

HEALTH
PROFESSIONS
COUNCIL

RECOMMENDATIONS
ON THE DESIGNATION
OF EARLY CHILDHOOD
EDUCATION

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Application by the
Early Childhood Educators of British Columbia

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FOREWORD

This report is in response to an application by the Early Childhood Educators of British Columbia for designation under the *Health Professions Act* (RSBC 1996, c. 183). Under the *Health Professions Act*, the Health Professions Council is a six-person advisory body appointed by the Government of British Columbia to make recommendations to the Minister of Health and Minister Responsible for Seniors about the regulation of health professions. This report is the result of an investigation of the profession of Early Childhood Educators by a three-member panel of the Health Professions Council.

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EXECUTIVE SUMMARY

In its review of the application for designation submitted by the Early Childhood Educators of British Columbia, the Health Professions Council applied the Public Interest Criteria as directed by the *Health Professions Act*. The Council reviewed the information provided by the applicant and information gathered during the research and written consultation phases of its investigation. As a result of the consultation process the Council received sufficient information to reach its conclusion. Therefore, the Council determined that a hearing was not necessary.

The Council first considered whether the practice of early childhood education is a “health profession” as defined in section 1 of the *Health Professions Act*: “a profession in which a person exercises skill or judgment or provides a service related to (a) the preservation or improvement of the health of individuals, or (b) the treatment or care of individuals who are injured, sick, disabled or infirm.”

The Council was not convinced that the practice of early childhood education is a health profession within both the definition and criteria set out in the *Health Professions Act* and the *Health Professions Act Regulation*. Therefore the Council could not recommend designation as a health profession under the *Health Professions Act*.

In previous applications, the Council has applied the section 5 criteria to determine if an applicant who meets the section 1 definition should be designated. In this case, although the applicant was not a health profession, the Council decided to look closely at the risk of harm criteria for four reasons:

- 1) The broad definition of "health profession" outlined in the *HPA*;
- 2) The findings of the *Report of the Gove Inquiry into Child Protection in British Columbia*;
- 3) Information provided by the applicant which indicated that ECE increasingly deals with children who may be considered to be at risk for a number of reasons; and
- 4) The use of the *HPA* criteria may be illustrative of how other professions could be evaluated for risk of harm.

In applying the risk of harm criteria found in section 5(1) of the *Regulation*, the Council found a potential risk of harm exists in the practice of ECE. The Council then applied the section 5(2) criteria and found that these support self-regulation.

The Council determined that the risk of harm in the practice of ECE is not addressed by the *Community Care Facilities Act* and *Child Care Regulation*. The Council recommends that the practice of early childhood education be regulated as a self-governing profession;

however, the *Health Professions Act* is not the appropriate legislation, because early childhood education is not a health profession.

The Council recommends that:

- 1) The practice of early childhood education not be designated as a health profession under the *Health Professions Act*, and
- 2) Legislation modeled on the *Health Professions Act* be developed to regulate social service professions, including early childhood education.

RECOMMENDATIONS ON THE DESIGNATION OF EARLY CHILDHOOD EDUCATION

I. GENERAL BACKGROUND

In 1998, the Early Childhood Educators of British Columbia (the applicant), estimated that there were approximately 45,000 individuals in the practice of early childhood education (ECE) in British Columbia. Of this number, there were 6,000 who hold their current license to practice as an early childhood educator (ECEducator) from the Ministry of Health, Community Care Facilities Branch. 33,000 individuals have received early childhood assistant (ECA) status from the Ministry of Health, Community Care Facilities Branch, and practice under the supervision of an ECEducator.

In BC, the practice of ECE is currently regulated through the *Community Care Facility Act*, section 5.5 and the *Child Care Licensing Regulation*, sections 6, 7, 8, and 9. It is the opinion of the applicant that the current legislation is inadequate to ensure the safety and well being of young children. Therefore, the applicant seeks to be regulated under the *Health Professions Act (HPA)*.

OTHER JURISDICTIONS

No Canadian jurisdictions currently recognize ECE as a self-regulating health profession. In response to inquiries by the Council, the following provinces indicated:

- In 1993, Child and Youth Care Association of Alberta (CYCAA) applied for designation under the *Health Disciplines Act (HDA)* in Alberta. The Health Disciplines Board concluded that the practice of ECE warranted designation. The Departments of Health and Wellness and Children's Services questioned the appropriateness of regulating ECEducators under the *HDA* and therefore did not designate the profession under the *HDA*. Currently, the practice of ECE in Alberta is regulated under *The Social Care Facilities Act*.
- In Saskatchewan, ECE is regulated under the *Child Care Regulations and An Act to Promote the Growth and Development of Children and to Support the Provision of Child Care Services to Saskatchewan Families*.
- Child care workers in Manitoba are not a self-regulating profession. In Manitoba, ECEducators are currently regulated under *The Community Child Day Care Standards Act* through the Child Day Care Program, which is a branch of the Department of Family Services and Housing.

- The practice of ECE is not a self-regulating profession in Ontario. The practice of ECE is regulated under the *Day Nurseries Act*.
- In Quebec, ECE is not self-regulated. ECE is regulated under *An Act Respecting Child Day Care*.
- In Nova Scotia, ECE is regulated under the *Day Care Act and Regulations*.
- In New Brunswick, the practice of ECE is not a self-regulating profession. The profession is currently regulated under the *Child and Family Services and Family Relations Act* through the Department of Family and Community Services.
- In Prince Edward Island, ECE is governed by the *Child Care Facilities Act and Child Care Facilities Regulations*.
- In Newfoundland, ECE is regulated under *An Act Respecting Day Care and Homemaker Services*.
- In the Northwest Territories, ECE and child care programs are regulated by *The Act Respecting Child Day Care Facilities* and *The Child Day Care Standards and Regulations* administered by the Department of Education, Culture, and Employment, not through self-regulation.
- In the Yukon, ECE is regulated under the *Child Care Act, Family Day-Home Regulations*, and the *Day Care Centre Regulations*.

The applicant has been the professional association for ECEducators for 30 years. The BC Preschool Teachers Association was formed in 1969 and was incorporated under the *Society Act* in November, 1970. In 1986, the name was changed to the Early Childhood Educators of British Columbia.

II. APPLICATION AND PROCESS OF INVESTIGATION

This investigation was undertaken because the applicant requested designation of early childhood education as a self-regulating health profession under the *HPA*. An application was submitted to the Council on September 9, 1997. An addendum to the original application was submitted on May 6, 1999.

The Council conducted an extensive consultation process with over 200 health professions, educational institutions, regulatory bodies, other provinces, stakeholders, and the applicant. The Council made site visits to various types of child care facilities in the lower mainland, including infant, toddler, pre-school, and special needs programs. A summary of responses to the consultation is included as Appendix A.

III. STATEMENT OF ISSUES

The Council identified three issues involving the regulation of the practice of early childhood education. In assessing the public interest in the regulation of this profession, the Council considered:

- 1) whether early childhood education meets the definition of "health profession" as described in section 1 of the *HPA*;
- 2) the extent to which the practice of early childhood education may involve a risk of physical, mental or emotional harm to the health, safety, or well being of the public according to section 5(1) of the *HPA Regulation*; and
- 3) whether it would be in the public interest to designate the profession of early childhood education under the *HPA*, having regard to the Public Interest Criteria set out in section 5(1) and (2) of the *HPA Regulation*.

IV. RECOMMENDATIONS

Pursuant to section 10 of *HPA*, the Health Professions Council recommends to the Minister of Health and Minister Responsible for Seniors that:

- 1) The practice of early childhood education not be designated as a health profession under the *Health Professions Act*, and
- 2) Legislation modeled on the *Health Professions Act* be developed to regulate social service professions, including early childhood education.

