What does the research say about the QUAD child care principles?

In November 2004, Ministers from Federal, Provincial and Territorial governments, with the exception of Québec, agreed on four principles to guide the development of a new national system of early learning and child care. The four principles are referred to by the acronym "QUAD," which stands for Quality; Universally Inclusive; Accessible; and child care with a Developmental focus.

Research can contribute a great deal to decisions about child care programs and policies. The Human Early Learning Partnership (HELP) – a network of more than 160 researchers from six of BC's post-secondary institutions – is in a strong position to disseminate research on child care that can be helpful in discussions and plans around a child care system based on the “QUAD” principles. In the following pages we summarize what the relevant research studies tell us about quality, universally inclusive, accessible child care that facilitates early child development.

References and suggestions for further reading can be found on the last page of this document. For further information you may contact us by e-mail at earlylearning@ubc.ca, or on the web at www.earlylearning.ubc.ca.

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1) What does the research say about quality in group child care centres?

A study of child care quality in seven jurisdictions in Canada entitled *You Bet I Care!*, and other research studies, have identified both process and structure variables that contribute to quality child care. Process variables include the children’s activities in the child care and the nature of the caregiver-child interactions in the child care centre. For example, process variables would include the caregiver’s involvement and patience with the children and as well as the caregiver’s attentiveness, sensitivity, and responsiveness to the child. Structure variables are those that can be measured, standardized and regulated. “You Bet I Care” found that the most important structure variables that predicted quality caregiving were:

- **Government regulation**: The “Cost Quality and Outcomes Study” in the U.S, “You Bet I Care” in Canada and many other studies have also shown that while regulated child care is of higher quality than unregulated child care, regulation in and of itself does not ensure “quality.” In most jurisdictions licensing regulations serve as guidelines to the absolute minimal level of care but do not set a high enough target to encourage or expect quality care. What are needed are both higher licensing standards and the means to implement and ensure compliance with these standards.

- **Teachers’ wages**: Despite the fact that one of the most important predictors of child care quality is teachers’ wages, female child care professionals get paid nearly 40 per cent less than female workers with similar education in other occupations. Individuals in occupations requiring less training – parking lot attendants, for example – earn more than child care professionals.

- **Teachers’ levels of education**: Numerous studies, including the “Cost Quality and Outcomes Study” in the U.S, and “You Bet I Care” in Canada, have demonstrated that staff with higher levels of training and education deliver higher quality child care programs. Child care training in Canada is highly variable across jurisdictions, is typically of short duration and is far shorter and less comprehensive than training in other industrialized countries.

- **Adult: child ratios and group size**: “You Bet I Care” and many other studies in Canada and the U.S. have demonstrated the importance of ratios and group size in quality child care. However, not one jurisdiction in Canada meets the optimal group sizes and ratios recommended by the American Association of Pediatricians.

- **The operating auspice of the centre**: A recent study of more than 2,200 children in Québec confirmed a consistent finding that has been reported in most of the child care research literature in many different countries: that, overall, not-for-profit child care centre programs provide better quality care than for-profit child care centres.

- **Stability of centres and staff**: Lower levels of staff turnover and the stability of child care programs over time are major indicators of quality in group child care centres. A recent study of all licensed child care in BC found that private child care centres were significantly more likely to close within four years than were not-for-profit child care centres.

- **Subsidized rent, utilities and operating costs**: Centres that can spend less on rent, utilities and operating expenses invest more money into staffing and program quality than centres that are not subsidized.
2) What does the research say about quality in family child care homes?

A study of child care quality in seven jurisdictions in Canada entitled “You Bet I Care” identified the following significant predictors of quality in family child care homes in three areas:

- Caregiver training and attitude
- The caregiving environment
- The adult-child interactions in the family child care home.

- Caregiver training and attitude:
  1. Whether the child care provider had taken and completed a course specifically on child care.
  2. The child care provider’s highest level of educational attainment.
  3. Whether the child care provider was networked to other providers through an association, community centre or other such organization.
  4. The provider’s gross family child care income from the previous year with higher income predicting higher quality.
  5. The caregiver’s attitude toward child care, commitment to continuing in the field and enjoyment of the work.

