

# Seeking a ‘we’: Access policies to baby rooms for cultural and neurodivergent diversities in Chile

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**Abstract:** Early Childhood Education and Care (ECEC) has gained increasing relevance in advancing social justice. Since 2006, Chile has implemented a policy-expansion to broaden access to baby rooms, prioritising disadvantaged families as a means of contributing to this goal. Drawing on international reviews of access to ECEC and baby rooms, key factors have been identified that inform policy development and deepen the understanding of the complex entanglements surrounding access. This study adopts an intercultural, decolonial, radical anti-racist, and critical feminist approach to explore how cultural and neurodivergent diversities access baby rooms, and how forms of structural racism persist within Chile’s public provision system. In-depth interviews were conducted with directors and educators, along with group interviews with mothers or caregivers, across eight extreme cases of baby rooms inaugurated after 2006, reflecting different types of provision and geographical areas. The findings reveal decolonial and radical anti-racist practices that resist structural racism and highlight forms of pedagogical commitment and democratic transformation aimed at fostering an inclusive “we”, exemplified by food practices that resist monocultural norms.

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## Introduction

Early Childhood Education and Care (ECEC) has gained increasing importance in advancing social justice. This growing relevance is linked to its capacity to mitigate social inequalities, support the holistic development and wellbeing of children, enable greater female participation in the labour market, and yield considerable social returns – particularly for families experiencing poverty (Devercelli & Beaton-Day, 2020; Organisation for Economic Co-operation and Development [OECD], 2001; United Nations Educational, Scientific and Cultural Organization [UNESCO], 2022).

In 2006, Chile implemented a policy-expansion to broaden access to ECEC, particularly in baby rooms, for babies aged between 3 months and 1 year and 11 months (aged 0–2 years). This initiative was implemented through a “public provision system”, comprising centres administered directly by the state as well as subsidised non-profit private organisations. The policy-expansion prioritised disadvantaged families through a principle of positive discrimination, particularly those with lower incomes and mothers who were studying, seeking employment, or already in work (Ministerio de Educación [MINEDUC] et al., 2005). This expansion has been recognised as the most significant in Latin America, although it remains below the average of OECD countries (Cárcamo, 2018; OECD, 2017; Staab, 2017).

This research understands the inclusive “we” as a plural and situated construction, shaped through daily pedagogical practices that embrace both cultural and neurodivergent diversities. Anchored in this approach, it examines the policy-expansion of baby rooms in Chile, with a focus on how these diversities experience access and how structural racism operates within the public provision system. The concept of *access* has been reviewed as a set of factors that facilitate the choice, admission, enrolment, and participation in ECEC (Li et al., 2017; Mitchell & Meagher-Lundberg, 2017; Vandenbroeck & Lazzari, 2014; Xie & Li, 2020) or particularly in baby rooms (Yerkes & Javornik, 2019). To deepen the understanding of access, this study incorporates *intercultural*, *decolonial*, *radical anti-racist*, and *feminist* perspectives (Anzaldúa, 2021; Césaire,

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2006; hooks, 2010/2023; Kundnani, 2023; Walsh, 2010), which allow for a critical examination of how structural inequalities shape the experiences of babies and their families. Using a qualitative methodology, interviews were conducted with directors, educators, and families to identify both decolonial and radical anti-racist practices and forms of structural racism that shape access of cultural and neurodivergent diversities to baby rooms in Chile's public provision system.

### **Access and Accessibility to Baby Rooms**

Several international reviews have examined access to ECEC and baby rooms, identifying key factors that have guided policy development and contributed to a better understanding of the complex entanglements that characterise this field (Joshi et al., 2025; Lazzari & Vandebroek, 2012; Li et al., 2014, 2017; Sindhu & Gupta, 2024; Vandebroek & Lazzari, 2014; Xie & Li, 2020; Yerkes & Javornik, 2019).