V. RATIONALE FOR RECOMMENDATIONS

A. DESIGNATION, SCOPE OF PRACTICE AND RESERVED ACTS

In order to proceed under section 10 of the *HPA* to recommend the designation of ECE, the Council must determine that the applicant's profession comes within the definition of a "health profession" as set out in section 1 of the *HPA* and that designation is in the public interest pursuant to section 5 of the *HPA Regulation*.

1. Definition of "Health Profession"

Whether ECE meets the definition of a "health profession" is considered by the Council to be an issue of major concern in its decision whether or not to recommend designation.

Section 1 of the *HPA* defines a health profession as:

... a profession in which a person exercises skill or judgement or provides a service related to

(a) the preservation or improvement of the health of individuals, or

(b) the treatment or care of individuals who are injured, sick, disabled or infirm.

Because the definition of "health profession" includes the provision of a service related to the preservation or improvement of the health of individuals, it could apply to many kinds of services. This is particularly true if "health" is considered in terms of the broader view of health as defined by the World Health Organization - European Region (WHO) in 1984 and quoted in *Closer to Home: Summary of the Report of the BC Royal Commission on Health Care and Costs*, Volume 1, 1991 at page 5:

Health is the extent to which an individual or group is able, on the one hand, to realize aspirations and satisfy needs; and, on the other hand, to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources, as well as physical capacities.

The WHO definition of "health" is so comprehensive that if used to describe a "profession", it could encompass all professions who offer any human service or for that matter, any service which affects quality of life.

A review of the application and research conducted by the Council indicates that the

required tasks and services performed by ECEducators and ECAs are set out in Schedule “D” of the *Child Care Licensing Regulation*. These tasks and services include:

- *observe and assess children’s behaviour in planning and individualizing teaching practices and curriculum;*
- *establish and maintain positive and productive relationships with families;*
- *support the development and learning of individual children, recognizing that children are best understood in the context of family, culture, and society; and*
- *demonstrate an understanding of the early childhood profession and make a commitment to professionalism.*

In *Closer to Home: Summary of the Report of the BC Royal Commission on Health Care and Costs*, Volume 1, 1991 B-4:, the commission states:

It is necessary to distinguish between health and the things which influence health. Although the definitions of health attributed to the European Regional Office of the World Health Organization and the Ottawa Charter for Health Promotion are very broad in scope, health status is easier to identify and more meaningful to measure if the things that influence health are removed from these definitions.

The Council believes the services provided by ECEducators and ECAs are related to the social determinants of health or "the things that influence health" as referred to above. Practitioners of ECE do not provide direct health services to people. The Council acknowledges that social service professions have an impact on the social determinants of health. However, the Council does not believe the *HPA* was intended to govern all such professions. The provisions of the *HPA* are intended for those professions who provide a direct health service rather than those human services related to the social determinants of health such as educational, housing and financial services.

As noted by BC Association of Clinical Counsellors in its response to the Council’s consultation letter:

While the BCACC acknowledges and supports the important work that ECEs provide in promoting the health, safety and well-being of the children who are in their care, those services do not equate to the type of health care services that are provided by health professionals.

The scope and nature of the services that ECEs provide appears to be akin to those provided by teachers in BC’s public and private school system.

In the same submission, the BC Association of Clinical Counsellors also suggested that the

Council consider the following when determining whether or not the practice of ECE meets the *HPA* definition of “health profession”:

- *whether the majority of the services provided by an ECE are directed primarily toward improving health, or whether they are directed more toward the determinants of health, such as education or social adjustment;*
- *whether the public commonly associates the services provided by an ECE to be like the health care services that are provided by BC’s existing, regulated health care professions;*
- *what proportion of the educational background of ECEs is directed toward understanding human physiology, anatomy, psychology, etc. and is that training similar to the educational background of BC’s existing, regulated health care professions, in particular those who provide services that are similar to those provided by ECEs.*

A similar submission was received from the Vancouver/Richmond Health Board:

... early childhood educators are not seen as “health” providers, but (as their title implies) educators.

The Director of Public Health and Preventive Services for the Okanagan Similkameen Health Region (OSHR) also has doubts as to whether a regulatory body under the *HPA* is appropriate for the practice of ECE. In its submission, the OSHR stated that the proposed scope of practice is not completely reflective of the primary training of ECEducators which is in the area of child development, not delivery of health care in the traditional sense. OSHR also noted its particular concern with the statements related to diagnoses, treatment, and medical intervention. OSHR stressed that it is inappropriate that an ECE practitioner would have any scope related to diagnosis and treatment. Further, OSHR stated that ECE practitioners may perform delegated, child specific, health care tasks provided they receive the proper training and supervision, and this role would be similar to the role of certified educational assistants in the school setting.

The College of Physicians and Surgeons of BC, the BC Pediatric Society, the UBC Department of Pediatrics, the BC Association of Clinical Counsellors, the BC Medical Association, the Vancouver/Richmond Health Board, and the OSHR concur that ECEducators and ECAs are not health professionals.

After carrying out this first step in reviewing the application, the Council believes that designation under the *HPA* is not an appropriate model for regulating the practice of ECE. The applicant’s main task appears to be provision of education and child care, not health

care. The Council has determined that ECE is not a "health profession" as defined in the *HPA*.

Recommendation 1:

Therefore, the Health Professions Council recommends that:

The practice of early childhood education not be designated as a health profession under the *Health Professions Act*.

In previous applications the Council has applied the section 5 criteria to determine if an applicant who meets the section 1 definition should be designated. In this case, although the applicant did not meet the definition of health profession, the Council decided to look closely at the section 5 criteria that address risk of harm and the ability to self-regulate for four reasons:

8. The broad definition of "health profession" outlined in the *HPA*;
9. The findings of the *Report of the Gove Inquiry into Child Protection in British Columbia*;
10. Information provided by the applicant which indicated that ECE increasingly deals with children who may be considered to be at risk for a number of reasons; and
11. The use of the *HPA* criteria may be illustrative of how other professions could be evaluated for risk of harm.

During the course of its investigation into the practice of ECE, the Council became aware of efforts by the Ministry of Children and Families to develop a regulatory framework for social service professionals, including ECEducators. Although ECEducators do not provide direct health care services, the Council proceeded to review the risk of harm criteria because the population served by the applicant's members is considered vulnerable for reasons of age, special needs, and the relative degree of isolation and independence in settings where ECEducators work "in loco parentis". To the extent that the Council's analysis and the results of its investigation and consultation process will assist in the development of alternative legislation to regulate social service professionals, the Council determined that it was appropriate to set out its findings in this report.

2. Public Interest Criteria

When examining an application for designation the Council considers the public interest criteria set in section 5(1) and (2) of the *HPA Regulation*. The section 5(1) criteria relate to risk of harm and must be considered by the Council while the section 5(2) criteria are discretionary and may be considered by the Council. The Council considers that some of

the criteria in the *HPA Regulation*, in particular sections 5(1) (a) and (d) could be applied in an analogous situation to a profession which is not a health profession. Other criteria in section 5(1), particularly section 5(1)(b) and (c) are clearly not appropriate for any profession which does not provide direct health care services, and as such, the Council did not apply them to ECE.

a) Section 5(1) Risk of Harm Criteria

Section 5(1) of the *HPA Regulation* states :

5.(1) For the purposes of s.10(1) of the *HPA*, the Council must consider the extent to which the practice of a health profession may involve a risk of physical, mental or emotional harm to the health, safety or well being of the public, having regard to

- (a) *the services performed by practitioners of the health profession,*
- (b) *the technology, including instruments and materials, used by practitioners,*
- (c) *the invasiveness of the procedure or mode of treatment used by practitioners, and*
- (d) *the degree to which the health profession is*
 - (i) *practiced under the supervision of another person who is qualified to practice as a member of a different health or*
 - (ii) *practiced in a currently regulated environment.*

(1) Section 5(1)(a): The services performed by practitioners of the health profession

The applicant states that its aims are to preserve, promote and improve the health of children in its care, in accordance with the purpose of the *BC Benefits (Child Care) Act*. Schedule "D" of the *Child Care Licensing Regulation* sets out the required program standards to be performed by both ECEducators and ECAs in a licensed child care facility. The Schedule is divided into five areas of concern: (1) physical development, (2) intellectual development, (3) language development, (4) emotional development, and (5) social development. The same Regulation also specifies staff qualifications for Early Childhood Educators, Special Needs Childhood Educators, Infant and Toddler Educator, and Early Childhood Assistants.

