

WHAT DOES RESEARCH TELL US ABOUT QUALITY IN CHILD CARE?

Is child care good for children?

It depends. Research shows that while high quality child care positively influences children's development and learning, poor quality care is shown to have negative effects on children - regardless of social class. The effects of high or poor quality child care may be long-lasting. Therefore, quality in child care matters very much - for children, their parents, our communities, and, perhaps most importantly, for our society as a whole.

What is high quality child care?

Staff/caregivers are the most critical factor that determine the quality of child care. Caregivers **are** the child care. High quality child care should promote sensitive, responsive interactions between children and caregivers that are frequent, individual, personal, and developmentally appropriate, not custodial or "schooly." Research shows that high quality child care has the following characteristics:

- ÷ high adult to child ratios
- ÷ stable, consistent caregiving
- ÷ small group sizes
- ÷ staff/caregivers well-trained in early childhood education
- ÷ adequate health, safety and physical environment precautions
- ÷ decent wages and working conditions (including support and resources)
- ÷ good workplace morale

In family day care, support and resources, have been shown to be associated with high quality child care. These characteristics, in turn, are fostered by adequate public funding, a good system of regulation, and services delivered on a not-for-profit basis.

What factors promote high quality in child care?

Research shows that three contextual factors are key:

- ÷ regulation
- ÷ auspice (who owns it)
- ÷ funding

What does research tell us about...?

Regulation. A system of regulation in child care includes legislated standards, monitoring, and enforcement. Standards do not guarantee quality but merely set a minimum baseline. Research shows that the presence of regulation and its strength are related to quality. Better regulation mean better ratios, lower rates of infectious illness, better trained staff, lower staff turnover, and more developmentally appropriate staff/child interactions. In family day care, regulated caregivers are found to be more responsive and sensitive. Children in regulated family day care show better language development than those in unregulated care.

Auspice. Research shows that auspice, or who owns the child care, has an impact on quality. Not-for-profit child care has been shown to have better ratios and better health and safety conditions; to provide caregiving that is more sensitive, developmentally appropriate, and less harsh; to have lower staff turnover and stress; better trained staff, and better wages and working conditions.

Funding. Research shows that better or poorer ratios, level of training, health and safety provisions, wages and working conditions, staff morale and turnover, and the quality of staff/child interactions are related to funding.

What does the research say about...?

Adult to child ratios. Poorer ratios are associated with staff harshness and detachment; caregiving that is less sensitive, developmentally appropriate and responsive; less social, less verbal and cognitive stimulation; more exposure of children to potential danger; more time spent in routine and controlling activities; and less support for parent involvement. Children in programs with poor ratios have weaker, less secure relationships with caregivers; engage in more solitary or unoccupied behaviour; are less compliant; less able to regulate their own behaviour; are more dependent; cry more; have poorer verbal skills; have shorter attention spans; and obtain poorer language development scores. The percentage of children receiving inadequate caregiving rises significantly with the addition of one or two children per adult.

Stability/consistency of caregiving. Stability/consistency of child care refers both to movement of children and of staff. Lower staff turnover is associated with a less stressful child care environment. Children with stability/consistency of caregiving are less anxious, better attached to caregivers, interact more with caregivers, and engage less in aimless wandering. Children who experience many child care arrangements are likely to perform poorly in school and to exhibit insecurity.

Group size. Group size refers to the total size of the group in which the child spends the day, with one or several caregivers. Larger group sizes are associated with less responsive care; less individualizing, more restrictive caregivers; less cooperative, more hostile, more antisocial children who talk less, cry more, are more engaged in aimless wandering, and do more poorly on tests of social competency. Larger groups are associated with higher rates of infectious illness.

Staff/caregiver training in early childhood education. Child care staff with specific training in early childhood education are less likely to be harsh, are more responsive, and provide more developmentally appropriate care. Children in the care of trained staff exhibit more cooperative behaviour, higher levels of language skills and general knowledge, and greater task persistence. In family day care, too, training specific to caregiving produces better quality child care.

Wages and working conditions. Good wages and working conditions are associated with higher job satisfaction and morale, lower staff turnover, more developmentally appropriate, more sensitive, less harsh caregiving, better language development, and higher levels of appropriate play in children. In family day care, provision of support and resources is associated with higher quality, and in centres, wage levels are a prime predictor of centre quality.

Health, safety and physical environment. A densely populated child care space is associated with staff restrictiveness and control. Children in a densely populated child care space are often aggressive, uncooperative, and wander aimlessly. Health practices like poor diaper changing and handwashing, and food handling procedures are associated with higher rates of infectious illness.

Parental choice?

It is sometimes suggested that the principle of parental choice is sufficient to guide child care policy. What does research tell us about this?

Families are selective in their child care choices. Certain characteristics of families are associated with better or poorer, choices. Research has shown that children in home environments that may place them at environmental risk are more likely to be placed in poorer quality child care. Parents who are less stressed, better educated, or who feel in better control of their children are likely to use better quality child care. Further, research has shown that parents as consumers may be inattentive to the basic elements of care, and to overrate its quality.

For more detailed information & citations, see:

Doherty, G. (1995). *Quality matters: Excellence in early childhood programs*. Don Mills, ON: Addison-Wesley Canada

Doherty, G. (1993). *National statement on quality child care: Support from research*. Paper prepared for the Canadian Child Care Federation, Ottawa, ON