*Accessibility*, as a factors of *access*, refers to admission barriers such as language, bureaucracy, waiting lists, and institutional priorities (Lazzari & Vandebroek, 2012; Yerkes & Javornik, 2019). It also involves addressing discrimination based on religion, disability, or socioeconomic background (Li et al., 2014, 2017) or limited technological skills to complete digital admission processes (Hummel et al., 2023).

In Chile, the policy-expansion prioritises admission -or accessibility- for disadvantaged families through a principle of positive discrimination, positioning ECEC and baby rooms as mechanisms to promote greater social and educational justice (Barco & Adlerstein, 2023; Galdames, 2011; Telias et al., 2020). In this context, babies and their families receive priority when they face multiple vulnerabilities, such as rights violations, domestic violence, irregular migration status, disabilities, etc.

While the policy-expansion seeks to reduce inequalities by prioritising disadvantaged babies and families, it does not fully address how cultural diversities experience access in baby rooms. Beyond admission criteria, decolonial or radical anti-racist practices and forms of structural racism intersect to shape families' permanence within the public provision system.

### **Interculturality, Decolonial, Radical Anti-Racist, and Feminist**

Walsh's (2010) perspective on *critical interculturality* calls for dialogue between cultural diversities as a pedagogical and political act inspired by Freire (2006), serving as a tool to subvert the social structures that perpetuate racism, belittlement, and dehumanisation. Aiming to reconceptualise and re-found social structures from a position of difference, critical interculturality seeks to make visible diverse ways of thinking, acting, and living within equitable relationships, thereby challenging colonial structures. Interculturality, therefore, is not limited to indigenous or afro-descendant communities but addresses all sectors of society promoting inclusion and neurodivergent diversities. From this perspective, diversity is not something to be 'managed' or merely symbolically represented, but rather an active participation in the collective construction of social and educational justice (Fraser, 2008; Fraser & Honneth, 2006).

This counter-hegemonic orientation denounces the reproduction of colonial stereotypes that associate cultural diversity with threats or insecurities, as well as the notion of the "national" as homogeneous (Walsh, 2010). It proposes a deep dialogue between knowledge systems, challenging the "monologue of modern-western reason", the result of a racist myth that erases all difference (Walsh, 2015).

Building on this, a *decolonial perspective* (Walsh, 2010, 2015) further expands the critique by exposing the historical foundations of structural inequality, which not only racialise but also exclude and normalise ableist, monocultural, and epistemic hierarchies. While this study identifies radical anti-racist practices in the access and permanence of cultural diversities within baby rooms, it also addresses other forms of exclusion—such as those affecting babies diagnosed with neurodivergence, particularly Autism Spectrum Disorder (ASD). This is not to suggest a conceptual equivalence between race and neurodiversity; rather, both serve to illuminate how institutional frameworks and pedagogical practices reproduce inequality through homogenising expectations of development and participation. Thus, the decolonial approach allows for a broader analysis of how intersecting forms of subordination act upon historically marginalised bodies, knowledges, and experiences in ECEC.

This vision closely aligns with the *radical anti-racist* vision (Césaire, 2006; Kundnani, 2023), as both frameworks identify neoliberalism as a political and economic project that sustains liberal antiracism—an approach that celebrates cultural diversity and symbolically rejects racial discrimination, while failing to address systemic inequalities. Liberal antiracism, embedded in neoliberal logics, coexists with new forms of structural racism by blocking redistributive mechanisms and deepening social disparities (Kundnani, 2024). Within this framework, cultural difference becomes a functional tool to legitimise extraction, exploitation, and racialisation. In contrast, the radical anti-racist vision calls for collective mobilisation to dismantle structural racism, activating sources of power to build intergenerational and territorial forms of coexistence.

From a *critical feminist* perspective, maternalist discourses in ECEC settings have been examined for linking the highly feminised composition of baby room teams with intuitive and simple tasks, thereby undermining the professional nature of their work (Burman, 2008; Osgood, 2011; Sumsion, 2005). In the Latin American context, the widespread use of the term “tía” [*auntie*] rather than “educator” reinforces knowledge hierarchies, undermining the pedagogical expertise and professional practices specific to ECEC and baby rooms (Falabella et al., 2024; Freire, 2004)\*.

