



# Upper Skeena Child Care Action Plan

*Prepared by the Social Planning and Research Council of BC  
in collaboration with Sandra Menzer*

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## Executive Summary

High-quality, accessible, and affordable child care is essential to the well-being of children, their families, and the broader community. Child care plays a critical role in economic development, poverty reduction, gender equality, social inclusion, and healthy child development. In recognition of this, the Village of Hazelton, District of New Hazelton, and Regional District of Kitimat-Stikine partnered to contract the Social Planning and Research Council of BC (SPARC BC) in collaboration with Sandra Menzer and John Foster to develop a Child Care Action Plan for the Upper Skeena.

This report provides an overview of the key findings, analysis, and conclusions from the research and engagement work conducted for this project and makes concrete recommendations for the Village of Hazelton, District of New Hazelton, and Regional District of Kitimat-Stikine.

While the Provincial and Federal governments have primary roles in child care policy and funding, as local governments, the three partners do have authority over local planning and land-use, as well as the most in-depth understanding of local context, needs, and economy. With a defined and coordinated plan, support from senior levels of government, and strong community and regional partnerships, the Village of Hazelton, District of New Hazelton and the Regional District of Kitimat-Stikine can make significant progress in improving the accessibility, affordability, and quality of child care available to families across the Upper Skeena region.

This Plan is informed by research and best practices in child care but is ultimately grounded in the unique needs and opportunities available to the residents and communities of the Upper Skeena. The recommendations are based on a review of research and promising practices from other jurisdictions; a review of current local planning frameworks; various community engagement activities (parent and caregiver survey, interviews with key informants, and a virtual Child Care Solutions Workshop); and a synthesis of current demographic and child care service information. For more information about these research and engagement activities, please refer to Appendices B through D.

This Action Plan is organized around four priorities, closely aligned with the Province's child care commitments:

- Increasing accessibility
- Improving affordability
- Focusing on quality
- Strengthening partnerships

## Increasing Accessibility

Many families need but cannot access child care. While access to child care is a challenge for all families, underserved populations often face additional barriers to accessing care. In the Upper Skeena region, there are additional challenges related to location and transportation.

### Key Facts

- In 2020, there are 144 group child care spaces in the Upper Skeena for a total population of 607 children 0 to 9-years-old, a coverage rate of 24%.
- However, there are currently no licensed group child care spaces for school age children in the region and only 20 group (birth to 36 month) spaces for every 100 children under 3.
- Several communities in the Upper Skeena region have no licensed group child care spaces.
- Many child care facilities in the Upper Skeena are closed during the summer months. There are no licensed care options available for those do shift work, work at night or on weekends, or who work out-of-town.

### Recommendations

- Endorse the space creation targets of 158 new spaces for the Upper Skeena by 2030.
- Work with other public partners (i.e. Northern Health, School District 82, local First Nations) to create an inventory of prospective opportunities for child care development.
- Work closely with the new Skeena Valley Education Society to secure funding and a suitable location for their proposed 62 to 67-space child care centre.
- Work with School District 82 to develop licensed before and after school programs and on-site full day care for school professional development days and school breaks.
- Explore options for supporting the transportation of children for school age child care programs.
- Work with Wrinch Memorial Hospital and Northern Health to ensure that child care spaces are included as a priority for the Major Capital Planning work.
- Link child care to affordable housing strategies and to affordable housing plans.
- Work with public partners, like the School District or health authority to access Provincial Capital funding.
- Identify a staff position(s) as the child care facilitator/point person with overall responsibility for child care.
- Identify and implement changes to local government processes and regulations for facilitating child care, including alignment with Northern Health Licensing, prioritization of child care in the OCP's, and review of bylaws.
- Update the local government website(s) to add child care information for providers who are interested in opening spaces and parents who are looking for care.
- Work with community partners, recreation and library staff and School District to develop a variety of after-school programs for children aged 10-12.

## Improving Affordability

High costs are a major barrier for many families who need child care. They limit access to child care, force families to rely on care arrangements that do not meet their child's needs and cause financial stress for families. High costs disproportionately impact low-income families and families with additional challenges.

### Key Facts

- In 2015, in the Upper Skeena Local Health Area (excluding reserves), 27% of children under 18 lived in low-income families. This includes 26% of all children under the age of 6.
- The median income for couple families with children was \$75,922, compared with \$32,223 for lone parent families.
- Some Indigenous families have access to free or subsidized child care through Aboriginal Head Start programs.
- Many families are not aware of the Affordable Child Care Benefit or how to apply for it.

### Recommendations

- If suitable sites are found, lease local government and public spaces/land to non-profit child care providers at below-market and affordable lease rates.
- Consider amendments to the Permissive Tax Exemptions Policy to explicitly state that not-for-profit child care operations could be eligible for an exemption.
- Monitor child care fees in the Upper Skeena Region.
- Advocate to senior governments to reduce the cost of child care and increase compensation for child care workers.
- Consider the introduction of a Community Grants program to provide modest support to non-profit child care providers as even a small amount can go a long way.
- Partner with the local Child Care Resource and Referral Program to enhance the promotion of the BC's Affordable Child Care Benefit Program.

## Focusing on Quality

High quality child care is linked to positive outcomes for children, while poor quality care can have negative long-term effects. Moreover, parents dropping off their children at a child care centre each working day want to feel secure knowing their children will receive safe, high-quality care.

### Key Facts

- Research shows staff with higher levels of education and training, who are well supported and appreciated, are critical to high-quality care.
- In the Upper Skeena region, there are currently no public, local training institutions where residents can complete their Early Childhood Education certification.
- Research suggests not-for-profit and publicly operated child care facilities offer better quality of care than for-profit facilities. Currently in the Upper Skeena, approximately two-thirds of all spaces are run by not-for-profit operators and one-third by Indigenous governments.

### Recommendations

- Work with, support, and encourage the non-profit and public sector in developing new facilities.
- Explore feasibility and options for creating guidelines for child care spaces that the local governments may develop if they are partnering in child care.
- Support the Province in its “Early Care and Learning Recruitment and Retention Strategy”.
- Work with School District 82 to explore a dual credit ECE Program for local high school students.
- Develop new partnerships with post-secondary training institutions to offer local ECE training programs.

### Strengthening Partnerships

Child care involves many parties playing various roles, which means it requires intentional relationships and collaboration between and across jurisdictions. The local governments of Upper Skeena cannot and should not act alone.

### Recommendations

- Explore the development of a local child care action/planning table that brings child care providers, and support services together with the local governments.
- Continue to build supportive and learning relationships with First Nations to support Indigenous perspectives, history and culturally appropriate and supportive child care in the Upper Skeena
- Build partnerships with the School District around child care.
- Explore a partnership with the RDKS Economic Development Department and the Upper Skeena Development Centre for a Child Care Project to support training, recruitment, and employment of ECE’s.
- Consider the development of a public education/communication campaign that informs on the needs for child care, the importance of child care to the community, and the actions that are underway to improve the child care situation in the Upper Skeena.
- Provide regular briefings to elected officials on the child care situation.
- Recognize and honour the value of child care workers and the child care in the community by supporting Child Care month on an annual basis.
- Coordinated advocacy to senior governments to provide support to the child care sector and families.

## About the Child Care Action Plan

### Why is child care important?

High-quality, accessible, and affordable child care is essential to the well-being of children, their families, and the broader community. Safe, high-quality learning environments support child development, especially during the critical early years, and provides life-long benefits for children's health and academic success.

Accessible, affordable child care also supports labour force participation, especially for mothers, which contributes to gender equality, social inclusion, and reduces poverty rates for families with children. The entire community benefits from the social and economic contributions of parents and caregivers in the workplace. Child care can also help attract young families to the region and is itself a source of local employment.

### Scope and Purpose of the Child Care Action Plan

BC overall has a child care crisis. There is a shortage of spaces and fees have been driven by the market economy, resulting in costs that are unaffordable for many families, especially for those lower income and more vulnerable populations. Historically low wages have made it difficult to recruit qualified educators.

While the Provincial and Federal governments have the primary roles to play in the policy and funding of child care, as local governments, the Village of Hazelton, the District of New Hazelton, and Electoral Area B of the Kitimat-Stikine Regional District do have authority over local planning and land-use, as well as the most in-depth understanding of local context, needs, and economy.

However, the Village and the District do not have the mandate or the resources to fully address the gaps in child care availability, affordability, and quality across the Upper Skeena region on their own. Support from senior levels of government and strong partnerships with Indigenous governments, other jurisdictions, the School District, post-secondary institutions, community agencies, and local child care providers are critical to success. By working together, with a defined plan and coordinated approach, the Village of Hazelton and District of New Hazelton can make significant progress in improving the child care situation for families across the Upper Skeena region.

This Action Plan will provide the Village of Hazelton and District of New Hazelton with evidence-based, concrete, and actionable recommendations to improve accessibility, affordability, and quality of child care for families in the Upper Skeena region. The Plan is informed by research and best practices in child care but is ultimately grounded in the unique needs and opportunities available to the residents and communities of Upper Skeena.

This a 10-year plan and includes actions for the short term (2020 to 2022), medium term (2023 to 2025), and long term (2026 to 2030).

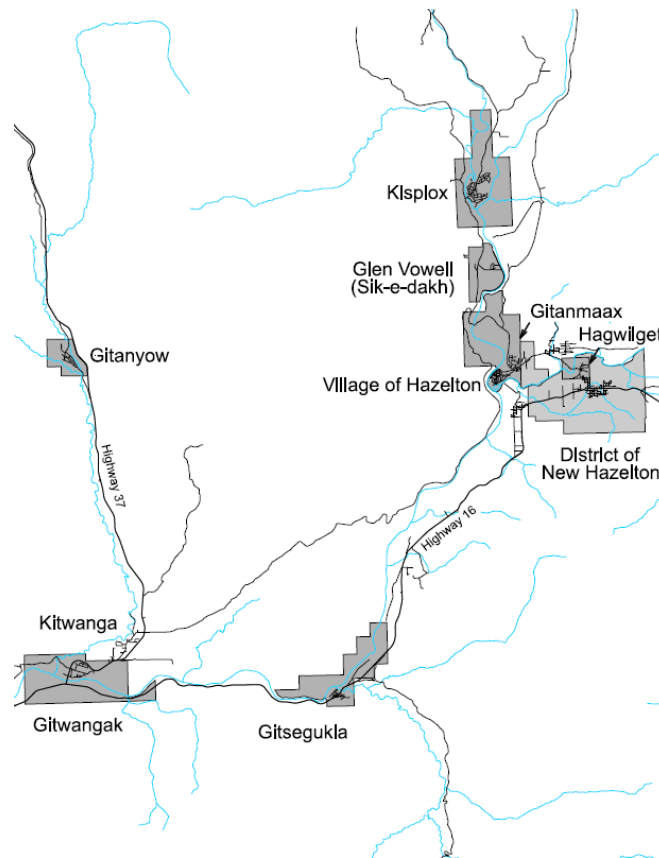
It is important to note that this Child Care Action Plan was developed during the COVID-19 pandemic. While it is difficult to predict what child care will look like post-pandemic, it is now, more than ever, widely recognized that child care is critical to full economic recovery and therefore will remain a priority for families and communities.



## Process of Developing the Child Care Action Plan

This Action Plan is for the Village of Hazelton, District of New Hazelton, and Regional District of Kitimat-Stikine. The Village of Hazelton and District of New Hazelton are deeply connected to the surrounding communities. As such, the research and engagement work for this Action Plan included communities within Electoral Area B of the Regional District, including Kitwanga, Gitwagak, Gitanmaax, Gitsegukla, Gitanyow, Hagwilget, Sik-E-Dakh/Glen Vowell, and Kispiox, unless otherwise noted. The research activities informing this Action Plan are described below.

Figure 1: Map of Upper Skeena Region



### Review of Best Practices

The Review of Best Practices Report summarizes recent research and policy work to identify:

- elements of quality in early learning and child care at both the system and program-level and
- promising practices used by local governments around the province and beyond to support child care planning and service delivery.

### Review of Local Government Bylaws and Planning Policies

The Review of Bylaws and Policies Report outlines current zoning bylaws, Official Community Plans, other local policies and makes recommendations relevant to child care in Village of Hazelton, District of New Hazelton, and Regional District of Kitimat-Stikine<sup>1</sup>.

### Child Care Services Inventory

The Child Care Inventory incorporates data from the Ministry of Child and Family Development, Northern Health Community Care Licensing, and the local Child Care Resource & Referral program to provide an overview of all licensed child care facilities in the communities of the Upper Skeena, including number of spaces by license type, auspice, and location.

### Community Profile

The Community Profile highlights important data about the Upper Skeena region to inform child care planning. Due to data challenges related to the small population sizes of some communities, the profile is primarily based on data for the Upper Skeena Local Health Area. Please refer to **Appendix C** for the complete Community Profile.

In addition to these research activities, the consulting team also conducted a range of community engagement activities to better understand local context, facilitate relationship-building, and allow key players in the region to share action ideas.

### Parent and Caregiver Survey

To better understand the experiences and needs of parents and caregivers in Upper Skeena, the consulting team developed and launched an online survey. This survey was open from June 29 to August 17, 2020. The consulting team invited a local consultant to lead engagement with surrounding Gitksan and Wet'suwet'en communities. This consultant contacted the following communities and local services to promote the parent and caregiver survey:

- Gitanyow Band Social Development and Gitanyow Human Services & Health Director
- Gitwangak Health and Gitwangak Band Administration
- Gitsegukla Health and Gitsegukla Band Office
- Hagwilget Band Office Social Development
- Gitanmaax Band Office, Health Center and Education
- Glen Vowell Social Development
- Gitksan Health: Indian Residential School Program, FAST Team
- Kispiox Band Office Band Office Social Development and Administration

The survey received a total of 27 valid responses. Because of this small sample size, the results should be interpreted with caution and may not be generalizable to all families in the Upper Skeena region.

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<sup>1</sup> The First Nations communities of Gitwangak, Gitanyow, Gitanmaax, Gitsegukla, Hagwilget, Sik-e-Dahk, and Kispiox have different governing and legislative structures, so were not included in this review.

### Child Care Operators

The consulting team also worked directly with staff from the Wrinch Memorial Foundation and Bulkley Valley Child Development Centre to conduct an online survey of child care providers. To encourage child care providers to participate, we offered a monetary incentive and sent multiple reminders. Despite these efforts, no child care providers completed the survey.

### Key Informant Interviews

The team interviewed 12 individuals with experience, knowledge, and organizational perspectives that would allow them to speak to the child care needs of families and children in their community.

These key informants were asked a range of questions about the state of child care, the needs of families in their communities, and to share their suggestions for action.

For a detailed overview of the methodology and findings from the key informant interviews and parent and caregiver survey, please refer to **Appendix B**.

### Child Care Solutions Workshop

The Village of Hazelton, District of New Hazelton, and Regional District of Kitimat-Stikine hosted a virtual Solutions Workshop on September 17, 2020 with local government, regional staff, and community partners. The Solutions Workshop allowed participants a chance to explore the current state of child care in the region, potential opportunities and partnerships, space targets and actions to address child care gaps. The workshop had seven participants, including staff from the District of New Hazelton, Village of Hazelton, and Regional District of Kitimat-Stikine, as well as the Director of Instruction, Indigenous Education from Coast Mountains School District 82.

## Policy Context

Provincial and territorial governments have the primary responsibility for child care policy and funding for programs; however, the federal and local governments also have strong roles to play, as do other local authorities (e.g. school districts and health authorities) and community child care providers.

### Federal Government

The federal government provides direct child care funding support to some specific population groups, including First Nations, Metis, and Inuit children and families. It also provides maternity and parental benefits to eligible parents through Employment Insurance. Additionally, the Federal government has allocated funds to implement the [Multilateral Early Learning and Child Care Framework](#) and the [Indigenous Early Learning and Child Care Framework](#), identified school age care as a priority, and most recently in the throne speech (September 2020), announced plans to invest in a national child care system.

### Provincial Government

In BC, child care spans three ministries (Children and Family Development, Health, and Education), all of which have different responsibilities, including the development of legislation, policy and regulations; monitoring services; funding programs and services; providing capital grants; and providing fee subsidies and program support for families with lower incomes.

In 2018, the Province made a commitment to build a universal, high quality, publicly funded child care system that makes child care affordable and available for any family that needs or wants it. To meet this commitment, the Provincial government has developed a 10-year plan, [Child Care BC](#), which included a

\$1.3 billion dollar investment in the first three years. This plan incorporates several initiatives to increase the number child care spaces, reduce parent fees, and improve quality.

Capital funding for new child care spaces is distributed through the [Child Care BC New Spaces Fund](#). Child care expenses for families have been reduced through the Child Care Fee Reduction Initiative and Affordable Child Care Benefit, as well as the establishment of \$10-a-day universal child care prototype sites. The Province has also worked to address staffing challenges in the child care sector with a wage enhancement for early childhood educators and increased support for training. The Provincial Government also provides funding for Aboriginal Head Start programs to include child care, which is the first Provincial investment toward indigenous-led child care.

#### Local Governments

Under Provincial legislation, local governments do not have a legislated role or mandate in child care. They lack the mandate and resources required to fully address child care needs. However, municipalities are the level of government closest to the people and they generally have the most in-depth understanding of the local context. With the support of senior levels of government and in collaboration with other jurisdictions, School Districts, and other community partners, there are many actions local governments can take help improve the accessibility, affordability, and quality of child care for families in their communities.

Currently, both the District of New Hazelton and Village of Hazelton contain policies in their Official Community Plans which are broadly supportive of child care. The District of New Hazelton OCP includes the policy: “encourage early childhood education services and facilities within existing and new developments and neighbourhoods in conjunction with a current needs assessment”. The Village of Hazelton OCP includes goals to support social well-being and enhanced health and education services, and identifies health, education, and public service facilities and related land uses as priorities for institutional land use. In addition, the Regional District of Kitimat-Stikine Economic Development Strategic Plan includes “investigate possibilities for child care facility development”.

This Action Plan incorporates promising practices used by many municipalities around the Province to support child care, as well as existing policy frameworks and local context in Upper Skeena, to identify a viable path forward on child care for the District of New Hazelton and Village of Hazelton.

#### Other Partners

Several other parties are involved with the planning, development, support, and operation of child care. Examples include First Nations, regional health authorities, school districts, current and potential community child care providers, not-for-profit organizations, parents, and the broader community. Additional information on these key child care partners is provided throughout this report. It is worth noting that in November 2019, the Province announced an increasing role in school age child care for school districts in particular.

# Child Care Priorities and Actions

This Action Plan is organized around four priorities, closely aligned with the Province’s child care commitments:

- Increasing accessibility
- Improving affordability
- Focusing on quality
- Strengthening partnerships

The sections below summarize information and community engagement gathered in this project that are relevant to each child care priority. This is followed by a series of recommended actions, with suggested timeframes. Many of the actions involve collaboration and partnership; key partners are noted for each recommendation where applicable.

## Priority 1: Increase Access to Child Care

Many families need but cannot access child care. When parents and caregivers cannot find care, they may stay home with their children instead, which can cause immediate financial hardship and negatively impact their employment and income prospects long-term. Parents and caregivers who need to work but who cannot access suitable care may also be forced to rely on whatever care arrangements they can find, even if those arrangements do not fully meet their family’s needs. While access to child care is a challenge for all families, underserved populations often face additional barriers to accessing care. In the Upper Skeena region, there are additional challenges related to location and transportation.

### Current Status

In 2020, there are 144 group child care spaces in the Upper Skeena for a total population of 607 children 0 to 9-years-old, a coverage rate of 24%.

**Figure 2: Current Group Child Care Spaces vs 2020 Child Population**

Age Group	Current Situation		
	Number of Children (2020) <sup>2</sup>	Number of Spaces	Current Spaces per 100 (2020 Population)
0 to 2 years	182	37	20
3 to 4 years (and half of all 5-year-olds)	157	107	68
5 to 9 years (and half of all 5-year-olds)	268	0	0
<b>Total (0 to 9 years)</b>	<b>607</b>	<b>144</b>	<b>24</b>

<sup>2</sup> The 2020 child population numbers are an estimate, incorporating population projections for the Upper Skeena Local Health Area in 2020 plus 2016 Census population for Gitanyow and Gitwangak. Because licensed school age child care is typically better suited to younger school age children, school age coverage is based on the 5 to 9-year-old population. 10 to 12-year-olds are typically better served by non-licensed, recreational activities.

However, child care spaces are not equally available for all age groups. While there are 68 group (30 month to school age) spaces for every 100 children in the preschooler age groups, there are only 20 group (birth to 36 month) spaces for every 100 children under 3. There are currently no licensed group child care spaces for school age children in the region. This means apart from the preschooler age range, which accounts for only about one-quarter of all children aged 0 to 9, there are very few licensed care options available.

#### Location and Transportation

The child care spaces currently available in the Upper Skeena are not evenly distributed across the region. Several communities in the Upper Skeena region have no licensed group child care spaces: New Hazelton, Kitwanga, Gitanmaax, Gitsegukla, Hagwilget, and Sik-E-Dakh/Glen Vowell.

The number of group child care spaces available in Hazelton, Kispiox, Gitwangak, and Gitanyow by license type are shown in the table below. None of the communities of Upper Skeena have licensed group school age care and only two, Hazelton and Gitanyow, have licensed infant-toddler care<sup>3</sup>.

**Figure 3: Licensed Group Care Spaces by Community**

	Infant-Toddler (Birth to 36 Months)	Preschooler (30 Months to School Age) <sup>4</sup>	School Age (Kindergarten to 12 Years)
Hazelton	11	36	0
Kispiox	0	25	0
Gitwangak	0	20	0
Gitanyow	26	26	0

Transportation between communities is a major challenge in the region; many families have no way of transporting children to a different community and care providers are typically not able to provide pick up or drop off. This means that even when there are spaces available in the region, they are not necessarily accessible to families in surrounding communities.

#### Hours of Operation

Many families struggle to access child care during hours that fit their work and commute schedules. According to the 2016 Census, only 29% of all employed residents work within their home community. 64% commute to a different community within the Regional District and 7% commute outside the Regional District. About one-quarter of all employed residents have a commute time of 30 minutes or more. At the same time, there are very few options available for extended hour child care to accommodate commute times. In addition, many child care facilities are closed during the summer months though most parents and caregivers still need to work during this time.

