and they should not be punished or blamed for doing so. In reality, waitlists are a symptom of the root problem of low accessibility.

The research indicates that waitlists provide valuable information in that they can contribute to the future development and planning of services, in particular where need is most pronounced. Waitlists also tell us that all wards have long waitlists but the neighbourhoods with fewer names and less accessibility are strongly associated with class and race. This information allows us to address how to take some first steps towards creating some form of social justice and equity in services across the city. What this does is demonstrate that the need for more space is critical to create greater accessibility for all neighbourhoods and parents and that the problem is not managing waitlists.

Waitlists by age groups

Waitlists also vary by the age of the child or by program (spaces by age groups). Across the city, long waitlists underscore the inadequacy of age-appropriate spaces and highlight the uneven distribution of this space across neighbourhoods.¹⁴ The type of program is significant because each program serves children in specific age ranges which affect the opportunity to receive space in any facility.¹⁵ In general, we know that it is extremely difficult to find space. However to find space in a specific age group is even more challenging. Some neighbourhoods have a better distribution of some age groups over others. However the maldistribution of adequate program spaces by neighbourhood is particularly marked for infants where the overall infant population is 16,909 and the total licensed capacity for all Winnipeg neighbourhoods are only 950 spaces. In comparison, the overall school-age population is 53, 558 ages 6-12, and the school-age total capacity is 6, 825 spaces.

Expansion of Childcare Spaces: Province's Waitlist Proposal

The provincial childcare plan contains very few details about the proposal to implement a centralized waiting list. The province has yet to explain how the creation of a waiting list might be used to guide service expansion, although the Family Choices clearly links the two:

¹⁴ There are some neighbourhoods that have a generous amount of infant space and some that have none. In total, River Heights has a capacity of 1, 071 spaces which consist of 60 infants, 816 preschool spaces and 737 school-age spaces. The neighbourhood of Elmwood has a total capacity of 822 spaces which consist of zero infant spaces, 379 preschool spaces and 443 school-age spaces. It is clear that there is an absolute lack of service for infants but this also illustrates that the neighbourhood of Elmwood is underserved in all programs.

¹⁵ As stated earlier, each neighbourhood has a different amount of facilities, each with a varying amount of space which is then dedicated to either infant (ages 0-2), preschool (ages 2-5), or school-age spaces (ages 6-12).

a centralized early learning and childcare waitlist will be developed to provide families with current reliable information about the availability of early learning and childcare in their community. This waitlist will also provide better information for planning the expansion of childcare in Manitoba (Province of Manitoba, 2008: 7).

One logical assumption is that the province will use the waiting lists to guide service expansion by promoting growth in regions where childcare waitlists are long. In this section, I consider the effects of using waitlists in this way, drawing on the findings I have made about Winnipeg. This can be considered a kind of ‘thought experiment’ to imagine a future reality. I contrast this possible use of waitlists against another option. The second possible future scenario uses Winnipeg’s child population to expand services.

In both cases, I start from the same beginning point. Winnipeg has approximately 95,000 children living in the city’s 15 wards in a childcare system that has a current capacity of 15,585 childcare spaces in full-time centres. As shown, the City has 30,777 names on waiting lists. For purposes of speculation, let us assume Winnipeg’s childcare system was to grow to total of 47,000 spaces (15,585 + 30,777). Interestingly, at 47,000 spaces, Winnipeg would have a space for about 50 percent of its children (half of the population of 95,000). Thus, in both scenarios I will suggest where and how growth should occur to generate a city-wide total of 47,000 spaces.

Expansion of Childcare Spaces by Waitlist (Scenario A)

If we used waiting lists to guide expansion, and assumed that the final distribution should match the current waiting list, we would expand as outlined in Table 21. As we can see, using current waiting lists would generate a future in which affluent neighbourhoods such as River Heights, St James and Ft. Rouge would have the largest gains. River Heights' new access rate would be 91 percent, with an increase of 6,163

spaces, St. James' new access rate would be 101 percent , an increase of 3, 837 spaces.

This is because St. James has more names on its waitlist than children in the ward. Ft.

Rouges' new access rate would be 80.5 percent, with 3, 604 spaces more spaces.