Following a *critical feminist* perspective, the field of ECEC is distinguished by pedagogical approaches deeply rooted in emotional well-being, care, and relational practices. Far from being a weakness, these features are a key strength of the field, as they promote horizontal relationships between leaders, educational teams, and families, grounded in trust, affection, and responsive interaction (Siraj-Blatchford & Hallet, 2014). Similarly, leadership within these teams is often collaborative, based on collective responsibility and an ethic of care, challenging traditional hierarchical structures (Adolfsson & Alvunger, 2020; Opazo et al., 2024). These practices form a professional ethos that questions conventional models of authority and affirms care and well-being as central pedagogical principles (Adlerstein & Barco, 2024; Falabella et al., 2022; Guerra et al., 2024). Within this framework, radical feminism is revisited through intersectional, decolonial, and radical anti-racist lenses that highlight the entanglement of gender with other axes of structural inequality such as race and neurodivergence. This approach allows for a conceptualisation of power relations in ECEC as shaped by multiple, intersecting forms of domination.

The policy-expansion in Chile prioritises disadvantaged families through a principle of positive discrimination, aiming to reduce inequalities in access to baby rooms. However, from a *critical feminist* perspective, bell hooks (2010/2023) warns that this so-called “positive discrimination” may in fact reinforce the paternalistic structures it seeks to dismantle. The use of the term “positive” suggests that privilege is generously granted from positions of power, without challenging the underlying logic of domination that sustains inequality. This feminist critique aligns with the principles of critical interculturality, decolonial and the radical anti-racist vision, as it interrogates how forms of structural racism operate to reproduce exclusions and boundaries (Anzaldúa, 2021).

Although research addressing cultural diversities in Chilean baby rooms is still emerging (Aracena Lobos, 2021; Silva et al., 2024), and often focuses on specific groups such as babies with disabilities, neurodivergence, migrants, or Indigenous communities (Becerra-Lubies et al., 2024; Jaramillo & Córdova, 2024; Sanhueza Henríquez & Maldonado García, 2023), there is a pressing need to move towards more comprehensive approaches. An approach to baby room access grounded in interculturality, decolonial, radical anti-racism, and critical feminism does not merely seek to incorporate traditionally excluded groups into educational structures shaped by structural racism and governed by a universal, monocultural, and homogenising logic. Rather than merely promoting the inclusion of culturally diverse groups, this study conceives access as a transformative praxis informed by interculturality, decolonial, radical anti-racist, and feminist perspectives. These perspectives make it possible to question the institutional structures and normative logics that reproduce exclusion—whether through racialisation, epistemic hierarchies, or homogenising expectations regarding development and participation. In this direction, the research

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\* It is indeed interesting to consider how the use of terms such as “aunt” and “uncle” varies across cultural contexts, particularly in regions like Africa where they are associated with high respect.

identifies decolonial and radical anti-racist and inclusive pedagogies as everyday practices of resistance and forms of structural racism that perpetuate exclusion from access to baby rooms in Chile's public provision system.

Food practices within ECEC settings are not neutral acts of care, but rather reflect complex regimes of power and regulation. Drawing on Foucault's notion of biopower (1984/1999), feeding practices can be understood as mechanisms that govern bodies and shape subjectivities through the institutional normalisation of health, development, and discipline. From this perspective, state-sanctioned notions of "healthy" or "natural" food become instruments of governmentality (Vaghi, 2023), framing certain diets as legitimate while subordinating others. Moreover, decolonial perspectives on food (Butler et al., 2019; Campos Salvaterra, 2023; Nxumalo et al., 2011) have shown how nutritional discourses often reproduce colonial hierarchies, erasing ancestral knowledge, domestic practices, and diverse understandings of nourishment. In this light, institutional feeding standards in baby rooms may reinforce monocultural norms and contribute to the racialised regulation of families and their cultural practices.