<sup>3</sup> For a glossary of different types of child care in BC, please refer to **Appendix A**.

<sup>4</sup> This category refers only to full-day group care programs for children 30 months to school age. Licensed preschool programs, which are typically only part-day, are not included here.

Parents and caregivers who work non-traditional hours face even greater challenges accessing care. There are no options available for those who do shift work, work at night or on weekends, or who work out-of-town. There are no providers offering overnight care in the region.

#### Access for All Populations

While lack of child care spaces negatively impacts the entire community, some children and families face additional challenges to accessing care that meets their needs. About 65% of all residents of Upper Skeena are Indigenous. Indigenous families deserve access to culturally safe and appropriate child care. The expansion of child care through Aboriginal Head Start Programs and other Indigenous-led child care in the region is a positive development in this regard but overall access is still limited.

In addition, according to UBC's [HELP Early Development Instrument](#), about 42% of kindergarten students in the Coast Mountain School District are vulnerable on one or more scales of well-being and development, which means they may experience future challenges in school and society without additional support and care. These are children who could potentially benefit the most from high quality early childhood education.

The Upper Skeena region also has a very high rate of lone parent families: 44% compared with 27% for the Province as a whole. Child care is especially critical for lone parent families that are dependent on one income. However, lone parents also often face additional barriers to accessing child care, including unaffordable fees, difficulties navigating the child care system, and lack of 'back-up' in terms of flexibility in drop-off and pick-up times.

#### **What We Heard from Parents and Caregivers...**

"I am very nervous about going back to work as I currently don't have child care for my 1 year old or after school care for my 6 year old"

"It is not an ideal arrangement as we have no time outside of one day a week for child care. I had to reduce my work hours because of this."

"I don't like to rely on other people. My parents are great but if they want to travel or go somewhere they choose not to because I don't have child care if they leave"

## Recommendations

The following actions will facilitate the creation of new child care spaces overall, create new spaces for the most under-served groups and address some locational priorities. For this purposes of this plan, short term is defined as within 1 to 2 years, medium term is 3 to 5 years, and long term is 6 to 10 years.

Action	Time Frame	External Partners
<p>1. Endorse the space creation targets of 158 new spaces for Upper Skeena by 2030:</p> <p>Infant/Toddler: 50% coverage = 51 spaces            Preschooler: 75% coverage = 2 spaces            School Ager: 33% coverage = 105 spaces</p>	Short	None
<p>2. Work with other public partners (i.e. Northern Health, School District 82, local First Nations) to create an inventory of prospective opportunities for child care development by identifying:</p> <p>a) potential land or facilities that could be used for child care</p> <p>b) underutilized or vacant spaces or land, including parks or crown land that could be repurposed for child care</p> <p>c) public assets (buildings and land) that are slated for capital redevelopment</p>	Short	Northern Health, School District 82, First Nations, community service agencies
<p>3. Work closely with the new Skeena Valley Education Society to secure funding and a suitable location for their proposed 62-67 Child Care Centre by</p> <ul style="list-style-type: none"> <li>Option 1: Exploring the feasibility of having a local government (i.e. Village, District, School District) apply for and access funds for the Provincial capital funding to take advantage of the larger contribution and then partner with the Society for the</li> </ul>	Short	Northern Health, School District 82, First Nations, Wrinch Memorial Hospital, Gitksan Government Commission, Skeena Valley Education Society



Action	Time Frame	External Partners
<p>management and operations of the centre; or, at minimum</p> <ul style="list-style-type: none"> <li>Option 2: Working with other Public Partners who have facilities expertise (i.e. Wrinch Memorial Hospital, School District 82, or Gitksan Government Commission) to assist and support the Skeena Valley Education Centre with their capital grant application</li> </ul>		
<p>4. Work with School District 82 to develop licensed before and after school programs (for children 5 to 9-years-old) in Kitwanga, Majagaleehl Gali Aks and New Hazelton Elementary Schools</p> <ul style="list-style-type: none"> <li>Also explore the possibility of having on-site full day school age care for school professional development days and school breaks including summer at these schools</li> </ul>	Short	Child care providers, School District 82
<p>5. Explore options for supporting the transportation of children for school age child care programs (build on the successful work that was done with BC Transit for the Recreation Programs and the partnership with the school district and their Mini Bus)</p>	Medium (and tied to action on new school age spaces)	School District 82, BC Transit, Regional District of Kitimat-Stikine
<p>6. Work with Wrinch Memorial Hospital and Northern Health to ensure that child care spaces are included as a priority for the Major Capital Planning work that is underway for the hospital</p>	Medium/Long	Northern Health, Wrinch Hospital
	Medium/Long	

Action	Time Frame	External Partners
7. Link child care to affordable housing strategies and to affordable housing plans (i.e. those that are underway through the Skeena Housing Coalition and the BC Housing site proposed for the old curling rink)		BC Housing, Skeena Housing Coalition, the Gitksan Government Commission
8. Work with public partners, like the School District or health authority to access Provincial Capital funding to build child care spaces and develop a structured partnership with the Province to replicate the process for multiple programs and sites	Short/Medium	Province, School District 82, not-for-profit operators
9. Identify a staff position(s)* as the child care facilitator/point person with overall responsibility for child care, including assisting applicants with the processes * This would be a function added onto an existing position.	Short	None
10. Identify and implement changes to local government processes and regulations for facilitating child care, including alignment with Northern Health Licensing, prioritization of child care in the OCP's, and review of bylaws, as detailed in the Planning Framework and Bylaw Review Report  (i.e. Village: amend the zoning by-law to clarify in which zones the child care centres would be permitted; District: consider expansion of the number of zones in which child care operations would be permitted and remove the cap of 8 children per facility)	Medium	Consultation with recent applicants, Northern Health

Action	Time Frame	External Partners
<p>11. Update the local government website to add child care information for providers who are interested in opening spaces and parents who are looking for care:</p> <ul style="list-style-type: none"> <li>a) ensure the information for opening spaces is based on the assumption that applicants have limited prior knowledge</li> <li>b) provide links to the CCR&amp;R and MCFD child care map for parents looking for child care</li> </ul>	Medium	Child care providers, Northern Health, Bulkley Valley Child Care Resource & Referral Program
<p>12. Work with community partners, recreation and library staff and School District to develop a variety of after-school programs (not licensed child care) that support children aged 10-12</p>	Medium	Parks and library staff, School District 82, Upper Skeena Recreation Centre

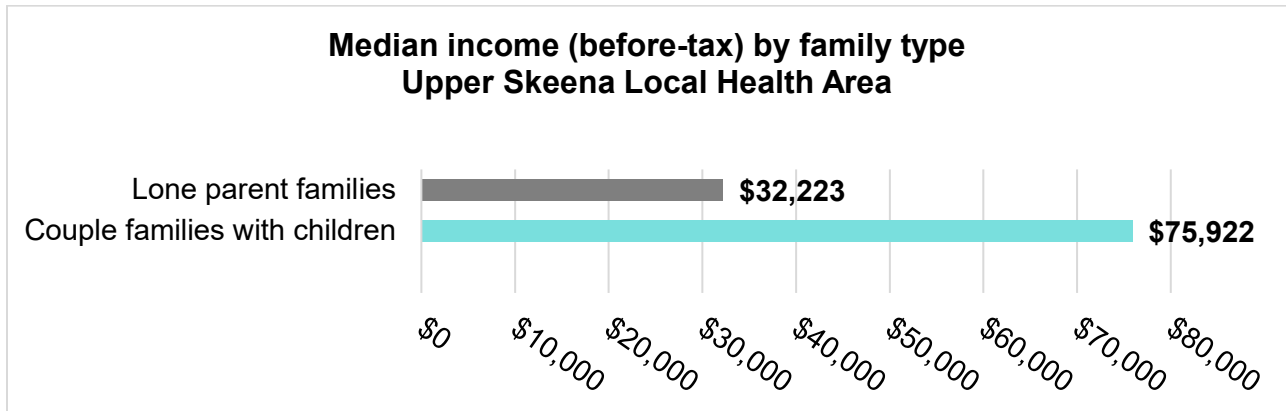
## Priority 2: Make Child Care More Affordable

High costs are a major barrier for many families who need child care. As with a general lack of accessibility, high costs mean many parents are not able to participate in the labour force. Other families may be forced to rely on care arrangements that do not meet their child's needs simply because they are not able to afford preferred alternatives. When child care is unaffordable, families experience stress and financial strain. Unaffordable child care has disproportionate negative impacts on low income families and families with additional challenges.

According to the 2016 Census, in 2015, in the Upper Skeena Local Health Area (excluding reserves), 27% of children under 18 lived in low-income families. This includes 26% of all children under the age of 6.

Figure 3 below shows median before-tax incomes by family type for families in the Upper Skeena Local Health Area. There is a stark gap between median income for couple families with children (\$75,922) and for lone parent families (\$32,223), bearing in mind that 44% of families in Upper Skeena are lone parent.

Figure 4: Median household income (before-tax), Upper Skeena Local Health Area, 2015



While some Indigenous families can access free or subsidized child care through the Aboriginal Head Start programs, these programs also have waitlists and most families that live off-reserve are not able to access these programs. Key informants report low uptake of Provincial benefits that could help make child care more affordable for families.

## Recommendations

Local Governments have limited opportunities to directly affect the cost of child care for families; key tools and responsibility rest with senior levels of government. As such, the actions that can be considered are to review internal processes and provide some supports to non-profit operators to help to make their child care operations feasible and to advocate to the Province for continued and expanded investments.

Action	Time Frame	Partners
1. If suitable sites are found, lease local government and public spaces/land to non-profit child care providers at below-market and affordable lease rates	Ongoing	Non-profit providers
2. Consider amendments to the Permissive Tax Exemptions Policy to explicitly state that not-for-profit child care operations could be eligible for an exemption	Ongoing	Non-profit providers
3. Monitor child care fees in the Upper Skeena Region	Ongoing	Child Care Resource and Referral Program
4. Advocate to senior governments to reduce the cost of child care and increase compensation for child care workers	Short/Medium/Long	School District 82, local governments
5. Consider the introduction of a Community Grants program to provide modest support to non-profit child care providers as even a small amount can go a long way  (This could be used to assist with facility upgrades/maintenance.)	Short/Medium	Non-profit child care providers

Action	Time Frame	Partners
<p>6. Partner with the local Child Care Resource and Referral Program to enhance the promotion of the BC’s Affordable Child Care Benefit Program so that:</p> <ul style="list-style-type: none"> <li>a) More families are aware of the subsidy program that is available</li> <li>b) More child care providers are aware of the program and can help parents with the application processes</li> </ul>	Short	Child Care Resource and Referral Program and local child care operators

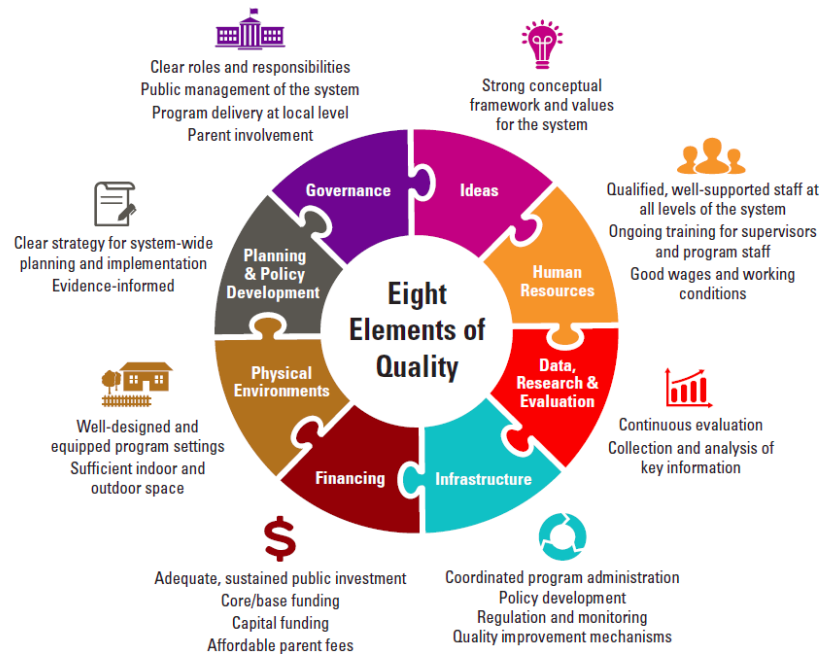
**Priority 3: Focus on Quality**

The research is clear that high quality child care is linked to positive outcomes for children, while poor quality care can have negative long-term effects. Moreover, parents dropping off their children at a child care centre each working day want to feel secure knowing their children will receive safe, high-quality care.

Quality Child Care Systems

The Province of BC has committed to an ambitious “systems” approach to universal child care with a focus on quality, affordability, and accessibility. *Child care BC: A New Day for Families & Providers in BC* is a Provincial plan specifically focused on establishing a quality child care system and adheres to eight commonly accepted elements of a quality child care system, graphically presented below. These elements are: (1) Ideas, (2) Governance, (3) Infrastructure, (4) Planning and Policy development, (5) Financing, (6) Human Resources, (7) Physical environment, and (8) Data, Research and Evaluation. All elements are interconnected and fit together to create a strong system; individually, each component has a limited impact. Strong public policy is needed to provide the foundation to build a quality child care system that incorporates all of these components.

Figure 5: Elements of Quality Child Care System



(Source: Martha Friendly and Jane Beach, (2005). Elements of a high quality early learning and child care system. Childcare Resource and Research Unit.)

### Quality Child Care Programs

At the program level, research confirms that positive relationships between families and providers, among colleagues, and between children and staff is strongly indicative of quality care. Additionally, when staff have higher levels of education and training, feel appreciated, and are well-supported, the quality of care increases. Planned programming and a strong curriculum that is tailored to meet the diverse needs of children further enhances quality. There is also ample evidence that a well-designed indoor/outdoor space is critical to supporting the development of children under five.

In order to facilitate the quality criteria identified, special attention should be paid to the following considerations regarding staff:

- Staff should have ECE (Early Childhood Education) training
- At least some staff should have special needs and cultural/ESL skills
- Wages should be decent and commensurate with the level of training
- There should be written policies and formal procedures, which give staff a feeling of worth and certainty, such as: job descriptions, contracts, salary schedule, performance reviews, and a staff manual.

In the Upper Skeena region, there are currently no public, local training institutions where residents can complete their Early Childhood Education certification. Coast Mountain College does offer some courses towards the Early Childhood Education certification at the Hazelton campus; however, students must go to the campus in Terrace to complete the program.

## Auspice

Child care auspice is critically important to the quality of child care programs. In BC (and Canada), four types of child care auspices exist:

1. Non-profit child care services, including indigenous non-profits
2. For-profit child care services, including Family Child Care
3. Publicly operated child care services (i.e. services directly operated by a public entity such as a city government or school board, or indigenous government)

Research on auspice has consistently demonstrated that non-profit and publicly operated centres perform better on global evaluation scales (compared to for-profit centres). In British Columbia, research shows non-profit centres are 97% times more likely than for-profit centres to continue long term operation. Studies also show that for-profits provide less teaching support, lower salaries, fewer staff policies, limited job performance appraisals, and limited grievance procedures, compared to non-profit centres. These factors can contribute to lower workplace morale and high staff turnover, negatively impacting quality of care. The Province has prioritized funding for public and non-profit child care.

Across British Columbia about 50% of the child care facilities are operated on a not-for profit or public basis.

In Upper Skeena, there is no group or multi-age for-profit child care. 65% of all spaces and half of all programs are not-for-profit. One-third of spaces and 42% of programs are run by Indigenous governments. There is one licensed family child care program.

**Figure 6: Child Care Spaces and Programs by Service Type and Auspice**

<b>Service Type and Auspice</b>	<b>Number of Programs</b>	<b>Number of Spaces</b>
<b>Family and in-home multi-age</b>	1 (8%)	7 (3%)
<b>Group and multi-age: For-profit</b>	0 (0%)	0 (0%)
<b>Group and multi-age: Non-profit</b>	6 (50%)	138 (65%)
<b>Group and multi-age: Indigenous</b>	5 (42%)	69 (32%)
<b>Total</b>	<b>12</b> <b>(100%)</b>	<b>214</b> <b>(100%)</b>

*\*Source: Based on data from Ministry of Child and Family Development, UBCM, and Northern Health Licensing.*



Recommendations

The following actions will assist in promoting and influencing the quality of child care.

Action	Time Frame	Partners
1. Work with, support, and encourage the non-profit and public sector in developing new facilities to meet the child care space targets	Medium/Long	Skeena Valley Education Society, non-profit organizations, local First Nations, School District 82
2. Explore feasibility and options for creating guidelines for child care spaces that the local governments may develop if they are partnering in child care (i.e. program mixes, operating expectations like affordable fees, good wages and working conditions)	Medium	Northern Health, Non-profit providers
3. Support the Province in its “Early Care and Learning Recruitment and Retention Strategy” initiative through joint advocacy	Short	School District 82, child care providers
4. Work with School District 82 to explore a dual credit ECE Program for local high school students to encourage a career and local employment and work with local child care providers to offer ECE Practicums	Short	School District 82, child care providers
5. Develop new partnerships with post-secondary training institutions to offer local ECE training programs	Short/Medium	Northern Lights College, Gitxsan Development Corporation, Nicola Valley Institute, Coast Mountain College

#### Priority 4: Strengthen Collaborations and Partnerships

Child care involves many parties playing various roles, which means it requires intentional relationships and collaboration between and across jurisdictions. Local governments in the Upper Skeena cannot act alone. By working in collaboration with Indigenous governments, the School District, Northern Health, community agencies, and others, the Village of Hazelton and District of New Hazelton can significantly improve accessibility, affordability, and quality of child care available to families in the region.

#### Recommendations

The following actions bring focus and attention to the essential relationships and partnerships for a coordinated approach to child care that meets families’ needs.

Action	Time Frame	Partners
1. Explore the development of a local child care action/planning table that brings child care providers, and support services like supported child care, Northern Health Licensing, family support agencies, the School District and First Nations together with the local governments to focus on child care needs and the implementation of the child care action plan	Short	School District 82, child care providers, non-profit agencies, family support, Northern Health Licensing, First Nations
2. Continue to build supportive and learning relationships with First Nations to support Indigenous perspectives, history and culturally appropriate and supportive child care in the Upper Skeena	Ongoing	First Nations, child care operators
3. Build partnerships with the School District around child care to: <ul style="list-style-type: none"> <li>a) Facilitate use of school spaces and grounds for school age care operations where possible</li> <li>b) Support the Provincial direction toward an enhanced role for the School District regarding school age child care</li> </ul>	Short/Medium	School District 82

Action	Time Frame	Partners
<p>4. Explore a partnership with the RDKS Economic Development Department and the Upper Skeena Development Centre for a Child Care Project to support training, recruitment, and employment of ECE's</p>	<p>Short/Medium</p>	<p>RDKS, USDC, child care providers, School District 82</p>
<p>5. Consider the development of a public education/communication campaign that informs on the needs for child care, the importance of child care to the community, and the actions that are underway to improve the child care situation in the Upper Skeena</p>	<p>Short/Medium</p>	<p>Local governments and School District, the new Child Care Planning Group (as noted in #1)</p>
<p>6. Provide regular briefings to elected officials on the child care situation (local governments, provincial, federal, and School Board) and commit to offer an orientation on child care matters to elected officials after each election</p>	<p>Ongoing</p>	<p>The new Child Care Planning Group (as noted in #1)</p>
<p>7. Recognize and honour the value of child care workers and the child care in the community by supporting Child Care month on an annual basis</p>	<p>Short</p>	<p>Child Care Resource and Referral Program, the new Child Care Planning Group</p>

Action	Time Frame	Partners
<p>8. Coordinated advocacy to senior governments to provide support to the child care sector and families in the following areas, and other priorities that arise:</p> <ul style="list-style-type: none"> <li>a) Ensuring that the needs of Upper Skeena children are a priority for new spaces in provincial planning and funding</li> <li>b) Recruitment and remuneration of ECE's</li> <li>c) Increased resources to support children with additional needs through the Supported Child Development</li> <li>d) Lower fees for families</li> <li>e) Funds needed to support non-traditional hours of care</li> </ul>	<p>Short/Medium</p>	<p>Local Governments, including First Nations and School District 82</p>

## Child Care Space Targets

### Purpose of targets

Targets for additional child care spaces assist with planning and prioritization to meet community needs over the coming years. Additionally, the Provincial government has requested local governments to identify targets as part of the scope of project work that was funded by the UBCM Child Care Planning grant.

Local governments do not have the mandate and resources to address child care needs alone. The child care space targets described here are contingent on senior levels of government continuing to commit capital funding to child care space creation and operating support for the delivery of services. The support of Indigenous and local governments, Northern Health, the School District, and other community agencies will also be critical to achieving these targets.

### Process for creating targets

There are no Federal or Provincial standards or recommendations for child care space targets in Canada. The targets presented here are informed by standards in other jurisdictions, the local context in Upper Skeena, and consultation with local stakeholders and partners at the Child Care Solutions Workshop.

For instance, in the European Union, where many countries have publicly funded child care systems, the target established is 33 spaces per 100 for children under the age of 3, 90 spaces per 100 children for 3 years to school age, and no targets for school age children. In Quebec, the only publicly funded child care system in Canada, there is an average of 55 spaces per 100 children aged 0 to 12.

In Upper Skeena, we know there are only 20 infant-toddler spaces for every 100 children under 3 and that these spaces are available in only two communities. There are no licensed school age programs. As such, infant-toddler and school age care have been prioritized in the space targets.