The scope of practice statement suggested by the applicant for ECE is:

to provide quality, inclusive child care services and supports that promote the health, safety and well-being of each child in ways that meet and respect the unique/diverse needs of children and their families.

The applicant further states:

The scope of practice is broad and unique to this profession and has been substantiated by international and national early childhood education organizations, experts and researchers. Recently in a provincial context, the Multi-lateral task Force on Training, Career Pathing and Labour Mobility in the Community Social Services Sector, Child Care Subsector, has identified the scope of practice as follows:

- *create and maintain a safe and healthy environment for children;*
- *plan and implement developmentally appropriate practices that meet the observed needs of children;*
- *nurture children to promote positive development;*
- *support families;*
- *share information appropriately, cooperate and coordinate efforts with other community services;*
- *develop yourself and contribute to the development of others to meet current and future need; and*
- *contribute to the effective management and administration of child care services.*

Finally, the applicant states the following with respect to proposed practice limits:

There should be no limitations or conditions on the performance of services of Early Childhood Educators or Early Childhood Assistants...

There should not be any requirement for supervision as the Early Childhood Educator and Early Childhood Assistant is an autonomous practitioner within our scope of practice....

Early Childhood Educators and Early Childhood Assistants may not determine a medical or other diagnosis and may not prescribe medication, therapy and/or counselling; however, Early Childhood Educators and Early Childhood Assistants collaborate with other health care professionals in determining diagnoses and treatment plans to perform services as a delegated function.

In emergency situations where medical intervention is necessary, the Early Childhood Educator and/or Early Childhood Assistant may be called upon to perform certain first aid acts.

The Canadian Child Care Federation (CCCF) states the above scope of practice statement is typical of the scope of good practice Canada-wide, and further states that it is well supported in the research literature on what constitutes good practice with respect to providing high quality ECE and care services which support and promote optimal child development outcomes.

During its investigation, the applicant informed the Council that since 1994, the policy of the Ministry of Children and Families has encouraged and supported child care which integrates special needs children into all child care facilities. This policy has been implemented through the *BC Benefits (Child Care) Act*. Where there had previously been specialized centres for children assessed by a social worker as in need of support, now children with any kind of special need as assessed by a social worker are integrated into any child care centre or home and special funding is provided (see Appendix B). The relevant section of the *BC Benefits (Child Care) Act* and *Regulation* are:

Section 2: Purpose of this Act

The purpose of this Act is to implement a child care system that will: ...

c) improve access to child care, including child care for children with special needs; and

BC Benefits (Child Care) Regulation: "child with special needs" means a child a) who has a physical, intellectual, emotional, communicative or behavioral impairment, and b) who, in the minister's opinion, requires additional supportive services because of that impairment.

The applicant informed the Council that the Child Care Subsidy statistics for January 30, 2001 indicate that there are 4,884 special needs files open. Additionally, the applicant indicated that the move toward supported child care has increased awareness of children's special needs and resulted in creation of new Ministry positions to work with families in terms of assessment and referral to supported child care.

(2) Section 5(1)(d): The degree to which the health profession is

(i) practiced under the supervision of another person who is qualified to practice as a member of a different health profession

The applicant stated that the practice of ECE is not subject to the direct or indirect supervision of other health care practitioners in the performance of their duties. However, ECEducators who practice their profession in licensed child care facilities are accountable

to the Licensee of the facility who is responsible under the Child Care Licensing Regulation to adhere to the regulations. There is no requirement for the Licensee of the facility to be a person qualified in ECE or as a member of a health profession.

ECEducators and ECAs typically practice in licensed child care facilities, which include:

- 1) Group Day Care (under 36 months),
- 2) Group Day Care (30 months to school age),
- 3) Preschool (30 months to school age),
- 4) Special Needs Day Care, and
- 5) Emergency Child Care

ECAs are under the supervision of ECEducators when providing services and performing tasks in licensed child care facilities, particularly when children with special health care needs are involved. Additionally, these children sometimes have health care needs beyond the care usually provided by staff in a child care setting. This may involve medical procedures which can either be provided by a non-medical professional with the appropriate training and monitoring or by a health care professional.

Licensing officers inspect child care facilities on behalf of the Ministry of Health or local Health Departments/Boards in accordance with the Child Care Licensing Regulation:

(ii) the degree to which the health profession is practiced in a currently regulated environment

ECEducators and ECAs are subject to the following legislation:

- Section 5.5 of the *Community Care Facility Act (CCFA)* and sections 6 to 9 of the *Child Care Licensing Regulation*, which set out the staff qualifications for the different levels of practice in licensed child care facilities;
- *The BC Benefit (Child Care) Act*, sections 1 and 2 which refer to the care and supervision of children in licensed child care facilities;
- *The Criminal Record Review Act*, section 2, which refers to the legal requirement that all individuals working with children undergo a criminal record check; and
- *The Child, Family and Community Services Act*, section 14, refers to the legal obligation of all persons to report child abuse to the appropriate authorities.

In addition, Licensing Officers, under the delegation of Medical Health Officers, investigate the practice of ECEducators and ECAs upon receiving a complaint. If warranted, a hearing into the individual's practice may be held. In accordance with Section 9(2) of the *CCFA*,

the Director of Licensing may:

...following a hearing at which he or she determines that cause exists, attach terms or conditions to or suspend or cancel a certificate issued under Subsection (1).

The applicant has indicated the inadequacy of current legislation to ensure the well being and safety of young children. They cite the following:

- *There is no provision to take disciplinary action for those ECEducators or ECAs who have left one employer for another in the child care field.*
- *The standards for early childhood training programs were established in 1985 and have not been changed to reflect current early childhood education practice.*
- *There is currently no authority in either the Community Care Facility Act or the Child Care Regulation to inspect, evaluate or to remove approval from an ECE educational institution.*
- *The current legislation dealing with disciplinary action is flawed. Most investigations into professional conduct/practice are based on information gathered by Licensing Officers; the investigation for an individual who has left active practice is therefore weak and can potentially pose a serious harm to young children.*
- *There is currently no obligation for ECEducators to adhere to a set code of ethics and ethical practice issues are not incorporated into the required basic competencies for graduating ECEducators.*
- *There is no Community Care Facilities Branch (CCFB) policy that outlines, mandates the content, quality or relevance to practice of the activities undertaken by an individual to renew a license.*

In an addendum, the applicant further outlined the limitations of the current *Child Care Regulation*:

- *A lack of authority to inspect, evaluate or remove an approval granted to a post secondary early childhood training program*
- *A lack of jurisdiction to approve appropriate professional development courses*
- *A lack of jurisdiction over disciplinary action*

- *No mandatory compliance with a standardized ECE code of ethics and practice standards*
- *Too few hours of professional development required for renewal of license to practice*

b) Conclusions with Respect to Risk of Harm Criteria of Section 5(1)(a), (b), (c), and (d):

After considering the section 5(1)(a) to (d) factors, the Council is satisfied that the practice of ECE may involve a risk of physical, mental, or emotional harm to the health, safety or well being of the public for the following reasons:

1. ECEducators are responsible for the care of many young children for a significant portion of their early childhood. In some cases more than fifty percent of the child's waking hours are spent in ECE or Day Care settings.
2. ECEducators are increasingly being expected to assist with the care of special needs children.
3. ECEducators are frequently a major support for families considered at risk or in need of assistance due to health or social problems.
4. While the *CCFA* is responsible for facilities licensing, it is only indirectly responsible of ECE practice. There is no regulatory body directly responsible for regulation of the education, standards of practice, and discipline of the professionals who practice within those facilities. The current regulatory scheme is not intended to deal effectively with those professional governance issues.

c) Other Criteria

The Council also applied the relevant criteria in sections 5(2)(a) to (h) of the *Regulations* under the *HPA* to the practice of ECE. The application of these criteria was crucial to the deliberations of the Council in determining whether ECE could meet criteria for self regulation under other legislation.