### Method

This qualitative study examines the policy-expansion of access to baby room since 2006, focusing on the perceptions of directors, educators, and families. Two research techniques were employed (Flick, 2009; Taylor & Bogdan, 1987/1994): in-depth interviews with directors and educators (N=20) and focus group interviews with mothers or caregivers of SC (N=28). The interviews were conducted in baby room settings in 2024. All participants signed an informed consent form, which ensured voluntary participation, anonymity, and the protection of their integrity, in accordance with the protocol approved by the ethics committee. The interviews were audio-recorded, transcribed using TurboScribe software, and subsequently reviewed by a research assistant.

The sample comprised 8 extreme cases of baby room in Chile (Stake, 1998), all of which were inaugurated after 2006, with two baby room selected for each type of provision and representing different geographic regions.

**Table 1**  
*Case characteristics*

Case	Provision	Regions (Macro-zones)
Baby Room 1	Subsidised non-profit private organisation	Centre
Baby Room 2	Subsidized state	Metropolitan Region
Baby Room 3	Subsidized state	Centre-South
Baby Room 4	State	North
Baby Room 5	Subsidised non-profit private organisation	Centre-South
Baby Room 6	State	Centre-South
Baby Room 7	State	Centre-South
Baby Room 8	State	North

A critical content analysis was carried out to examine the qualitative data (Fairclough & Fairclough, 2013; Fairclough, 2008). This involved coding based on emerging categories and identifying semi-regularities or recurring themes (Fletcher, 2020), followed by linking these themes to the factors influencing access to baby room. Manual coding was conducted using NVivo software, while ChatGPT served as a translation support tool.

Furthermore, during fieldwork, the theme of food emerged recurrently in the accounts of educators and families, revealing tensions between institutional knowledge and family practices. Although not initially foreseen in the methodological design, food was included in the findings as a significant dimension to illustrate decolonial and radical anti-racist pedagogies, as well as to expose subtle manifestations of structural racism within the everyday life of baby rooms.

### Findings

The findings reveal how baby rooms in Chile's public provision system navigate the challenge of

including the cultural and neurodivergent diversities of babies. Decolonial and radical anti-racist practices emerge through shared learning goals, pedagogical adaptations, and strong connections with families. However, these practices take place within a context in which structural racism persists, manifesting in the lack of specialised support, the dominance of a standardised curriculum, and expectations for families to adapt. The following sections elaborate on each of these aspects and introduce the example of food provision, highlighting certain regulations that reproduce monocultural logics and render diverse knowledges invisible.

### Types of Diversity

Baby rooms in Chile cater to a diverse population of babies. Among the main challenges identified by educators and directors are the increasing number of babies with neurodivergence, particularly ASD, babies with disabilities, migrant babies — whose families often lack knowledge of the educational system — and the presence of Indigenous babies, whose distribution varies depending on the geographical location.

We've been welcoming children for quite a while now, even before the inclusion law was in place. But I don't know what happened — ASD has really increased, and we're getting more and more children with ASD... We have to welcome them, keep welcoming them, and not just because the law says so, but because of the dignity of the children... So, how do we actually commit to these children who need to get in? (Director, Baby Room 1)

Our goal is for our families, for the mums to go to work feeling at ease — and for the ones at home to feel calm too. That they trust us. We've had children with difficulties, for example, there was a girl with motor disability and six other diagnoses. We read all the diagnoses and said, 'Right, what are we going to do to care for this beautiful little girl?' So, we spoke with the family, asked them to teach us what was going on with her, and we gave them the trust that they could leave her in our hands... We worked closely with the family. At first, they had to support us in the room with the girl because she needed a bladder catheter... They had to support us first [*the family*], and then she gave us her trust. (Director, Baby Room 3)

...I have lots of migrant families — from Chile, from other cities, and from other countries, some undocumented.

