... multiple international assessments show that Canada, one of the wealthiest countries in the world, is among the weakest for family policy.

From Rose-Coloured Glasses to Reality

Addressing the Family Policy Deficit in Canada

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While more than 70% of mothers in Canada participate in the paid labour force (Beach et al. 2009), 44% of their one- and two-year-old children (outside of Quebec) are cared for in unregulated home settings (Cleveland et al. 2008). It's time to take off our rose-coloured glasses and engage in a healthy dialogue about the implications of this reality. When we do, Canadians will likely agree on a family policy solution that advances our human rights commitments by providing more time and resources for families to care personally for their young children, as well as high-quality, affordable child care services that help families balance their caring and earning responsibilities.

Canada's Public Reporting and International Standing

Improved public reporting by federal, provincial and territorial governments in Canada, particularly as it relates to the child care service component of family policy, is key to facilitating this national dialogue. Consider Canada's reporting to the United Nations (UN) Committee that monitors progress under the Convention on the Rights of the Child (CRC). At the completion of its last periodic review in 2003, the committee's concluding observations urged Canada to "undertake a comparative analysis at the provincial and territorial levels with a view to identifying variations in childcare provisions and their impact on children and to devise a coordinated approach to ensuring that quality childcare is available to all children, regardless of their economic status or place of residence" (CRC 2003). Canada's next CRC review is currently under way, but the 2009 public report submitted by Canadian governments to inform this review did not include the requested comparative child care analysis, nor did it present a coordinated child care plan. "The federal government defers most of the responsibility for public reporting on [child care] to the provinces and territories, each of whom provide individualized, largely descriptive comments" about their current policies rather than evaluating the effectiveness of those policies in achieving measurable objectives for quality and availability (Child Care Advocacy Association of Canada [CCAAC] and Coalition of Child Care Advocates of BC [CCCABC] 2011).

The UN review process also invites the non-governmental organization community to submit alternative reports for the committee's consideration. In their 2011 submission, CCAAC and CCCABC describe their work in recent years to encourage improved public reporting on child care services as committed by federal, provincial and territorial (FPT) governments under a series of transfer agreements that were implemented between 2000 and 2005 (Government of Canada 2011). These commitments are reinforced by broader Canadian public performance reporting guidelines developed primarily by the professional accounting community (Public Sector Accounting Board 2007). For example, in 2007, CCAAC completed a three-year, federally funded citizen engagement project designed to support the child care community in reviewing and sharing feedback with governments on their public reports. The CCAAC's project findings showed that "few governments have clear public reporting that allows the public to easily track progress … [and] none meet all of the performance and reporting requirements outlined in the FPT Agreements" (Anderson and Findlay 2007: 4).

Questions and concerns about Canada's public reporting on early childhood programs and services, including child care, have also been widely shared and discussed with governments by academics (Anderson and Findlay 2007), community organizations (First Call 2007) and the Canadian Senate (Anderson and Findlay 2007). Despite this feedback, the advocates' alternative report (CCAAC and CCCABC 2011) asserts that Canada's 2009 report to the CRC still does not meet public reporting commitments and guidelines in key areas, for the following reasons:

- **It lacks comparative data** analyses of child care service attributes (i.e., quality, access) between provinces, among industrialized countries, over time and in relation to a comprehensive plan and to UN CRC commitments.
- **It lacks key indicators** for critical performance measures including child care quality (e.g., staff training, compensation), access (e.g., average parent fees, percentage of children with access to regulated spaces) and public investment (e.g., cost per space or per child, percentage of gross domestic product [GDP] invested).
- **It lacks civil society input**, which is readily accessible online from a range of experts, community groups and associations. Where consultations and direct input have occurred, there is no synthesis of the evidence or any policy recommendations received.
- **It lacks transparency.** For example, the federal government does not discuss its decision to terminate the largest child care transfer agreement with the provinces and territories, nor does it acknowledge that this termination resulted in a 24% reduction in child care transfers between 2006–2007 and 2007–2008.