Table 21: Expansion of Childcare Spaces by Waitlist (Scenario A)					
Wards	Current Licensed Capacity	Current Waitlist Numbers	Child Population 12 & Under	Total Spaces (Current capacity & waitlist)	New Access Rate
	(n=290 centres)	(n=244 centres)			
Charleswood	1,071	2,249	6,497	3,320	51.1%
Daniel McIntyre	1,081	2,199	7,113	3,280	46.1%
Elmwood	822	1,242	6,807	2,064	30.3%
Fort Rouge	1,030	2,574	4,479	3,604	80.5%
Mynarski	990	1,831	7,198	2,821	39.2%
North Kildonan	386	267	4,863	653	13.4%
Old Kildonan	863	2,578	7,185	3,441	48.0%
Point Douglas	1,207	2,554	7,966	3,761	47.2%
River Heights	1,613	4,550	6,804	6,163	91.0%
St. Boniface	1,429	2,202	7,630	3,631	48.0%
St. Charles	806	905	4,270	1,711	40.0%
St. James	1,087	2,750	3,799	3,837	101.1%
St. Norbert	1,311	2,103	6,925	3,414	49.3%
St. Vital	1,170	1,264	7,498	2,434	32.5%
Transcona	719	1,509	5,620	2,228	39.6%
Total/Average	15,585	30,777	94,654	46,362	48.9%

By contrast, inner city, poorer and more Aboriginal neighbourhoods would see fewer gains and remain with far lower access rates than its more affluent neighbourhoods.

North Kildonan's new access rate would be just 13.4 percent with an increase of 653

spaces, Elmwood's new access rate would be 30.3 percent and would increase by 2,064

spaces and Mynarski’s new access rate would be 39.2 percent, an increase of 2,821 spaces.

Expansion of Childcare Spaces by Child Population (Scenario B)

In this second scenario, I propose that close to half of the children in each ward should have access to a childcare space. If we take half of the child population of each city ward, we would use the same total number of spaces. The only difference would be the distribution of space, which would use the number of children rather than the waitlist. If this logic were to guide expansion, a near-future outcome would see the following:

Table 22: Expansion of Childcare Spaces by Child Population (Scenario B)				
Wards	Current Licensed Capacity	Child Population 12 & Under	Projected # of Total Spaces for 48.9% Access Rate	New Spaces Required for Access Target
	(n=290 centres)			
Charleswood	1,071	6,497	3,177	2,106
Daniel McIntyre	1,081	7,113	3,478	2,397
Elmwood	822	6,807	3,329	2,507
Fort Rouge	1,030	4,479	2,190	1,160
Mynarski	990	7,198	3,520	2,530
North Kildonan	386	4,863	2,378	1,992
Old Kildonan	863	7,185	3,513	2, 650
Point Douglas	1,207	7,966	3,895	2,688
River Heights	1,613	6,804	3,327	1,714
St. Boniface	1,429	7,630	3,731	2,302
St. Charles	806	4,270	2,088	1,282
St. James	1,087	3,799	1,858	771
St. Norbert	1,311	6,925	3,386	2, 075
St. Vital	1,170	7,498	3,667	2,497
Transcona	719	5,620	2,748	2,029
Total/Average	15,585	94,654	46, 285	30,700

As the table shows, if child population is used to guide expansion, the poorer regions of Winnipeg will see a far more equitable distribution of spaces across wards. For example, under this model of distributing an increase of nearly 31,000 new spaces, North Kildonan would gain 1,992 spaces, Elmwood would gain 2,507 spaces and Mynarski would gain 2,530 spaces.

Table 23: Future Access Rates – Comparison of Two Models of Childcare Expansion in Winnipeg		
Wards	Scenario A New Access Rates by Waitlist	Scenario B New Access Rates by Child Population
Charleswood	51.1%	48.9%
Daniel McIntyre	46.1%	48.9%
Elmwood	30.3%	48.9%
Fort Rouge	80.5%	48.9%
Mynarski	39.2%	48.9%
North Kildonan	13.4%	48.9%
Old Kildonan	48.0%	48.9%
Point Douglas	47.2%	48.9%
River Heights	91.0%	48.9%
St. Boniface	48.0%	48.9%
St. Charles	40.0%	48.9%
St. James	101%	48.9%
St. Norbert	49.3%	48.9%
St. Vital	32.5%	48.9%
Transcona	39.6%	48.9%

Table 23 compares access rates using waitlists and child population. It is clear using child population produces spaces for almost half the children in each ward, with a consistent access rate of 48.9 percent. On the other hand, using waitlists produces a range

of spaces across the wards with varying access rates from a low of 13.4 percent in North Kildonan to a high of 101 percent in St. James, which is an 8 fold difference.

