



POLICY BRIEF

Translating early childhood research evidence to inform policy and practice

Quality in children's services

The quality of children's services has a profound influence on children's development throughout the life course. This policy brief will highlight the powerful influence that the interaction between regulation, accreditation and curricula has on the quality of children's services. For the purposes of this Policy Brief, the term *children's services* refers to services provided to children who are below school age in the form of child care and preschool/kindergarten (early learning centres).

Why is this issue important?

A high quality early childhood service:

- provides children with caring and nurturing learning programs, and where appropriate, specialist intervention
- creates and enhances family and community networks
- becomes a trusted source of information and support (OECD, 2001).

All children are influenced by the quality of the education and care they experience (Sylva et al, 2003). While high quality environments are related to positive developmental outcomes (Clarke-Stewart & Allhusen, 2005), poor quality environments are related to adverse outcomes and pose a risk to children's development (Love et al, 2002; NICHD, 2002, CCCH, 2006). High quality early childhood programs therefore have positive benefits both in the short and the long term (Howes, 1997; Peisner-Feinberg & Burchinal, 1997; NICHD, 2002; Sylva et al, 2003). Children from less advantaged backgrounds particularly benefit from high quality services, but they are also particularly adversely affected by poor quality services (Melhuish, 2003; Peisner-Feinberg et al, 1999). Thus the quality of services can serve to either mitigate or exacerbate the impact of disadvantage.

"All children are influenced by the quality of the education and care they experience..."

What does the research tell us?

The interaction between structure and process

The quality of children's services is the product of the interaction between structure and process:

- *The structural components of quality* (regulations) are measurable features of the children's services environment, including staff training and qualifications, staff-child ratios and group size. These are covered by regulatory standards.
- *The process components of quality* (accreditation) concern the dynamics of the early childhood environment and what is experienced within it, including curricula and child-carer relationships, communication between carer and parents, staff stability, continuity and working conditions (Love et al, 2002; OECD, 2001; Wangmann, 1995).

Structural components are foundational to the provision of high quality children's services because they directly influence the processes that take place. For instance, the number of children each staff member is responsible for (the staff-child ratio) affects the capacity of staff to engage with children in individually and developmentally responsive ways (Lally et al, 1994; Fiene, 2002). The Starting Strong report of the OECD (2001) highlights the need for supplementing quantitative (structural) measures of quality with qualitative (process) mechanisms.

Initiative of:



Supported by:



Structural components of quality

Staff training and qualifications give staff the skills and knowledge base they need to work with children and families positively and effectively. Specialised training results in higher quality care and less detached caregiving in both centre based and home based services (Whitebrook et al, 1989; Clarke-Stewart et al, 2002). For example, specialised teacher training has been shown to produce better social and cognitive (particularly pre-reading) outcomes for children (EPPE, 2001).

Despite the link between training and quality, many children's services staff are not required to have any entry level training. Although research clearly points to the positive impact of early childhood training on quality, most States and Territories do not require the employment of early childhood teachers or other similarly trained early childhood staff.

Staff-child ratios that meet professionally recommended standards support more sensitive, less harsh and less detached caregiving (Howes, 1997, Howes et al, 1992). Furthermore, higher staff-child ratios are associated with fewer situations involving potential danger and abuse. Adults with responsibility for too many children spend a higher percentage of time in simply controlling them (Doherty, 1996). High staff-child ratios are particularly beneficial for the quality of program offered to infants and toddlers (NICHD, 1999). Refer to Table 1 for professional recommendations for staff-child ratios taken from the US based National Association for the Education of Young Children (NAEYC) and from Early Childhood Australia (ECA).