In 2005, "the Committee on the Rights of the Child determined that early childhood was not receiving adequate global attention in deliberations on the UN CRC. Furthermore, the Committee recognized that early childhood was a critical period for the realization of rights. These concerns led the Committee to assist countries which have adopted the CRC (frequently referred to in UN reports as 'states parties') to better understand their commitments to young children through the development of General Comment 7 (GC7) – Implementing Child Rights in Early Childhood" (Child Care Advocacy Association of Canada and Coalition of Child Care Advocates of BC 2011: p. 5).

Meanwhile, a cross-sectoral range of civil society groups identify the need to substantially increase public investment in and access to child care services. The Canadian Paediatric Society, for example, produces a biannual assessment of key indicators of child and youth health, along with specific recommended actions "based on clear need and on evidence that government intervention is effective" (2012: 3). Their January 2012 report observes that "the vast majority of families find child care expensive and hard to access … The Canadian Paediatric Society continues to call on the federal government to implement a national child care strategy, with an integrated system of services that are universal and publicly funded" (2012: 32).

These recommendations for child care system building are echoed in multiple international assessments that show that Canada, one of the wealthiest countries in the world, is among the weakest for family policy (Organisation for Economic Co-operation and Development 2001, 2006; UNICEF Innocenti Research Centre 2008). Lack of access to quality child care services is consistently identified as a particular concern in these studies. For example, a 2008 UNICEF report assessed 25 economically advanced countries on 10 family policy benchmarks. The benchmarks chosen reflect both a comprehensive review of the research and the application, in developed countries, of the UN CRC's "General Comment 7: Implementing Rights in Early Childhood" (2005). Research and rights converge in affirming the importance of adapting family policy for today's world: to summarize, families need time, resources and services (such as child care) to help them balance caring and earning (Bennett 2008; CRC 2005). Canada ranked last in the UNICEF report, achieving only one out of 10 benchmarks (UNICEF 2008). (In the final report released by UNICEF, both Canada and Ireland achieved one out of 10 benchmarks. However, countries had originally been assessed on 15 benchmarks, and in this earlier assessment Ireland achieved three benchmarks whereas Canada achieved only one (Bennett 2008)).

Thus, when we compare governments' public reporting to both the international assessments and the cross-sectoral calls for action at home, we see that Canadians do not yet have a consistent, shared understanding about the reality of child care services in Canada from which to initiate a healthy national dialogue on today's families that have young children. It follows that we also lack an agreed-upon set of measurable objectives through which Canadians can assess and monitor the progress of our overall family policy toward realizing rights in early childhood. A 2011 national poll supports this assertion, finding that "the majority of Canadians (55%) … do not yet believe that Canada ranks near the bottom of the international pack of countries with developed economies when it comes to investing in families with preschool-age children" (Kershaw and Anderson 2011a: 20).

The Situation in the United States

Our neighbours to the south provide an example of how governments' public reports could be improved in order to promote shared understanding, updated family policy and effective monitoring of rights in early childhood. The February 2012 report of the US Government Accountability Office (GAO) to the Committee on Finance of the US Senate is illustrative for its grounding in research, aggregation of data from different levels of government, inclusion of a range of experts and comparative and contextual analysis. The report's cover letter opens with an assessment and a summary of the research, noting:

> Many of this country's children spend time in nonparental care arrangements, making high-quality early child care

> and education (ECCE) essential to the healthy development of children and the peace of mind of working families. Research indicates that a critical component of a high-quality ECCE program is qualified caregivers and teachers. A child's successful development depends on sensitive and stimulating relationships with adults, and well-trained and skilled ECCE caregivers and teachers are better able to develop such relationships. Yet the qualifications of this workforce vary due to differences in professional requirements across states and ECCE programs, and challenges in attracting and retaining well educated and trained workers. (US GAO 2012: 1)