Assessing

Either waitlists or child populations could be used to guide expansion. Holding some assumptions constant either scenario could be used to grow the childcare system by the same number of new spaces. As the discussion above has shown, by using wait list numbers, the maldistribution by race and class would worsen. In contrast, using child population numbers for expansion would diminish the degree of inequality.

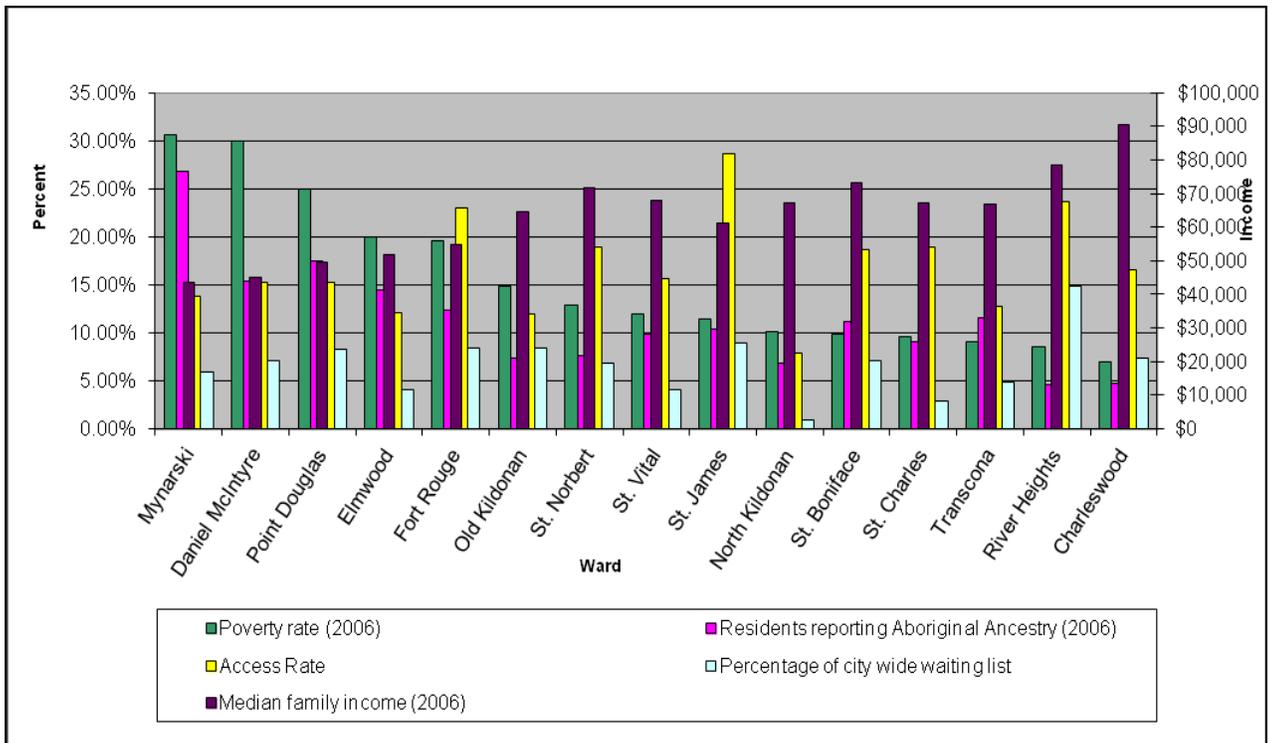
Both scenarios envisage that Winnipeg will expand its services to a total of 47,000 centre-based spaces. In the choice between these two growth scenarios – wait lists versus child populations – one is more fair. Child populations provide a more just distribution of spaces. It is the number of children per ward which is more representative of need than the names on waitlists. As this thesis has shown, richer neighbourhoods already have relatively better access rates. The three wards with the highest access would see the largest increase in spaces if waitlists names were used for expansion.