5(2)(a): the extent to which the health profession has demonstrated that there is a public interest in ensuring the availability of regulated services provided by the health profession

The applicant contends that it would be in the public interest to have its profession designated under *HPA* to provide the public with assurance that children from birth to

school age are being professionally cared for by ECEducators who must meet a set of standards of practice, and are competent, ethical and accountable in their practice. The applicant also states that an ECEducator who renders services in an incompetent, unethical or impaired manner can cause substantial risk of harm to the public, particularly to the physical safety, emotional and cognitive development, and the healthy growth of self-esteem of children who are under his/her care. The applicant substantiates this claim by citing the recommendation of the *Report of the Gove Inquiry into Child Protection in British Columbia* (1995), which calls for the regulation of social workers and other child welfare service providers.

5(2)(b): the extent to which the services of the health profession provide a recognized and demonstrated benefit to the health, safety or well being of the public

The applicant provided documentation prepared by the Special Needs Day Care Review Reference Committee titled *Supported Child Care: The Report of the Special Needs Day Care Review in British Columbia* that demonstrates that ECE plays an important role in the care, nutrition and education of young children as well as in the future health and well-being of individuals and the community in general. ECEducators and ECAs may be viewed as rendering complementary and supportive services to other health care practitioners that are beneficial to the health, safety or well being of the public. The collaboration consists of providing information on children's symptoms and/or behaviours that may aid health care professionals, such as community health nurses and others, in determining diagnoses and treatment care plans.

The British Columbia Dietitians' and Nutritionists' Association stated that ECEducators and ECAs work in close partnership with Registered Dietitian/Nutritionists. ECEducators and ECAs implement dietary treatment care plans prescribed by Registered Dietitian/Nutritionists for children in their care with medical conditions that require nutrition intervention.

5(2)(c): the extent to there exists a body of knowledge that forms the standards of practice of the health profession

The Council has reviewed curriculum requirements and the CCFB Submissions Guidelines which are used by the CCFB to approve ECE training programs offered through private post-secondary training institutions. The basic training program includes Child Growth and Development; ECE Program Development; Interpersonal Skills/Community Relations/Interacting with Families; Health, Nutrition, and First Aid. The recommended number of hours is 474 with 24 hours devoted to Health, Nutrition, and First Aid; however emphasis of individual programs may vary.

The applicant submits that training programs offered outside Canada vary in the level of training required, but the majority include similar content in psychology, curriculum and

program planning, health and practicum experiences. An applicant who has completed training outside of BC and wishes to register as an ECEducator in British Columbia must have his or her education evaluated through either the International Credential Evaluation Service or a Prior Learning Assessment Program offered at Douglas College and the College of New Caledonia.

In its review of curriculum requirements for ECE, the Council notes that only 24 of 474 hours are devoted to Health, Nutrition, and First Aid. The Council determined that the core body of knowledge is essentially that of an educator, not a health care provider.

The Council also notes the regulation of the practice of educators of school age children through the BC College of Teachers. The Council determined that ECE, like the teaching profession, has a core body of knowledge which could form standards of practice for the profession.

5(2)(d): whether members of the profession are awarded a certificate or degree from a recognized post-secondary educational institution

There are 31 post-secondary training institutions which have been approved by the CCFB of the Ministry of Health to offer early childhood education training, both basic (Early Childhood Education) and post-basic (Special Needs and Infant and Toddler Early Childhood Education). Schedule "B" of the *Child Care Licensing Regulation* lists the institutions approved by the CCFB.

The applicant submitted the following academic requirements for the various levels of early childhood education. A copy of the Early Childhood Education Program Requirements, which sets out curriculum requirements, is herewith attached as Appendix B:

Basic Early Childhood Education program - minimum of 428 hours of practicum together with an academic training requirement of a minimum of 474 hours.

Post-basic Infant and Toddler Early Childhood Education program - minimum of 200 hours of practicum together with an academic training requirement of a minimum of 250 hours.

Post-basic Special Needs Early Childhood Education program - minimum of 200 hours together with an academic training requirement of a minimum of 250 hours.

An early childhood assistant must complete some accredited post-secondary training in either early childhood education or a related field which the Director of Licensing deems equivalent to at least one area of required early childhood education instruction.

In BC, there are 10 post-secondary training institutions offering a Family Child Care Certificate training program of 150 hours in duration. Several community colleges also offer

School Age Child Care courses. These two programs do not require a license to practice.

At the University of British Columbia, the early childhood education program is within the Faculty of Education. Students who have already completed at least one university degree can take a 30-credit diploma program in ECE. A Master's degree or a Ph.D. program in ECE is also offered through the Faculty of Education.

5(2)(e): whether it is important that continuing competence of the practitioner be monitored

In the Council's view, monitoring continuing competence is important in the practice of any profession which involves a risk of harm to the health, safety or well-being of the public.

Section 12 of the *Child Care Licensing Regulation* states that a certificate to practise expires after five years from its date of issue. It also stipulates that on application for a renewal of certificate before its expiration the applicant must show proof of completion of the following continuing education requirements:

- (1) *300 hours of work experience in the field of early childhood education;*
and
- (2) (a) *attendance of at least 2 seminars, conferences or workshops on early childhood education, lasting a total of at least 12 hours; or*

(b) *completion of a course relating to early childhood education.*

The applicant submits that there is no CCFB policy that mandates the content, quality or relevance to practice of the activities undertaken by an individual to renew a license.

5(2)(f): the extent to which there exists within the health profession recognized leadership which has expressed a commitment to regulate the profession in the public interest

The ECEBC, the applicant, was incorporated under the *Society Act* in 1970. It established a Constitution and Bylaws and has written a new Code of Ethics in April 1994. Through its Bylaws, the ECEBC establishes membership requirements, provides for the composition and election of a Board of Directors and an Executive Council, and outlines financial and amendment procedures, as well as dissolution and winding up mechanisms. The applicant has an 18-member Board of Directors, including 6 regional Liaison Officers.

There are currently 857 members in ECEBC and 27 ECEBC branches throughout the province of BC. It is a requirement at the time of applying to become a full member of ECEBC that the individual has a current license to practice from the province. Membership

in ECEBC is voluntary and a large number of early childhood educators working with young children do not belong to the professional association.

The mission statement of ECEBC is:

ECEBC is committed to quality early child care and education for the people of this province. We support our members through advocacy and services which promote professionalism. We will work with communities, government, and organizations to achieve these goals.

The applicant also states that it has worked for the recognition of the professional status of ECE for many years.

5(2)(g): the likelihood that college established under the HPA would be capable of carrying out the duties imposed by the HPA, having regard to factors which in the view of the Council may affect the viable operation of the college

The applicant states that its members will be able to assume the financial administration responsibilities of a college through membership fees, renewal fees, assessment fees, and possible start up funding from the Ministry of Health.

In April, 1995, the Ministry of Health's CCFB received support from the Inter-Ministry Child Care Policy Team, to transfer its responsibility for the registration of early childhood educators, including disciplinary processes and the accreditation of early childhood education training programs in post-secondary institutions, to a proposed new College of Early Childhood Educators.