- The caregiving environment: These “You Bet I Care” findings replicated and extended the results from numerous other studies on family child care in Canada, the U.S. and Europe which reported the significance of these features of the caregiving environment:
  6. Smaller group sizes.
  7. The adult: child ratio in the family child care home.
  8. The amount, type, diversity and strengths of the supports available to the provider.
  9. Lower levels of work-family conflict for the provider.
  10. The child care spaces were safe and specifically designed to be used by children.

- The interactions in the family child care home:
  13. Higher quality family child care homes had caregivers who engaged in more social stimulation with the children, showed more positive and caring interactions.
  14. Family child care homes with smaller group sizes and higher adult: child ratios were observed to have more language interaction, more playful interactions and fewer instances of restricting or children’s behaviour than in larger groups with poorer adult: child ratios.
3) What does the research say about universally inclusive child care?

The term “universally inclusive” is relatively new in Canadian discussions on child care policy. Child care research addresses this term in regards to two distinct but related issues. The term “universality” typically refers to child care systems which are intended to be used by an entire population and not just for those who can afford to purchase child care services in a small and restrictive market. In Canada the health and education systems are both universal in nature.

The term “inclusion” refers to participation of all segments of society in a national child care system. This would include, for example, those who may be marginalized due to low income, unemployment, poor housing, poverty, disease, disability, immigration status or other factors. A national child care system is one in which typically marginalized or excluded groups are intentionally included in the universality of the government child care system.

The research on universality in child care

- It is estimated that there are sufficient spaces in regulated child care settings in Canada to accommodate no more than 12-15% of children under the age of 6. Canada lags far behind other developed countries. According to OECD reports, the corresponding percentages in other developed countries are:
  - Close to 100% of all three-year old children in Belgium and Sweden;
  - Over 60% of all three-year olds in Norway, Denmark
  - Over 40% in Portugal and the UK.
  - 100% of four-year olds in Sweden, the Netherlands, Italy, Belgium,
  - 90% of four-year olds in Denmark and the UK
  - Between 60 to 89% of four-year olds in Norway, Portugal and the Czech Republic.

- The provision of universal child care programs in these and other countries reflects not just a much larger financial contribution to child care but also a commitment to child care as a basic human right to which all children are entitled, rather than a relatively minor social service provided by governments primarily to parents who cannot afford the full cost of child care.

- University of Toronto economists recently conducted a cost-benefit analysis of a quality, universal child care system for children age 2 – 5 and found that the government investment in this system will eventually produce a 100% return on this investment. That is, every $1 invested will generate $2 in value in terms of better developmental outcomes for children and better employment opportunities for women over the medium term. Similar US studies have reported much higher “rates of return” on specific high quality preschool programs.

- Savings from a universal program will grow over time by enhancing women’s participation rates in the paid labour force and the contribution of this participation to Canadian society through both income taxes and greater productivity of the Canadian economy. Further, children’s participation in high quality child care programs can enhance children’s readiness for school and reduce the demands on special education programs in the school years.
The research on inclusivity in child care

There is a strong consensus that a universal child care system must be inclusive of all children regardless of developmental challenges or restrictions. Many children face exclusion from child care programs due to a range of biological and medical conditions, as well as social, cultural and environmental factors which include, but are not limited to poverty, immigration and/or refugee status, and belonging to a cultural, linguistic or ethnic minority. Inclusion of these children could entail either integrating them into mainstream child care programs or for others it may mean enrolment in a special needs child care program that can respond to the children's special needs. Recent research in Canada has shown that a combination of factors must be involved for the successful inclusion of children with special needs:

1. Staff with specialized training in working with preschool children with special needs.
2. Staff who attend conferences and workshops on inclusion, have positive attitudes towards inclusion, confidence in working with children with special needs.
3. Programming that is inclusive of different cultural, linguistic and ethnic communities.
4. Programming that respects and honors cultural diversity through, for example, visits by First Nations elders and learning greetings, rituals and practices from different cultures.
5. Access to community resources such as early interventionists who can assess and diagnose children's abilities and developed individualized programs of support for each child.
6. Access to funding for capital renovations (e.g., ramps, special toilets) that can remove barriers to children's involvement in the child care program.
7. The administration, director, staff and parents all share a commitment to and advocacy of the principles and practices of inclusion.
4) What does the research say about accessible child care services?

