Child Care in Quebec
Access to a Universal Program

Dafna Kohen, PhD
V. Susan Dahinten, PhD
Saeeda Khan, MA
Clyde Hertzman, PhD

ABSTRACT

Background: Five cycles of data from the Canadian National Longitudinal Survey of Children and Youth (1994/5-2002/3) were used to examine patterns of child care use in Quebec and the rest of Canada to explore the impact of Quebec’s implementation of universal child care.

Methods: Rates of overall use as well as use of regulated (child care centre, family child care) and non-regulated care (sitter, nanny, relative, family child care) were examined for preschoolers aged 0-5 years in Quebec as compared to the other provinces and by family household income. Chi-square tests were used to examine significance of differences.

Results: Since the implementation of Quebec’s child care program, Quebec demonstrated substantial increases in child care use, particularly in the use of regulated care (from 10% prior to program compared to 30% by 2002) whereas the use of unregulated care did not demonstrate a significant increase in Quebec as compared to the other provinces (1994 to 2002). Furthermore, the use of regulated care by low-income families was greater in Quebec than elsewhere in Canada, although the greatest increase in use of regulated care was for children from high-income families.

Conclusion: Findings suggest that since the introduction of Quebec’s universal child care program, there was an increase in the use of regulated child care for families of preschool-aged children in the province, although by 2002 Quebec had not achieved the coverage of universal child care programs attained by many European countries.

Key words: Child care; universal; access; Quebec; provinces

As evidenced by numerous Throne Speeches and policy initiatives dating back to the 1970s, child care has been on the Canadian policy agenda for decades. Empirical studies have repeatedly demonstrated that developmentally appropriate, high-quality child care can have a positive influence on children’s health, well-being, learning and behaviour, not only in early childhood, but throughout the life course. In this sense, child care can be regarded as a public health “intervention” that benefits children, families, and Canadian society over the long term, similar to the effect of other family support programs, such as home-visiting or parenting programs. Consequently, access to quality child care is a public health issue.

Child care arrangements may be regulated (formal), such as child care centres and after-school care programs; or non-regulated (informal), such as a nanny or sitter, and care provided by a relative in the child’s home or outside the home. Although non-regulated care arrangements are most common, evidence suggests that regulated care is more likely to meet safety standards and to provide a nurturing and stimulating environment that is associated with positive outcomes for children.

The selection of specific child care arrangements varies by factors such as the age of the child, parental education, family size, as well as availability and accessibility of child care and of course, child care cost. However, recent data indicate that the need for regulated child care far exceeds its availability, particularly for lower-income families. Yet, research suggests that children from disadvantaged circumstances have the most to gain from the enriched child care that is provided in regulated settings.

In September 1997, Quebec was the first jurisdiction in North America to institute universal child care as part of an overall family support program with the goals of increasing capacity of the system and facilitating access. The publicly funded program was phased in over several years. Initially, in 1997 the province offered regulated care (centre-based or licensed family care) for 4-year-olds for $5 a day; with the government paying the balance directly to the child care facility. In addition, full-day Kindergarten was made available to those over the age of 5. The program was extended to 3-year-olds in September 1998, and
CHILD CARE IN QUEBEC

by September 2001, child care or after-school care was available to all Quebec children younger than 12. In November 2003, the fee was increased to $7 a day.17,21

The Quebec initiative affords an opportunity to examine the impact of a universally accessible program on the use of regulated child care. Since 1994/95, Statistics Canada’s National Longitudinal Survey of Children and Youth (NLSCY)22 has collected information about children and their families, including child care arrangements. Thus, the NLSCY spans the period before and during the implementation process of Quebec’s $5-per-day child care program.