5(2)(h): whether designation of the health profession is likely to limit the availability of services contrary to the public interest

Because a majority of ECEducators and ECAs do not belong to the applicant societies, designation could limit availability of services if the non-members do not meet criteria required to practice.

d) Conclusions with Respect to Criteria of Section 5(2)(a to h)

Analysis of the s. 5(2) criteria supports the need for regulation of ECE and the ability of the applicant to be a self-regulating profession. The applicant has demonstrated leadership in the profession and has established an organizational structure necessary for professional governance. There is a core body of knowledge for ECE which could form the basis for standards of practice. It is clear that ECE services provide a recognized benefit to the health, safety, and well being of the public and the applicant has demonstrated that there is a public interest in ensuring the availability of regulated ECE services.

The Council considered the absence of a professional regulatory body for early childhood educators to be a significant factor in its recommendations. The Council notes that educators of school age children are regulated by the BC College of Teachers. The *School Act* regulates the delivery of school services but the *School Act* does not govern the professional practice of teachers. The Council believes that the practice of ECE needs similar professional regulation. The current provisions of the *Community Care Facilities Act* do not provide sufficient protection for the public.

The Council did not have sufficient information to determine if those ECEducators and ECAs who are not currently members of the applicant society would meet criteria for membership in a college. Should a professional regulatory body for ECE be established, this issue may present a challenge to the new college.

B. ALTERNATIVES TO DESIGNATION UNDER THE *HEALTH PROFESSIONS ACT*

The vast majority of respondents stated there is a need for legislation to regulate ECE and the Council recognizes that ECEducators provide a valuable service which contributes to the health of young children. The Council has also identified a risk of harm in the practice of ECE which supports the need for regulation.

The Council agrees that there is a need for regulation of social services professionals. There is a risk of harm in the services these professionals provide. However, the regulatory model outlined in the *HPA* refers specifically to services that are performed directly for patients during delivery of a health care service. The Council is of the view that it would not be appropriate to attempt to expand the *HPA* to cover all social services professions whose practice affects social determinants of health.

Although the *HPA* offers a narrower definition of "health profession" to deal with health service providers, the Council does not wish to diminish the importance of the broad WHO definition of health. The Council recognizes that services influencing social determinants of health are equally important.

In the *Report of the Gove Inquiry into Child Protection in British Columbia*, the Honourable Judge Thomas P. Gove recommended the professional regulation of social workers and other child welfare service providers as a measure of accountability and protection to British Columbia's most vulnerable, the children. He recommended that the professional integrity of those working with young children be regulated by a self-governing professional body.

The Council believes that recommendations made with regard to child welfare service providers apply equally to early childhood educators. In view of the ages of the children served and the increasing numbers of children and families who are considered to be at risk and who rely on ECE for supportive services, the Council believes it would be more

appropriate to regulate ECE in conjunction with those other social service professions who work with children.

As well, in *Closer to Home: Summary of the Report of the BC Royal Commission on Health Care and Costs*, Volume 1, 1991, the commission recommends that:

...all levels of government establish procedures to ensure that existing and proposed programs and legislation promote better health.

While the Council believes it would not be appropriate to expand the *HPA* to cover all social services professions, the Council shares Judge Gove's concern and supports measures designed to ensure accountability of those working most closely with young children. The Council recommends that alternative legislation using the *HPA* as a model be developed to regulate these professions, including ECE.

The Council also considered recommending that refinements be made to the existing regulatory scheme for ECE. However, the Council determined that this would be a less effective regulatory mechanism than development of alternative legislation using the *HPA* as a model. The existing regulatory scheme is primarily one of facilities licensing, not professional practice regulation. As such it does not contain the key features of professional regulation whose primary object is to serve and protect the public, provide a code of ethics and professional accountability, continuing competency monitoring, standards of practice, peer review, and adequate disciplinary structures to assure public safety.

Recommendation 2:

Therefore, the Health Professions Council recommends that:

Legislation modeled on the *Health Professions Act* be developed to regulate social service professions, including early childhood education.

SUMMARY OF RESPONSES TO EARLY CHILDHOOD EDUCATORS APPLICATION FOR DESIGNATION

1. Early Childhood Educators of BC (ECEBC)¹

PROFESSIONAL ASSOCIATIONS/SOCIETIES

2. BC Association of Medical Radiation Technologist (BCAMRT) E-mail from Ann McMillen, President, February 7, 2000

Scope of practice

BCAMRT has no concerns about the scope of practice and feels that no limitations should be imposed on the services performed by ECEs.

Reserved titles

BCAMRT feels the proposed reserved titles serve to distinguish what the educators do and to clarify the public about the practitioners' function and role.

3. BC Medical Association (BCMA) 1 page letter from Dr. Dan MacCarthy, Director of Professional Relations, February 8, 2000

BCMA states it is unclear why early childhood educators (ECEs), whether or not they are a self-governing profession, should be included under the *Health Professions Act (HPA)*.

Scope of practice

BCMA refers to the ECEBC submission at page 3:

However, Early Childhood Educators and early Childhood Assistants collaborate with other health care professionals in determining diagnoses and treatment plans to perform services as a delegated function.

BCMA states the meaning of the above quote is unclear. BCMA feels it can offer its input after the paragraph is rewritten in a clearer and more comprehensible manner.

4. BC Association of Clinical Counsellors (BCACC) 4-page letter from George Bryce, Counsel, February 15, 2000

¹ Please note the following acronyms throughout this document:

- ECE(s) = early childhood educator(s)
- ECA(s) = early childhood assistant(s)
- ece = early childhood education

BCACC cautions the Council not to adapt the expansive WHO definition of “health” into the definition of a “health profession” under the *HPA*. It refers to the Seaton Commission’s report *Closer To Home*: “it is necessary to distinguish between health and the things which influence health.” BCACC states that if the Council does not make the same distinction, the result will be a continuous broadening of that definition such that the term will become meaningless. BCACC suggests the Council develop a criteria to help it ascertain whether a particular group meets the *HPA* definition of a health profession.

Further, BCACC notes the fact that ECEs are regulated under the *Community Care Facilities Act* which is administered by the Ministry of Health is not a determining factor whether ECEs are considered a health profession. BCACC acknowledges and supports the important work of ECEs in promoting the health, safety and well-being of children under their care. While BCACC does not doubt that ECEs interact with different types of health professionals, the services and interaction of ECEs do not mean that they are therefore also health professionals.

With respect to the issue of alternative ways of regulating ece, BCACC notes it is aware that the ECEBC is pursuing two routes to establish a regulatory body: application under the *HPA* and application as part of a proposed regulatory body for social service professionals. BCACC states that the ECEBC needs to decide which option to pursue and thereby formally abandon the other.

Finally, BCACC states the existing regulatory scheme under the *Community Care Facilities Act* needs to be further considered. BCACC refers to the short-comings of the current system which the ECEBC addended in its submission and asks if refinements made to the shortcomings would result in a reasonable alternative to establishing a new college under the *HPA*.

5. British Columbia Dietitians’ and Nutritionists’ Association (BCDNA) 1-page letter from Glenn Kissmann, President, March 21, 2000

The BCDNA supports the ECEBC’s application for self-regulation. It states that Registered Dietitian/Nutritionists work in close partnership with ECEs and ECAs as part of the interdisciplinary team in different environments. The collaboration consists of providing information on children’s symptoms and/or behaviours that may aid health care professionals in determining diagnoses and treatment care plans. ECEs and ECAs implement dietary treatment care plans prescribed by Registered Dietitian/Nutritionists for children in their care with medical conditions that require nutrition intervention. The BCDNA encourages standardized nutrition education as there is a potential risk of harm from incompetent practice if these treatment care plans are not implemented correctly.

Scope of practice

The BCDNA states it has no concerns about the proposed scope of practice statement and

feels that no limitations should be imposed on the performance of services by practitioners.