The reality of children's current care arrangements and the research on the importance of quality care drove the objectives of the study: "Because of the importance of this workforce and the federal investment in it, GAO examined (1) what is known about the composition, education, and income of the ECCE workforce and how these characteristics relate to quality, and (2) what activities are the Departments of Health and Human Services (HHS) and Education, and the states financing to improve worker quality?" (US GAO 2012). The study included a literature review, data analysis and input from both federal and state staff as well as ECCE experts and researchers. The resulting report summarizes the data analysis and provides some contextual and comparative analysis, as shown in the following excerpts: "[The] ECCE workforce … had relatively low levels of education and income … nearly half of all child care workers had a high school degree or less as did 20 percent of preschool teachers" (US GAO 2012: Highlights). "In 2009, 77 percent of full- and part-time ECCE workers – and 61 percent of full-time workers – earned less than $22,000 per year, approximately the federal poverty level for a family of four" (US GAO 2012: 13).

Given the consensus about the importance of trained caregivers highlighted in this report, these findings clearly raise concerns about the quality of child care services young children in the United States are experiencing today. Taken together, the research and the results may challenge assumptions and beliefs about child care services such as these: caring comes naturally to women, so no training is required; women provide child care services because they love children, so the salary does not matter; and individual parents are responsible for finding and choosing quality care that works for them. In other words, Americans may be encouraged to remove any rose-coloured glasses and face a more complex reality. However, this government study's comprehensive, data-driven and evidence-based approach provides a solid foundation from which to build a broadly shared understanding of the current situation, and then move the dialogue on to problem solving and monitoring progress.

The Situation in Canada

Regrettably, and as discussed earlier, this solid foundation does not exist in Canada today. The government's 2009 report to the UN CRC does not highlight critical performance measures (such as staff training and wages) for child care service attri-

Explanation of Terms: Unregulated Care versus Child Care

Unregulated care is provided by someone other than parents or immediate family members, either in the child's own home or another family's home. The care is not required to meet provincial or territorial standards, other than the legal limits established for the maximum number of children cared for, which varies across the country. The care is not monitored, and legal compliance is generally complaint driven. For Cleveland et al. (2008), unregulated care includes care by relatives outside of the child's immediate or nuclear family.

Child care refers to part-day or full employment-day "services that families access voluntarily in order to provide their children with early care and learning experiences in addition to those provided by parents" and other primary caregivers. Generally, centre-based child care services are "led by college-trained early childhood educators" and required to meet provincial health and safety standards (i.e., they are licensed or regulated programs). They operate in community centres, schools and other public facilities as well as in community- and privately owned facilities. Child care services are also provided in private homes. These family child care services are less likely to have trained early childhood educators and may be regulated or unregulated (the latter as outlined above) (Anderson and Harney 2012: 2).

"*Kindergarten*, available to 5 year olds in all provinces and 4 year olds in a few, is commonly voluntary, free, publicly-funded and provided for 2–6 hours per day for 10 months of the year. While Kindergarten could and should be considered part of the child care continuum, its policy characteristics differ so greatly from Canada's marketized approach to child care that the two are usually described separately" (Anderson and Harney 2012: 2).

"Child care may also be referred to by other names such as *early childhood education and care* (common in the [Organisation for Economic Co-operation and Development])", *early childhood care and education* (US), "*early learning and child care* and, most recently, *early care and learning*. The latter name reflects a purposeful strategy by the child care community in British Columbia to retain *care* at the heart of early learning in a context where 'schoolification' of young children is a concern" (Anderson and Harney 2012: 2).

butes (such as quality). Nor are these measures and attributes addressed in the federal government's other recent reports on activities, expenditures and well-being in early childhood. While delegating primary responsibility for child care service outcomes to provinces and territories (Government of Canada 2012), the federal government's reports nonetheless assert that parents are "making use of a wide range of options" (Government of Canada 2008: 39) and choosing "the child care option that best suits their family's needs" (Government of Canada 2012: 1). Survey results on various current child care usage patterns for children aged one to five years with employed parents are presented as evidence of parental choice at work across Canada, without considering how the quality of various options may impact children's healthy development, or how affordability or accessibility may constrain the actual options available to parents.