In contrast, the three wards with the lowest access would see a smaller increase in spaces if waitlists names were used for expansion, North Kildonan's current access rate of 7.9 percent would increase to 13.4 percent; Elmwood's access rate at 12.1 percent would increase to 30.3 percent and Mynarski's access rate at 13.8 percent would increase to 39.2 percent. Using child population is a far more just and equitable method for the expansion of childcare spaces, in particular as it is also possible not just to base expansion on the number of spaces required but enables us to target the type of spaces needed by ward. This kind of growth ends up worsening a racialized and classed

distribution pattern, making more (rather than less) inequality between wards.

Winnipeg’s better off families would see larger gains than Winnipeg’s poorer families, if waiting lists were used in this way to guide growth.

Figure 1: Poverty, Aboriginal Ancestry, Family Income, Access Rate and Percentage of Waitlist by Ward



Overall, there is a clearly illustrated socioeconomic gradient as shown by the poverty rate and median income that also intersects with race. When we look at the access rate and the percentage of city wide waiting list, the pattern shows that the bottom four neighbourhoods have less access. On average the mid-range of neighbourhoods have a better access rate. However St. James and North Kildonan do not fit the pattern and are anomalies when we look at these two variables. One reason that may explain these

differences is that there may be pockets of high income and low income families that live in these neighbourhoods.

In general, neighbourhoods with high poverty rates have a smaller percentage of city wide wait lists. However the neighbourhoods with lower poverty rates and better access have a larger portion of the city wide waiting lists. For example, River Heights has a poverty rate of 8.5 % and 14.78 % of the city wide waiting list and an access rate of 23.7% in comparison to Elmwood with a poverty rate of 20%, 4.0% of the city wide waiting list and an access rate of 12.1%.

Wait times

Across the city, we find long wait times to receive a childcare space with wait times varying by neighbourhood. Because waitlists are long, parents want to know an approximate time frame in which can expect to wait for a childcare space. By assembling data at the neighbourhood-level, I found the ranges for wait times. When summed by neighbourhood, we find that parents can expect to wait longer in some areas of the city than in other areas. For Winnipeg overall, a parent can expect to wait for a childcare space from between 1 to 4 years. The reality of long wait times means that the prospects for parents are grim. The most optimistic scenario is that parents can expect to wait about a year for space. Yet according to waitlist numbers, the worst scenario is that many parents will never get a spot and will have to find alternative care. However, because centres are all-too-aware of the scarcity of space, they are reluctant to refuse a parent the chance to place their child's name on the waitlist. It is likely, therefore, that many parents are unaware of how poor their actual odds of success really are.

Wait times by age

The distribution of spaces for children of different ages is arbitrary. The findings indicate that wait times by age remained in the one to four year range. The significance of wait times by age also reveals inequity because childcare spaces are specific to certain ages. Wait times vary by age group because there are far less services for infants, the service that is most expensive to provide and pay for. As well, it is more difficult to obtain an infant spot than a preschool or school-age space because infant care is only provided over 24 months or less. Furthermore, specific age groups are better served than others primarily due to cost. Infant care is the most expensive because infants require the most care. In Winnipeg, the cost per day for an infant spot is \$28.00 or \$560 a month. Wait times depend on the program needed, availability of space and individual facility policy.

Wait lists policies

At the level of the centre, by-and-large, waitlist policies play a determining role in both how one receives space and who receives the space. The primary principle that regulates the distribution of space is what childcare facilities refer to as their 'first come' 'first serve' 'policy'. As discussed, this is the foundational principle that guides how facilities distribute space, but the research also reveals that childcare facilities employ a complex logic which addresses several other factors. Centres use their own discretion to distribute their space based on individual policies, where some policies take precedence over others. In addition to the 'first-come-first-serve' general rule, the majority of facilities implement many other policies – for example, that a sibling of an already-enrolled child has priority over a new entrant.

The distributions of policies are based on the cumulative knowledge of a variety of individuals in the field of childcare. Centres consider the complexities of families' personal circumstances because they view *the family* as the client; not just the individual child.

Centre-based policies on how to distribute spaces are premised on the experience and expertise of those who work directly in the field of childcare that include facility directors, ECE workers, volunteers, childcare advocates and parents to name a few. In addition, centre policies consider families' changing needs and circumstances. As a result, most centres share common policies that govern how their space is distributed. Based on the research conducted with centres, I can identify those policies which are most widely shared practices, and which are therefore valued by the early childhood care and education community.