6. **BC Association of Speech/Language Pathologists and Audiologists (BCASLPA)**
1-page letter from Michelle Smits, President, and Sue Wastie, Co-Chair, April 26, 2000

The BCASLPA makes no comment at this time.

7. **Certified Dental Assistants of BC (CDABC)**
1-page letter from Marlene Robinson, Executive Director, April 20, 2000

The CDABC states it will not participate or comment on this application process.

REGULATORY BODIES

8. **College of Physicians and Surgeons of BC (CPSBC)**
1-page letter from Dr. T.F. Handley, Registrar, March 31, 2000

CPSBC attaches its letters to the BCMA, to the Department of Pediatrics, UBC and the BC Pediatric Society, below.

1-page letter from BCMA's Dan MacCarthy (see submission #3, at page 1)

Department of Pediatrics, UBC (UBC Pediatrics)
1 page letter from Judith G. Hall, Professor and Head, March 17, 2000

UBC Pediatrics feels that regulating ECEs is useful and worthwhile, but it finds it difficult to define ECEs as health professionals. UBC Pediatrics states many aspects of ECEs' job are not health related. It suggests that ECEs develop an accreditation certification process.

BC Pediatric Society (BCPS)
1-page letter from J.D. Slater, President, March 22, 2000

The majority of members polled by the BCPS feel that ECEs are hard working individuals who are poorly paid for what they do. But the BCPS is not convinced that there is a valid criterion for recognition of ece as a self-governing profession. It questions if ECEs are a health profession. It suggests that ECEs seek designation as a teaching profession since most of them are employed in day care centres. BCPS also asks whose benefit is served if ECEs are designated. Further, it states that ece is listed as a technical or vocational program at the University of the Cariboo.² Finally, BCPS states that it is not convinced that

² BCPS had requested but not yet received a copy of curriculum from the ECE program at the University of the

BC would benefit from having yet another college of self-governing health professionals.

Scope of practice

BCPS feels the proposed scope of practice statement is overly broad and does nothing to define the role of ECEs. BCPS also asks why there is a need for separate designation of early childhood assistants (ECAs), if there are no limits placed on their supervision.

9. College of Dental Hygienists of BC (CDHBC) 1-page letter from Nancy Harwood, Registrar, April 10, 2000

The CDHBC has no comments on the application process.

OTHER ORGANIZATIONS/INDIVIDUALS

10. Vancouver/Richmond Health Board (Health Board) 2-page letter from Val Munroe, Co-Health Network Director for CHA, March 6, 2000

The Health Board states that ECEs are not seen as “health” providers but as educators, as their title implies. It states that if ECEs are designated under the *HPA* it would open the designation of health professionals to a large group of professions who consider their work to be health related.

In summary, the Health Board feels the *HPA* is not the appropriate vehicle for ECEs’ designation. However, it supports their designation in some other legislative context such as education.

Scope of practice

The Health Board states the scope of practice statement does not include what the Health Board considers as ECEs’ major purpose – promoting physical, emotional, social, cognitive and creative development of young children. The Health Board offers the following alternative scope of practice statement:

To provide quality, inclusive child care services and supports that promotes the physical, emotional, social, cognitive and creative development of young children in ways that meet and respect the unique/diverse needs of children and their families.

With respect to the issue of limitations on the performance of services by practitioners, the Health Board suggests that only ECEs be considered for designation, but in some context other than the *HPA*. The Health Board does not support the designation of ECAs without more information on their roles, functions and preparation.

Cariboo when it made this comment.

Further, the Health Board states that the title “assistant” implies a need for supervision although ECEs contend there is no need to supervise ECAs. The Health Board states that neither ECEs nor ECAs are competent to determine a medical or other diagnosis or prescribe medication, therapy and/or counselling. It does not support designation of ECAs nor the concept that they could work without supervision.

Finally, the Health Board recommends some changes to the scope of practice statement to reflect the major responsibility of ECEs in promoting child development.

**11. Okanagan Similkameen Health Region (OSHR)
3-page letter from Mary Bates, Director of Public Health and Preventive
Services, April 26, 2000**

OSHR states that given the importance of healthy child development as a significant predictor of lifelong health, and that more children are being cared for outside the home and that the number of children with special challenges are increasing, it is imperative that the basic training, practice and monitoring of ece be supported. It suggests that it is timely to support the establishment of a regulatory body at arms length from government, though it also doubts whether such a regulatory body is most appropriately supported under the *HPA*.

Scope of practice

OSHR states the proposed scope of practice is not completely reflective of the primary training of ECEs which is in the area of child development, not delivery of health care in the traditional sense. It proposes that a statement which reflected the applicant’s role in promoting health child development would clarify the context for their work.

Further, OSHR states that the points raised in the provincial document quoted are very broad and do not reflect the specific contribution of ECEs nor the role of any applicable legislation that governs the provision of child care services. It states that these points could be equally reflective of the work of parents or others who work with young children.

OSHR notes its particular concern with the statements related to diagnoses, treatment and medical intervention. It states it is inappropriate that an ECE would have any scope related to diagnosis and treatment. Further, OSHR states that ECEs may perform delegated, child specific, health care tasks, provided they receive the appropriate training and supervision, and this role would be similar to the role of certified educational assistants in the school setting. Next, OSHR states that ECE providers have basic first aid training and they would be expected to respond as any other citizen with this level of preparation. OSHR states that the expectation would not be to provide medical intervention.

Finally, OSHR states that it is difficult to support unsupervised ece practice, given the varying scope of training and the potential for limited practical experience. It states that

provision needs to be made for a supervisory component that reflects the level of training and experience of the practitioner.

Reserved titles

With regard to the title “Early Childhood Educator”, OSHR states that it connotes that the practitioner has attained some basic level of training and competence. OSHR states that currently, this title is primarily associated with the minimum level of certification and it is not clear whether it is reflective of the practitioners as a whole.

With regard to the title “Early Childhood Assistant”, OSHR states that the title is not generally recognized. It states that the only qualifications of this title are found in the *Child Care Regulations* – section 9(a), (b) and (c). OSHR states the application of these qualifiers in no way should suggest the individual has met basic competence requirements.

12. Simon Fraser Health Region (SFHR)

2-page letter from J.S. Fair, President and CEO, May 1, 2000-05-08

Scope of practice

SFHR states that presently, Licensing Officers, under the delegation of Medical Health Officers, are mandated under the *Community Care Facility Act* to investigate into the practice of ECEs and ECAs. It asks if the designation and establishment of a college will either replace or duplicate the investigative role of Licensing Officers.

With respect to the issue of practice limits, SFHR states that ECAs are not qualified to perform their duties without supervision. Thus, it states that the applicant’s claim that ECAs not be supervised warrants further clarification.

Finally, SFHR makes a comment on the following statement by the applicant:

Early Childhood Educators and Early Childhood Assistants may not determine a medical or other diagnosis and may not prescribe medication, therapy and/or counselling.

SFHR proposes to replace the underlined word “may” with “shall”. It states that since other health professions have specifically been designated under the *HPA* to practise medical diagnosis and/or to prescribe medication, therapy or counselling, it is appropriate to apply a more restrictive scope of practice for ECEs and ECAs.

Reserved titles

SFHR states that it understands that presently the minimum requirement to qualify as an ECA is the completion of at least one course of a basic ece program. It asks if the designation of the reserved title will change the requirement of being an ECA.

EDUCATIONAL PROGRAMS/UNIVERSITIES

- 13. Vancouver Community College (VCC)**
1-page letter from Gyda Chud, Senior Program Coordinator, ECCE Programs,
July 4, 2000

VCC fully endorses the substance of the application and its language and contents.

- 14. University of British Columbia Child Care Services, Department of Housing & Conferences (UBC Child Care Services)**
1-page letter from Beverly Christian, Acting Administrator, April 25, 2000

Scope of practice

UBC Child Care Services has no concerns about the proposed scope of practice statement. It states that quality ECEs help families be strong by providing stable, safe environments that are knowledgeable, supportive and friendly. It further states that ECEs as professionals are in the best position to self-monitor and supervise their work practices and ensure that practitioners adhere to professional standards. It contends that it is appropriate that ece be represented by a self-governing professional body.