### Targets for Upper Skeena region

The target is to create 158 new licensed spaces over the next 10 years (by 2030) as follows:

**Figure 7: Space Targets for Upper Skeena, 2020-2030**

<b>Program Type</b>	<b>Current Coverage Rate</b>	<b>Target Rate by 2030</b>	<b>Number of New Spaces Needed to Meet 2030 Target</b>
Infant and Toddler (0 to 2 years)	20 spaces per 100 children	50 spaces per 100 children	51 new spaces
Preschooler (3 – 4, and half of all 5-year-olds)	68 spaces per 100 children	75 spaces per 100 children	2 new spaces
School age (6 – 9, and half of all 5-year-olds) <sup>5</sup>	0 spaces per 100 children	33 spaces per 100 children	105 new spaces

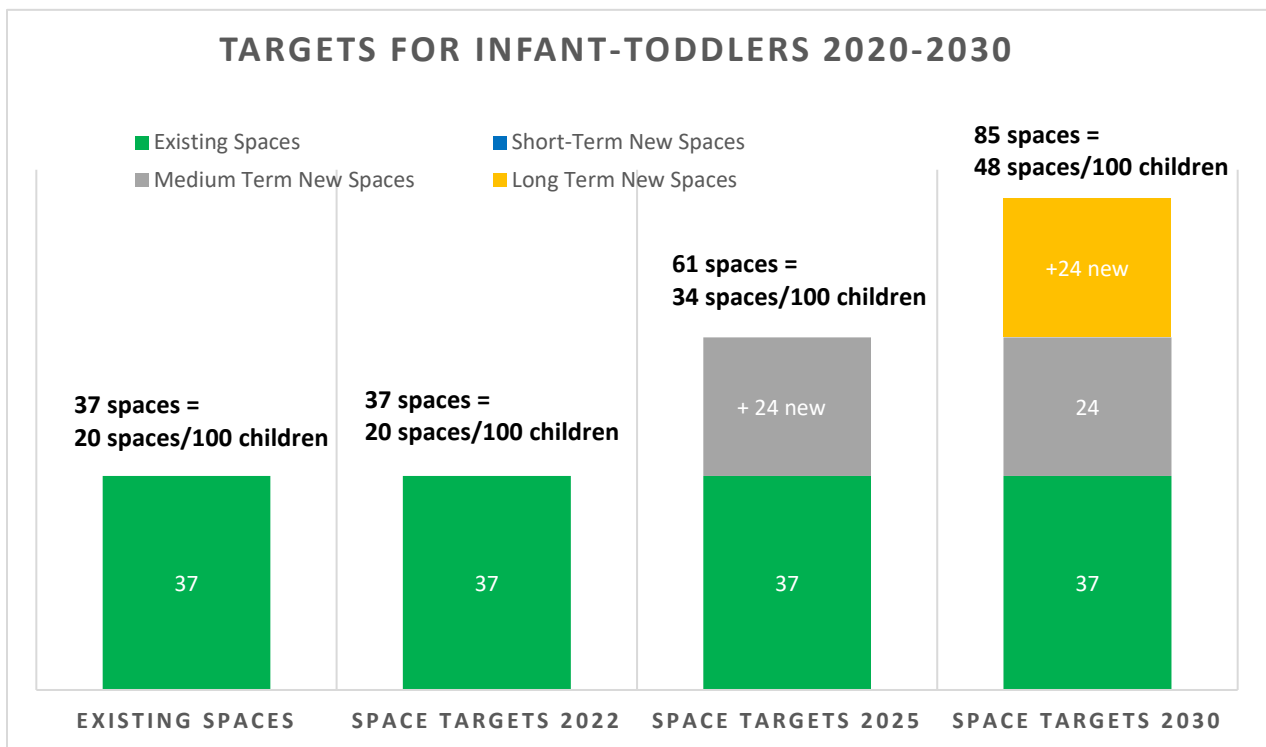
<sup>5</sup>Note that this target includes children aged 6-9 years old (not 6-12 years old). It is recognized that 10 to 12 year olds can more easily and preferably access other non-licensed opportunities for before and after school.

For each age group, we suggest the number of spaces to be created in the short, medium, and long term to meet these targets. We calculate the number of spaces proposed for each time period with reference to the maximum group sizes for each program type as set by Licensing (i.e. 12-space infant-toddler programs, 25-space preschooler age programs, 24-space school age programs). Because of this planning method, the total number of new spaces shown in the targets below may be off by a few spaces from the numbers of new spaces required shown above in Figure 6.

#### Infant-Toddler Program Targets

By facilitating the creation of four 12-space infant toddler programs in the next ten years, two in the medium term (between 2022 and 2025) and two in the long term (between 2025 and 2030), Upper Skeena could have child care spaces for 34% of children under 3 by 2025 and for 48% of children under 3 by 2030.

**Figure 4: Space Creation Targets for Infant-Toddlers 2020-2030**



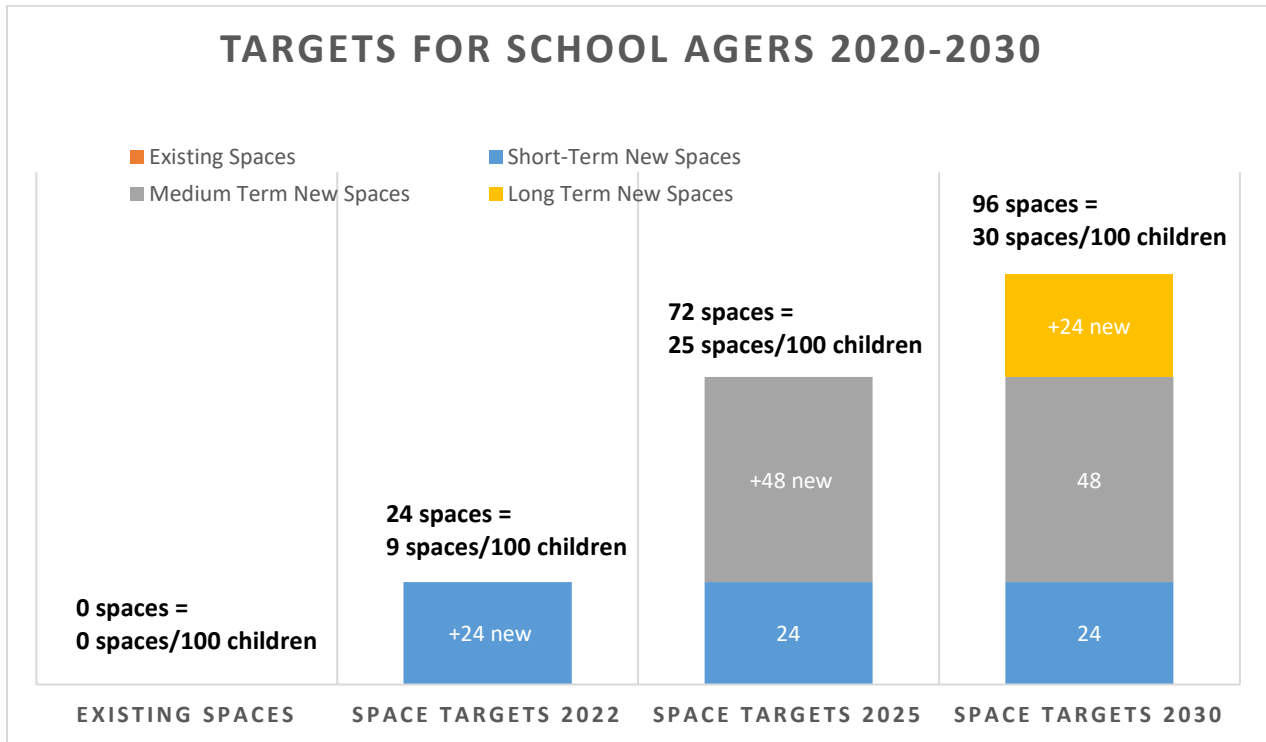
#### Preschool Age (3-5 years) Program Targets

The Upper Skeena region currently has 107 spaces for children 30 months to school age. Since the number of children aged 3 to 5 is projected to decline slightly between 2020 and 2030, if no additional child care spaces are built for this age group, by 2030 there will be 74 spaces for every 100 children. As such, it is not necessary for the region to create targets to create new spaces or programs for this age group.

### School Age (Ages 6-9) Program Targets

By facilitating the creation of four 24-space school age programs by 2030, including one program by 2022, two programs between 2022 and 2025, and one program between 2025 and 2030, the Upper Skeena region could reach targets of child care spaces for 9 spaces per 100 school age children by 2022, 25 spaces per 100 school age children by 2025, and 30 spaces per 100 school age children by 2030.

**Figure 6: Space Creation Targets to School Age Children (6-9), 2020-2030**



### Monitoring and Reporting

This Action Plan, developed in the context of increased commitments from senior levels of government to child care, represents an important opportunity to enhance the social and economic well-being of residents of Upper Skeena and to support the healthy development of children. As the Plan is implemented, it will be important for the District of New Hazelton and Village of Hazelton to monitor and report on progress.

The Village and District can develop simple tools to conduct ongoing monitoring and reporting on implementation of this plan. Annual reports on progress can be shared with Councils and, upon approval, with partners across the region, including Indigenous and other local governments, the School District, community agencies, and senior levels of government. These annual reports can incorporate reflection on successes, challenges, and learnings. In this way, the Action Plan can be adjusted to reflect emerging circumstances and needs in the community.

## Appendix A – Glossary of Types of Child Care

Child Care Type	Ages	Max Group Size	
<p><b>LICENSED CHILD CARE</b></p> <p>Licensed child care facilities are monitored and regularly inspected by regional health authorities. They must meet specific requirements for health and safety, staffing qualifications, record keeping, space and equipment, child-to-staff ratios, and programming.</p>	Group child care – under 3 years	From birth to 36 months	12 children
	Group child care – 2.5 years old to school age	From 30 months to school age (Kindergarten)	25 children
	Group child care – school age (before- and-after school care)	School age (Kindergarten and up)	24 children from Kindergarten and Grade 1 <b>or</b> 30 children from Grade 2 and older with no Kindergarten or Grade 1 children present
	Multi-age child care	From birth to 12 years old	8 children, having no more than 3 children younger than 36 months old and, of those 3, no more than one child younger than 12 months old <b>or</b> having no more than 3 children younger than 36 months old
	In-home multi-age child care	From birth to 12 years old	8 children, having no more than 3 children under 36 months old and, of those 3, no more than one child younger than 12 months old; <b>or</b> having no more than 3 children younger than 36 months old
	Family child care	From birth to 12 years old	7 children, having no more than 3 children younger than 48 months old and, of those 3, no more than one child younger than 12 months old; <b>or</b> having no more than 4 children younger than 48 months old and, of those 4, no more than 2 children younger than 24 months old
	Preschool – 2.5 years old to school age	From 30 months to school age (Kindergarten)	20 children
	Occasional child care	18 months old and up	16 children if children under 36 months are present <b>or</b> 20 children if children under 36 months are not present



<p style="text-align: center;"><b>REGISTERED LICENSE-NOT-REQUIRED CHILD CARE</b></p> <p>These are unlicensed care providers. They must have registered with a Child Care Resource and Referral Centre. To register, operators must have completed: criminal record checks (for everyone over age 12 living in the home), character references, a home safety assessment, first aid training, and child care training courses or workshops.</p>	<p>From birth to 12 years</p>	<p><b>Only</b> two children or a sibling group who are not related to them</p>
<p style="text-align: center;"><b>LICENSE-NOT-REQUIRED CHILD CARE</b></p> <p>These child care providers can operate legally in B.C. They are not registered or licensed and are not monitored or inspected. Unlicensed child care providers do not have to meet health or safety standards. Parents and guardians are responsible for overseeing the care and safety of their children in these care arrangements.</p>	<p>From birth to any age</p>	<p><b>Only</b> two children or a sibling group who are not related to them</p>
<p style="text-align: center;"><b>IN-CHILD’S-OWN-HOME CARE</b></p> <p>This unlicensed care is when parents arrange for child care at home – like a nanny or a baby-sitter. Children from other families cannot be included in this care. It is not legally required to monitor this care. No specific qualifications are required for the child care provider. Parents or guardians must decide how to screen and hire the child care provider who becomes their employee.</p>	<p>N/A</p>	<p>Children from other families cannot be included in this care.</p>

## Appendix B – Engagement Summary Report, including Survey Results

This report can be found on the following page.



# Upper Skeena Child Care Planning: Community Engagement Report

*Prepared by the Social Planning and Research Council of BC  
in collaboration with Sandra Menzer*

October 13, 2020

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## Introduction

This report summarizes findings from the community engagement for the Upper Skeena Child Care Planning Project. This community engagement work includes:

- Interviews with twelve key stakeholders; and
- An online survey of parents and caregivers in the region.

In addition to the twelve key stakeholders successfully interviewed, the consulting team did reach out to a number of other individuals who were identified, including the school principal, and the chair of the school district, to invite them to participate in interviews. Unfortunately, these stakeholders did not respond to the interview requests.

The consulting team also worked with staff from Wrinch Memorial Foundation and Bulkley Valley Child Development Centre to conduct an online survey of child care providers. To encourage child care providers to participate, the team collected providers' personal contact information, offered a monetary incentive, and sent multiple reminders. Despite these efforts, no child care providers completed the survey.

Furthermore, the consulting team invited a local consultant to lead engagement with surrounding Gitxsan and Wet'suwet'en communities. This consultant contacted the following communities and local services to promote the parent and child care provider surveys:

- Gitanyow Band Social Development and Gitanyow Human Services & Health Director;
- Gitwangak Health and Gitwangak Band Administration;
- Gitsegukla Health and Gitsegukla Band Office;
- Hagwilget Band Office Social Development;
- Gitanmaax Band Office, Health Center and Education;
- Glen Vowell Social Development;
- Gitxsan Health: Indian Residential School Program, FAST Team; and
- Kispiox Band Office Band Office Social Development and Administration.

The input gathered through these community engagement activities is intended to inform Upper Skeena's child care planning processes, to ensure child care strategy reflects and responds to local context and community need.

# Upper Skeena Child Care Key Informant Interviews

## Background

To better understand the local child care context, the consulting team interviewed 10 individuals from 8 organizations, a former child care provider, and a doula/birthing educator, for a total of 12 'key informants' (i.e. individuals with experience, knowledge, and organizational perspectives that would allow them to speak to the child care needs of families and children in their community). A full list of the individuals interviewed and the organizations they represent is available in Appendix A.

Key informants were asked a range of questions about the state of child care in their communities, including the greatest challenges facing parents, operators, and their own organizations. Informants were asked to share their vision for child care in their community and suggest actions to be taken by municipalities, the school board, senior levels of government, child care operators and community groups.

## Roles of each organization in child care and in supporting children and families

The key informants interviewed brought a wide range of perspectives. The Wrinch Foundation and the Bulkley Valley Child Development Centre provide a range of support services for parents and families. The Bulkley Valley Child Development Centre delivers the Child Care Resource & Referral Program, the Infant Development and Aboriginal Infant Development Programs, while Thomas Robinson Consulting Inc. delivers the Supported Child Development and the Aboriginal Supported Child Development Programs.

Northern Health is responsible for licensing child care and also supports children and families through its public health role. The School District hosts Strong Start programs, oversees early learning, and formerly supported an on-site child care that primarily served young mothers completing secondary school (no longer operating). The Upper Skeena Recreation Centre offers after-school recreational services for children. Interviewees from Wrinch Memorial Hospital and the Bulkley Valley Credit Union spoke about child care and the needs of families from an employer perspective.

## Greatest organizational successes

Some key informants cited strong partnerships with other organizations as their greatest success. Key informants from the non-profit organizations were proud of their programs and the supports they provide to families, including outreach services and educational opportunities. The Aboriginal Head Start programs are community assets and provide free or heavily subsidized child care, which is beneficial to families who are able to access these programs. One key informant reported their success as an employer in offering flexible schedules and paid family responsibility leave days to accommodate employees that are parents.

## Greatest organizational challenges

Several key informants reported challenges building trust with families and connecting those families to programs and supports. Staffing is another common challenge; organizations and businesses are losing staff when mothers go on maternity leave and are not able to return to work due to the lack of child care options. Many of the key informants also reported that transportation is a real challenge for parents to attend programs.

## **The state of child care in the community**

Key informants described the child care situation in their communities as desperate. There are simply not enough child care spaces available to meet the needs of families, particularly for infant-toddler care. As a result, many parents cannot return to work after parental leave. Many key informants reported that child care centres have long waitlists and are difficult to get into. While there are some free and low-cost programs, child care fees for most programs are unaffordable for many families. Many key informants also believe that ECE staff are underpaid and therefore child care is not a popular career choice. Some key informants felt that a lot of the child care staff lack passion for their work, affecting the quality of care.

In addition, many of the key informants reported that there are no services available with non-traditional operating hours, making it even more difficult for parents who are shift workers, for example, to find child care. Families where parents work out-of-town also have unique child care needs. Parents with extended family often rely on them to provide child care, but that is not always the preferred choice.

## **Changes over the past 3 years**

Key informants felt that the need for child care has increased in recent years as more mothers need and want to return to work after maternity leave. The COVID-19 pandemic has highlighted the need for child care, particularly outside of regular hours, as many essential workers are not able to work due to a lack of child care options. Furthermore, the lack of child care has increased the challenge of recruiting staff for all employers in the community (e.g. public health), with many new parents not being able to return to work.

Many key informants feel that the quality of care has decreased in the spaces that are available, attributing this partially to the lack of quality staff available. In addition, one key informant reported an upward trend in teen pregnancy. These young mothers face additional challenges of going to school and caring for their children.

## **Key challenges and success for parents**

Most key informants found it difficult to identify what is working well for most parents, citing that finding child care is a huge challenge for parents. While many Indigenous families are able to access the free or subsidized Aboriginal Head Start programs, most families that live off the Reserve are not able to access these programs.

There is a significant lack of child care available for all of the children who need it and the need is increasing, particularly for parents who work non-standard hours. There are few child care options for non-Indigenous community members, with long wait lists, and high fees, which make child care unaffordable for many families. The process of finding care is complicated for many parents, leaving them with limited options and preventing them from returning to work after parental leave. Families with existing vulnerabilities (e.g. low income, children with special needs, single parents) are left with even fewer options and unaffordable fees.

One informant reported that Indigenous populations have the toughest time accessing child care and other services, but sometimes it is not due to the lack of services. Many families continue to deal with intergenerational trauma.

The Upper Skeena region faces major challenges with transportation, particularly for communities far from the town. Travel is particularly difficult in the winter time and hiring drivers is expensive for organizations.

Families in the community generally find out about child care through printed materials, such as the newspaper, other programs and agencies, and through word of mouth.

### **Key challenges and successes for operators**

Key informants reported that many Indigenous families are able to access the free or heavily subsidized Aboriginal Head Start programs and that these programs get funding from the Band. However, these programs also have waitlists, with not enough spaces for everyone that needs them.

Key informants also highlighted many challenges for child care operators. Most key informants stated that the greatest challenge for operators is recruiting and retaining qualified, passionate staff due to a lack of local trained staff and low wages. Centres also lack funding to provide professional development opportunities for current staff and often face high staff turnover, decreasing the quality of programs. Coast Mountain College, which is based in Terrace, has a small satellite campus in Hazelton where students can begin studying Early Childhood Education. However, it is not possible to obtain the full ECE certification locally.

Child care operators also have difficulties accessing funding for programs and find it a challenge to keep costs down without charging high fees for parents. One key informant stated that there seems to be facility space available to open new child care spaces, particularly in the Hazelton area, but there is a lack of funding to start up a new centre, with most existing buildings needing to be rebuilt or renovated.

### **Action ideas**

#### **Local Municipalities**

- **Facilitate creation of more child care spaces.**
  - Make child care a priority
  - Support operators looking for suitable facility space
  - Ease the process of opening new spaces
  - Directly operate child care centres for local workers
  - Provide wrap around support programs for single parents, including housing and child care
  - Provide transportation to transfer children to and from programs or create spaced-out child care options to increase accessibility
- **Partner with local agencies.**
  - Get involved with a training or mentorship program with WorkBC to offer individuals on EI to get training and have employment guaranteed in the ECE field
  - Create programs to recruit local folks and train them to be ECEs
- **Advocacy and financial support.**
  - Advocate for more resources, tied to the economic need for child care
  - Offer financial support for families to pay for child care



### **School District**

- Create more child care on-site, in vacant facilities or on school district land
- Be more supportive of child care, especially in early years, and collaborate with other organizations to create more spaces
- Collaborate on applications for capital funding and partner with agencies to run programs
- Support quality programming through training and curriculum support
- Provide before and after school care programs, including extended hours for health care professionals
- Advocate for services that are closer to the communities that need them (i.e. many services are centred in Terrace, which is a 2-hour drive from the Hazeltons)
- Partner with Coast Mountain College and provide support for local residents to get trained and qualified to run child care centres. Local training is key to get success. Invest in local people who are trusted by the community, creating more sustainable programs.
- Offer dual credit programs in grade 12 for ECE and offer practicums so students can learn about ECE as a career

### **Senior Levels of Government**

- Increase subsidies for parents to make child care more affordable
- Introduce financial incentives to help with recruitment of staff in northern parts of BC
- Be more informed about the child care challenges in each community
- Continue to provide capital funding and offer operating funding to current and new operators. Make these grants more accessible
- Increased federal funding to reduce the cost of child care
- Move forward on the BC Child Care Plan
- Increase funding to invest in training opportunities and increasing wages for ECEs, making it a more desirable career
- Introduce a public school system for preschool-aged children
- Support relaxation of certain licensing rules to increase spaces
- Implement universal, publicly funded child care so all children have access
- Incorporate child care in the hospitals

### **Community Agencies, Child Care Operators, and Others**

- Increase partnerships between child care providers and other service providers (including BC Housing and Seniors' Housing)
- Advisory tables are an efficient way for agencies to work together to assess and address gaps
- Hospital could play a bigger role in offering more services to the community
- UBCM – should be advocating for rural communities and child care needs to be based on atypical models
- Colleges could play a role in educating staff

### **Top 3 suggested changes to improve child care situation**

- **Increase the number of high-quality and affordable spaces to meet all needs**
  - Increased funding and fixed funding to child care
  - Have opportunities for businesses and institutions to offer child care for their employees

- Open an outdoor-based, culturally sensitive learning centre, not prioritizing any community members, engaging and inviting to all members of the community in which children experience more physical activity, hands-on learning, engaging local food, local crafting, history and culture
- Offer child care and other support services at one facility to have wrap around services
- **Focus on addressing staff recruitment and retention challenges**
  - Increase ECE wages
  - Decrease cost of ECE training programs, providing training at the local level
  - More professional development for ECEs (and provide educational opportunities for parents)
- **Offer more flexible and extended hours of child care, outside of regular hours**
- **Provide transportation to child care and other services**

## Key Findings from the Parent and Caregiver Survey

### Background

To better understand the experiences and needs of parents and caregivers in Upper Skeena, the consulting team developed and launched an online survey. This survey was open from June 29 to August 17, 2020. It received a total of 27 valid responses<sup>6</sup>. Because of this small sample size, the results presented here should be interpreted with caution and may not be generalizable to all families in the Upper Skeena Region.