Research has shown that there are numerous factors that serve as obstacles to parents accessing child care services for their children. In general, these obstacles to accessibility fall into two categories: non-financial barriers and non-financial barriers.

**Non-Financial barriers to accessing child care**

The 1988 Canadian National Child Care Survey of 24,155 families with 42,131 children under the age of 13 reported that among parents not using their preferred mode of child care the following barriers were encountered: barriers to accessing child their preferred child care arrangement:

- Unavailability of preferred child care 61.5%
- Quality of child care 4.9%
- No special needs facilities 1.0%
- Parental work schedule 8.8%
- Transportation 5.3%
- Other 12.3%
  - Convenience of location
  - Caregiver stopped providing care
  - Care in the summer months
  - Knowing where to get information about child care
  - Knowing what to look for to ensure good quality child care
  - Inability to visit child care settings during my work day
  - Having few options to choose between

Barriers for parents have not changed significantly since 1988, as the results of the 2003 BC Parent Child Care Survey show. For those parents who had child care-related barriers, the top seven were:

- Care unavailable when needed 41.5%
- Care too expensive 40.3%
- Difficulty finding quality care 19.0%
- Discomfort leaving child 8.5%
- Care too far away 5.1%
- Difficulty finding care sensitive to special needs 3.7%
- Lack of support by employer 2.6%
**Financial barriers to accessing child care**

1. The costs of regulated child care in Canada are high and are often prohibitively high for families with more than one child in care and for families on lower incomes.

2. The cost of regulated child care in Canada is largely borne by parents with very limited assistance provided from government sources. Parent fees in Canada account for approximately 85% of the operating budgets of child care programs with a patchwork of government programs (depending on the jurisdiction) accounting for no more than 15%. Canadian parents pay a much larger proportion of the cost of child care and governments pay a much smaller proportion.

3. In regulated child care programs for 0 to 3 year old children, parents in Austria, Finland, Sweden and Belgium pay as little as 9% of the cost of child care and no more than 25%.

4. In regulated child care programs for 3 to 6 year old children in most OECD countries child care is provided free to all parents. In countries where it is not free, parents pay no more than between 10% and 30% of the costs of care.

5. Low income families in Canada encounter barriers to child care despite the presence of child care subsidies in many provinces because subsidy rates are typically below the average provincial cost of regulated care. This gap between the child care subsidy and the real cost of care effectively precludes many low income families from using regulated care and they instead turn to lower quality care provided by the unregulated child care sector where costs are typically lower.

6. The 1988 Canadian National Child Care Survey interviewed a representative sample of 24,155 families with 42,131 children under the age of 13. 23.7% of parents not using their preferred child care setting cited cost as a major obstacle in finding their preferred child care arrangement.
5) What does the research say about a developmental focus in child care?

There is a large research literature on the positive effects of compensatory education and early intervention programs for young children. Perhaps the best known of these is the (high quality) Perry Preschool Project which has followed a cohort of three- and four-year olds from childhood into adulthood. The effects of this high quality early childhood program include:

- Higher school completion rates.
- Higher levels of achievement on standardized tests.
- Lower levels of incarceration as a teen and as an adult.
- Lower levels of teen pregnancies.
- Less likelihood of being on welfare as an adult.
- Higher scores on measures of “adult performance” including literacy and job-finding skills.

Within the child care literature as well there are numerous research studies that have consistently demonstrated the relationships between higher child care quality and positive child development outcomes. Below we summarize the findings of two of the largest, multi-site and representative studies in this area.

- The U.S. Cost Quality and Outcomes Study (CQO) of 757 children compared the developmental outcomes of children in high and low quality child care and found that the children in high quality care outperformed children in lower quality care by achieving:
  - higher levels of school readiness
  - better language skills,
  - better mathematical skills,
  - better peer relationships and
  - fewer problem behaviours

- A similar comparison in the U.S. National Institute of Child Health and Development Study of over 1,000 children in nine states reported that children in high quality child care programs outperformed children in low quality care with:
  - better social skills,
  - better language skills
  - higher levels of school readiness
  - fewer problem behaviours, than did children in poorer quality care
References and for further reading

On QUALITY in child care


On UNIVERSALLY INCLUSIVE child care


On **ACCESSIBILITY** in child care


On a **DEVELOPMENTAL** focus in child care