**Researcher:** And how is the work with the families and with the children?

**Educator:** With the children it's not really difficult, because they're children. They actually teach us their customs, their traditions — and they show them to the other kids too. What's a bit harder is working with the families on the rights children have — like the right to education, to healthcare, to be well, to be citizens... explaining to them how the baby room works. For instance, that they can't leave the children home alone... It happened to me recently — the mum went to work, and we found the boy out in the street at 8 in the morning, crying all alone...(Educator, Baby Room 8)

In this baby room, I have very few [*babies with Indigenous parents*]. I have Atacameño children because they have roots — grandparents or uncles who are Atacameño. But pure cultures? No. That kind of thing... the whole Indigenous culture issue is more... in [specific locality]. There it's really visible. (Director, Baby Room 8)

The concerns raised by educators and directors reveal the challenges of responding appropriately to the individual needs of each baby. However, this concern is context-dependent. Indigenous presence tends to be acknowledged only when there is a "family lineage" or in specific localities. There is no evidence of a sustained intercultural pedagogical approach, nor are educational practices mentioned that include cultural diversities not present in the immediate context.

The ethical commitment reflected in daily practices points to an decolonial and radical anti-racist pedagogy that goes beyond the legal requirement of admission, positioning itself as a means to ensure babies' continuity and permanence in baby rooms. While there is no institutional framework that explicitly embraces decolonial and radical anti-racism—that is, one that recognises cultural diversity transversally regardless of context—actions aimed at understanding, respecting, and working with all babies contribute meaningfully to their access.

### Critique and Demand for Support

A critique of the system emerges alongside demands to strengthen work with cultural and neurodivergent diversities. Educators and directors highlight the lack of tools and the unequal access to support from specialised professionals. Although some educators receive training, in many cases they must rely on self-learning and independent searches for information in order to respond to diversity, which can

result in a sense of overload.

We get some training and we pass that information on, but my educators who work with children with challenging situations – they're self-taught. They read from the materials we have, or look for others, or we ask each other... we're self-taught, we try to read and learn on our own. (Director, Baby Room 8)

You're always trying to figure out how to help the team manage. And honestly, it's too much – we don't have the tools we need. We don't know how to deal with it. We're not experts, we're educators. (Director, Baby Room 1)

Nevertheless, certain strategies have proven essential in strengthening educational work, such as the use of standardised indicators and support from external specialised professionals. These strategies provide concrete guidance that enables educational teams to adapt their pedagogical practices.

We have a standardised tool with age-based indicators... we work with the parents and tell them, 'a baby in the baby room should at least be babbling', for example. '[Your baby] isn't babbling... or isn't doing this or that...' These indicators are what we share with the family... it's a chance for the parent to say, 'I'm going to take them to the health centre'... Yes, there's a stimulation room, and we help them find support networks... and we hold meetings with professionals when parents don't want to acknowledge something but we know there's something going on. We call in someone who can support us – a social worker, a psychologist, or the inclusion support team. (Director, Baby Room 8)

Thank God we've got a special education assistant. That's something new. Some centres only get someone like that depending on the situation. Why? Because this year we've got three children with ASD. So we really needed it. (Director, Baby Room 3)

The speech therapist came and gave us a short talk. She explained roughly what happens with children with ASD – how they learn, what things might bother them, what don't. The way we comfort children is really important for us, because we comfort all the children the same way, and it turns out that with children with ASD that kind of comfort doesn't always work. It's different. And we didn't know that until she told us. (Educator, Baby Room 2)

However, the availability of these professionals remains limited, and in many cases, baby rooms lack consistent support, highlighting the need for itinerant specialists who can offer ongoing assistance.

...having professionals. Maybe not one in every baby room, but at least some kind of itinerant professional who can help us work with all the diverse children we have. Because nowadays, diversity is really broad... a speech therapist, psychologist or educational specialist – someone who can help us in areas we're not so familiar with. (Educator, Baby Room 2)

This situation has led educational teams to strengthen institutional and community networks as a strategy to address complex situations—particularly in supporting babies with ASD, whose needs are diverse and vary on a case-by-case basis. These tools often remain at a theoretical level, requiring the teams to engage in ongoing processes of interpretation and adaptation.