### Survey respondents

- The final valid sample for this survey was 27 parents or caregivers. The survey respondents provided information about the care arrangements of 33 children aged 0 to 12.
- The survey was completed by parents and caregivers living in New Hazelton, Hazelton, Gitanmaax, Hagwilget, and Kispiox, as well as South Hazelton, Two Mile, and Kispiox Valley.
- Two-thirds of survey respondents identify as Indigenous (12 respondents). 46% have lived in the Upper Skeena region for over 10 years (11 respondents) and 83% were born in Canada (15 respondents). 56% had household incomes under \$75,000 per year (9 respondents).
- Most families find child care through word of mouth (friends, neighbours, and family members).

### Current care arrangements

- The most common care arrangement for children 3 and under is their parent or caregiver (80%, 8 respondents).
- About half of all children from 3 to 5 years (but not yet in kindergarten) also have their parent or caregiver as their primary form of care (56%, 5 respondents), while the remainder are in some form of licensed group care (44%, 4 respondents).
- The most common care arrangements for school age children are parents or caregivers (50%, 7 respondents), relatives other than parents (43%, 5 respondents), and an unlicensed caregiver in the caregiver's home (7%, 1 respondent).
- Of all children whose primary care arrangement is some form of licensed care, most attend this care for fewer than 30 hours per week (88%, 6 respondents).

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<sup>6</sup> Survey respondents were eligible to participate: a) if they are the parent and/or caregiver of one or more children aged 12 and under living at home with them, and b) if they live, work, or study in the Upper Skeena Region.

- Families report positive relationships with relatives and child care providers providing child care for their children. Some families shared positive experiences accessing culturally safe care and care that is conveniently located.
- Some families who rely on parental or family care would like access to some form of structured group to give children more opportunities to socialize and to provide flexibility for family members who provide care.

### Child care needs

- For children not yet in kindergarten, 46% of families need full-day care, five days a week (6 respondents); 31% need full-day care one to four days a week (4 respondents); and, 23% need part-day care, one to four days a week (3 respondents).
- For school age children, half of all families need out of school care, one to four days a week (7 respondents); 21% need for care for school professional days or school breaks only (3 respondents); and, 21% need out of school care five days a week (3 respondents).
- 42% of all survey respondents said they would change the care arrangement if they could (14 respondents). An additional 49% (16) were unsure. Only 9% (3 respondents) would not change the child's care arrangement if a preferred option became available at an affordable price.
  - For those who wish to change care arrangements, the most common preferred first choice was some form of licensed care (selected by half of all parents who said they would change their care arrangement if they could, 7 respondents), followed by a parent at home (27%, 4 respondents).
- The most common barriers to accessing a preferred care arrangement were availability of full-time care (60%, 9 respondents) and availability of part-time care (60%, 9 respondents), followed by cost (40%, 6 respondents) and hours of operation (33%, 5 respondents). Some families also mentioned transportation challenges.
- When parents are asked what is most important to them in child care, staff stands out as very important to 95% of parents and caregivers (18 respondents). This is followed by cost (very important to 63%, 12 respondents) and reputation of program (61%, 11 respondents).

### Suggestions for action

- Parents and caregivers provided the following suggestions for things they would like to see happen to improve the child care situation for families in Upper Skeena
  - Make more quality child care spaces available
  - More options in the villages so families do not have to travel to town to access care
  - More options for extended and flexible hours (including weekend and overnight care)
  - Improve affordability
  - Improve wages for child care workers
  - Offer local training programs
  - Offer programs that incorporate outdoor education
  - Offer programs that incorporate Indigenous culture and knowledge
  - Offer food for children in child care centres
  - Continue to involve parents in development of child care plans; encourage engagement and community

## Appendix A: Interview Participants

Organization	Name, Role
Wrinch Foundation	Silvia Wagner, Program Administrator
Bulkley Valley Child Development Centre	Arlene Morrison, AIDP Consultant, CCRR/Resource Educator
Northern Health	Tess Warner, Mental Health
Northern Health	Dennis Thomsen, Public Health Nurse Lead
Coast Mountains School District	Agnes Casgrain, District Principal
Coast Mountains School District	Geraldine Lawlor, Director of Instruction – Graduation and Innovation
Hazelton Secondary	Jan Thorburn, Vice Principal
Wrinch Memorial Hospital	Suzanne Campbell, Administrator
Upper Skeena Recreation Centre	Clarence Martin, General Manager
Bulkley Valley Credit Union Branch Manager	Tamia Hatler, Branch Manager
-	Judi Calhoun, Doula and Birthing Educator
-	Katie Sullivan, former child care provider

## Appendix B: Key Informant Interview Guide

- 1. Please describe your organization's role in child care and/or in supporting children/families.**

Probe: How do you work with or collaborate with other organizations in the planning, development or operation of child care?

- 2. What are your/your organizations greatest successes with respects to child care/supporting child care? What have been some of your challenges?**

- 3. How would you describe the state of child care in your community?**

Probe:

- What services are readily available?
- What services are lacking?
- What about affordability?
- What about quality?

- 4. Thinking back over the last 3 years, can you please describe any changes that have taken place with respect to child care in your community?**

- 5. What is working well for parents? What are some of the challenges parents face?**

Probe:

- Are there any particular groups for whom access to child care is particularly challenging?
- Are there any specific neighbourhoods/areas that are particularly underserved/well-served?
- How do parents find out about child care?

- 6. What is working well for child care operators? What are some of the challenges that operators face?**

Probe:

- Qualified staff
- Appropriate space
- Cost of operating service
- Local government permit and application process

- 7. What do you think might be some key actions/initiatives that various parties could take to improve the child care situation?**

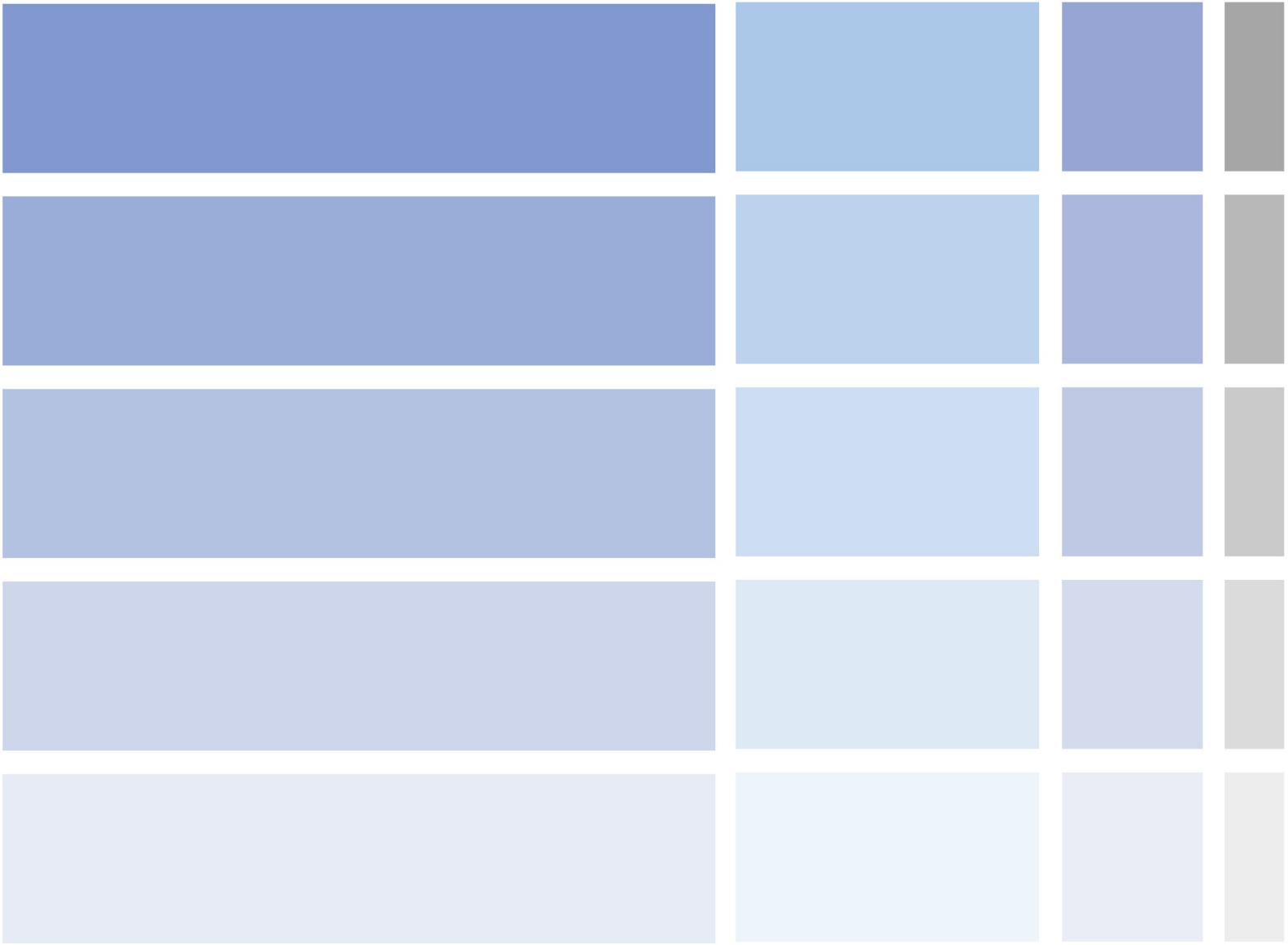
- a) The Village of Hazelton or District of New Hazelton?
- b) The School District/Board?

- c) Senior levels of government?
- d) Community agencies or child care operators?
- e) Others?
- f) Does your organization have any plans for new child care? Do you know of anyone else who is planning for new child care?

- 8. If you had a magic wand to improve the child care situation in the Upper Skeena what are the top 3 things that you would do?**
- 9. Is there anything else that you would like to share that would assist us in understanding child care needs and developing Child Care Action Plans for the Upper Skeena?**

## Appendix C: Technical Report for Parent & Caregiver Survey

A technical report that presents all data collected through the Parent and Caregiver Survey can be found on the following page.



# Upper Skeena Child Care Planning:

Parent & Caregiver Survey Report

*Prepared by the Social Planning and Research Council of BC  
in collaboration with Sandra Menzer*

October 7, 2020



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## Background

To better understand the experiences and child care needs of families in the Upper Skeena region, the consulting team conducted an online survey of parents and caregivers of children aged 0 to 12. The survey included questions about personal and family characteristics, current and anticipated child care needs, current child care experiences, and suggested actions for improving the child care situation for families in the region. This survey was open from June 29 to August 17, 2020.

The District of New Hazelton, Village of Hazelton, and Regional District of Kitimat-Stikine distributed the survey through their social media channels, direct outreach to local service provider agencies, and ads in the local paper. The survey was directly shared with hospital staff and child care providers were encouraged to share the survey with families.

In addition, a local consultant shared the survey link with the following Indigenous government agencies and service providers.

- Gitanyow Band Social Development and Gitanyow Human Services & Health Director;
- Gitwangak Health and Gitwangak Band Administration;
- Gitsegukla Health and Gitsegukla Band Office;
- Hagwilget Band Office Social Development;
- Gitanmaax Band Office, Health Center and Education;
- Glen Vowell Social Development;
- Gitxsan Health: Indian Residential School Program, FAST Team; and
- Kispiox Band Office Band Office Social Development and Administration.

Overall, 40 individuals began the survey. Of these, 27 met both eligibility criteria of being: a) parent or guardian with children aged 0 to 12 at home and b) they or their spouse live, work, or study in Upper Skeena.

The number of respondents for each question varies and is presented for each table. Because of the small number of responses, the results presented here should be interpreted with caution as they may not be generalizable to all families in the Upper Skeena Region. Similarly, due to the small sample size, it was not possible to cross-tabulate responses to multiple survey questions.

## Survey Respondent Demographic Information

**Table 1** shows the communities where survey respondents live. About one-quarter (23%, 6 respondents) were from New Hazelton and 15% (4 respondents) from Hazelton. 11.5% of respondents live in Gitanmaax (3 respondents). 23% indicated that they reside in South Hazelton (6 respondents). Other communities where respondents reside include Hagwilget, Kispiox, Kispiox Valley, Two Mile, and Smithers.

**Table 1: Where respondents live**

Location	Percentage	Responses
New Hazelton	23.1%	6
Hazelton	15.4%	4
Gitanmaax	11.5%	3
Hagwilget	3.85%	1
Kispiox	3.85%	1
Kitwanga	0%	0
Gitwangak	0%	0
Gitanyow	0%	0
Gitsegukla	0%	0
Sik-E-Dakh/Glen Vowell	0%	0
Other (please specify)	42.3%	11
<b>Total</b>	<b>100%</b>	<b>26</b>

About half of all the respondents (46%) have lived in the Upper Skeena region for more than 10 years (11 respondents), with 21% (5 respondents) reporting two years or fewer in the region (**Table 2**).

**Table 2: Number of years living in Upper Skeena region**

Years Lived in Upper Skeena	Percentage	Responses
Less than 1 year	8.33%	2
1 to 2 years	12.50%	3
3 to 5 years	16.67%	4
6 to 10 years	12.50%	3
More than 10 years	45.83%	11
I do not live in the Upper Skeena Region	4.17%	1
<b>Total</b>	<b>100%</b>	<b>24</b>

A majority of respondents (83%, 15 respondents) were born in Canada. Of the remaining respondents, 5.6% (1 respondent) had lived in Canada for 6 to 10 years and 11.1% (2 respondents) had lived in Canada for more than ten years (**Table 3**). For comparison, across the entire Upper Skeena Local Health Area in 2016, 92.1% of residents were born in Canada<sup>7</sup>.

**Table 3: Number of years living in Canada**

Years Lived in Canada	Percentage	Responses
Born in Canada	83.3%	15
Under 3 years	0.0%	0
3 to 5 years	0.0%	0
6 to 10 years	5.6%	1
More than 10 years	11.1%	2
<b>Total</b>	<b>100%</b>	<b>18</b>

As shown in **Table 4**, two-thirds of survey respondents (12 respondents) reported their family identifies as Indigenous. This is consistent with 2016 Census data for the Upper Skeena Local Health Area, which indicates about 65% of residents in the region identified as Aboriginal in 2016<sup>8</sup>.

**Table 4: Indigenous identity**

Family identifies as Indigenous?	Percentage	Responses
Yes	66.7%	12
No	33.3%	6
<b>Total</b>	<b>100%</b>	<b>18</b>

**Table 5** shows the languages respondents reported most often speaking at home. The most commonly spoken language was English (87.5%, 14 respondents), followed by French (31.3%, 5 respondents) and Gitxsan (25%, 4 respondents). Respondents also reported speaking German and Indigenous languages apart from Gitxsan, including Mikmaq, Anishiinaabemowin, Cree.

**Table 5: Languages most often spoken at home**

Languages most often spoken at home	Percentage <sup>9</sup>	Responses
English	87.5%	14
Gitxsan	25.0%	4
French	31.3%	5
German	12.5%	2
Other (please specify)	12.5%	2
<b>Total</b>		<b>16</b>

Survey respondents were asked their annual household income before taxes and deductions for the previous year. Respondents were given an option to choose 'prefer not to answer' which was selected by two individuals. Overall, about one-third of respondents (31%, 5 respondents) reported gross annual household incomes of under \$50,000. 44% (7 respondents) reported household incomes of \$50,000 to

<sup>7</sup> Statistics Canada, 2016 Census of Population, BC Open Data Catalogue. 2016 Census Semi-Custom profile - Health Regions of BC.

<sup>8</sup> Ibid.

<sup>9</sup> Respondents were invited to select multiple responses so the percentages may not sum to 100%.

\$99,999 and 25% (4 respondents) reported household incomes for \$100,000 to \$149,999 (**Table 6**). For comparison, among all households in Upper Skeena Local Health Area in 2015, 53% had a before-tax household income of less than \$50,000, 28% between \$50,000 and \$99,999, 32% \$100,000 to \$150,000, and 6% over \$150,000<sup>10</sup>. The median income (before-tax) was \$75,922 for couple families with children and \$32,223 for lone parent families<sup>11</sup>.

**Table 6: Gross annual household income**

Gross Annual Household Income	Percentage	Responses
Under \$50,000	31.3%	5
\$50,000 to \$99,999	43.8%	7
\$100,000 to \$149,999	25.0%	4
\$150,000 or more	0%	0
<b>Total</b>	<b>100%</b>	<b>16</b>

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<sup>10</sup> Statistics Canada, 2016 Census of Population, BC Open Data Catalogue. 2016 Census Semi-Custom profile - Health Regions of BC.

<sup>11</sup> Ibid.

## Family and Work Situations

Survey respondents were asked how many children they had living with them by age group. Altogether, survey respondents reported having 54 children aged 12 and younger living at home with them. The number of children 12 and younger per family ranged from 1 to 8 children, with a median of 2 children 12 and younger per family. Altogether, survey respondents reported 16 children under 3 years, 12 children 3 to 5 years (not yet in kindergarten), and 25 children from kindergarten age to 12 years. As shown in **Table 7**, the survey was most commonly completed by mothers (87%, 20 respondents). 17% (4 respondents) were legal guardians to children living at home with them. Respondents were able to select multiple responses.

**Table 7: Respondent relationship with children**

Relationship to children	Percentage <sup>12</sup>	Responses
Mother	87.0%	20
Father	8.7%	2
Legal guardian	17.4%	4
Grandmother	0%	0
Grandfather	4.4%	1
Prefer not to say	0%	0
Other (please specify)	0%	0
<b>Total</b>		<b>23</b>

---

<sup>12</sup> Respondents were invited to select multiple responses so the percentages may not sum to 100%.

Survey respondents were asked to indicate any household members other than any children aged 0 to 12. 84% of respondents (16) reported living with a spouse or partner, suggesting 16% (3 respondents) have lone parent households (**Table 8**). This means lone parent families are under-represented in this survey, as they account for 44% of all families with children in the Upper Skeena Local Health Area<sup>13</sup>.

**Table 8: Household members other than children 0 to 12**

Household members (other than respondent and children 0 to 12)	Percentage <sup>14</sup>	Responses
Nobody else	15.9%	3
Spouse or partner	84.2%	16
Children aged 13 to 18	5.3%	1
Children over 18	0%	0
Parents or parents-in-law	5.3%	1
Other relatives	5.3%	1
Other adults	0%	0
<b>Total</b>		<b>19</b>

As **Table 9** shows, 65% of respondents were working, 57% full-time and 9% part-time. 22% of respondents were currently on maternity or parental leave (5 respondents). 13% of respondents (3) were home full-time caring for their children.

**Table 9: Work or study situation, respondent**

Work or study situation	Percentage <sup>15</sup>	Responses
I work full-time (30 or more hours per week)	56.5%	13
I work part-time (under 30 hours per week)	8.7%	2
I am currently on maternity or parental leave	21.7%	5
I am unemployed and looking for work	4.4%	1
I am at home full-time caring for my children	13.0%	3
I am a student	8.7%	2
I am retired	4.4%	1
Other (please specify)	0%	0
<b>Total</b>		<b>23</b>

<sup>13</sup> Statistics Canada, 2016 Census of Population, BC Open Data Catalogue. 2016 Census Semi-Custom profile - Health Regions of BC.

<sup>14</sup> Respondents were invited to select multiple responses so the percentages may not sum to 100%.

<sup>15</sup> Respondents were invited to select multiple responses so the percentages may not sum to 100%.



For respondents that were working or on leave from work, work locations varied widely (**Table 10**). 83% of respondents reported working in Hazelton (15 respondents) and 33% (6 respondents) in New Hazelton. Two respondents reported working in most or all of the listed communities. Respondents were given the option to select multiple work locations.

**Table 10: Work location, respondent**

Work location	Percentage <sup>16</sup>	Responses
Hazelton	83.3%	15
New Hazelton	33.3%	6
Kitwanga	11.1%	2
Gitwangak	11.1%	2
Gitanmaax	11.1%	2
Gitanyow	11.1%	2
Gitsegukla	11.1%	2
Hagwilget	11.1%	2
Sik-E-Dakh/Glen Vowell	16.7%	3
Kispiox	11.1%	2
Other (please specify)	11.1%	2
<b>Total</b>	<b>100%</b>	<b>18</b>

Most respondents to this survey reported working all year round (88.9%, 16 respondents), with only 2 respondents (11.1%) reporting working part of the year (**Table 11**).

**Table 11: Work time (year), respondent**

Work time (year)	Percentage	Responses
Part of the year (e.g. seasonal, school year)	11.1%	2
All year round	88.9%	16
<b>Total</b>	<b>100%</b>	<b>18</b>

<sup>16</sup> Respondents were invited to select multiple responses so the percentages may not sum to 100%.

74% of respondents reported working Monday to Friday (14 respondents) while an additional 26% (3 respondents) reported that their work schedule varies week-to-week (**Table 12**)

**Table 12: Work time (week), respondent**

Work time (week)	Percentage	Responses
Days (Monday - Friday)	73.7%	14
Days (Weekends)	0%	0
Evenings	0%	0
Overnight	0%	0
It varies	26.3%	5
<b>Total</b>	<b>100%</b>	<b>19</b>

**Table 13** shows the work or study situation for spouses or partners who are members of the respondent's household. 89% of all spouses and partners were working, 78% full-time and 11% part-time. One spouse or partner was described as at home full-time with the children.