Reserved titles

UBC Child Care Services states that the proposed titles “Early Childhood Educator” and “Early Childhood Assistant” are distinctive to the field of ece and should not create any confusion to the public.

- 15. Douglas College, ECE Department (DC)**
2-page submission from Pat Brown, Coordinator, ECE Department, September 30, 2000

DC supports the creation of a regulatory body for ECEs.

Scope of practice

DC agrees with the proposed scope of practice statement.

Reserved titles

DC would like to see the requirements and responsibilities regarding the title “Early Childhood Assistant” outlined and discussed more fully. It states that this title requires additional consultation to clarify the educational requirements and scope of practice of the position.

16. University of British Columbia School of Social Work and Family Studies (UBC-SWFS)
2-page submission from Graham Riches, Professor and Director, September 13, 2000

It is unclear to UBC-SWFS why ECEBC is applying for designation under the *HPA* when the ECEBC participated in the Working Group advising the Ministry of Children and Families on the establishment of a Council of Human and Social Service Professions.

Scope of Practice

UBC-SWFS understands the proposed scope of practice statement refers to the provision of day-care and services to children within the K-3 system as provided by professional and competent practitioners. In such context, UBC-SWFS agrees that no limitations or conditions be imposed on the performance of services of ECEs or ECAs.

Next, UBC-SWFS states it is important to protect the proposed statement to ensure that ece is not influenced by school based curriculum requirements at to early an age.

With respect to supervision of ECEs, UBC-SWFS states that “*supervision of staff should be an expectation, particularly of newly trained staff.*”

Reserved titles

UBC-SWFS supports both proposed titles and believes they adequately serve the public by distinguishing ECEs from other professionals providing similar services.

17. Northern Lights College (NLC)

1-page letter from Robin Krantz, Department Head, Early Childhood Education/Teacher Assistant Training, September 25, 2000

NLC states it is in the best interest to designate the profession under the *HPA*.

Scope of practice

NLC states that ECEs and ECAs work autonomously within their own scope of practice. It agrees with the limitations of ECEs in determining a medical or other diagnosis. It also stresses the collaborative nature between ECEs and other health care professionals.

Reserved titles

NLC states the proposed titles adequately serve the public by distinguishing ECEs from others.

18. Okanagan University College (OUC)

1-page letter from Barbara J. Duffy and Linda McKinlay, Faculty of Health and Social Development, September 5, 2000

Scope of practice

OUC agrees with the proposed statement and sees no additional limitations on the performance of services by ECEs.

Reserved titles

OUC agrees that the proposed titles clearly distinguishes the applicant profession from others performing similar services.

OTHER MINISTRIES IN BRITISH COLUMBIA

19. Ministry of Health and Ministry Responsible for Seniors

1-page letter from Paul Gotto, A/Executive Director, BC Ambulance Service, February 10, 2000

The respondent has no comments for this application process.

20. Ministry of Women's Equality

1-page letter from Joan Smallwood, Minister, April 18, 2000

The respondent states that she has forwarded the Council's letter to Janice Nakamura, Director, Policy and Planning.

21. Ministry of Advanced Education, Training and Technology (MAETT)

3-page submission from Gerry Armstrong, Deputy Minister, September 15, 2000

MAETT makes general comments about the role of the Community Care Facilities Branch, Ministry of Health in regulating and licensing ECEs.

Scope of practice

MAETT makes a general observation and states that the proposed statement is very broad and could apply to non-ECEs and individuals.

Reserved titles

MAETT approves of the title "Early Childhood Educator", stating it is the current classification for a person issued a certificate under the *Child Care Licensing Regulation* of the *Community Care Facility Act*, and as such, adequately serves the public in distinguishing ECEs from others performing similar services. With respect to the title "Early Childhood Assistant", MAETT states it may be confused with the classification of assistant described in the *Child Care Licensing Regulation*.

OTHER PROVINCES

22. Manitoba Deputy Minister of Health (Manitoba Health)

1-page letter from Norma G. Bonnici, February 11, 2000

Manitoba Health acknowledges receipt of the Council's letter and assures that it will be brought to the attention of the Deputy Minister and shared with senior staff at the earliest opportunity.

23. Alberta Health

2-page letter from Lynne Duncan, February 28, 2000

Alberta Health states it is inappropriate for it to comment on this application as Alberta does not regulate any comparable professional group that specifically focuses on the needs of children.

Alberta Health offers background information on the Child and Youth Care Association of Alberta (CYCAA) which applied in 1993 for designation under Alberta's *Health Disciplines Act (HDA)*. The CYCAA defined child-and-youth-care-counselor practice as focusing on the infant, child and adolescent, both normal and with special needs. The practice involves the therapeutic care of children and youth who have been removed from their homes or are in danger of being removed from their homes due to emotional/behavioral disorders or problems with their families.

The Health Disciplines Board recommended designation due to the risk associated with the practice but the Minister responsible for the *HDA* rejected the recommendation.

Both the Department of Health and Wellness and the Department of Children's Services had strong reservations about regulating this group whose majority of members practise under supervision by other regulated health professionals. In rejecting the recommendation the Minister also noted the more onerous requirements for professional self-governance under Alberta's new *Health Professions Act* where all members of a regulated professional group providing services to the public must be registered. Alberta Health includes contact information of Art McIntyre from Health Workforce Planning Branch, Alberta Health and Wellness (see submission #9a., below).

23a. Alberta Health and Wellness

1-page letter with enclosures from Art McIntyre, Senior Team Leader, Health Workforce Planning Branch, March 21, 2000

Alberta Health and Wellness encloses a copy of the Health Discipline Board's final report on the *Investigation of Child and Youth Care Counsellors (Report)*, and copies of memoranda exchanged between the Minister of Health and Wellness and the Minister of

labour who was then responsible for the administration of the Health Disciplines Board.

The *Report* by the Health Disciplines Board (HDB) recommends that the discipline of child and youth care counsellors (CYCCs) should be designated under the *HDA*. With respect to the issue of restricted activities, the HDB did not find anything to indicate CYCCs would be performing services which would fall within the category of a restricted activity, with the probable exception of “psychotherapy”.

24. Manitoba Health

2-page letter from Heather McLaren, Director, March 1, 2000

Manitoba Health states it is currently regulating ECEs through its Child Day Care Program which is a branch of Manitoba Health’s Department of Family Services and Housing. Manitoba Health quotes sections from the *Community Child Day Care Standards Act* (a copy of which is enclosed with this submission) which empower the Director of the Child Day Care Program to receive applications for, issue or refuse issuance of, cancel and suspend, a certificate authorizing employment in a day care centre. The Director’s cancellation and suspension powers are enforceable on reasonable and probable grounds if believed that an individual’s employment in a day care centre may be hazardous to the health, safety or well-being of children. Cancellation or suspension of a certificate of a child care worker can also occur when an individual makes a false statement in the application for the certificate.

Manitoba Health further states that the classifications of child care workers as “Child Care Assistant” (CCA), “Early Childhood Educator II” (ECE II) and “Early Childhood Educator III” (ECE III) are based solely on an applicant’s highest level of formal education in child care.

Finally, Manitoba Health states that there is no self-regulating professional organization for child care workers in Manitoba. However, the Manitoba Child Care Association, a non-profit membership-funded organization, “*promotes and advances child care as a profession and as a service*” and represents more than 2,500 members from all sectors of the child care community.

25. Northwest Territories Department of Health and Social Services (NWT Health)

2-page letter from Penny Ballantyne, Deputy Minister, March 24, 2000

NWT Health states that ECE and child care programs are under the Department of Education, Culture and Employment. NWT Health states it has forwarded the Council’s letter to the Department of Education. It also states that it does not currently have umbrella health legislation similar to BC’s *HPA*. With the exception of nurses, none of the health professions in NWT are self-regulating.