The NLSCY was designed to monitor the health and development of a nationally representative sample of Canadian children as they grow from infancy to adulthood. The survey began in 1994/95 with a clustered probability sample of Canadian households that included children younger than 12 (N = 22,831). The sampling frame was based on the Canadian Labour Force Survey to ensure national representation of families from all socio-economic strata. Households in the northern territories or on First Nations (Aboriginal) reserves, and children in institutional settings were excluded. The survey has been conducted every two years since 1994/95.22

Analytical techniques
Analyses were based on cross-sectional data for preschool-aged children 0 to 5 years from the first five NLSCY cycles: 1994/95, 1996/97, 1998/99, 2000/01 and 2002/03. A small number of children who had already begun Grade 1 were excluded. The sample sizes were: 12,378 (cycle 1); 11,024 (cycle 2); 20,466 (cycle 3); 16,609 (cycle 4); and 12,508 (cycle 5). Estimates were calculated for the proportion of children aged 0 to 5 who were receiving child care (regulated and non-regulated) in each province as well as for all of Canada combined. As well, prevalence estimates by quintiles of household income were calculated for Quebec and for the rest of Canada. Pearson chi-square tests were used to compare rates in Quebec with corresponding rates in the rest of Canada as well as change over time, for the lowest and highest quintiles of household income. Because of the multi-stage design of the NLSCY, bootstrap weights were used.23,24

Definitions
The NLSCY asked children’s parents about their use of child care. For this analysis, child care use was defined as the primary non-parental child care arrangement used by families for children aged 0 to 5. If more than one type of arrangement was reported, the one accounting for the most hours was considered the primary arrangement.

Care provided in a licensed day care centre or licensed family day care is considered to be regulated care. Care provided in the child’s home or someone else’s home by a paid care provider or a relative is non-
regulated care. The residual category, no care used, refers to families who did not use any non-parental child care.

Family household income was based on the ratio of household income to the low-income cutoff (LICO), which accounts for household size as well as province of residence. The upper and lower quintile categories were selected to represent high- and low-income families.

RESULTS

From 1994/95 to 2002/03, child care use increased in all provinces across Canada (Table I). The country as a whole saw an increase from 39% to 47% (8 percentage points) in the proportion of children aged 0 to 5 receiving child care. However, the increase was much greater in Quebec, where the rate rose from 41% to 65% (26 percentage points).

In Canada overall, the proportion of preschoolers receiving regulated care increased from 11% in 1994/95 to 16% in 2002/03 ($\chi^2 = 13.02, p<0.001$). At the same time, the proportion of children in non-regulated care rose from 28% to 32% ($\chi^2 = 15.63, p<0.001$), so that at the end of the eight years, this figure was still double the proportion receiving regulated care.

By contrast, in Quebec, the proportion of preschoolers in regulated care tripled from 15% in 1994/95 to 45% in 2002/03 ($\chi^2 = 277.43, p<0.001$). Moreover, Quebec was the only province in which the proportion of preschool children in non-regulated care actually declined (from 26% to 20%; $\chi^2 = 13.02, p<0.001$). Thus, by 2002/03, the share of Quebec children receiving regulated care was about two and a half times the percentage in non-regulated care.

The child care arrangements made by low-income and high-income families differed in Quebec, compared with the rest of Canada. Before Quebec implemented its child care program in 1997, about 10% of children aged 0 to 5 from low-income families (lowest quintile of household income to LICO ratio) were receiving regulated care; this compared with 9% in the rest of Canada ($\chi^2 = 0.07, p=0.7934; p>0.05$) (Figure 1). However, by 2002/03, close to 31% of Quebec’s low-income preschoolers were in regulated care – double the proportion in the rest of Canada (15%; $\chi^2 = 25.75, p<0.001$).

Throughout the 8-year period, the use of non-regulated child care for low-income families in Quebec showed a non-significant increase. However, a significant increase was demonstrated for low-income families in the rest of Canada. The percentage in Quebec rose from 9% to 15% ($\chi^2 = 3.12, p>0.08$), compared with an increase from 12% to 20% in the rest of Canada ($\chi^2 = 16.23, p<0.001$) (Figure 2).