Three key policies stood out. The most widely shared policy in the distribution of space is the prioritization of siblings over new entrants. Centres do this for several reasons. They place enormous importance on keeping families together. This allows siblings to remain together, where they are able to help each other adapt and become integrated into their new environment. As well, the sibling policy makes it much easier for parents to transport their children to only one location, as most parents prefer their childcare arrangements to be either close to their work, home or child's school.

A second key priority used in distribution of space is to prioritize parents who have left the facility (for example, on a maternity leave) and want to return to the centre. Facilities believe such a priority is important because of the relationships that have already been previously established with the child, the parents and centre staff. Again, the

emphasis is to maintain the family's established connections to centre staff and other children which also provide a sense of community.

Furthermore, many facilities give priority to centre staff for the purposes of staff retention, gainful employment and to accommodate family situations. It is often hard to retain qualified childcare staff, and it is important for centres to lead by example by taking into consideration staff needs and to ensure a positive employee relationship by prioritizing care for staff's children.

The beginning of 'good' wait list policy

In 2008, the Family Choices provincial policy promised to develop a centralized waitlist. The Family Choices agenda explains, "currently, because each program maintains its own waitlist, and because parents often place their children on several waitlists, parents may not have an accurate idea of when a space will be available for their child" (Province of Manitoba, 2008, pg.7). However, several fundamental policies would have to be included to create a successful central waitlist policy.

Good policy would start by looking at the neighborhood in which the child resides in and the availability of facilities and spaces for his or her age or type of program required (infant, preschool, school-age). The age of child matters because most children enter the childcare system young and remain in childcare for several years, often throughout their school-age years. This is significant as research shows that children follow a developmental path from infancy up to age twelve and childcare age appropriate programs are specially designed to contribute to and enhance a child's growth socially and developmentally (Cleveland and Krasinsky, 1998). 'Good' childcare policy would affirmatively compensate disadvantaged neighbourhoods. These would be

neighbourhoods which are predominantly Aboriginal, with lower incomes and currently lesser access to services. Those neighbourhoods which are disadvantaged by class and race should be first to receive childcare services to provide some form of social justice and equity. This does not mean that privileged neighbourhoods do not require more services, but rather that disadvantaged neighbourhoods should be prioritized to reduce the degree of social inequality.

Good policy also views the family as the client and not only the individual child. This is because the centre tries to accommodate the different needs of the family as well as the child. This is accomplished as centres try to have direct contact with their families. Their purpose is to cultivate a personal relationship and an understanding of the specific needs of each family and their child. Given that very few centres currently accept waitlist names just from an on-line form, and that over half of facilities want some kind of personal contact with prospective parents, a web-based centralized registry that fails to allow for personal contact is unlikely to fit with current practices.

Another 'good waitlist' policy should address families with children who have special needs. These families also lack access to space and the trained staff who are able to appropriately care for a special needs child. Therefore it is necessary to identify facilities in the different neighbourhoods that may be able to accommodate a child with special needs and to know what requirements each facility employs in order for parents to receive space for their child according to their child's individual needs.

The research shows that facilities share many of the same practices in how they manage space when parents are unable to take a space when offered. For various reasons parents regularly decline space. Most frequently this happens because the parents need

for childcare does not match the time the space is offered and facilities understand that this is a very common and reasonable occurrence based on their individual circumstances. The majority of centres keeps the family's name in the same position and simply changes their date of care. In part, facilities use this policy to manage space as they know that families' lives are constantly changing and how difficult it is to secure a spot. As mentioned, a large measure of these policies is premised on the concept of childcare services to families and not the individual child. Centres have an exceptional understanding of the difficulties parents face. They are keenly aware of the many situational factors that may include a two parent working family and their different work schedules, or a family that has a child with special needs, or a lone parent household who works shift work and requires care for their child. A good provincial policy should maintain this degree of flexibility, so that a parent can decline an offered space without losing his or her place in the waiting list.

A 'good waitlist' policy would include but not be limited to many of these common policies. Waitlist policy is not the ultimate answer, but it does consider many of the same challenges that different types of families encounter around the issues of accessibility and the appropriateness of childcare space while at the same time respecting the importance of how facilities' use common policies to try and reasonably administer their scarce space.