**Table 13: Work or study situation, spouse or partner**

Spouse or partner's work or study situation	Percentage	Responses
My spouse/partner works full-time (30 or more hours per week)	77.7%	14
My spouse/partner works part time (under 30 hours per week)	11.1%	2
My spouse/partner is currently on maternity or parental leave	0%	0
My spouse/partner is unemployed and looking for work	5.6%	1
My spouse/partner is at home full-time caring for my children	5.6%	1
My spouse/partner is a student	0%	0
My spouse/partner is retired	0%	0
<b>Total</b>		<b>18</b>

**Table 14: Work location, spouse or partner**

Work location	Percentage <sup>17</sup>	Responses
Hazelton	43.75%	7
New Hazelton	25.0%	4
Kitwanga	12.5%	2
Gitwangak	12.5%	2
Gitanmaax	12.5%	2
Gitanyow	12.5%	2
Gitsegukla	18.75%	3
Hagwilget	18.75%	3
Sik-E-Dakh/Glen Vowell	12.5%	2
Kispiox	12.5%	2
Other (please specify)	50.0%	8
<b>Total</b>		<b>16</b>
<b>Other:</b> Houston (3), Smithers, Kitimat and Terrace Area, Camp, South Hazelton, and “it varies, many times out of town (Terrace)”		

81% of working spouses or partners work all year round (13 respondents). The remainder of respondents’ spouses or partners work part of the year or have alternate work arrangements, such as contract work (Table 15).

**Table 15: Work time (year), spouse or partner**

Work time (year) for spouse	Percentage	Responses
Part of the year (e.g. seasonal, school year)	6.25%	1
All year round	81.25%	13
Other (please specify)	12.5%	2
<b>Total</b>	<b>100%</b>	<b>16</b>
<b>Other:</b> EMR, Contract		

<sup>17</sup> Respondents were invited to select multiple responses so the percentages may not sum to 100%.

As shown in **Table 16**, 69% of respondents reported their spouse or partner works Monday to Friday (11 respondents). An additional 31% (5 respondents) reported their spouse or partner’s work schedule varies week-to-week.

**Table 16: Work time (week), spouse or partner**

<b>Work time (week) for spouse</b>	<b>Percentage</b>	<b>Responses</b>
Days (Monday - Friday)	68.75%	11
Days (Weekends)	0%	0
Evenings	0%	0
Overnight	0%	0
It varies	31.25%	5
<b>Total</b>	<b>100%</b>	<b>16</b>

The overall work situations of families who responded to the survey are shown in **Table 17** below.

**Table 17: Family work patterns**

<b>Family work pattern</b>	<b>Percentage</b>	<b>Responses</b>
Both (or single) parents work full-time	39.1%	9
One or both parents at home with children <sup>18</sup>	34.8%	8
All other family work situations <sup>19</sup>	26.1%	6
<b>Total</b>	<b>100%</b>	<b>23</b>

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<sup>18</sup> This includes five respondents currently on maternity or parental leave, all of whom have a spouse or partner who works full-time.

<sup>19</sup> One respondent reported they are both at home full-time and working full-time – this responses has been categorized as ‘other’.

## Child Care Situation by Age of Child

Survey respondents were asked to provide information about the child care situation for their children, beginning with their youngest child. The following survey questions were completed about 33 children total. Survey respondents were asked their children’s birthdays and this information was used to categorize children into three main age categories used for **Table 18**, **Table 19**, and **Table 20** below. Two of the children were reported to have a special need or disability.

Respondents were asked to indicate the primary care arrangement used for each child (i.e. the one used the most, excluding school).

The most common primary care arrangement for children under 3 was a parent or caregiver (80%, 8 respondents), followed by licensed group care.

**Table 18: Child care arrangements for children under 3**

Child care arrangement for children under 3	Percentage	Responses
My spouse or myself	80.0%	8
Relative (other than parent)	0%	0
A licensed group child care centre (birth to 12 years)	10.0%	1
A licensed preschool	0%	0
A licensed family child care	0%	0
Unlicensed caregiver in their home	0%	0
A caregiver in my home	0%	0
Other (please specify)	10.0%	1
<b>Total</b>	<b>100%</b>	<b>10</b>
<b>Other: “Right now spouse, she is normally in daycare”</b>		

The most common primary care arrangements for children 3 to 5 (not yet in school) were a parent or caregiver (56%, 5 respondents) and licensed group care (44%, 4 respondents).

**Table 19: Child care arrangements for children 3 to 5 (not yet in school)**

Child care arrangement for children 3 to 5 (not yet in school)	Percentage	Responses
My spouse or myself	55.6%	5
Relative (other than parent)	0%	0
A licensed group child care centre (birth to 12 years)	44.4%	4
A licensed preschool	0%	0
A licensed family child care	0%	0
Unlicensed caregiver in their home	0%	0
A caregiver in my home	0%	0
Other (please specify)	0%	0
<b>Total</b>	<b>100%</b>	<b>9</b>

The most common primary care arrangements for school age children were a parent or caregiver (50%, 7 respondents) or a relative other than parents (35.7%, 5 respondents). One respondent reported using an unlicensed caregiver in the caregiver’s home.

**Table 20: Child care arrangements for school age children**

Child care arrangement for school age children	Percentage	Responses
My spouse or myself	50.0%	7
Relative (other than parent)	35.7%	5
A licensed group child care centre (birth to 12 years)	0%	0
A licensed preschool	0%	0
A licensed family child care	0%	0
Unlicensed caregiver in their home	7.1%	1
A caregiver in my home	0%	0
Other (please specify)	0%	1
<b>Total</b>	<b>100%</b>	<b>14</b>
<b>Other:</b> "in school, then either parent, grandparent or uncle watches her"		

For children where the primary care arrangement was a parent or caregiver or other relative, survey respondents were asked if the child is currently on a waitlist for child care. The majority (88%, 22 respondents) were not currently on a waitlist. Of the three children currently on waitlists, two were reported to be on wait lists for less than 6 months and one for 6 to 12 months.

**Table 21: Children currently on waitlist for child care**

Children currently on waitlist for child care	Percentage	Responses
Yes	12.0%	3
No	88.0%	22
<b>Total</b>	<b>100%</b>	<b>25</b>

For children where the primary care arrangement was any form of care other than a parent or caregiver or other relative<sup>20</sup>, survey respondents were asked a series of questions about their experiences with this care arrangement.

Survey respondents were asked whether the child was on a waitlist for their current child care space (**Table 22**). Only two respondents reported their child was on a wait list. One respondent reported their child was on a waitlist for less than 6 months and one that their child was on a waitlist for 6 to 12 months.

**Table 22: Children previously on a waitlist for child care**

Children who were on a waitlist for child care	Percentage	Responses
Yes	28.6%	2
No	71.4%	5
<b>Total</b>	<b>100%</b>	<b>7</b>

**Table 23** shows the number of hours each child using some form of non-parental or non-relative care spends in their care arrangement in an average week. 29% of children (2 respondents) spend 10 to 20 hours per week in their care arrangement, 57% (4 respondents) spend 21 to 30 hours per week, and 14.3% (1 respondent) spend more than 30 hours per week in their primary care arrangement.

**Table 23: Hours per week in child care**

Time in care arrangement per average week	Percentage	Responses
Fewer than 10 hours	0%	0
10 to 20 hours	28.6%	2
21 to 30 hours	57.1%	4
More than 30 hours	14.3%	1
<b>Total</b>	<b>100%</b>	<b>7</b>

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<sup>20</sup> One of the other responses indicated a mix of parental and relative care. While this survey respondent was presented in the following questions based on the survey skip logic, as they were not the intended target of those questions, their responses have been removed from this summary.

**Table 24** shows the location of care arrangement for children in some form of non-parental or non-relative care. The most common location was Hazelton (57%, 4 respondents), followed by Gitanmaax (29%, 2 respondents) and New Hazelton (14%, 1 respondent).

**Table 24: Location of child care arrangement**

Child care arrangement location	Percentage	Responses
Hazelton	57.1%	4
New Hazelton	14.3%	1
Kitwanga	0%	0
Gitwangak	0%	0
Gitanmaax	28.6%	2
Gitanyow	0%	0
Gitsegukla	0%	0
Hagwilget	0%	0
Sik-E-Dakh/Glenn Vowell	0%	0
Kispiox	0%	0
Other (please specify)	0%	0
<b>Total</b>	<b>100%</b>	<b>7</b>

Survey respondents using some form of non-parental or non-relative care were asked why they chose their current child care arrangement (**Table 25**). Respondents were invited to select multiple options. The most common reasons were that it was the first program to offer a space (57%, 4 respondents) and reasonable cost (57%). Convenience, reputation, and the physical facilities were also important factors for about half of all respondents.

**Table 25: Reasons for choosing care arrangement**

Reasons for choosing care arrangement	Percentage <sup>21</sup>	Responses
Convenience	42.9%	3
Reputation	42.9%	3
The physical facilities	42.9%	3
The type of program offered	28.6%	2
Recommendation by a friend	28.6%	2
First program to offer me a space	57.1%	4
Reasonable cost	57.1%	4
Other (please specify)	14.3%	1
<b>Total</b>	<b>100%</b>	<b>7</b>
<b>Other: "Only daycare open for essential workers"</b>		

<sup>21</sup> Respondents were invited to select multiple responses so the percentages may not sum to 100%.



Most children are transported to their child care arrangement by car (86%, 6 respondents). One respondent reported that their child has transportation to child care in a daycare vehicle (**Table 26**)

**Table 26: Transportation to child care**

Transportation to child care	Percentage	Responses
Walking	0%	0
Bicycle	0%	0
Car	85.7%	6
Public transit	0%	0
Not applicable - child at home	0%	0
Other (please specify)	14.3%	1
<b>Total</b>	<b>100%</b>	<b>7</b>
<b>Other: "Driven to New Hazelton then on the daycare bus"</b>		

**Table 27** shows respondents' satisfaction with the location, quality, hours, and cost of their current care arrangement. Overall, 86% of respondents were very satisfied with the cost of their care (6 respondents); 71% were very satisfied with location (5 respondents), 57% were very satisfied with quality (4 respondents), and 57% were very satisfied with hours of care (4 respondents).

**Table 27: Satisfaction with current care arrangement**

Satisfaction with various aspects of care arrangement	Very dissatisfied	Somewhat dissatisfied	Somewhat satisfied	Very satisfied	Total
Location	0 (0%)	1 (14.3%)	1 (14.3%)	5 (71.4%)	<b>7 (100%)</b>
Quality	0 (0%)	0 (0%)	3 (42.9%)	4 (57.1%)	<b>7 (100%)</b>
Hours of care	0 (0%)	1 (14.3%)	2 (28.6%)	4 (57.1%)	<b>7 (100%)</b>
Cost	0 (0%)	0 (0%)	1 (14.3%)	6 (85.7%)	<b>7 (100%)</b>

As shown in **Table 28**, no respondents reported that finding child care was very easy. Half reported it to be somewhat easy (3 respondents) with the other half reporting it to be somewhat (14%, 1 respondent) or very difficult (29%, 2 respondents). One respondent offer to a comment to explain why finding child care was difficult for them: “There are hardly any options in the area so I had to find a stay at home parent and approach them to see if they could do child care in there home.”

**Table 28: Ease or difficulty of finding care**

Ease or difficulty of finding care	Percentage	Responses
Very easy	0%	0
Somewhat easy	50.0%	3
Somewhat difficult	16.7%	1
Very difficult	33.3%	2
<b>Total</b>	<b>100%</b>	<b>6</b>

All survey respondents, including those using some form of parental or relative care, were asked if they would change their child’s care arrangement if a preferred option became available at a price they could afford. Overall, 42% of respondents (14) would change their care arrangement if they could, 49% (16 respondents) were not sure, and 9% (3 respondents) would not (**Table 29**).

**Table 29: Respondents who would change care arrangement if possible**

Would change care arrangement	Percentage	Responses
Yes	42.4%	14
No	9.1%	3
Not Sure	48.5%	16
<b>Total</b>	<b>100%</b>	<b>33</b>

Survey respondents who said they would like to change their care arrangement if a preferred option became available were asked to explain why.

For those currently using some form of group care, the reasons were as follow (verbatim):

I feel that this person is only doing the child care as a favour and if there was another daycare option they wouldn't want to do it anymore
Not overly pleased with the workers they have

For those relying on some form of parental or relative care, many expressed the desire to access affordable child care. Common concerns included being able to go back to work or study, providing a good environment for the child, and relieving family members of child care responsibilities.

It would benefit her to be able to socialize. While the affordable price would help, something in the Kispiox area would be most helpful. Getting her to Hazelton could also be an issue
I would rather have my child in a social environment instead of my parents watching her
I am currently not working due to not having premium child care available
We would like to have him in child care 2 days per week.
If after school short period for a very reasonable price to relieve family member help.
I am currently on maternity leave and would like to return to work. I will be unable to return to work until I can find reliable childcare.
Until covid she was in preschool at a Headstart program 2 days per week. Now that is closed and we must rely on a neighbour. Part time care is unavailable elsewhere.
After school short care available at a very reasonable cost to relieve family
She is school age and it being summer break I would enroll her in some day camps or programs outside of home
Currently has to attend classes with me. Would prefer for her and I if she had a place to attend.

Survey respondents that indicated that they would change their current care arrangement if a preferred alternative were available and affordable were asked to rank their preferences for different forms of child care (**Table 30**). 87% of respondents (13) ranked some form of licensed care as their first choice.

**Table 30: Ranking of alternative child care arrangements**

Child care options	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
Licensed child care centre (birth to 12 years)	7 (46.7%)	3 (27.3%)	4 (36.4%)
Licensed preschool	2 (13.3%)	4 (36.4%)	0 (0%)
Licensed family child care	1 (6.7%)	1 (9.1%)	3 (27.3%)
Non-relative caregiver in their home	0 (0%)	0 (0%)	2 (18.2%)
Non-relative caregiver in my home	0 (0%)	0 (0%)	1 (9.1%)
Parent	4 (26.7%)	0 (0%)	1 (9.1%)
Relative (other than parent)	1 (6.7%)	3 (27.3%)	0 (0%)
<b>Total</b>	<b>15</b> <b>(100%)</b>	<b>11</b> <b>(100%)</b>	<b>11</b> <b>(100%)</b>

Survey respondents were also asked what barriers make it difficult for them to access and use their preferred care arrangement (**Table 31**). Respondents were invited to choose multiple responses if applicable.

**Table 31: Barriers to accessing preferred care arrangements**

Barriers to accessing care	Percentage	Responses
Cost	40.0%	6
Hours of operation	33.3%	5
Need a program for a child with special needs	0%	0
Need a program that meets my language or cultural needs	26.7%	4
Location of the program	26.7%	4
Availability of part-time child care	60.0%	9
Availability of full-time child care	60.0%	9
Other (please specify)	20.0%	3
<b>Total</b>		<b>15</b>

Other barriers described by survey respondents are shown here (verbatim):

A facility that accepts children over 5
Covid-19 restrictions
They tend to send kids home for no reason making it difficult to arrange other options

## Summary of Child Care Needs

All survey respondents were asked, "What do you like most about your current child care arrangements?". Their verbatim responses are shown below. Common themes include bonding with parents and family members, satisfaction with quality of care, accessible locations and low cost, and culturally safe care.

Central location; excellent staff; low cost; cultural safety
I like getting to spend time with my grandbabies
Bonding with both parents, development led child care, one to one
The care givers are friendly and helpful
I am confident that they are safe and cared for
At home with the kids and get to teach them a lot every day and go to park or do crafts.
Excellent person who does a lot outdoors
It's free
I like being home on maternity leave to care for my child myself
That my children can socialize
I am currently on mat leave so I like the arrangement we have, but I am very nervous about going back to work as I currently don't have child care for my 1 year old or after school care for my 6 year old
My neighbour and I trade children one day a week each. I trust her and know my children are well cared for and they are close to home.
Family!!! Best care
Summer time childcare arrangement
The workers and the Gitxsanimx teachings.
Accessible location and reasonable price
Not applicable - I don't have any

All survey respondents were also asked, “What would you like to change about your current child care arrangements?”. Verbatim responses are shown below. Common themes include desire for structured, licensed care, extended hours, and options to relieve family members from child care responsibilities.

I would like them to have time in a preschool to learn to socialize and be prepared for school.
Part time child care for socializing, nature based child care (we attended one in Smithers for a while) child care not too focused on formal learning and skills but directed through free play
More structured play and outside time
Nothing really
More options for home.
I don't like to rely on other people. My parents are great but if they want to travel or go somewhere they choose not to because I don't have child care if they leave
I will be going back to work so I will need a different child care arrangement soon
Hours, some workers attitude, reliability
Find licensed quality child care
It is not an ideal arrangement as we have no time outside of one day a week for child care. I had to reduce my work hours because of this.
Give family a break
I wish the hours went past 3pm.
Not applicable - I don't have any
More presence.

As shown in **Table 32**, the most common source of information for finding and choosing child care is word of mouth, through friends, neighbours, other parents (85%, 17 respondents) or family members (55%). Social media is also a common source of information (45%, 9 respondents). Respondents were invited to select multiple responses.

**Table 32: Sources of information for finding and choosing child care**

Information source	Percentage	Responses
Friends, neighbours, parents of other children	85.0%	17
Family members	55.0%	11
Social media (Facebook, Twitter)	45.0%	9
School	25.0%	5
Your local Child Care Resource and Referral program	20.0%	4
Websites, blogs	20.0%	4
Brochures/leaflets	20.0%	4
Community newspaper	10.0%	2
Health Authority	10.0%	2
Other (please list)	5.0%	1
None	0.0%	0
<b>Total</b>		<b>20</b>

Survey respondents were asked to rank the importance of different aspects of child care (**Table 33**). Staff was rated very important by 95% of respondents (18). Cost (63%, 12 respondents), reputation of program (61%, 11 respondents), hours the program is open (47%, 9 respondents), and program reflects my cultural and language (42%, 8 respondents) were also considered very important by many parents and caregivers.

**Table 33: Importance of various aspects of child care**

	<b>Not at all important</b>	<b>Somewhat important</b>	<b>Quite important</b>	<b>Very important</b>	<b>Total</b>
Located near my home	15.8% (3)	31.6% (6)	26.3% (5)	26.3% (5)	19 (100%)
Located near my work	5.3% (1)	36.8% (7)	31.6% (6)	26.3% (5)	19 (100%)
Located near my child’s school	16.7% (3)	50.0% (9)	16.7% (3)	16.7% (3)	18 (100%)
Cost	5.3% (1)	15.8% (3)	15.8% (3)	63.2% (12)	19 (100%)
Hours the program is open	0.0% (0)	5.3% (1)	47.4% (9)	47.4% (9)	19 (100%)
The activities for children	0.0% (0)	5.3% (1)	42.1% (8)	52.6% (10)	19 (100%)
Staff	0.0% (0)	0.0% (0)	5.3% (1)	94.7% (18)	19 (100%)
Quality of indoor space	5.3% (1)	15.8% (3)	47.4% (9)	31.6% (6)	19 (100%)
Quality of outdoor space	5.3% (1)	5.3% (1)	36.8% (7)	52.6% (10)	19 (100%)
Reputation of the program	0.0% (0)	5.6% (1)	33.3% (6)	61.1% (11)	18 (100%)
Accepts children with special needs	16.7% (3)	16.7% (3)	50.0% (9)	16.7% (3)	18 (100%)
Program reflects my language/culture	15.8% (3)	21.1% (4)	21.1% (4)	42.1% (8)	19 (100%)
Program is licensed	5.3% (1)	21.1% (4)	36.8% (7)	36.8% (7)	19 (100%)
<b>Other:</b> “Exceptional staff that are fairly compensated”, “cloth diaper friendly. Kids have sensitive skin and can't use disposables”					

Survey respondents were asked to choose one option that best described their child care needs for any children not yet in kindergarten (**Table 34**) and for any school age children (**Table 35**). For children not yet in school, the most common needs were for full day care five days a week (46%, 6 respondents), full day care one to four days a week (31%, 4 respondents), and part day care one to four days a week (23%, 3 respondents).

**Table 34: Child care needs for children not yet in school**

<b>Child care needs for children not yet in school</b>	<b>Percentage</b>	<b>Responses</b>
Five days a week, full days (more than four hours per day)	46.2%	6
Five days a week, part days (four hours per day or less)	0.0%	0
One to four days a week, full days	30.8%	4
One to four days a week, part days	23.1%	3
Occasional care as needed (irregular schedule)	0.0%	0
<b>Total</b>	<b>100%</b>	<b>13</b>

For school age children, half of the respondents need out of school care one to four days a week (7 respondents), 21% need out of school care five days a week (3 respondents), 21% need care for school professional days or school breaks only (3 respondents), and one needed occasional care.

**Table 35: Child care needs for school age children**

<b>Child care needs for school age children</b>	<b>Percentage</b>	<b>Responses</b>
Out of school care, five days a week	21.4%	3
Out of school care, one to four days a week	50.0%	7
Occasional care as needed (irregular schedule)	7.1%	1
School professional days or school breaks only	21.4%	3
<b>Total</b>	<b>100%</b>	<b>14</b>



## Child Care Action Suggestions

At the end of the survey, respondents were asked to list the top three things they would like to see happen to improve the child care situation for themselves and for other families in the Upper Skeena Region. Common themes included more child care facilities and options available, a focus on outdoor programming, more flexibility in hours of operation, improve affordability, and incorporating local Indigenous culture in child care programming.

### #1

More options in the villages and not have to travel to Hazelton
Flexible
A nice facility
Having a facility
Another child care centre option
More spaces as it is limited
Availability of child care
More child care spaces
Have more facilities available
Affordable
More options for childcare
More spaces
Have childcare that is reliable.
Recreational activities

### #2

Nature based not academic based focus
Training programs locally
A childcare centre that provides food for children during the day so we don't have to pack lunches/snacks
Better quality worker (they also need better pay to get great workers)
A program focusing more on outdoor activities
More outdoor education opportunities for those in child care
Have facilities available for children over the age of 5
Reliable
More diverse childcare programs
More flexibility in hours
Have childcare that is available for full days and/or afternoons, evenings, and weekends.
more resources and financial incentives to do it

**#3**

Focus on traditional culture in the Upper Skeena
Affordable quality childcare available
Friendly and knowledgeable
Living wages for child care workers
Affordable
After school options
Including the local indigenous culture
Better pay for staff
Have overnight childcare for night shift workers.

Survey respondents were also invited to share any final comments and suggestions. These final comments are presented verbatim below.

The development of a strategy should involve parents with children
Involve parents to create and encourage community
I am really hoping that more child care options will become available for our region. I (along with others I know) am unable to return to work until I can find reliable childcare.
not at this time

## Appendix C - Community Profile

This report can be found on the following page.