26. New Brunswick Health and Community Services (New Brunswick Health)

1-page letter from Paul M LeBreton, Deputy Minister, April 3, 2000

New Brunswick Health states that ECEs are not self-regulated in the province.

Scope of practice

New Brunswick Health states that the proposed scope of practice statement seems to be consistent with the duties and functions performed by ECEs across the country. It also states that the determination of medical or other diagnosis is outside the scope of practice of ECEs.

Reserved titles

New Brunswick Health states that the proposed reserved titles would adequately serve the public by distinguishing ECEs from other professionals performing similar services.

ADDITIONAL SUBMISSIONS

27. Ministry for Children and Families, *Report of the Working Group On Regulation of Social Service Professions, November 1999*

This report is in response to a number of public reports and expressions of concern about the lack of regulation of professionals working with vulnerable people. The Ministry of Children and Families appointed a working group (which includes Joyce Branscombe from the ECEBC) in May 1999 to review the issues and make recommendations for legislative, policy and other changes.

The working group:

- Identified the issues that would need to be considered in the development of any regulatory model,
- Heard presentations on the *Health Professions Act* and labour relations issues,
- Reviewed a variety of regulatory models and legislation from BC and other jurisdictions,
- Formulated a list of principles, and
- Developed a regulatory framework for the human and social service professions in BC.

Members of the working group overwhelmingly agreed that regulation of human and social service professionals is essential, and that work towards regulating the sector must begin now. The Executive Summary of the report also states that there are many compelling reasons for regulating the human and social service professions, the most important of which is protection of the public. The report further states that it is important to note that regulation is not a panacea, yet it will offer clear benefits over time to the public, government and the regulated professions. Failure to regulate will leave the sector fragmented, with haphazard entry criteria and limited ability to investigate or take action on

complaints.

The working group proposes that all human and social service professions be regulated within a single, inclusive framework under a *Human and Social Service Professions Act*. Regulation would be overseen by the Human and Social Service Professions Council, an appointed advisory body created under the act. The working group believes that this approach is the best option for BC. It has the potential to effectively address the identified issues and to uphold the principles established by the group.

28. Manitoba Child Care Association (MCCA)

2-page letter from Donna Swistun, Director of Professionalism, May 4, 2000

MCCA is a membership funded, non-profit child care organization with 2600 members comprised of ECEs, volunteer parents, academics, students, and other child advocates.

The Board of Directors of the MCCA supports the ECEBC's application for designation. It states that the application should be accepted as presented by the ECEBC. It agrees that self-regulation is an optimal mechanism of accountability to protect the public and the vulnerability of children and states that ece inclusion within the *HPA* is an appropriate way to achieve self-regulation.

Scope of practice

MCCA states that ECEs in BC, Manitoba and across Canada "*agree upon the definition of good practice*" which is supported by the research literature, taught in training programs at the community college and degree levels, promoted by licensing authorities and professional associations, and forms the foundation of philosophy at the child care centre level. It also agrees with the limitations placed on ECE scope of practice.

With respect to the issue of supervision, MCCA states that ECEs are competent in the care and education of young children and therefore, daily supervision of ECEs is unnecessary. ECAs should work as part of a team with a trained ECE, or under regular supervision by an ECE.

29. Office of the Child, Youth & Family Advocate (OCYFA)

2-page facsimile letter from Joyce Preston, Child Youth and Family Advocate, October 3, 2000

OCYFA supports this application for designation.

Scope of practice

OCYFA agrees that ECEs and ECAs should not determine a medical or other diagnosis.

Reserved titles

OCYFA supports both proposed titles.

30. Kiwassa Neighbourhood House (KNH)

1-page letter from Audrey Taylor, Manager, Child Care Programs, August 29, 2000

KHN unequivocally supports this application for designation under the *HPA*.

Scope of practice

KHN states that the proposed scope of practice statement should identify the age range of early childhood as birth to 12 years, and that infant/toddler and out-of-school care are important components of early childhood education. KHN also argues that there should be a statement emphasizing the role of ECEs in family support, education, and early intervention.

Reserved titles

MCCA states that the proposed reserved titles are quite appropriate and reflect terminology used across Canada and in other jurisdictions.

31. Unit for Child Care Research & Professional Development (Unit for Child Care) 2-page letter from M. Theresa Hunter, Co-ordinator, Unit for Child Care Research, April 20, 2000

Unit for Child Care states it supports in principle the designation of the practice of ECE as a self-governing profession and the application by the ECEBC. While the Unit for Child Care states that the practice of ECE does not fit well under the *HPA* it feels this is currently the most appropriate act under which to apply. It feels the field of ECE should not have to wait to undertake the application for self-governance. Finally, Unit for Child Care contends that since child care has been regulated for several years under the *Community Care Facilities Act* which falls within the mandate of the Ministry of Health, it is therefore appropriate for the College of ECEs to be approved under the *HPA* at this time.

32. Canadian Child Care Federation (CCCF)

2-page letter from Sandra Griffin, Executive Director, April 28, 2000

The CCCF states its board members represent a wide range of ECEs/child care practitioners working in the ECE and care field including both regulated and unregulated family child care, group care for infants through age 12, instructors in ECE in college and university settings, and researchers.

The CCCF states that it is fully supportive of the ECEBC application and that it should be accepted. The need for self-regulation is necessary as a means to protect the public and to ensure the accountability of the ECE. It further states that given the importance of the early years as the foundation for life-long learning, the critical impact that these practitioners have on long term child outcomes must be reflected in a professional structure that

ensures quality of practice.

Scope of practice

The CCCF states the proposed scope of practice statement is typical of the scope of good practice Canada-wide, and that it is well supported in the research literature on what constitutes good practice with respect to providing high quality ece and care services which support and promote optimal child development outcomes.

With respect to the limitations described on providing medication and related services to children, and on counselling and therapeutic services the CCCF states they are appropriate. With respect to supervision, the CCCF states that an early childhood assistant should have periodic supervision.

Reserved titles

The CCCF states the title “Early Childhood Educator” is a commonly accepted title in Canada, the United States, and in a number of European and Scandinavian countries as well. It also states that the title “Early Childhood Assistant” is less common but flows naturally from the title “Early Childhood Educator” and appropriately designates the individual as one who has not yet completed all the required training to be designated as an Early Childhood Educator.

33. Board of Registration of Social Workers of the Province of British Columbia (BRSW-BC) 2-page submission from Jose Rosen, Chair, November 7, 2000

Scope of practice

BRSW-BC believes the proposed statement is not unique and is so broad as to encompass social work and other services. It states it would be more useful to describe services provided by ECEs which distinguishes them from other professionals. Further, BRSW-BC disagrees that there be no limits or conditions on the performance of services of ECEs or ECAs. It states that there is no mention of training or education requirements of the two designations. Finally, BRSW-BC states that ECAs should not be considered autonomous practitioners but must be accountable to the ECE supervisor.

34. University of Victoria School of Child and Youth Care (Uvic SCYC) 1-page letter from Alan R. Pence, Professor, September 19, 2000

Uvic SCYC supports the applicant’s request for designation under the *HPA*. It states that for many years ece has been regulated under the *Community Care Facilities Act* which falls under the mandate of the Ministry of Health. Thus, Uvic SCYC finds this application for designation under the *HPA* appropriate.

Scope of practice

Uvic SCYC has no concern about the proposed statement. It also sees no necessity to impose limitations such as supervision of ECEs by other professionals.

Reserved titles

Uvic SCYC believes the proposed titles are clear and distinguish the practitioners from other professionals.

Early Childhood Education Program Requirements

(for a copy of this appendix please contact the Council's office at 604-775-3582)