How do we do it? We look for help, build networks, we get training from the local centres – they sort of guide us... in March, two people were trained to work with children with ASD, giving us some guidelines because ASD is such a broad issue. We don't have a clear definition of what exactly we're supposed to work on, because it really depends on each child. So, I think the tools we get are more theoretical for the team. And now, this month, two more are going off to get training again. (Director, Baby Room 1)

In this context, structural racism becomes apparent by enabling the admission of cultural and neurodivergent diversities without ensuring the provision of specialised support, which may result in an increased burden on educational teams. This stands in contrast to the ECEC model aligned with the dominant culture, where institutional practices and resources are implicitly designed for neurotypical or Spanish-speaking families, thereby reinforcing normative expectations of development and participation. Nevertheless, the ethical commitment demonstrated by educators and directors—through everyday practices grounded in a situated radical anti-racist pedagogy—foster a critical awareness that highlights structural inequalities in support systems. In doing so, both educators and directors not only acknowledge their limitations but also call for concrete transformations to secure fair and sustainable conditions.

### **Common Learning and Community**

Based on the principle that all babies have the right to learn, baby rooms promote common learning objectives for all, regardless of their individual characteristics, needs, or diversities. This shared planning is complemented by the intentional diversification of experiences and methodologies, with the complexity

of resources and materials adjusted in accordance with guidance from external professionals—such as neurologists or inclusion teams—and the professional expertise of educators.

We work with inclusion professionals who adapt the indicators according to the need... or with external professionals like neurologists from the health centre, who come with 'prescriptions': 'I need them to learn with pictures, I need this, focus on that,' and also based on the expertise of the educator... We plan for everyone the same... learning is for everyone. What we do is reduce the level of complexity in the resources and the materials they use... (Director, Baby Room 8)

...the children choose where they want to play, and that's where diversity comes in, because some children are kinaesthetic, others are visual, others auditory — so you give them those different possibilities so they can choose and learn in different ways. (Educator, Baby Room 8)

In this way, pedagogical approaches are developed that enable each baby to achieve common learning goals through different pathways. Within this framework, experiences and methodologies are adapted to the diversity of the babies — rather than requiring babies to adapt to predetermined structures— thus challenging forms of racism associated with diagnostic or conditional segmentation, and promoting the universal right to learn.

Families, in turn, recognise and appreciate the daily efforts of educational teams in baby rooms. Migrant families particularly value these free spaces not only for the education and care provided to their babies, but also for the access to information regarding their rights. Other families highlight the daily commitment of educators in responding to specific support needs, such as for babies with ASD, sleep disorders, or disabilities.

I really liked it because I'm from Bolivia and we don't have this over there. Sure, there are baby room, but not state-funded ones, or ones that are free — I didn't know that. I thought we had to pay, because when I had her, the company let me go after six months. I didn't know I had maternity protection, I knew nothing... Then they told me, 'Go apply at [institution]'. So I went. They told me to wait for a spot to open, because it was mid-year, and she got in. (Family, Baby Room 8)

The 'tías' here were a pillar for us, because we had to start working as a team — the therapists, the speech therapist, the 'tías'. My son comes back from therapy and the 'tías' ask me, 'What are you working on? What do we need to reinforce?' And the same things I work on at home, they're working on here too... I've never felt excluded, neither me nor my son, because of his condition. (Family, Baby Room 5)

When my daughter had been there for a year and a half, she started hip and arm exercises because she was seeing a physio. And with the 'tía' and the director back then, we had to put my daughter on a big ball, do exercises with the ball, a little horse, those pony things. And they [educator and director] asked the municipality for them and they sent them. They also did the therapies with her... That's why she made progress with her hip issue. They helped her so, so much. (Family, Baby Room 2)