# Upper Skeena Child Care Planning: Community Profile

*Prepared by the Social Planning and Research Council of BC  
in collaboration with Sandra Menzer*

October 16, 2020

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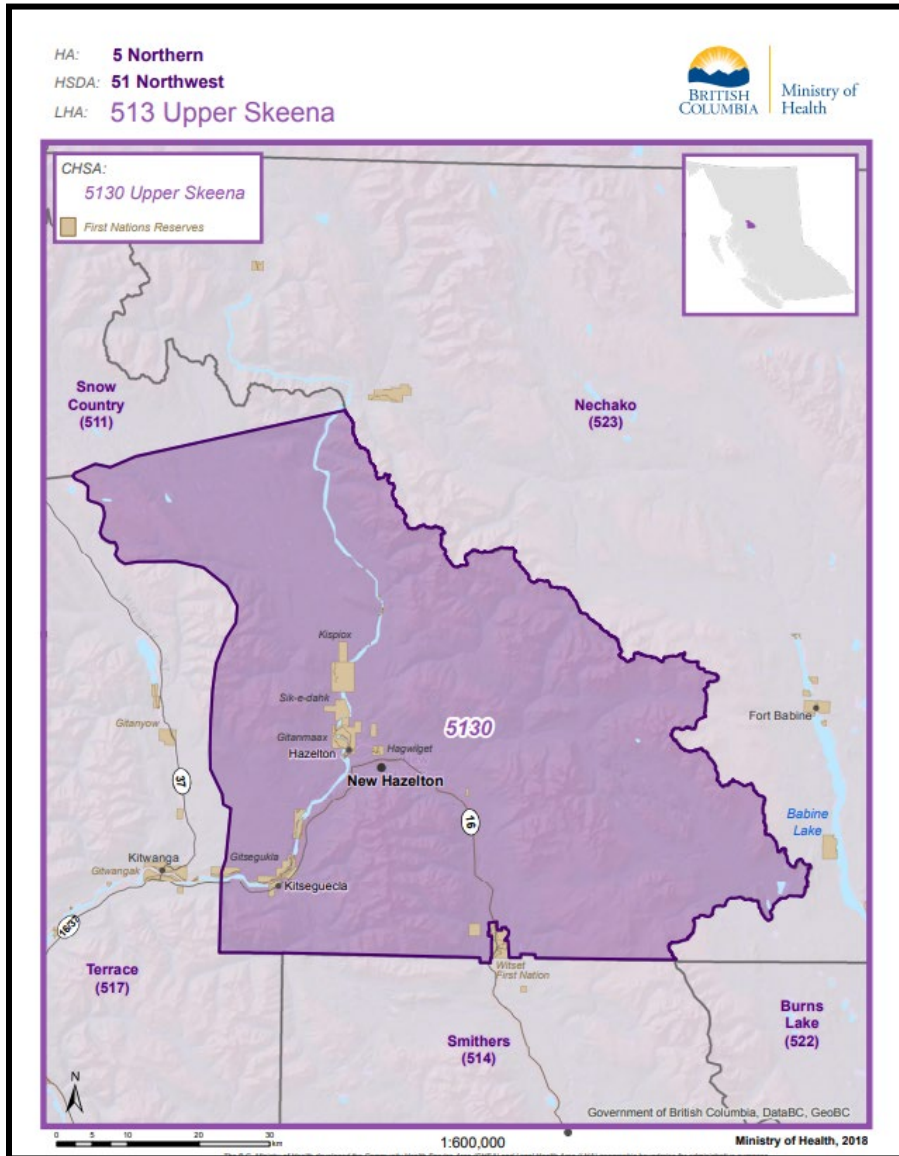
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## Introduction

The purpose of this Community Profile is to highlight important data about the community to inform child care planning. Many Upper Skeena communities have small populations (less than 1,000 people), which can make analyzing Census data for individual communities challenging due to lack of publicly available data and the effects of random rounding (done by Statistics Canada to protect confidentiality). Therefore, the majority of this community profile has been done using 2016 Census Profile data for the Upper Skeena Local Health Area (**Figure 1**). The Ministry of Health has five Health Authorities which are further broken down into Local Health Areas for planning and service delivery. The Upper Skeena Local Health Area is part of the Northern Health Authority.

As shown in the Figure below, this area contains Hazelton, New Hazelton, Sik-e-Dakh First Nations Reserve, Hagwilget First Nations Reserve, Kispiox First Nations Reserve, Gitanmaax First Nations Reserve, Gitsegukla First Nations Reserve and some of the Kitimat-Stikine Electoral Area B. Unfortunately, it does not include Kitwanga, Gitwangak, and Gitanyow, as well as part of Kitimat-Stikine Electoral Area B. While this profile is mostly limited to data available for the Upper Skeena Local Health Area, it does include information about child care spaces and child populations in Gitwangak and Gitanyow where applicable.

Figure 8: Map of Upper Skeena Local Health Area



\*Source: BC Provincial Government. Administrative Geographies. Upper Skeena Local Health Area map.



## Child population

Child population is an important starting point for assessing child care need. **Figure 2** below shows the absolute number and the share of 0 to 14-year-olds in each age range. There were a total of 845 children 0 to 14-year-olds in the Upper Skeena Local Health Area in 2016. The largest number of children were in the 5 to 9-year-old age range (300 children, 35.5% of the 0 to 14-year-old population), followed by the 10 to 14-year-old age range (285 children, 33.7%) and the 0 to 4-year-old age range (260 children (30.8%).

**Figure 9: Child population by age range, Upper Skeena Local Health Area**

	Number	Percent
0 to 4 Years	260	30.8%
5 to 9 Years	300	35.5%
10 to 14 Years	285	33.7%
<b>Total 0 to 14 Years</b>	<b>845</b>	<b>100.0%</b>

*\*Source: Statistics Canada, 2016 Census of Population, BC Open Data Catalogue. 2016 Census Semi-Custom profile - Health Regions of BC.*

In addition to the Upper Skeena Local Health Area, the nearby communities of Gitanyow and Gitwangak were home to approximately 200 children 14 years and younger in 2016<sup>22</sup>.

**Figure 10: Child population by age range, Gitanyow and Gitwangak**

	Gitanyow	Gitwangak
0 to 4 Years	30	25
5 to 9 Years	35	30
10 to 14 Years	40	35
<b>0 to 14 Years</b>	<b>105</b>	<b>95</b>

*\*Source: Statistics Canada, 2016 Census, Profiles of a community or region: 98-316-X2016001.*

<sup>22</sup> As mentioned in the Introduction, the population data for Gitanyow and Gitwangak has been randomly rounded up or down to nearest multiple of 5 or 10, in order to protect confidentiality of people living in these communities. For this reason, percentages are not shown in Figure 3.

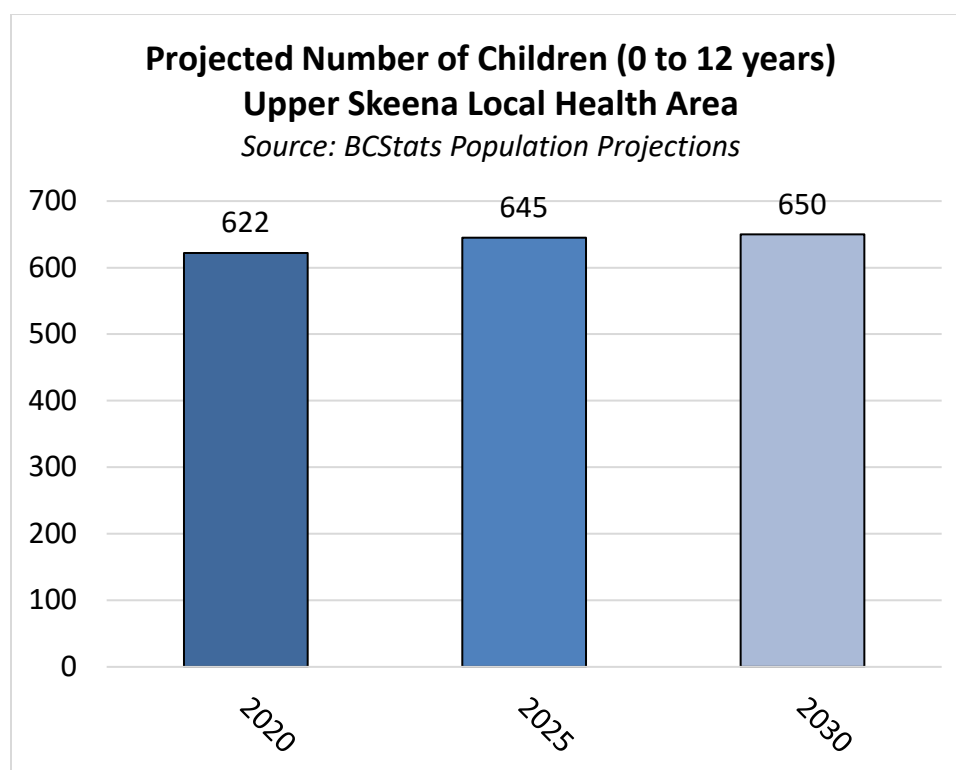
## Projected child population

BC Stats provides population projections for the Upper Skeena Local Health Area for various age groups. These population projections are based on trends in fertility, mortality, and net migration<sup>23</sup>. This data is presented in **Figure 4**. Between 2020 and 2030, the 0 to 12-year-old population in the Upper Skeena Local Health Area is expected to increase slightly (+28 children, +4.5% change), increasing from 622 0 to 12-year-olds in 2020 to 650 0 to 12-year-olds in 2030. On average, the child population is projected to increase by 0.5% (about 3 children) per year.

**Figure 11: Child population projections (0 to 12-year-old population), Upper Skeena Local Health Area, 2020 to 2030**

Information	2020	2025	2030
0 to 12-year-olds	622	645	650
Change, 0 to 12-year-olds (2020-2030 #)	+28	N/A	N/A
Change, 0 to 12-year-olds (2020-2030 %)	+4.5%	N/A	N/A
Average annual change # (2020-2030)	+2.8	N/A	N/A
Average annual change % (2020-2030)	+0.5%	N/A	N/A

\*Source: BC Stats Population Projections, last updated October 2020.



<sup>23</sup> For more information about the methodology BC Stats uses to create population projections, please refer to: [https://www2.gov.bc.ca/assets/gov/data/statistics/people-population-community/population/people\\_population\\_projections\\_highlights.pdf](https://www2.gov.bc.ca/assets/gov/data/statistics/people-population-community/population/people_population_projections_highlights.pdf).

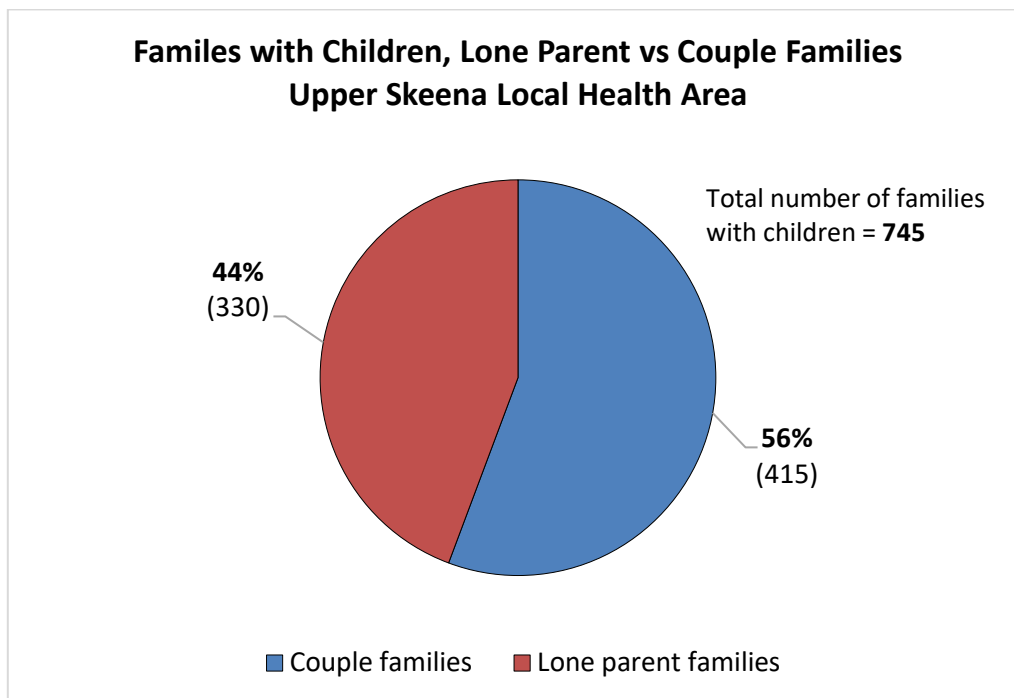
## Couple families and lone parent families

**Figure 5** shows the number of couple families and lone parent families with children (of any age, including adult children<sup>24</sup>) in the Upper Skeena Local Health Area in 2016. There were 415 couple families with children (55.7% of families with children) and 330 lone parent families (44.3% of families with children). For comparison, across the entire province of BC, 27.0% of families with children are lone parent families.

**Figure 12: Number of couple families and lone parent families with children (of any age, including adult children) at home, Upper Skeena Local Health Area, 2016**

	Number of Families with Children	Percent of Families with Children
Couple families	415	55.7%
Lone parent families	330	44.3%
<b>Total</b>	<b>745</b>	<b>100.0%</b>

\*Source: Statistics Canada, 2016 Census of Population, BC Open Data Catalogue. 2016 Census Semi-Custom profile - Health Regions of BC.



<sup>24</sup> Due to the low population numbers, data on the number of lone and couple parent families with children under age 18 is not available for the Upper Skeena Local Health Area.

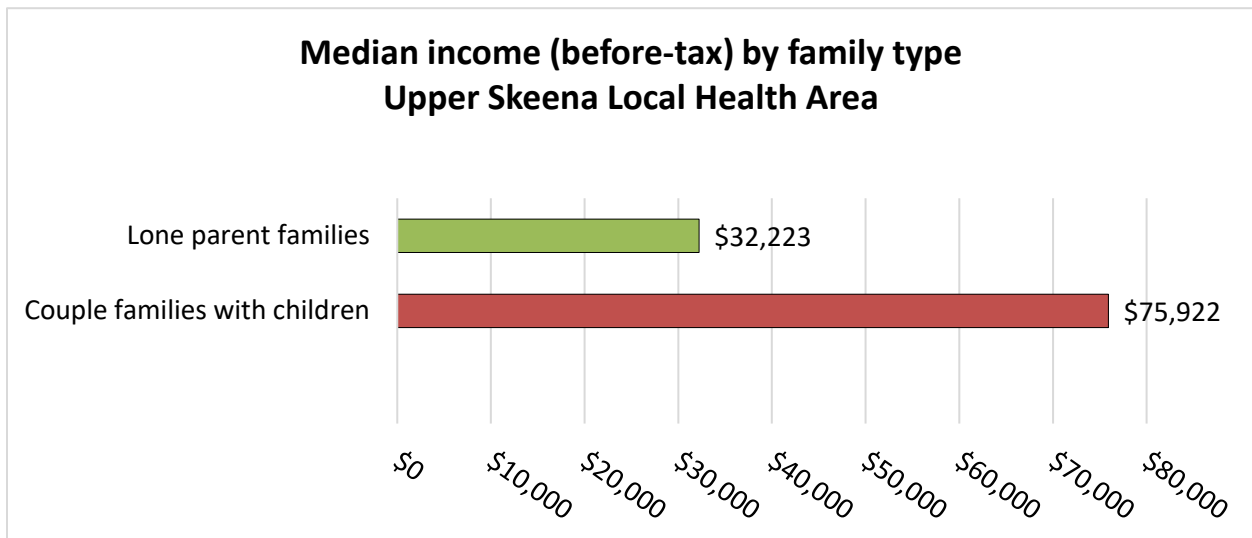
## Median Family Income

**Figure 6** presents median income (before-tax) for all families with children in the Upper Skeena Local Health Area in 2015. Couple families with children had a median before-tax income of \$75,922, more than twice as much as the median before-tax income of lone parent families (\$32,223).

**Figure 13: Median income (before-tax) by family type, Upper Skeena Local Health Area, 2015**

Family Type	Median Income
Couple families with children	\$75,922
Lone parent families	\$32,223

*\*Source: Statistics Canada, 2016 Census of Population, BC Open Data Catalogue. 2016 Census Semi-Custom profile - Health Regions of BC.*



## Low-Income Measure

**Figure 7** shows the percent and number of children who lived in families that fall under the after-tax low-income measure in the Upper Skeena Local Health Area (excluding reserves) in 2015<sup>25</sup>. The 2016 Census did not calculate low income rates on First Nations reserves. As there are several reserves in Upper Skeena, this means the numbers below are an under-estimate of the number of children living in low income families in the area.

This data is shown for children 0 to 17 years and for children 0 to 5 years. In 2015, there were 115 children (0 to 17-years old) in low income families in Upper Skeena Local Health Area (27.4% of all children 0 to 17-years-old), including approximately 30 children (0 to 5-years-old) (26.1% of all children 0 to 5-years-old).

**Figure 14: Number and percentage of children in low income families, based on the low-income measure after tax, Upper Skeena Local Health Area (excluding First Nations reserves), 2015**

	<b>Number of Children in Low Income Families</b>	<b>Percent of Children in Low Income Families</b>
0 to 17 Years	115	27.4%
0 to 5 Years	30	26.1%

\* Source: Statistics Canada, 2016 Census of Population, BC Open Data Catalogue. 2016 Census Semi-Custom profile - Health Regions of BC.

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<sup>25</sup> The low-income measure is 50% of the median household income for all Canadian households, adjusted for household size. The low-income measure thresholds used for 2016 Census data can be found at: [https://www12.statcan.gc.ca/census-recensement/2016/ref/dict/tab/t4\\_2-eng.cfm](https://www12.statcan.gc.ca/census-recensement/2016/ref/dict/tab/t4_2-eng.cfm).

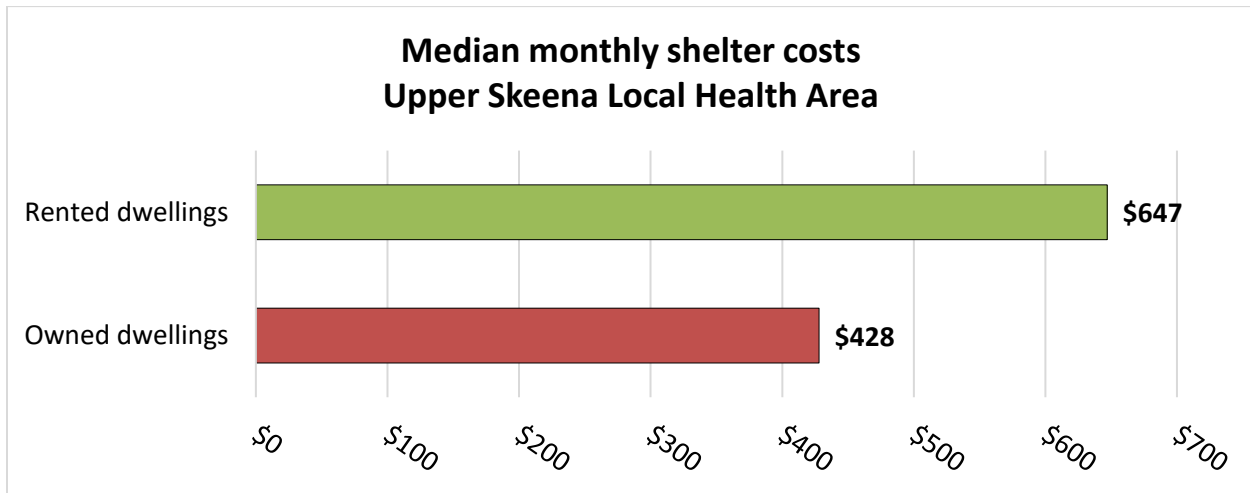
## Housing

**Figure 8** displays the median monthly housing costs for owners and renters in the Upper Skeena Local Health Area in 2016. The median monthly shelter cost for owned dwellings was \$428, while the median monthly shelter cost for rented dwellings was \$647. For reference, 76.6% of all households were owner households (1,245 households), while 20.3% were renter households (330 households) and 3.1% of households lived in band housing (50 households)<sup>26</sup>.

**Figure 15: Median monthly shelter costs, Upper Skeena Local Health Area, 2016**

Median monthly shelter cost for <b>owned dwellings</b>	Median monthly shelter cost for <b>rented dwellings</b>
\$428	\$647

\*Source: Statistics Canada, 2016 Census of Population, BC Open Data Catalogue. 2016 Census Semi-Custom profile - Health Regions of BC.



## Languages Spoken Most Often at Home

Based on 2016 Census data, there were two main languages spoken often at home (i.e., spoken often at home by 20 or more people) in the Upper Skeena Local Health Area:

- English (3,845 speakers)
- Gitxsan (205 speakers).

<sup>26</sup> Statistics Canada defines shelter cost as the average monthly total of all shelter expenses paid by households that own or rent their dwelling. Shelter costs for owner households include, where applicable, mortgage payments, property taxes and condominium fees, along with the costs of electricity, heat, water and other municipal services. For renter households, shelter costs include, where applicable, the rent and the costs of electricity, heat, water and other municipal services.

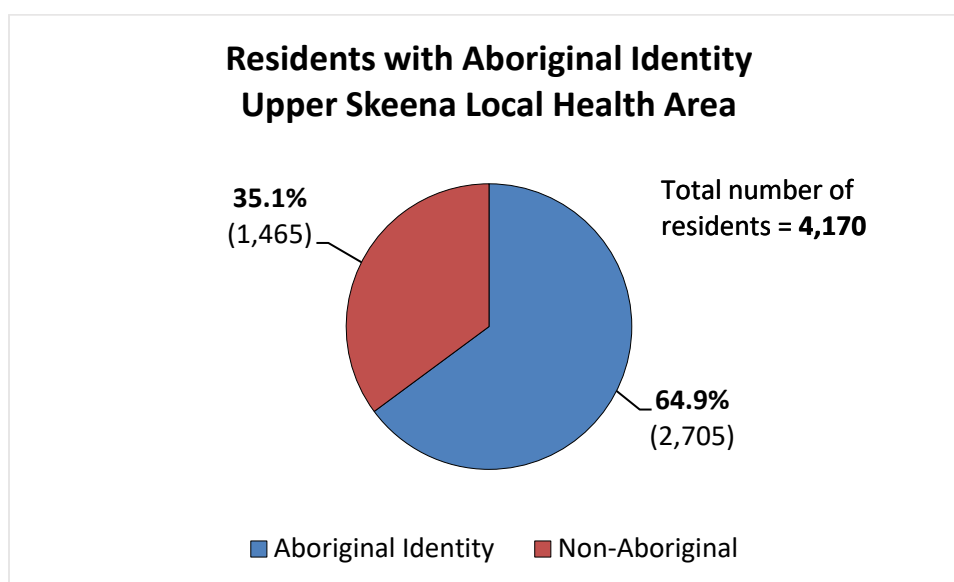
## Indigenous Population

According to Statistics Canada, Aboriginal identity includes persons who are First Nations, Metis, Inuk and/or those who are Registered or Treaty Indians, and/or those who have membership in a First Nation or Indian band.<sup>27</sup> The number and percentage of residents with Aboriginal identity is displayed in **Figure 9**. There were 2,705 Indigenous residents or 64.9% of all residents in the Upper Skeena Local Health Area in 2016.

