

Our Child Care Workforce

FROM RECOGNITION TO REMUNERATION



MORE
THAN A
LABOUR
OF LOVE

MAIN REPORT

Our Child Care Workforce

FROM RECOGNITION TO REMUNERATION

A Human Resource Study of Child Care in Canada



MORE THAN A LABOUR OF LOVE

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The Child Care Sector Study Steering Committee

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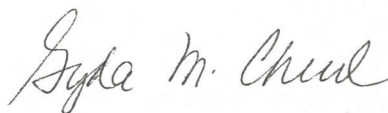
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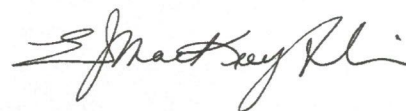
Like the Steering Committee itself, those who contributed to the process—through completion of surveys, interviews and focus groups—represent a broad cross-section of the child care community. We thank them for their time, interest and input.

We believe that this Report and the Recommendations detailed in Chapter 8 provide a clear and critical direction for advancing human resource issues in the child care workforce.

We urge you to read the report, consider its implications and, above all, act on it.



Cyda Chud
Steering Committee Co-chair



Jenna MacKay-Alie
Steering Committee Co-chair



Preface

The Principles of High Quality Child Care in Canada

In 1994, the National Forum on Child Care, which included representatives from all parts of the child care community, crafted a set of guiding principles for high quality child care in Canada. These guiding principles provide a common foundation for building a strong child care sector. The resolution of the human resource issues discussed in this Child Care Sector Study will contribute toward building a coherent set of child care services in the spirit of these principles. These shared values, which are synthesized below, present significant challenges and opportunities for child caregivers.

Shared Values

All children and their families have a right to quality child care and should be

supported within comprehensive family policy frameworks by all governments. Quality child care brings social and economic benefits to children, their families, communities and Canadian society as a whole.

Quality

Child care environments support children's optimal emotional, social, spiritual, intellectual and physical development, honour inclusion and diversity, and respect parents. Child care providers are knowledgeable about child development and skilled in early childhood education practices. Working conditions and remuneration reflect these responsibilities.

Affordability

All children have access to high quality child care regardless of family income, parental employment status or geographical location.

Availability and Accessibility

All Canadian children and families, including Aboriginal peoples, have equitable access to a range of child care services in each province and territory.

Accountability

Families, communities, governments, educational institutions, employers, unions, child care associations and child care providers share responsibility for a quality child care system.

Resolving human resource issues in a way consistent with the provision of accessible, affordable, high quality care, within the context of a collective accountability, is a central challenge facing the sector.

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PART 1

Introduction

Chapter 1

Overview

Canada's child care sector has many skilled, dedicated and committed caregivers who earn their living nurturing and educating the next generation. Daily, they are charged with the responsibility for many of the youngest, most vulnerable members of society. Most of Canada's young children and their families now use some form of remunerated child care or related early childhood services, including kindergarten and family support programs. The impact on children and their families is great, but the potential impact on Canada's economic and social future is even greater. Yet, although individual families may value the people who care for their children, there is no clear, public recognition of the

contribution that caregivers make to society as a whole. As a result, caregivers do not receive either the public support or resources they need to provide quality care for all children. In fact, the past few years have witnessed reductions in public support and resources to those who are caring for and educating Canada's young children.

Unlike other Canadian social, health and education services, the costs of child care are largely considered the private responsibility of parents. The compensation caregivers receive and the working conditions they experience depend primarily on parents' ability to pay. Public funding for child care services consists largely of fee subsidies for low-income families and income tax deductions for individual parents. Limited public funding is directed to maintaining and improving child care programs and services. This suggests the quality of care that children receive is, essentially, a matter of purely private interest. This is not, and should not, be so. The quality and availability of child care are very much matters of public interest. High quality child care benefits Canada's present and future citizens, while poor quality child care will have serious negative consequences for Canada's economic and social well-being.

The Child Care Sector and Its Workforce

A Rapidly Growing Sector

Historically, child care has been an invisible sector in the Canadian economy. Today, child care is emerging as a more visible and vital sector in the country's human service and education workforce. Thirty or forty years ago, the vast majority of child care at early ages was provided in the home or the extended family. While neighbours and nannies provided some care and there were a few day nurseries and nursery schools, paid care provided by non-relatives was unusual rather than typical.

Now, most preschool children use some type of regular paid child care. In 1967, for instance, only 17% of mothers with preschool children were employed. Today, the percentage is about 65%. In 1967, about 40% of their preschool children (about 140,000) used paid child care services, most often through unregulated arrangements (only 2% used licensed child care or nursery school).¹ Today, about 55% (more than 700,000) of the much larger number of preschool children whose mothers are in the labour force or students use paid child care. About 250,000 of these children use licensed services, including child care centres, regulated family care and nursery schools.² In other words, there has been a 400% increase in the use of paid child care services by preschool children of families having employed mothers over this 30-year period.

Similar historical data are not available for preschool child care use in families in which the mother is not currently employed. However, we do know that today more than 300,000 such children regularly use paid child care services. The use of child care by school-aged children has also grown significantly. Of nearly two and one-half million children from 6 to 11 years of age, about 400,000 use some form of paid child care before or after school (see Table 1). In total, close to 1.4 million children use paid child care services. Those who care for them are the subject of this study.