Facing reality means acknowledging that we have not yet fully realized our commitments to children's – and women's – rights.

Yet, "General Comment 7" of the UN CRC, to which Canada is a signatory, reminds us that "early childhood is a critical period for realizing children's rights" (2005: p. 3) … "survival, well-being and development are dependent on and built around close relationships … normally with a small number of key people, most often parents, members of the extended family and peers, as well as caregivers and other early childhood professionals" (2005: p. 4). Thus, states parties (i.e., governments) are responsible for the following:

- Rendering "appropriate assistance to parents, legal guardians and extended families in the performance of their child-rearing responsibilities" (CRC 2005: 9–10)
- Ensuring "that all young children (and those with primary responsibility for their well-being) are guaranteed access to appropriate and effective services, including programmes of health, care and education specifically designed to promote their well-being" (CRC 2005: 11)
- Monitoring and regulating "the quality of provision to ensure that children's rights are protected and their best interests served" (CRC 2005: 14)

With these responsibilities in mind, it is important to examine the above-noted child care usage patterns, as reported by the federal government, in more detail. Cleveland et al. (2008) provide this analysis for children of employed or studying mothers, outside of Quebec, for each individual year under age six. They found that, while 68% of children under age one are cared for solely by parents or immediate family members, 26% of infants also experience care in unregulated home settings and 6% in regulated settings (licensed centres or family child care homes) (2008: 10). While it may be surprising to think of a large majority of employed parents caring for their infants personally, the report's authors remind us that parents are still categorized as employed when on maternity or parental leave. On the other hand, the finding that almost one third of these very young children receive additional care outside of the immediate family can likely be explained primarily by the fact that one third of all Canadian mothers are either not eligible for, or do not access, maternity or parental leave. The reduction in household income associated with these leave benefits helps to explain why they are not fully accessed (Marshall 2010).

Once maternity and parental leave ends, additional care arrangements increase for both one- and two-year-olds as 44% experience unregulated care and 28% have regulated care services, in addition to parental care (Cleveland et al. 2008). The significant use of unregulated care declines between ages three and five years, and the use of regulated care grows. By age five, 97% of children of employed or studying mothers (outside of Quebec) experience additional early care and learning arrangements: 70% mainly in regulated care (including kindergarten) and 27% mainly in unregulated home settings (Cleveland et al. 2008).

Thus, the child care usage data by age provide critical context for a healthy national dialogue about families with young children, asking Canadians to face the reality that most preschool-aged children, and many children under age three years, already experience some form of care in addition to that provided by parents and immediate family members. (The report by Cleveland et al. [2008] includes discussions of both the strengths and limitations of the data used to generate this analysis, which is primarily from the National Longitudinal Survey on Children and Youth.) The data also raise an important question: does the higher use of unregulated care for one- and two-year-olds genuinely reflect parental choice, or are there other factors at play?

Outside of Quebec, parents generally pay more for regulated child care for infants than they do for preschool-aged children. ("The Province of Quebec began to build a publicly-funded child care system in 1997. Although the system is not yet fully universal, nor does it consistently achieve high quality and affordability for all families, it is significantly further ahead than Canada's remaining provinces" [Anderson and Harney 2012: 3].) The higher cost to parents reflects the increased costs associated with operating infant care programs, which have fewer children for each caregiver in order to meet quality standards. In British Columbia, for example, families with a two-year-old child pay on average $9,000 annually in child care fees, whereas those with a four-year-old pay $7,000. Families in large cities such as Vancouver pay, on average, $14,000 annually for children under age three years (Papadionissiou 2012). In comparison, the average undergraduate tuition fee at a BC university is $5,000 annually (Statistics Canada 2011).

Yet, higher child care fees do not fully offset the higher operating costs of infant and toddler care, and operating deficits are a particular concern for programs serving children under age three. As a result, these services are least likely to expand without additional funding sources (Anderson and Perryman 1998).