Table 1: Recommended staff-child ratios and group sizes

| age | staff-child ratio | | group size | |
|-------------------|-------------------|---------|------------|-------|
| | ECA | NAEYC | ECA | NAEYC |
| birth - 12 months | 1: 3 | 1:3-1:4 | 6 | 6 |
| 13 - 24 months | 1: 4 | 1:3-1:4 | 9 | 6 |
| 25 - 35 months | 1: 5 | 1:4-1:6 | 10 | 8-10 |
| 3 years | 1: 8 | 1:8 | 16 | 16 |
| 4 years | 1:10 | 1:9 | 20 | 16-20 |
| 5 years | 1:10 | 1:9 | 20 | 16-20 |

Group size affects factors such as noise level, the amount of stimulation and level of confusion. Smaller groups enable children to form caring relationships with one another, engage in meaningful shared experiences and discovery through play. Large groups lead to a loss of intimacy (Lally et al, 1994) and overly restrictive, controlling or detached and uninvolved caregiving (Doherty, 1996). Small groups are particularly important for infants (NICHD, 1996); the American Public Health Association and the American Academy of Pediatrics recommends a group size of 6 for children under two years (cited in NICHD, 1996). Smaller group sizes are also associated with a lower risk of infection and appear to improve the safety of children (Fiene, 2002). Despite these findings, few jurisdictions in Australia mandate any limits on group size, and those that do, fall short of those recommended for good practice. Professional recommendations for group size taken from the US based National Association for the Education of Young Children (NAEYC) and from Early Childhood Australia (ECA) are shown in Table 1.

“Despite the link between training and quality, many children's services staff are not required to have any entry level training...”

Process components of quality

Staff stability and continuity are necessary for children and families to build secure, trusting and responsive relationships with staff. Staff turnover is disruptive and damaging to children (Whitebrook et al, 1989). Given the importance of child-carer relationships, lack of continuity of carer can compromise the quality of the care received by the child. However Australian early childhood services are experiencing serious shortages of appropriately qualified staff and turnover is high (CCCH, 2003; Sumsion, 2005).

Working conditions such as access to training and appropriate remuneration and conditions have been identified as having an impact on quality. Such factors appear to impact upon staff commitment and professionalism as well as staff turnover (Helburn & Howes, 1996; OECD, 2001; Phillips et al, 2000).

Curricula and child-carer relationships in high quality programs adopt a holistic view of children's development and well-being, and enable staff and services to be flexible in pedagogical approaches rather than focus on narrow academic objectives (OECD, 2001; New Zealand Early Childhood Curriculum Framework).

High quality curricula are based on positive child-carer relationships; in a sense these relationships *are* the curriculum (Lloyd-Jones, 2002). 'Learning in the early years must be based on quality, developmentally-attuned interactions with primary caregivers and opportunities for play-based problem-solving with other children that stimulate brain development' (McCain & Mustard, 1999). Program design must enable infants and children to:

- develop strong relationships with staff and with each other
- experience frequent and positive interactions with staff
- receive timely and thoughtful responses to questions or bids for attention
- extend their understanding about the world (Love et al, 2002; *NSW Curriculum Framework*: Stonehouse, 2001).

The quality of infant care is of particular importance because of the sensitivity of this developmental period. Adult responsiveness, including the capacity to soothe and reassure infants when they are stressed, is crucial in enabling infants to achieve emotional equilibrium. Secure attachments to caregivers, characterised by responsive, nurturing care, touching and holding, results in less extreme reactions to stress. In contrast, children who have alienating and unresponsive caregivers show higher biological stress levels (Sims et al, 2005). Sustained exposure to such environments is known to compromise children's neuro-biological development (NSCDC, 2005; Siegel, 1999).

“Given the importance of child-carer relationships, lack of continuity of carer can compromise the quality of the care received by the child...”

Regulations and accreditation

In Australia, the States and Territories are responsible for two key aspects of early childhood services – curricula and regulations (structure) – while the Federal Government is responsible for – accreditation (process).

This division of responsibility between State and Federal governments results in wide variations in the conditions under which children's services operate. With regard to curricula, the States vary in relation to specifying curricula use and form. The States also vary as to which early childhood services are subject to regulation, and what those regulations require. These do not always match what research indicates or professional bodies recommend as best practice.