My son has a sleep disorder... depending on what time he wakes up in the morning is when I can bring him in. So sometimes he wakes up before six, and I can't bring him then because nap time here is at ten. I have to make sure he sleeps, and the 'tías' let me bring him after ten... the 'tías' even share their phone numbers, their WhatsApp — I tell them, 'We'll be a bit late', and they know it's because I had to get him to sleep. If they can't get him to sleep there, they let me know — they call, send a message, and I come pick him up. For me, his sleep is sacred, and if it doesn't happen, I come. (Family, Baby Room 7)

Flexible practices, close relationships, and a willingness to collaborate with other professionals and families are key elements that reinforce a sense of community and trust within educational teams. This range of experiences offers insight into how babies' diversities and family integration are built in practice— through concrete gestures of welcome and individualised support— within a pedagogy grounded in care and well-being.

Common learning goals, together with flexible experiences and methodologies, close relational bonds, and collaboration with professionals and families, contribute to challenging traditional hierarchies. However, there is no evidence of cultural knowledge, languages, or experiences being incorporated into curricular content or planning. In this regard, while the "right to learn" is upheld through the everyday commitment of educational teams, such efforts unfold within a framework of structural racism, sustained by a single national curriculum and a unilateral logic of adaptation.

### Food as an Example: Adjustments and Adaptations

Food practices in baby rooms illustrate the tensions between decolonial and radical anti-racist actions and subtle forms of structural racism related to cultural and neurodivergent diversities. Among decolonial and radical anti-racist practices observed are dietary adjustments, particularly in response to medical conditions and hypersensitivities, such as those experienced by some babies with ASD. These adjustments allow for sustained modifications in both food preparation and the institutional menu.

The food programme is more adjustable now, especially for children with ASD, because food selectivity is very common, so we absolutely have to make adjustments. In baby rooms, it's also about the types of milk. Some children are used to a specific kind of milk, and changing it gives them tummy troubles. We do all of that gradually... And with medical certificates, we adjust meals so the child can eat. A concrete example — we have two children who won't eat purée, rice, or pasta. (Director, Baby Room 3)

You know, they're really understanding. My son was being given stewed fruit as dessert, and the 'tías' told me he wasn't eating it. I asked, 'How are you giving it to him?' They said it was stewed, and I told them he doesn't like that texture — he needs the fruit in sticks so he can hold it and eat it himself... and now the 'tías' do that, they give him the fruit in sticks, and he eats it all. (Family with baby ASD, Baby Room 5)

Among migrant families, differences often arise between the nutritional approaches of baby rooms and those of the home, particularly in terms of food preparation and the use of condiments. In this context, the feeding practices promoted by educators and directors tend to guide families towards adapting to the institutional standard—framed as “healthy, natural, and additive-free nutrition”—which may result in initial rejection from babies.

Sometimes the baby doesn't want to eat here because they don't know the kind of food we serve, and at home they eat differently. So, we inform the family about the meals, that it's healthy food. All natural. No seasoning. Many families cook differently at home... It's a joint effort. Both at home and here in the baby room. We've never had issues with food because we always explain to the family: 'Look, this is what we serve,' and we invite them into the baby rooms so they can see how the 'tías' prepare the food, what it's like... and it works out fine. The family adjusts. Or they say, 'OK, 'tia', we'll prepare it the same way so the child can eat here too.' That's the idea. (Educator, Baby Room 8)

[My daughter] had a hard time settling in. I came for a month to feed her lunch because she didn't want to let the aunts near her. So she couldn't stay until midday without eating anything. I came every day to give her lunch... But then the 'tia' said, 'Let's try feeding her ourselves again.' And that's how it went. The 'tías' gave her food, and she got used to it. It was the last week, and I said, 'Last week—if she doesn't settle, I'll take her out.' (Migrant family, Baby Room 8)