**Figure 16: Indigenous residents, Upper Skeena Local Health Area, 2016**

Number Aboriginal Identity	Percentage Aboriginal Identity
2,705	64.9%

*\*Source: Statistics Canada, 2016 Census of Population, BC Open Data Catalogue. 2016 Census Semi-Custom profile - Health Regions of BC.*



<sup>27</sup> For definition of Aboriginal identity, see: <https://www12.statcan.gc.ca/census-recensement/2016/ref/dict/pop001-eng.cfm>

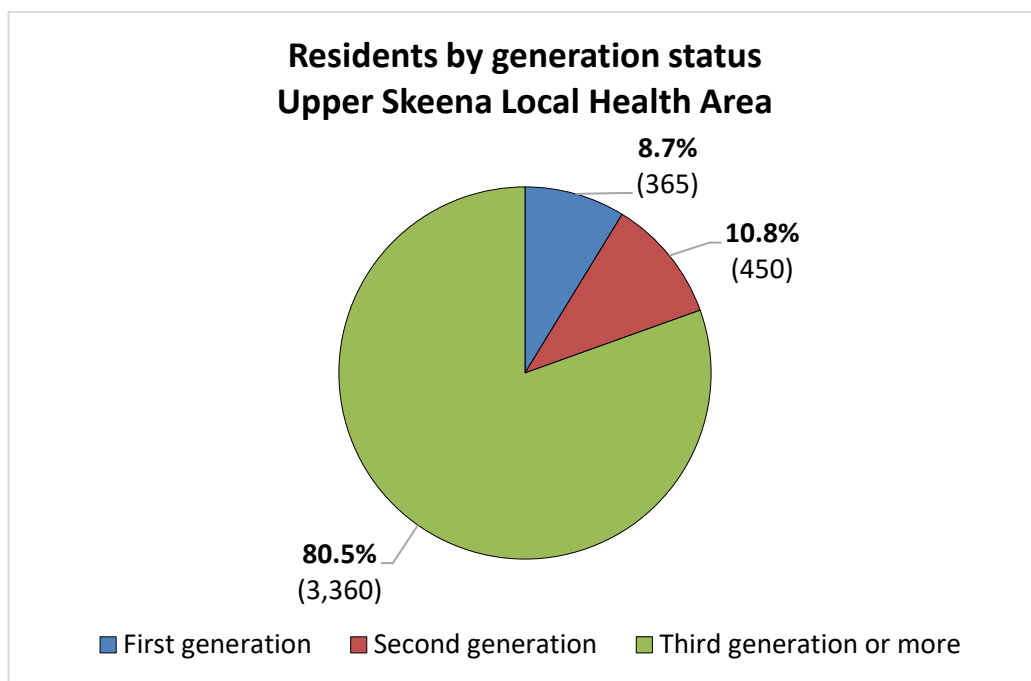
## Immigration

**Figure 10** displays the number and percent of individuals who were first, second, or third-generation or more residents of Canada in the Upper Skeena Local Health Area in 2016. The majority of the Upper Skeena Local Health Area's residents (3,360 out of 4,175 residents, or 80.5% of all residents) were third (or more) generation Canadians.

**Figure 17: Residents – breakdown by generation status, Upper Skeena Local Health Area, 2016**

Generation Status	Number	Percentage
First generation	365	8.7%
Second generation	450	10.8%
Third generation or more	3,360	80.5%
<b>Total</b>	<b>4,175</b>	<b>100.0%</b>

\*Source: Statistics Canada, 2016 Census of Population, BC Open Data Catalogue. 2016 Census Semi-Custom profile - Health Regions of BC.



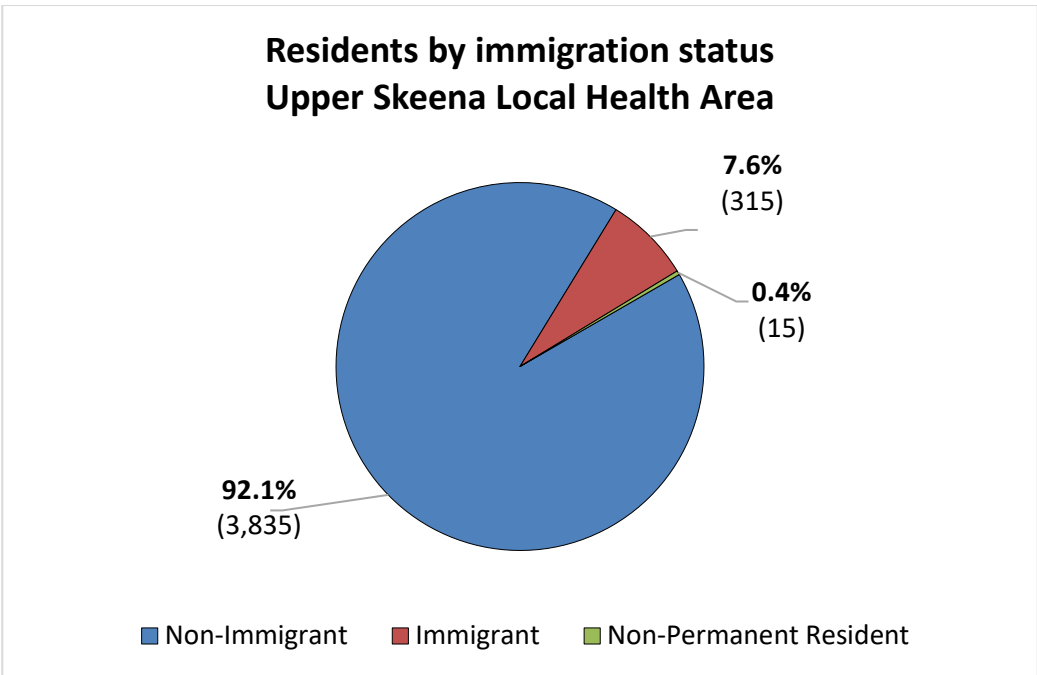


**Figure 11** displays the number of residents by immigrant status in the Upper Skeena Local Health Area in 2016. Almost all residents were non-immigrants (3,835 out of 4,165 residents, 92.1% of residents).

**Figure 18: Residents - broken down by immigration status, Upper Skeena Local Health Area, 2016**

Immigration Status	Number	Percentage
Non-Immigrant	3,835	92.1%
Immigrant	315	7.6%
Non-Permanent Resident	15	0.4%
<b>Total</b>	<b>4,165</b>	<b>100.0%</b>

*\*Source: Statistics Canada, 2016 Census of Population, BC Open Data Catalogue. 2016 Census Semi-Custom profile - Health Regions of BC.*



## Residential Mobility

**Figure 12** displays the number of residents, as of 2016, who had moved to their current community within the Upper Skeena Local Health Area within the past year and within the past five years. 265 Upper Skeena Local Health Area residents (1+ years old) had moved to their current community within the past year (6.4% of all Upper Skeena Local Health Area residents). 630 Upper Skeena Local Health Area residents had moved to their current community within the past five years (16.1% of all Upper Skeena Local Health Area residents).

**Figure 19: Residents who moved from outside their community to their current community within the Upper Skeena Local Health Area within the past year and within the past 5 years, 2016**

	Number	Percentage
Moved to their current community in the past year (among residents 1+ years old only)	265	6.4%
Moved to their current community in the past 5 years (among residents 5+ years old only)	630	16.1%

\*Source: Statistics Canada, 2016 Census of Population, BC Open Data Catalogue. 2016 Census Semi-Custom profile - Health Regions of BC.

## Employment

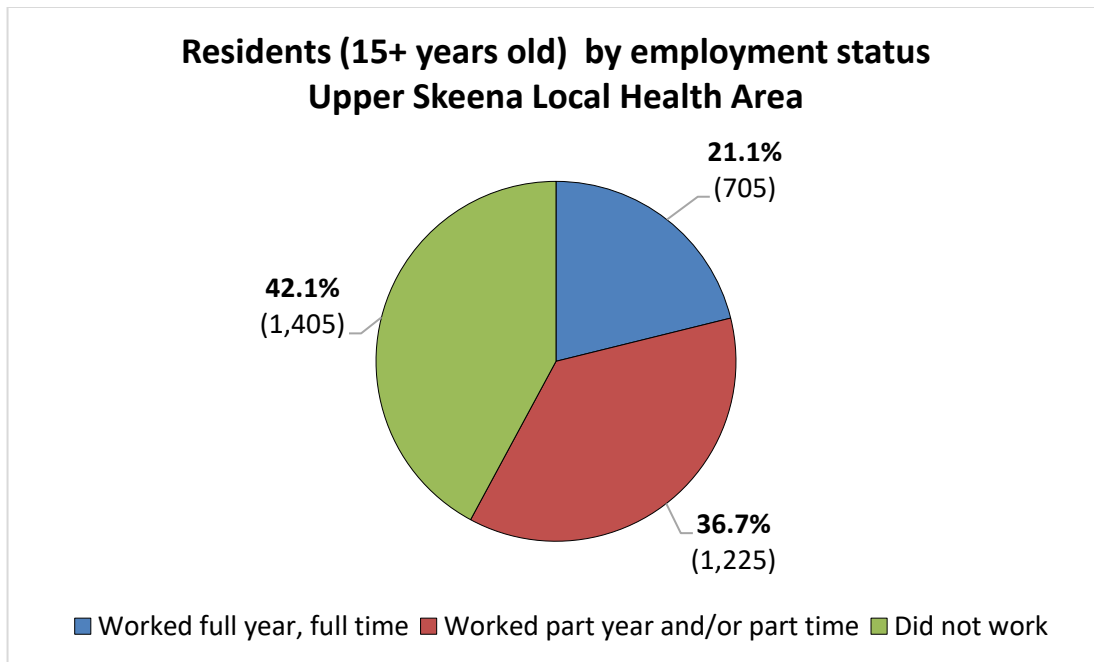
**Figure 13** shows the number and share of Upper Skeena Local Health Area residents 15 years and older who worked full year, full time; part year and/or part time; and who did not work in 2015. The largest number of 15+ years old did not work in 2015 (1,405 residents, 42.1% of residents 15+ years old), followed by part year/part time workers (1,225 residents, 36.7%) and full year full time workers (705 residents, 21.1%).

\*Can we draw on more recent employment data?

**Figure 20: Percent of population (15+ years old) and number of individuals by work activity in 2015, Upper Skeena Local Health Area**

Employment Status	Number	Percentage
Worked full year, full time	705	21.1%
Worked part year and/or part time	1,225	36.7%
Did not work	1,405	42.1%
<b>Total</b>	<b>3,335</b>	<b>100.0%</b>

\*Source: Statistics Canada, 2016 Census of Population, BC Open Data Catalogue. 2016 Census Semi-Custom profile - Health Regions of BC.

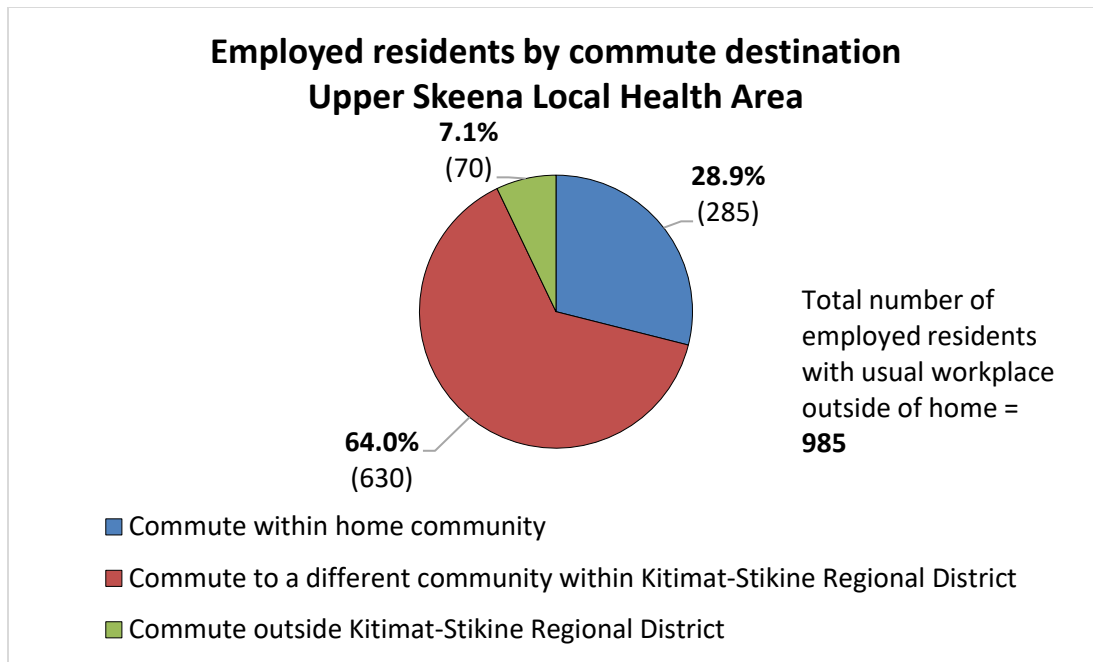


**Figure 14** displays the percentage of workers who lived within the Upper Skeena Local Health Area (with a usual place of work outside the home) and their commuting destinations. The majority of these workers (630 out of 985 workers, or 64.0% of these workers) commuted outside their home community but still within the Kitimat-Stikine Regional District.

**Figure 21: Workers by commute destination for workers (with a usual place of work outside the home) who lived within the Upper Skeena Local Health Area, 2016**

	Number	Percentage
Commute within home community	285	28.9%
Commute to a different community within Kitimat-Stikine Regional District	630	64.0%
Commute outside Kitimat-Stikine Regional District	70	7.1%
<b>Total</b>	<b>985</b>	<b>100.0%</b>

*\*Source: Statistics Canada, 2016 Census of Population, BC Open Data Catalogue. 2016 Census Semi-Custom profile - Health Regions of BC.*



**Figure 15** displays the commuting duration for employed residents of the Upper Skeena Local Health Area who commuted to work in 2016. The majority of commuters had a commute of less than 15 minutes (670 out of 1,285 commuters, or 52.1% of commuters).

**Figure 22: Commuting duration for employed residents of the Upper Skeena Local Health Area, aged 15+, 2016**

	Number	Percentage
Less than 15 minutes	670	52.1%
15 to 29 minutes	285	22.2%
30 to 44 minutes	145	11.3%
45 to 59 minutes	40	3.1%
60+ minutes	145	11.3%
<b>Total</b>	<b>1,285</b>	<b>100.0%</b>

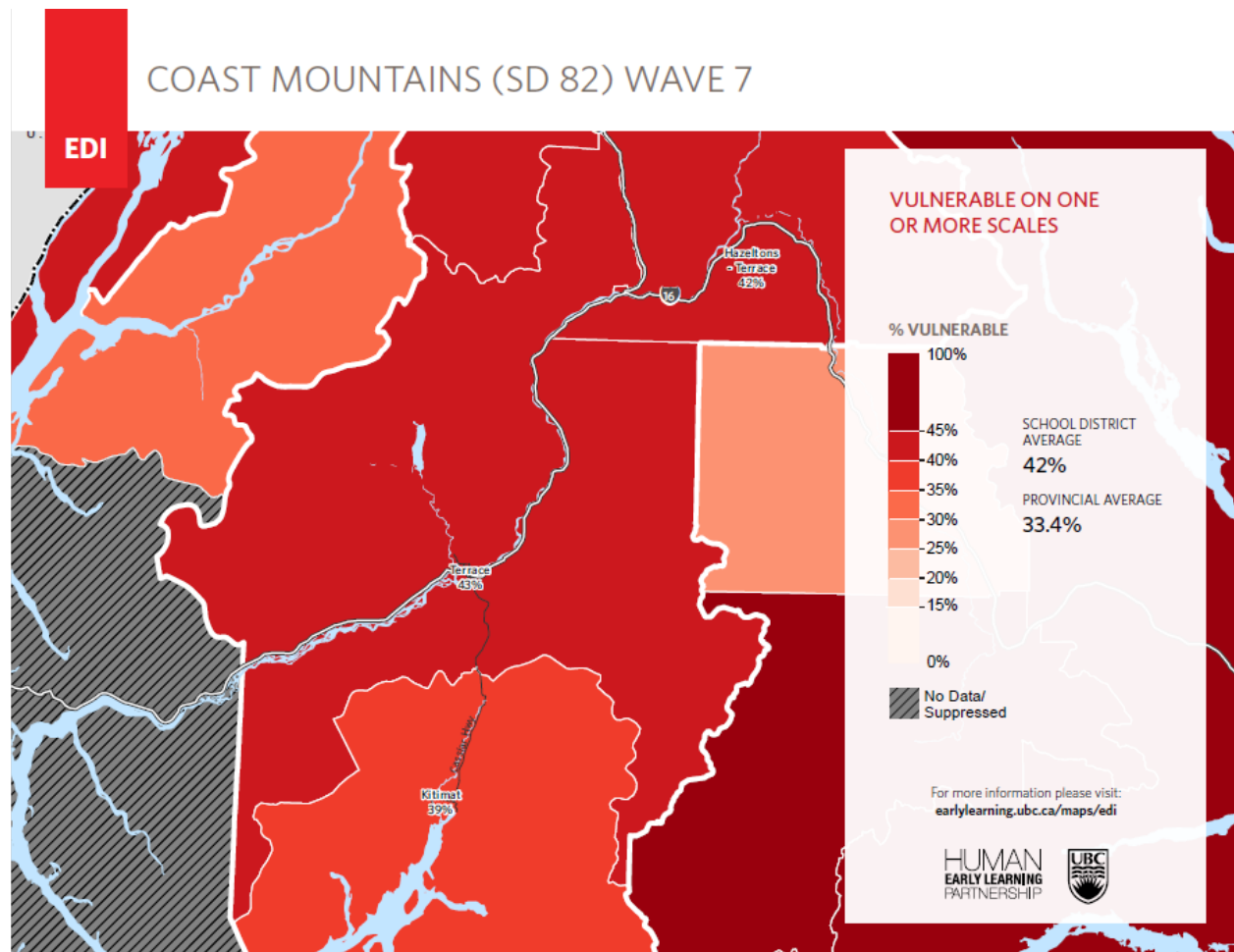
\*Source: Statistics Canada, 2016 Census of Population, BC Open Data Catalogue. 2016 Census Semi-Custom profile - Health Regions of BC.

## EDI (Early Development Instrument) for School District 82

The Early Development Instrument (EDI) is used to assess childhood vulnerability by surveying kindergarten children around the province. Vulnerable children are defined as those who, without additional support and care, are more likely to experience challenges in their school years and beyond. EDI is measured along five scales: Physical Health & Well-Being, Social Competence, Emotional Maturity, Language & Cognitive Development, and Communication Skills & General Knowledge. A complete description of the EDI can be found at <http://earlylearning.ubc.ca/maps/data/>.

This section presents an overview of the number and share of kindergarten children surveyed who were vulnerable on at least one of the five scales in the School District during Wave 7 (2016-2019). It includes maps of vulnerability rates by HELP neighbourhood for School District 82 and for the surrounding areas to provide regional context.

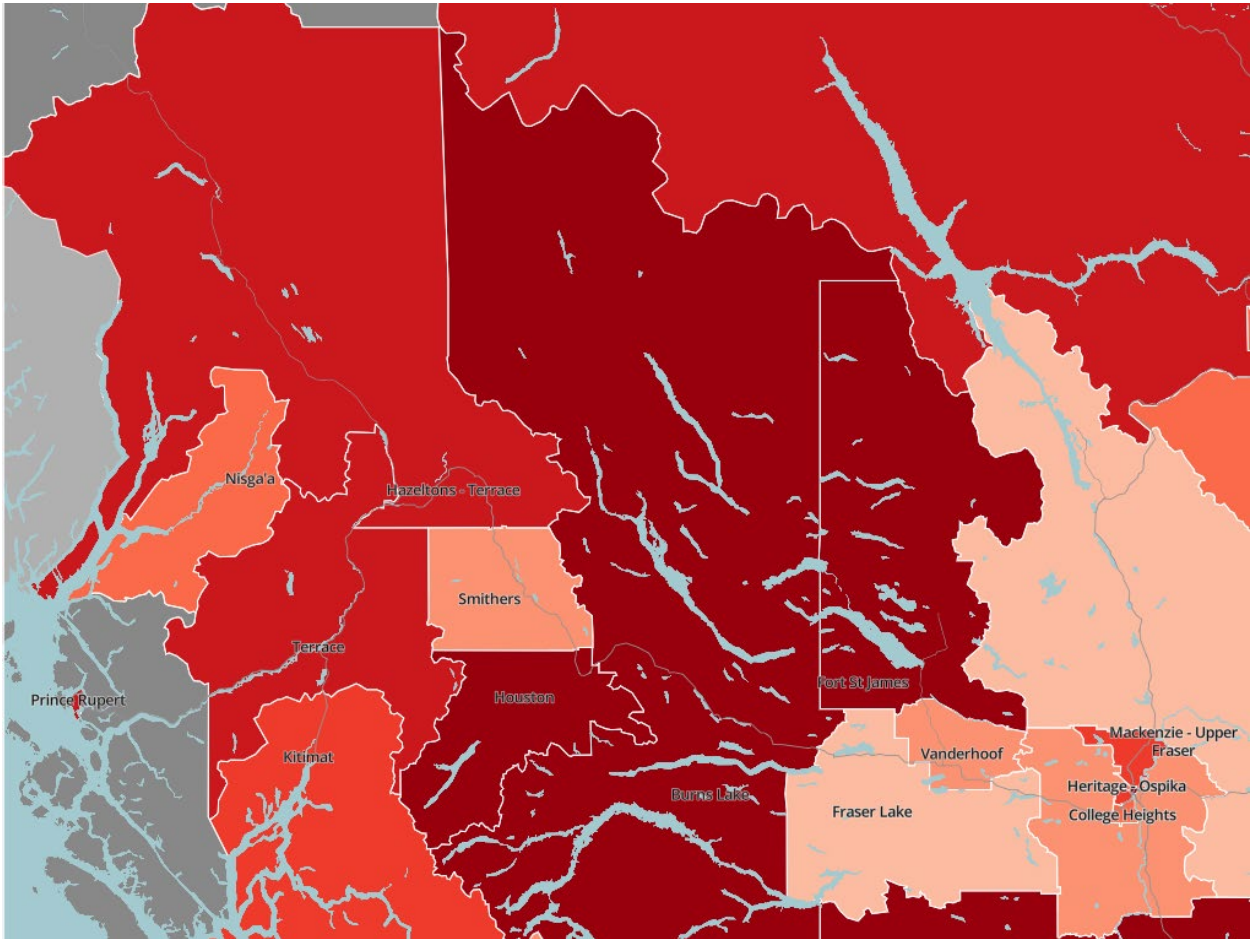
Figure 23: Map of EDI for School District 82 (Coast Mountain School District), Wave 7 (2016-2019)



\*Source: UBC (University of British Columbia). HELP (Human Early Learning Partnership). EDI (Early Development Instrument). Website. Coast Mountain School District. Wave 7 Community Profile.