A stringent and enforced regulatory environment (encompassing structural components) has a positive impact on quality (Phillipsen et al, 1997; Clarke-Stewart et al, 2002) and reduces the disparity between the quality of for-profit and non-profit child care. Less stringent regulation is associated with significantly poorer quality for-profit child care (Phillipsen et al, 1997).

The accreditation process plays an important role in ensuring the delivery of high quality services (process components). Successful accreditation involves both self evaluation and external validation. Self evaluation facilitates reflective practice and enhances the service's capacity for change, growth and development. External validation by professional peers ensures the validity of the accreditation findings (OECD, 2001).

The Federal Government has a potentially unifying role through its responsibility for accreditation. However, applying uniform accreditation standards to services that differ widely in curricula and regulations is problematic, and the effectiveness of the accreditation system may be reduced because of local variations. This problem is illustrated by a Western Australian study (Sims et al, 2005) which found that children attending child care centres that had satisfactory accreditation ratings across a number of existing principles still showed elevated cortisol levels indicating abnormal stress.

What are the implications of the research?

- The long term benefits of participation in early childhood programs only accrue from high quality services. Mediocre and poor quality services are at best custodial, and at worst damaging.
- Quality can be improved through four key mechanisms:
 - A strong and enforced regulatory framework which addresses key structural components of quality;
 - An accreditation system which accurately assesses the quality of children's experiences within the setting;
 - A pedagogical framework that focuses on children's holistic development and well-being; and
 - Strategies to attract and retain an appropriately qualified professional workforce.

Considerations for policy and programs

- The nexus between regulation, accreditation and curricula can powerfully influence the quality of children's services. The key is to align content with research and effectively monitor and enforce their application.
- Ensure that regulations are applied to all children's services. As regulations exert an upward influence on quality regardless of service type, all children's services should come within a regulatory framework.
- Ensure that regulations incorporate the staff-child ratios and group sizes recommended by professional organisations as these are foundational to quality.
- Regularly monitor children's services to ensure that the regulations are being applied.
- Recognise that, for young children, education and care are inseparable, and ensure that all forms of early childhood services (including long day care and preschool) include staff with a mix of child care and teacher training.
- Raise training and qualifications requirements for all staff in children's services, ie. a minimum of Certificate III for child care staff who currently come under the "unqualified category" and a minimum of 3 years tertiary specialist early childhood studies for those who currently come under the "qualified category".
- Develop a national workforce development strategy to address the shortage of appropriately qualified staff.
- Examine the current accreditation system to ensure that it accurately measures the quality of care and education that children receive.
- Develop and implement at a national level a pedagogical framework that focuses on children's holistic development and well-being.

Policy Briefs aim to stimulate informed debate about issues that affect children's health and wellbeing. Each issue draws on current research and international best practice.

A multi-disciplinary team from the Centre for Community Child Health have developed these policy briefs.

An advisory group of national and international experts in children's policy and service delivery provides advice and peer review.

References

A full list of references and further reading used in the development of this policy brief is available from www.rch.org.au/ccch/pub

Further Reading

In May 2006, a critique on children's services, entitled "Always there for me? Policy directions for improving the experiences of infants and young children in a changing world" will be released by the National Investment for the Early Years (NIFTeY) in partnership with the NSW and QLD Commission for Children and Young People. For more information visit: www.niftey.cyh.com

Next Policy Brief

Policy Brief No 3 "Work-Life Balance" will be released in May 2006.

The Centre for Community Child Health is at the forefront of research into early childhood development and behaviour. The Centre is committed to translating research to inform public policy, service delivery and practice.

Tel: +61 3 9345 5137
Email: email.policy@rch.org.au
Web: www.rch.org.au/ccch

Centre for Community Child Health
Royal Children's Hospital
Flemington Road
PARKVILLE VIC 3052