Although these practices are well intentioned and focused on the nutritional well-being of babies, they may be embedded in subtle forms of structural racism when the baby room's dietary standard is imposed as the only valid model, without questioning the cultural knowledge and food traditions of diverse families, such as migrant households. The notion that families must adapt to what is established by the institution reinforces a logic that privileges “Chilean” as the “traditional” and legitimate reference point, thereby rendering other culinary practices invisible and devalued. The lack of structural transformation to recognise and legitimise alternative dietary models may consolidate a hierarchical relationship between what is standardised and what is diverse. In this sense, dietary homogenisation operates as a mechanism of symbolic domination, obscuring the racialised hierarchies embedded within daily practices. Although such exclusions are not always verbalised in racial or ethnic terms, the normalisation of a single food culture—typically associated with the Chilean mainstream—can reproduce a racialised logic that marginalises other cultural practices. Drawing on a decolonial and radical anti-racist lens, this study argues that such exclusions constitute processes of racialisation, even when not explicitly named as such, as they arise from institutional arrangements that systematically subordinate cultural difference under a universal, and often monocultural, framework.

### Conclusion and Discussion

This research set out to explore how cultural and neurodivergent diversities access baby rooms within Chile's public provision system, identifying both decolonial- radical anti-racist practices and forms of structural racism shaping that access. Drawing on critical interculturality and decolonial (Walsh, 2010,

2015), a radical anti-racist vision (Césaire, 2006; Kundnani, 2023), and critical feminism (hooks, 2010/2023; Anzaldúa, 2021), access is understood as a political experience shaped by power relations that reproduce exclusion. At the same time, situated practices within baby rooms are recognised as everyday forms of resistance that challenge these structural dynamics. These theoretical frameworks suggest that ensuring access involves not only a policy-expansion to increase coverage, but also the transformation of structural conditions that hinder educational justice.

In this context, the findings illustrate that access to baby rooms, although framed within a policy-expansion aimed at prioritising disadvantaged families, continues to be shaped by persistent structural racism. This is characterised by the lack of specialised support, the dominance of a standardised curriculum, and adaptation of families. At the same time, decolonial and radical anti-racist practices emerge through shared learning goals, pedagogical adaptations, and strong relationships with families, reinforcing a sense of community and trust (Césaire, 2006; Kundnani, 2024; Siraj-Blatchford & Hallet, 2014). These practices are embedded within a pedagogy grounded in care and well-being, which is distinctive to the ECEC level (Adlerstein & Barco, 2024; Adolfsson & Alvunger, 2020; Falabella et al., 2022; Guerra et al., 2024; Opazo et al., 2024). This study contributes to the field by offering an intersectional conceptualisation of access that recognises how power operates through interlocking structures —including race and neurodivergence— within the ECEC system.

Moreover, the findings on food provision illustrate how daily practices surrounding nutrition can become sites of cultural regulation, where institutional norms may impose monocultural standards that exclude or devalue other food traditions (Butler et al., 2019; Campos Salvaterra, 2023; Nxumalo et al., 2011; Vaghi, 2023). These moments reveal subtle forms of structural racism, as well as opportunities for pedagogical resistance and mutual adaptation. Addressing these dynamics invites further dialogue with food studies, public health, and decolonial approaches to nutrition, expanding the analytical scope of ECEC research.

Recognising these radical anti-racist practices is essential to making visible the everyday potentials for advancing an approach that not only promotes inclusion, but also dismantles the structures that have historically produced exclusion in access to baby rooms. When such practices are not supported, collective trust and the sense of an inclusive “we” are lost. This research seeks to identify tools that enable the construction of a collective experience of an inclusive “we”, without the need for an exclusionary “other”.

This article was written from a interculturality, decolonial, radical anti-racist, and feminist standpoint, albeit with a deliberately contained academic voice. This methodological choice aimed to centre the voices of educators and families, allowing critique to emerge from their situated experiences. Such a decision does not imply epistemological neutrality: as a researcher, I am deeply committed to educational justice that confronts and dismantles the structural racism shaping babies’ and families’ access to public education.

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