Considering parent fees for child care in the context of the nearly universal uptake of (generally voluntary) free kindergarten across Canada, as well as the dramatically increased use of $7 per day regulated child care services in Quebec, there is a suggestion "that child care use and spending patterns in the rest of Canada are not driven purely by preference but represent difficult employment and child care decisions constrained by the affordability of care" (Cleveland et al. 2008: 22). In other words, when regulated programs are available and affordable, parents choose them. And from a child health perspective, that's a good thing. Even though the quality of regulated child care programs in Canada today is inconsistent – staff training does not meet recommended standards and low wages exacerbate recruitment and retention issues (CCHRSC 2009) – there are no standards or monitoring for quality in unregulated homes that provide child care services. Commenting on recent criminal charges against a child care provider in British Columbia related to the death of a one-year-old child in her care, the local health authority explained that "because the daycare was in a private home and unlicensed, it was not subject to regular inspections"(Woo 2012, January 10).

A 2005 study of quality in Quebec child care programs was unique for its inclusion of child care services provided in unregulated homes. The study found that unregulated care was of lower quality, on average, than regulated services. In addition, one in four unregulated homes was assessed as inadequate or below minimal levels of quality (Cleveland et al. 2008). Despite concerns about the quality of child care services provided in unregulated home settings, the fees parents pay for these services are eligible for the federal Child Care Expense Deduction. In other words, public funds (through forgone taxes) support this form of care.

Given all of the above-noted concerns about child care in Canada today, it is important to acknowledge that many Canadian provinces and territories are taking steps to increase access to regulated, affordable programs. Some have recently increased the number of child care spaces; however, the public funding involved is relatively small, so growth is slow and concerns about quality and affordability remain. More significant is the trend toward expansion through the public education system. Six provinces and territories now provide full-day kindergarten for five-year-olds, and several have introduced or expanded programming for some three- and four-year-old children as well (McCain et al. 2011).

The growing involvement of public education reflects an international trend with widely recognized advantages. Public education is valued and respected, led by trained, reasonably compensated staff and universally available to all children with no fees for parents. Public education also has an infrastructure in place from which to plan, build and operate. At the same time, there are challenges associated with the implementation to date. The full employment-day needs of families have not consistently been addressed, so parents still struggle to find and afford before- and after-school care. A related concern is the lack of planning to address the impact of new, education-sponsored programs on existing child care services.

Finally, to date, education ministries have prioritized older preschool-aged children in their expansion plans. While one can appreciate the logic in starting with an expanded day for the five-year-olds who are already in the school system, this approach increases access to regulated care for those already most likely to have it, and it leaves Canada's youngest children largely in unregulated home care settings. Yet, outside of Quebec and Prince Edward Island, it does not appear that provinces and territories have a plan in place to address this situation.

The absence of a comprehensive plan is one of the weaknesses in governments' public reporting on child care, described above. But public reporting issues are not the only barriers to progress. Others include concerns about the level of public investment required and the role of government. Underpinning these concerns, however, is one fundamental question: what about the time for families to care personally for their young children?

When Canadians' rose-coloured glasses stay firmly in place, supported by weak public reporting, discussions about child care stay in the private domain of individual family choice and responsibility. Facing reality means accepting the fact that family choice and responsibility are constrained by factors beyond individual control, and that these constraints have consequences for all of us today. It means acknowledging that most mothers are in the paid labour force, that most of their children are already experiencing additional forms of care and that the quality of that care matters. Finally, it means acknowledging that we have not yet fully realized our commitments to children's – and women's – rights.

But even those who accept these realities may struggle to prioritize child care system building in Canada because an emphasis on child care appears to de-emphasize parental care. Deep down, we know we need to do something about child care. But we are torn because we also want families to have more time together. How do we reconcile these two realities? We do both.