Yet, even the best waitlist policy will still be ineffective if we do not have enough spaces. What is required is public policy that ensures that childcare is accessible to all families who need it, and this means creating enough spaces. First it would be necessary to look at child populations to determine how many spaces are needed. It is equally

important to determine what types of spaces are necessary to accommodate the various age groups. Moreover, it is crucial that these spaces are fairly distributed, to make certain that all families and children have the same opportunity to receive care.

Building a successful childcare system: Lessons learned

One objective of this study was to see if the province's proposal of a centralized waitlist would be a useful tool to aid in the expansion of services, or to help reduce wait lists and wait times. As mentioned in the 2008 Family Choices proposal (Province of Manitoba, Manitoba's Five-Year Agenda for Early Learning and Child Care, 2008) it is a reasonable assumption that the province would look at the size of a waitlists (that is, the number of names) to suggest where service expansion should occur. The province is correct in that it requires some kind of tool to guide growth and improve the system; waitlists alone, however, are unlikely to be the needed resource.

The newly-created online child care registry will provide parents with the opportunity to register their care requirements and add their names to as many child-care facilities as they choose. The main purpose is to provide parents with general up-to-date information about childcare providers. However, in 2008, what was promised was

a centralized early learning and childcare waitlist will be developed to provide families with current reliable information about the availability of early learning and childcare in their community. This waitlist will also provide better information for planning the expansion of childcare in Manitoba (Province of Manitoba, 2008, pg. 7).

and a centralized registry is not a wait list. Centres employ a complex logic and use their individual waitlists and policies to govern their distribution of space. For some but not all, the registry perhaps simplifies the process of getting their child's name on a child-

care centre's list; however it is difficult to see how this process will shorten wait times. Because the problem is not waitlists, it is that there is not enough space.

One logical assumption is that the province will use the waiting lists to guide service expansion by promoting growth in regions where childcare wait lists are long, by either names or time. From the research, we know that longer waitlists are found in the privileged neighbourhoods whereas disadvantaged neighbourhoods have fewer names on their waitlists. If the province used waitlists for expansion, this kind of growth would paradoxically result in worsening a racialized and classed distribution pattern, making *more* inequality between neighbourhoods even though absolute service numbers would increase. Put simply, Winnipeg's better-off families would see larger gains than Winnipeg's poorer families, if waitlists alone were used to guide growth.

An alternative and more precise method as already shown to grow the system would be to use child populations. The Winnipeg Neighbourhood profiles provide us child population by ward. The numbers provided for the child population by ward can be further broken down into age categories that are the same as the various childcare programs. This produces a more accurate count of the number of children by age per ward. The research already tells a story as to the number of facilities per ward, as well as the programs that exist in each ward. As a result, the breakdown of age categories per ward can also help determine where the growth of services are needed, including which wards require more or fewer facilities; as well as what type of program. The use of child population as a tool to grow the system would be a far more equitable solution, and would be one that would lessen the degree of inequality by neighbourhood. Additionally, it has the further advantage of relying on census data that already exists.

Conclusions

The province's idea of a central waitlist is almost certainly made with good intentions. A concern about long waitlists reflects an awareness of the seriousness of the lack of fit between childcare space supply and demand. But, the research shows that a centralized waitlist might do more to *conceal* than reveal where expansion is truly needed as it would mask neighbourhood variation in terms of class and race. It would be problematic for a centralized waitlist to negotiate space in a specific neighbourhood without direct and personal contact with facilities. An open centralized waitlist would not reduce the number of names on the waitlist, but in fact might increase parent demand.

While the central registry may reduce some of the inefficiencies that centres encounter with their individual lists, this would be at the risk of centres losing their autonomy to manage their own waitlists according to their individual policies. A centralized waitlist would not be able to address the complexities of families' changing needs in the same way that centres are able to take into account families' unique and individual circumstances. It is important for parents to know who is taking care of their children as they spend a significant amount of their young lives in the care of others. A centralized waitlist may limit parents' choices of childcare in terms of who their provider is, because families' needs are immensely varied and to be truly accessible, childcare options must reflect these vastly divergent needs. However, waitlists do provide other valuable information.