[http://earlylearning.ubc.ca/media/edi\\_w7\\_communityprofiles/edi\\_w7\\_communityprofile\\_sd\\_82.pdf](http://earlylearning.ubc.ca/media/edi_w7_communityprofiles/edi_w7_communityprofile_sd_82.pdf)

Figure 24: Map of EDI for Surrounding Area, Wave 7 (2016-2019)



\*Source: UBC (University of British Columbia). HELP (Human Early Learning Partnership). EDI (Early Development Instrument). Website. Interactive Map.  
<http://earlylearning.ubc.ca/interactive-map/>

During Wave 7 (2016-2019), 42% of kindergarten students in the Coast Mountain School District (which includes the Upper Skeena Local Health Area areas as well as some other areas such as the Terrace and Kitimat) were vulnerable on at least one of the five scales (**Figure 16**), which was higher than BC as a whole (33%). Of the EDI neighbourhoods of the Coast Mountain School District (**Figure 18**), Terrace (43%) had the highest vulnerability rate, followed by Hazeltons – Terrace (42%) and Kitimat (39%).

**Figure 25: EDI (by HELP Neighbourhood), School District 82 (Coast Mountain School District), Wave 7 (2016-2019)**

<b>Neighbourhood</b>	<b>Number of Children</b>	<b>Percentage Vulnerable on One or More Scale</b>
Hazeltons-Terrace	65	42%
Kitimat	120	39%
Terrace	295	43%
<b>Coast Mountain School District (School District 82)</b>	<b>480</b>	<b>42%</b>
All participating BC School Districts	43,377	33%

*\*Source: UBC (University of British Columbia). HELP (Human Early Learning Partnership). EDI (Early Development Instrument). Website. Coast Mountain School District. Wave 7 Community Profile.*

[http://earlylearning.ubc.ca/media/edi\\_w7\\_communityprofiles/edi\\_w7\\_communityprofile\\_sd\\_82.pdf](http://earlylearning.ubc.ca/media/edi_w7_communityprofiles/edi_w7_communityprofile_sd_82.pdf)

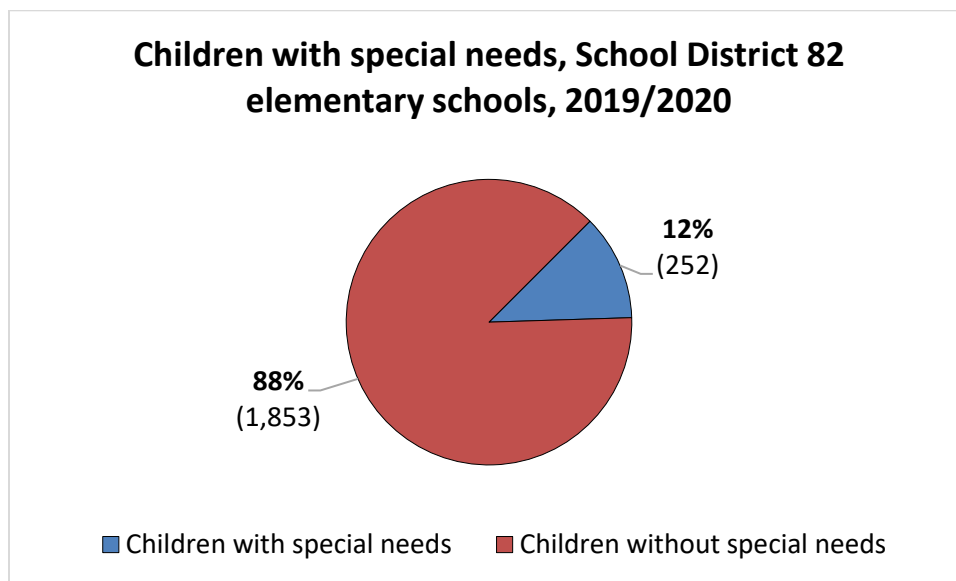
## Special Needs

**Figure 19** presents the number and percentage of elementary school children with special needs in School District 82 (Coast Mountain School District) in the 2019/20 school year<sup>28</sup>. There were 252 elementary school students with special needs (or 12.0% of all elementary school students).

**Figure 26: Children who had special needs, School District 82 (Coast Mountain School District) elementary schools, 2019/2020**

	Number	Percent
<b>School District 82</b>	252	12.0%

*\*Source: BC Government. Open Data Catalogue - Student Enrollment and FTE by Grade.*



<sup>28</sup> According to the BC Government's Ministry of Education, the following categories are special needs: Physically Dependent; Deafblind; Moderate to Profound Intellectual Disability; Physical Disability or Chronic Health Impairment; Visual Impairment; Deaf or Hard of Hearing; Autism Spectrum Disorder; Intensive Behaviour Interventions or Serious Mental Illness; Mild Intellectual Disabilities; Gifted; Learning Disability; and Students Requiring Behaviour Support or Students with Mental Illness. For more information, please visit BC Government. Ministry of Education. Student Success. Glossary. Special Needs Categories. <https://studentsuccess.gov.bc.ca/glossary>



The Infant Development Program (IDP) and the Aboriginal Infant Development Programs (AIDP) are programs for children birth to 3 years who have a diagnosed disability or are at risk of having a developmental delay. Services are delivered in the home. Supported Child Development (SCD) and Aboriginal Supported Child Development (ASCD) are programs for children, infant through school age, who require extra support in the child care setting they attend. Services are primarily delivered in the child care programs. The number of children served by these programs in the Region are shown below.

**Figure 27: Children using IDP, AIDP, SCD, and ASCD**

Infant Development Program & Aboriginal Infant Development Program	Supported Child Development & Aboriginal Supported Child Development
25	25 children (all not yet in school)

*\*Source: Local organizations that hold contracts for the IDP, AIDP, SCD, and ASCD programs.*

## Elementary Schools and Licensed Child Care

We show below a list of all public elementary schools in Upper Skeena region and their elementary student enrollment for the 2019/2020 school year. None of these schools have child care on site.

**Figure 28: Public elementary schools within School District 82, with school enrollment in 2019/20**

School Name	Jurisdiction	Enrollment
Kitwanga Elementary	Kitwanga	82
Majagaleehl Gali Aks Elementary	Hazelton	115
New Hazelton Elementary	New Hazelton	145

*\*Source: BC Government. Open Data Catalogue - Student Enrollment and FTE by Grade and information provided by School District 82.*

However, child care is available on-site at Gitwangak Elementary School and Gitanyow Independent School. The full list of band schools with elementary enrollment in the Upper Skeena region is shown below, with elementary student enrollment for the 2019/20 school year and number and type of child care spaces available on-site.

**Figure 29: Band schools within Upper Skeena, with school enrollment in 2019/20**

School Name	Enrollment	Child Care On-Site?	Group under 36 months	Group 3 – 5 years	Preschool	Before /After School	Multi-Age
Kispiox Community School	107						
Gitwangak Elementary		Y		20			16
Gitsegukla Elementary Band School	39						
Gitanyow Independent School		Y	26	26			

*\*Source: BC Government. Open Data Catalogue - Student Enrollment and FTE by Grade and information provided by School District 82.*

## Child Care 2020

**Figure 23** presents an overview of the number of child care spaces by number of children in each age group in the Upper Skeena Local Health Area. The child population data used here comes from BC Stats Population Projections for 2020 rather than the 2016 Census.

For reference, the province overall has 18.4 child care spaces for every 100 children and Canada has 27.2. There were 20.3 spaces per 100 children (0-12 years old) in the Upper Skeena Local Health Area, which was slightly higher than the provincial average but lower than the Canadian average. There were 46.2 group (30 months to school age) spaces per 100 children in this age group, followed by 7.7 group (birth to 36 months) spaces per 100 children in that age group. There are no licensed school age group care programs in the area.

**Figure 30: Child care spaces (2020) by type versus child population by age group (2020), Upper Skeena Local Health Area**

License type	Number of spaces	Age group	# of children	Spaces per 100 children in this age group
Group (birth to 36 months)	11	0-2-years old	142	7.7
Group (30 months to school age)	61	3-4-years old and half of all 5-years old	132	46.2
Group (school age)	0	6-12-years old and half of all 5-years old	348	0
All others (licensed preschool, group multi-age, family child care, in-home multi-age)	54	General	-	-
<b>Total child care spaces</b>	<b>126</b>	<b>Total 0-12-years old</b>	<b>622</b>	<b>20.3</b>

*\*Source: Child Care Inventory, Northern Health Licensing, and population data from BC Stats. Population Projections, last updated October 2020.*

In addition to the 126 child care spaces located within Upper Skeena Local Health Area boundaries, there were also 36 child care spaces in Gitwangak and 52 child care spaces in Gitanyow, both of which are located just outside of the Upper Skeena Local Health Area. These spaces are shown in **Figure 24** below.

**Figure 31: Child care spaces (2020) by type: Gitanyow and Gitwangak**

Community	License type	Number of spaces
<b>Gitanyow</b>	Group (birth to 36 months)	26
	Group (30 months to school age)	26
	Group (school age)	0
	All others (licensed preschool, group multi-age, family child care, in-home multi-age)	0
	<b>Total</b>	<b>52</b>
<b>Gitwangak</b>	Group (birth to 36 months)	0
	Group (30 months to school age)	20
	Group (school age)	0
	All others (licensed preschool, group multi-age, family child care, in-home multi-age)	16
	<b>Total</b>	<b>36</b>

*\*Source: UBCM Child Care Inventory, Northern Health Licensing.*

Due to small population sizes of these communities, it is not possible to show the number of children by the age groups presented in Figure 20, and so not possible to estimate child care spaces per 100 children by age group. Instead, to contextualize the child care spaces available in Gitanyow and Gitwangak, **Figure 25** shows the number of children in these communities 0 to 4 years, 5 to 9 years, and 10 to 14 years.

**Figure 32: Child population in Gitanyow and Gitwangak, 2016**

	Gitanyow	Gitwangak
0 to 4 Years	30	25
5 to 9 Years	35	30
10 to 14 Years	40	35
<b>0 to 14 Years</b>	<b>105</b>	<b>95</b>

*\*Source: Statistics Canada, 2016 Census, Profiles of a community or region: 98-316-X2016001.*

## Child Care Auspice

A summary of the number of programs and spaces offered by service type and auspice is shown in **Figure 26**. In the Upper Skeena Local Health Area, Gitanyow, and Gitwangak, 64.5% of all spaces (138 spaces) and half of all programs are not-for-profit. One-third of spaces (32.2%, 69 spaces) and 41.7% of programs are run by Indigenous governments. There is one licensed family child care program and no not-for-profit run child care.

**Figure 33: Child care programs and spaces by service type and auspice, Upper Skeena Local Health Area + Gitanyow, Gitwangak, 2020**

	Family and in-home care	For-profit	Not-for-profit	Indigenous Government	Total
Spaces	7 (3.3%)	0 (0%)	138 (64.5%)	69 (32.2%)	<b>214</b> <b>(100%)</b>
Programs	1 (8.3%)	0 (0%)	6 (50.0%)	5 (41.7%)	<b>12</b> <b>(100%)</b>

\*Source: UBCM Child Care Inventory, Northern Health Licensing.

## Development Priorities

There is a new municipal hall being planned for New Hazelton, with construction tentatively set for starting in May 2021 and completed in the fall of 2021.

## Recreational Programs for Children and Families

The Upper Skeena Recreation Centre has been operating since September 2019 (with some disruptions to programming due to the COVID-19 pandemic). It has hosted two iterations of after-school recreational programming where children are bussed to the centres from surrounding schools. The Recreation Centre has also offered minor hockey, junior skate, parent and tot skating, basketball camps, and day camps during school Professional Development days.

## Appendix D – Summary of all Recommendations

All recommended actions are summarized below by priority area. For this purposes of this plan, short term is defined as within 1 to 2 years, medium term is 3 to 5 years, and long term is 6 to 10 years.

### Priority 1: Increase Access to Child Care

Action	Time Frame	External Partners
<p>1. Endorse the space creation targets of 158 new spaces for Upper Skeena by 2030:</p> <p>Infant/Toddler: 50% coverage = 51 spaces            Preschooler: 75% coverage = 2 spaces            School Ager: 33% coverage = 105 spaces</p>	Short	None
<p>2. Work with other public partners (i.e. Northern Health, School District 82, local First Nations) to create an inventory of prospective opportunities for child care development by identifying:</p> <p>a) potential land or facilities that could be used for child care</p> <p>b) underutilized or vacant spaces or land, including parks or crown land that could be repurposed for child care</p> <p>c) public assets (buildings and land) that are slated for capital redevelopment</p>	Short	Northern Health, School District 82, First Nations, community service agencies
<p>3. Work closely with the new Skeena Valley Education Society to secure funding and a suitable location for their proposed 62-67 Child Care Centre by</p> <ul style="list-style-type: none"> <li>Option 1: Exploring the feasibility of having a local government (i.e. Village, District, School District) apply for and access funds for the Provincial capital funding to take advantage of the larger contribution and then partner with the Society for the management and operations of the centre; or, at minimum</li> </ul>	Short	Northern Health, School District 82, First Nations, Wrinch Memorial Hospital, Gitksan Government Commission, Skeena Valley Education Society

Action	Time Frame	External Partners
<ul style="list-style-type: none"> <li>Option 2: Working with other Public Partners who have facilities expertise (i.e. Wrinch Memorial Hospital, School District 82, or Gitksan Government Commission) to assist and support the Skeena Valley Education Centre with their capital grant application</li> </ul>		
<p>4. Work with School District 82 to develop licensed before and after school programs (for children 5 to 9-years-old) in Kitwanga, Majagalehl Gali Aks and New Hazelton Elementary Schools</p> <ul style="list-style-type: none"> <li>Also explore the possibility of having on-site full day school age care for school professional development days and school breaks including summer at these schools</li> </ul>	Short	Child care providers, School District 82
<p>5. Explore options for supporting the transportation of children for school age child care programs (build on the successful work that was done with BC Transit for the Recreation Programs and the partnership with the school district and their Mini Bus)</p>	Medium (and tied to action on new school age spaces)	School District 82, BC Transit, Regional District of Kitimat-Stikine
<p>6. Work with Wrinch Memorial Hospital and Northern Health to ensure that child care spaces are included as a priority for the Major Capital Planning work that is underway for the hospital</p>	Medium/Long	Northern Health, Wrinch Hospital
<p>7. Link child care to affordable housing strategies and to affordable housing plans (i.e. those that are underway through the Skeena Housing Coalition</p>	Medium/Long	BC Housing, Skeena Housing Coalition, the

Action	Time Frame	External Partners
and the BC Housing site proposed for the old curling rink)		Gitksan Government Commission
8. Work with public partners, like the School District or health authority to access Provincial Capital funding to build child care spaces and develop a structured partnership with the Province to replicate the process for multiple programs and sites	Short/Medium	Province, School District 82, not-for-profit operators
9. Identify a staff position(s)* as the child care facilitator/point person with overall responsibility for child care, including assisting applicants with the processes * This would be a function added onto an existing position.	Short	None
10. Identify and implement changes to local government processes and regulations for facilitating child care, including alignment with Northern Health Licensing, prioritization of child care in the OCP's, and review of bylaws, as detailed in the Planning Framework and Bylaw Review Report  (i.e. Village: amend the zoning by-law to clarify in which zones the child care centres would be permitted; District: consider expansion of the number of zones in which child care operations would be permitted and remove the cap of 8 children per facility)	Medium	Consultation with recent applicants, Northern Health
11. Update the local government website to add child care information for providers who are interested	Medium	Child care providers, Northern Health, Bulkley Valley Child



Action	Time Frame	External Partners
<p>in opening spaces and parents who are looking for care:</p> <p>a) ensure the information for opening spaces is based on the assumption that applicants have limited prior knowledge</p> <p>b) provide links to the CCR&amp;R and MCFD child care map for parents looking for child care</p>		Care Resource & Referral Program
12. Work with community partners, recreation and library staff and School District to develop a variety of after-school programs (not licensed child care) that support children aged 10-12	Medium	Parks and library staff, School District 82, Upper Skeena Recreation Centre

**Priority 2: Make Child Care More Affordable**

Action	Time Frame	Partners
1. If suitable sites are found, lease local government and public spaces/land to non-profit child care providers at below-market and affordable lease rates	Ongoing	Non-profit providers
2. Consider amendments to the Permissive Tax Exemptions Policy to explicitly state that not-for-profit child care operations could be eligible for an exemption	Ongoing	Non-profit providers

Action	Time Frame	Partners
3. Monitor child care fees in the Upper Skeena Region	Ongoing	Child Care Resource and Referral Program
4. Advocate to senior governments to reduce the cost of child care and increase compensation for child care workers	Short/Medium/Long	School District 82, local governments
5. Consider the introduction of a Community Grants program to provide modest support to non-profit child care providers as even a small amount can go a long way  (This could be used to assist with facility upgrades/maintenance.)	Short/Medium	Non-profit child care providers
6. Partner with the local Child Care Resource and Referral Program to enhance the promotion of the BC's Affordable Child Care Benefit Program so that: a) More families are aware of the subsidy program that is available  b) More child care providers are aware of the program and can help parents with the application processes	Short	Child Care Resource and Referral Program and local child care operators

### Priority 3: Focus on Quality

Action	Time Frame	Partners
1. Work with, support, and encourage the non-profit and public sector in developing new facilities to meet the child care space targets	Medium/Long	Skeena Valley Education Society, non-profit organizations, local First Nations, School District 82
2. Explore feasibility and options for creating guidelines for child care spaces that the local governments may develop if they are partnering in child care (i.e. program mixes, operating expectations like affordable fees, good wages and working conditions)	Medium	Northern Health, Non-profit providers
3. Support the Province in its “Early Care and Learning Recruitment and Retention Strategy” initiative through joint advocacy	Short	School District 82, child care providers
4. Work with School District 82 to explore a dual credit ECE Program for local high school students to encourage a career and local employment and work with local child care providers to offer ECE Practicums	Short	School District 82, child care providers
5. Develop new partnerships with post-secondary training institutions to offer local ECE training programs	Short/Medium	Northern Lights College, Gitxsan Development Corporation, Nicola Valley Institute, Coast Mountain College

## Priority 4: Strengthen Collaborations and Partnerships

Action	Time Frame	Partners
1. Explore the development of a local child care action/planning table that brings child care providers, and support services like supported child care, Northern Health Licensing, family support agencies, the School District and First Nations together with the local governments to focus on child care needs and the implementation of the child care action plan	Short	School District 82, child care providers, non-profit agencies, family support, Northern Health Licensing, First Nations
2. Continue to build supportive and learning relationships with First Nations to support Indigenous perspectives, history and culturally appropriate and supportive child care in the Upper Skeena	Ongoing	First Nations, child care operators
3. Build partnerships with the School District around child care to: <ul style="list-style-type: none"> <li>a) Facilitate use of school spaces and grounds for school age care operations where possible</li> <li>b) Support the Provincial direction toward an enhanced role for the School District regarding school age child care</li> </ul>	Short/Medium	School District 82
4. Explore a partnership with the RDKS Economic Development Department and the Upper Skeena Development Centre for a Child Care Project to support training, recruitment, and employment of ECE's	Short/Medium	RDKS, USDC, child care providers, School District 82
5. Consider the development of a public education/communication campaign that informs on the needs for child care, the	Short/Medium	Local governments and School District, the new

Action	Time Frame	Partners
importance of child care to the community, and the actions that are underway to improve the child care situation in the Upper Skeena		Child Care Planning Group (as noted in #1)
6. Provide regular briefings to elected officials on the child care situation (local governments, provincial, federal, and School Board) and commit to offer an orientation on child care matters to elected officials after each election	Ongoing	The new Child Care Planning Group (as noted in #1)
7. Recognize and honour the value of child care workers and the child care in the community by supporting Child Care month on an annual basis	Short	Child Care Resource and Referral Program, the new Child Care Planning Group
<p>8. Coordinated advocacy to senior governments to provide support to the child care sector and families in the following areas, and other priorities that arise:</p> <ul style="list-style-type: none"> <li>a) Ensuring that the needs of Upper Skeena children are a priority for new spaces in provincial planning and funding</li> <li>b) Recruitment and remuneration of ECE's</li> <li>c) Increased resources to support children with additional needs through the Supported Child Development</li> <li>d) Lower fees for families</li> <li>e) Funds needed to support non-traditional hours of care</li> </ul>	Short/Medium	Local Governments, including First Nations and School District 82