The proportion of Quebec preschoolers from high-income families in regulated care increased substantially from 29% to 56% ($\chi^2 = 21.29, p<0.001$) (Figure 3). Among their counterparts in the rest of Canada, the increase was more modest: from 15% to 25% ($\chi^2 = 24.01, p<0.001$). On the other hand, the percentage of high-income Quebec preschoolers in non-regulated care steadily declined from 44% to 29% ($\chi^2 = 9.20, p<0.01$) (Figure 4). This contrasted with the rest of Canada, where the figure rose from 47% in 1994/95 to around 51% in the late 1990s ($\chi^2 = 1.92, p>0.05$) and then dropped to 40% by 2002/03 ($\chi^2 = 18.70, p<0.001$).

DISCUSSION

The use of child care by parents of preschool-aged children is a reality for...
Canadian children as demonstrated by increases throughout the period covered by this analysis – 1994/95 to 2002/03. However, in the years following the introduction of a universal program of child care, Quebec led Canada in the provision of child care, with a 30-percentage-point increase in the proportion of preschoolers receiving regulated care. This compared with a 5-percentage-point increase in the country overall. These increases are in line with reported increases in availability. Moreover, in Quebec, the rate of use of non-regulated care declined, due in part to numerous non-regulated centres and homes obtaining regulatory status and the low cost of regulated care.

While the results of this analysis show that implementation of the Quebec program coincided with a sharp upturn in the use of regulated child care by all families in the province, the increase was especially marked among those with higher incomes as has been reported by others. Even so, the use of regulated care by lower-income families was greater in Quebec than elsewhere in Canada. By 2002/03, the ratio of low-income children in regulated versus non-regulated care was approximately 2:1 in Quebec as compared to 0.7:1 in the rest of Canada. For children from higher-income families, the corresponding ratios were 2:1 in Quebec and 0.6:1 in the rest of Canada. Nonetheless, studies have shown that uptake of universally accessible child care by more affluent segments of society benefit the system as a whole. Well-educated, higher-income parents tend to be more vocal about perceived deficiencies and are more likely to promote change. The pattern of increased uptake of universally available programs by the more affluent has also been demonstrated in other contexts; for example, an increase in vaccination rates when universal influenza immunization was offered. Moreover, the Quebec program of universal access was targeted at all eligible children.

Although a leader in the Canadian context, the use and availability of regulated child care in Quebec is lower compared to other countries. For example, 90-100% of 3- and 4-year-olds in France, Denmark, the Netherlands, New Zealand and Spain are in licensed child care or early education programs. While approximately half of all Canadian children use formal care arrangements, less than one fifth are in regulated care arrangements. Moreover, only a fraction of eligible preschoolers are accommodated, as availability has not kept up with the demand (as of 2002/03, regulated spaces were available for 45% of preschoolers aged 0-4 years in Quebec) and the quality of child care centres has been variable as in other parts of the country.

Limitations of using the NLSCY data include a focus on the "primary child care arrangement" that families used as well as reliance on parental reports. Child care can be complex, often consisting of multiple arrangements that were not taken into account in this analysis. Parental reports may be subject to recall or other biases, yet we were able to provide a measure of unregulated care which is often difficult to capture. In addition, measures of child care quality were not obtained in a consistent manner over the multiple collection cycles, limiting the scope of our study. Further, we could not examine different age groups of children (e.g., 0-2; 3-5) nor contrast regulated centres and homes, as the sample size would not allow for such comparisons. These limitations call for nationwide data on the availability, use, and needs of child care by Canadian families for future research.
This article has compared trends in the use of regulated and non-regulated child care in Quebec with those in the rest of the country and focused on associations with household income. Of course, factors beyond income are important in the use of child care. With data from the NLSCY as well as other studies, more in-depth analysis is needed to determine the role of variables such as parental education, employment status, and family structure in the use of child care. The longitudinal nature of the NLSCY would allow children in various care settings to be followed over time to determine associations with factors such as school performance, social adjustment, and health outcomes.

REFERENCES