New Deal for Families

Kershaw and Anderson (2011b) propose a New Deal for Families that recognizes the reality facing families with young children in Canada today relative to a generation ago. After adjusting for inflation, the authors observe that household incomes for young couples have flatlined, "even though the share of young women contributing to household incomes today is up 53 per cent. Meanwhile, housing prices increased 76 per cent across the country since the mid-1970s" (Kershaw and Anderson 2011b: 1). Thus, "the generation raising young children today is squeezed for time at home, squeezed for income because of the high cost of housing, and squeezed for services like child care that would help them balance earning a living with raising a family" (Kershaw and Anderson 2011b: 1). This decline in the standard of living helps to explain why 27% of young children from across the socio-economic spectrum arrive at school vulnerable in one or more developmental domains (Kershaw et al. 2010). And, it's no wonder work-life conflict is particularly high for parents with young children.

The New Deal for Families proposes three policy solutions that substantially improve the enabling conditions both for healthy child development and for parents to realize their individual choices and aspirations for family and career. Consistent with Canada's human rights commitments, the New Deal recognizes that parents have primary responsibility for their children (with mothers and fathers recognized as equal caregivers) and that government's role is to ensure that families have the support necessary to carry out these responsibilities (CCAAC and CCCABC 2011; CRC 2005).

How do we reconcile these two realities? We do both.

Specifically, a New Deal for Families would provide New Mom and New Dad Benefits that would give all parents, including the self-employed, time and resources to be home until their children were at least 18 months old. All parents would also have access to free parenting support and healthy child check-in programs, to help them in their new roles (Kershaw and Anderson 2011a).

Thereafter, the New Deal would provide parents with more quality regulated child care options. By building on existing services, including support for any unregulated caregivers who chose to become trained early childhood educators, the New Deal would provide part- and full employment-day programs in child care centres, schools and licensed family homes to all who chose to use them. These services would be publicly funded to ensure that parents would pay a maximum of $10 per day, with no fees for families earning less than $40,000 per year (Kershaw and Anderson 2011a). Even with affordable, regulated options in place, however, some families might still choose to make private arrangements for unregulated care to be provided by extended family members.

Kershaw and Anderson project that, overall, the use of child care services would not increase substantially under the New Deal. In fact, there would be no increase for children under three years old. Rather, the New Deal would help families move from unregulated care to parental care when their children were under 18 months old, and from unregulated care to regulated care afterwards (Kershaw and Anderson 2011a). Finally, these policies would "be supported by flex-time for employees and employers to remedy workplace standards that too often make it standard practice to ignore the family" (Kershaw and Anderson 2011b: 1).

The benefits of this New Deal would extend well beyond families. In the short term alone, the New Deal would reduce work-life conflict for parents raising young children, which currently costs employers across Canada more than $4 billion annually in excess absenteeism, employee turnover and private healthcare costs. The implementation of the New Deal would also address the rising public cost of healthcare, as improvements to work-life balance and healthy child development would lead to healthier families. The New Deal would also benefit the public purse through additional taxes paid because more employees – mainly mothers – would be retained in the labour market. Finally, the New Deal could reduce carbon emissions by encouraging "Canadians to spend more time together, and less [money] on stuff" (Kershaw and Anderson 2011a: 19).

Of course, there would be an up-front cost to the public purse: $22 billion annually or about 1.5% of our economy (GDP) (calculated from Kershaw and Anderson 2011a). This is the cost of addressing the family policy deficit in Canada today and, simultaneously, of substantially fulfilling Canada's commitments to young children and their families under the UN Convention on the Rights of the Child. It is the cost of moving from "generation squeeze" to "a Canada that works for all generations."

Some will suggest that given current economic constraints and restraints, Canada cannot afford this investment in families with young children. Yet the reality is, when Canadians decide something is a national priority, we find the funds. For example, between 2007 and 2010 – a time period that included an economic downturn – Canadians increased public medical care expenditures by $22 billion annually (Kershaw and Anderson 2011a: 4).

So, welcome to a healthy national dialogue. HQ

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