Rather than use waitlists as a tool to guide expansion, a waitlist can be used as a mechanism to monitor and subsequently collect up-to-date childcare data, Policy can be

more responsive with the availability of research and data. A more current trend is to use an “evidence based policy approach” to develop government effectiveness through promoting accountability and improvement in policy making (Sanderson, 2002). Waitlist policy is important when it comes to receiving a childcare space. Yet the more important issue at hand requires policy solutions that address how to enhance the supply of childcare spaces, including equitable distribution of the type of spaces that are needed. In the absence of a current comprehensive childcare strategy in Winnipeg, all levels of government are needed to organize, develop and establish accessible childcare. At the municipal level, city counselors have the political power to address their constituents' concerns and needs for accessible childcare in their neighbourhoods. Moreover, the City of Winnipeg could also play a significant role in the future planning, development and expansion of childcare facilities across the city. Both the private and public sector could work collaboratively to build and ensure the equitable distribution of space and reflect the needs of the communities. Additionally, it is necessary to have active government involvement in the development of policy, but this should be done so in cooperation with the childcare community to address the multiplicity of family and community needs. This ambitious goal will be hard to realize without the involvement and cooperation of municipal, provincial and federal governments. It is imperative for all levels of government to take an active leadership role in the planning, development of expansion and service co-ordination to build a childcare system that works for all families.

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Appendix A

Bruce Tefft Email

Margaret Bowman

Date sent: Thu, 30 Apr 2009 11:06:05 -0500
To: tefft@cc.umanitoba.ca
From: Susan Prentice <Susan_Prentice@UManitoba.CA>
Subject: Confirmation: Administrative Data Collection sheet- ethics not required
Copies to: Margaret Bowman <margaret_bowman@UManitoba.CA>, umalblmt@cc.umanitoba.ca

Dear Bruce

Thank you very much for swiftly dealing with this query - much appreciated.
Attached please find a revised data collection sheet, with the requested amendment to Question 8 on the prioritization of siblings on waiting lists.
I have cc'd Maggie Bowman.

Cheers,
Susan

At 10:30 AM -0500 4/30/09, tefft@cc.umanitoba.ca wrote:
>Dear Susan,
>
>Providing that you reword Q8 such that it can be answered by
>administrative data only, your project will not require ethics
>approval. Please submit your reworded questionnaire to me, with a
>copy to Maggie Bowman. Good luck with your research.
>
>Thanks,
>Bruce

--
Susan Prentice, Ph.D.
Professor
Chair of Graduate Studies
Sociology, University of Manitoba
329 Isbister Building
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Tel: (204) 474-6726 (voice-mail)
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Fax: (204) 261-1216
Email: Susan_Prentice@umanitoba.ca

Appendix B

Survey Instrument

Date of Call #1 _____

Call made by: _____

Date of Call #2 _____

Call made by: _____

File # _____

Length of call

Begin: _____

Complete: _____

End: _____

Incomplete: _____

DATA COLLECTION SHEET

FACILITY NAME: _____

PHONE #: _____

ADDRESS: _____

FACILITY DIRECTOR: _____

POSTAL CODE: _____

NEIGHBOURHOOD: _____

Contact information provided by: _____

Status: ___ Director ___ Assistant Director ___ ECE Supervisor ___ Other

	Infants	Preschoolers	School-age	Mixed Age	TOTAL SPACES
License Capacity					
Wait list Numbers					
Estimated Time for a space					

1) How many licenses do you have?

Do you have more than one site? YES NO

2) Are you located in a: a) school b) church c) Mb housing d) other

3) Is the wait list open or closed? OPEN CLOSED

4) When was the wait list last updated?

a) 0-3 months b) 4-7 months c) 8-11 months d) 12-15 months e) 16-19 months

5) How is the waiting list organized?

6) How do you update (method) your waitlist?

Please elaborate

7) Could you please tell me about some of your waitlist policies?

Probes: How does a parent: get on list, stay on list, remove from list?

- a) siblings have priority b) special needs priority c) catchments(school/division)
- d) Manitoba housing e) staff priority (centre staff/business employees)
- f) pay fee to get on the list g) estimated time allotted for response if space available
- h) left space and want to return i) encourage names on multiple lists j) other

8) If parents are offered a space on a list and refuse, what happens to their place?

Does the centre have an exemption to its license? YES NO

If there is an exemption, is it for staffing? YES NO