The eReview provides analysis on public policy relating to Canadian families and marriage. Below please find an analysis of two recent child-care studies.

The raging daycare debates
How can parents—and politicians—know which studies to reference?
By Andrea Mrozek and Kate Fraher

Politicians often use “the children” to justify policy choices. And certainly, nowhere but in the daycare debates are “the children” more of a handy excuse. But on Parliament Hill, the daycare debates are as much about economics and simple ideological politics as softwood lumber or tax cuts. In this environment, studies are used toward political ends. Studies should inform the debate—but how can parents—and politicians—know what constitutes good research?

Take these two studies, for example. On March 26, 2007 two child-care releases hit the press: Are There Long-Term Effects of Early Child Care? composed by U.S. researchers from the National Institute of Child Health and Human Development (NICHD) Early Child Care Research Network and Early Years Study 2, Putting Science into Action published by the Toronto-based Council for Early Child Development.

Our own research-based bias
The IMFC believes preference should be given to child care provided by parents. This is because of the studies that indicate parental care is the most valuable form of care a child can receive. In this case, we also mirror parental desires. Poll results published by the IMFC in the spring of 2006 showed 78% of parents with young children (under the age of 6) preferred parental care over care by a competent caregiver.[1] Government-funded child care is most often centre-based—the least hospitable environment for young children. Child-care choice for parents is important; government monopolies decrease choice. It is primarily for these reasons that we don’t sanction government-funded daycare systems.

We would not normally compare these two papers for a couple of reasons. Firstly, the reports attempt to achieve different objectives:
one is open about achieving political goals, the other does not mention politics. Secondly, one is sourced to existing studies, the other is based on data collection. But the two were released on the same day, and in Canada, at least, the paper authored by Canadians, received greater play and analysis. However, the U.S.-based study is noteworthy for its unique contributions to child-care research.

The NICHD study

The NICHD Study of Early Child Care and Youth Development is the most expensive child-care study ever conducted. The latest peer-reviewed instalment stemming from this study was penned by a total of six authors from universities across the United States and one in London, England. It assesses three areas of what they call the “child care experience” - quality, quantity and type of care. [2] It makes no conclusions about child-care funding, or appropriate political action or programs.

The NICHD study asks one question: “Are there long-term effects of early child care?” and then collects data on child-care experience and child development to see if there are any statistical associations between the two. [3] Researchers tracked 1,364 children since infancy. After analyzing the study’s most recent data, they are ‘intrigued’ by the findings- apparently more time spent in centre-based care results in better vocabulary and memory skills, but also an increase in problem behaviors. [4]

The NICHD study mentions previous studies which demonstrate children from families of low social and economic status (SES) can benefit from centre-based care. Studies that rank adult talk as a strong predictor of children’s vocabulary suggest that children from low SES backgrounds benefit from exposure to better vocabulary in a child-care centre. [5]

But what about children who already have a rich verbal environment at home? Parents should know that there are risks of developing insecure attachment with their children; when parents choose centre-based care the interaction between mothers and their children has proved to be more difficult, but only when “maternal sensitivity” is low. [6] So despite the possible risk of insecure attachment, research shows that quality parenting and maternal sensitivity can curb this risk. Even at older ages, the NICHD study found that parenting quality was the most important predictor of child development. [7]

Early Years Study 2

*Early Years Study 2* is a review of existing child-care research. The publisher is a group called the Council for Early Child Development.
Their vision: “The Council envisions community-based early child development and parenting centres linked to the school system and available to all families with young children.” [8]

*Early Years Study 2* begins by discussing existing epigenetic research, a new field that explores how gene expression can be altered by good maternal care, i.e. physical touch. Epigenetic research says good maternal care can program neural pathways in the brain which control “biological responses to stress throughout life” (most of the research is currently being done on rats and guinea pigs).[9]

This much is true. But an overall weakness in the report is non-specific language. For example, in describing epigenetics, they use mother and “caregiver” interchangeably. This may be because epigenetic research shows an adoptive caregiver can also provide good maternal care. But the epigenetic researchers themselves do not use the term “caregiver.”

Other assertions in the report: “It is not wealth, but equality that produces healthy populations” [10]; and “[s]cience points to the right things to do, but communities need to know about how to do the right things right at an affordable cost.” [11] On family income and size and Canada’s demographic decline: “The problem with low fertility is it reduces population size, not at all ages, but only among the young.” [12]

A chapter entitled “Chaos” says early childhood programs cross-country, “fail to respond adequately to the needs of modern families...” [13] “Public financial support is inadequate and unstable. The result is a patchwork service of poorly resourced, stand-alone service providers, ill-equipped to meet the demands placed on them, and vulnerable to changing political winds.” [14] The section references Cuba’s child-care system, which “prioritize[es] mothers and children.” [15]

**One size doesn’t fit all**

The important message in both studies is that there are trade-offs. Ideally, parents and politicians should read both to decide which holds more value for themselves.

As for child care, institutional daycare is good for some, but not for all. Our bias: parents should be the arbiters of what care their children receive—and there should be as much choice as possible. Even in the political battles on Parliament Hill, those with a family put aside the rhetoric when considering their own children. For example, Monica Lysack, executive director of an activist group for a universal, federally-funded daycare system told the Standing Committee on Human Resources, Social Development and the Status of Persons with Disabilities on March 21: “I have three
children. I prefer to be their primary caregiver. I am their primary caregiver as their mother. I prefer to have my family and friends involved in their care whenever that's possible, but the reality of my life, like many others, is that this is not always possible...” [16]

Parents who use centre-based care face possible insecure attachment with their child, but they can ward off these effects with the power of quality parenting. If there is any conclusion to be drawn from these findings it’s this: good child care cannot come in a one-size-fits-all model.

Oddly enough, however, it’s precisely for this type of model that daycare activists in Canada, like the authors of *Early Years Study 2*, are pressing.


[3] Ibid., 681.

[4] Ibid., 682.

[5] Ibid., 697.

[6] Ibid., 697.

[7] Ibid., 693.


[9] Ibid., 31

[10] Ibid., 47

[11] Ibid., 100

[12] Ibid., 65

[13] Ibid., 112

[14] Ibid.

[15] Ibid., 118


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