In contrast to other services in the health, education, social and human services fields, child care is not provided as an essential public service. And, unlike many other sectors of the economy, only a few child care services are provided by commercial

business enterprises or by incorporated non-profit organizations. In particular, incorporated business enterprises provide very little child care. Most paid care is provided by individuals working on their own as self-employed caregivers in their own homes and, occasionally, in the child's home. Some are hired as employees directly by parents, and work and live as nannies in the homes of their employers. Licensed child care centres and regulated family child care settings still account for a minority of Canada's child care, although the number of caregivers working in these settings has increased thirtyfold over the past three decades.

Where Are the Children?

It is difficult to obtain current data on child care use which is accurate and complete. Table 1 presents the best available data on how many children used each type of care in 1994-95. In total, about a million preschool children use some form of paid non-parental child care (i.e. not including kindergarten) at any time, and another 400,000 school-aged children use paid non-parental care.

The Child Care Workforce

The Canadian child care sector is often characterized as a patchwork quilt with caregivers working in a variety of settings, including licensed/regulated child care centres, nursery schools, family homes, unregulated child care settings in private homes or in the home of the child. These caregivers are the focus of this sector study, and the child care services they provide are described in Box 1.1. For the

TABLE 1

CHILD CARE AND RELATED ARRANGEMENTS, 1994-95

Type of Arrangement:	Children 0-5	Children 6-11
Child Population	2,400,000	2,450,000
Care Related to Employment:		
Relative Care	200,200	122,400
Regulated Care		
● Child Care Centre	188,000	108,100
● Family Child Care	*79,800	*28,900
Unregulated Care		
● Family Child Care	303,000	211,200
● In the Child's Own Home	127,600	86,30
● Self/Sibling Care	n.a.	34,900
Care by Parent on Leave:		
Children with Parents on Maternity Leave	44,000+	n.a.
Children with Parents on Parental Leave	28,000+	n.a.
Children with Parents on Adoption Leave	500+	n.a.
Care Not Necessarily Related to Employment:		
● Kindergarten	512,900	
● Provincial Early Intervention Program	14,100+	
● Children in Paid Care whose Mothers Are Not in the Paid Labour Force	300,000+	

Sources: For child care arrangements: Special runs from the Public User Sample Disk of the National Longitudinal Survey of Children and Youth (NLSCY), Statistics Canada. Data analysis by the consultants; maternity and parental leave figures: Human Resources Development Canada *Background Statistics Unemployment Insurance 1995*. Financial and Administrative Services, Policy and Systems; kindergarten figures: Education Quarterly Review, 1995. Statistics Canada - Cat no. 81-003 Vol. 2 no.3; provincial early intervention programs: Provincial and Territorial Early Intervention Directory SpecialLink Supplement. SpecialLink Vol. 6, Number 1 Spring 1995; care for children whose mothers are not in the paid labour force: calculated by comparing child care use measured in Statistics Canada's Canadian National Child Care Survey with that measured in NLSCY.

Notes: * These figures for regulated family child care are higher than previous estimates and higher than calculations based on the survey of regulated family caregivers conducted for this report. It is suspected that some families have incorrectly listed their unregulated family care arrangements as "regulated". The total number of children of all ages in regulated family care is probably about 75,000.

Child care centre figure for 6-11 year olds includes school-aged centre-based programs that are not licensed. Since most data in table refers to child care use at a single point in time (a reference week), maternity and parental leave figures from the whole year have been adjusted to reflect numbers on leave in a typical week. (Total annual maternity leave = 194,000, on parental leave = 180,000, on adoption leave = 2,000). Data on provincial early intervention programs are annual data; they do not include numbers from Quebec, P.E.I. or the N.W.T. Note that whereas child care data in this table refer to the primary mode of care used by a child, the kindergarten and some other data do not. Therefore, for example, kindergarten and other data are not additive.

purposes of this study, we have adopted the term "child care workforce" to describe these caregivers.

In addition, there are caregivers who provide related early childhood services, in family support programs, playgroups, part-day Head Start, Early Intervention Programs and other compensatory programs. As well, nearly everywhere across the country, teachers provide half-day (and

occasionally full-day) kindergarten for 5-year-olds, and, in some locales, kindergarten programs for 4-year-olds in the public schools. Those working in related early childhood services and teachers in kindergartens perform very similar work to those who work in centre-based child care programs. The links between these workers and the comparison of their situations are considered, from time to time, in the pages of this study.

Box 1.1

THE CHILD CARE WORKFORCE

Caregivers in Unregulated Family Child Care look after small groups of children in their own homes. This care is unregulated (although provincial/territorial legislation may limit the number of children who can be cared for at one site) and no licence or permit is required. Some provinces and territories have developed support and training programs for unregulated child care providers designed to enhance the quality of care.

In-home Caregivers include nannies who are provided room and board in the child's house and other in-home caregivers who come into the child's house during the day. In-home caregivers are employed by parents to provide care and nurturing to children in the parents' absence, but generally also have domestic and housekeeping duties. Their services may be arranged by parents through agencies, which are typically not regulated beyond normal business regulation. Some nannies are non-permanent residents who enter Canada under the Live-In Caregiver Program. Some have been formally trained as nannies or early childhood educators.

Caregivers in Regulated Family Child Care provide regulated family child care in their own homes. In some provinces and territories, this care is regulated through licensed agencies which select, monitor and support individual caregivers; in others, regulated caregivers are licensed or approved directly by provincial or territorial governments. In either case, nearly all regulated family child caregivers are self-employed, and typically work alone with a small group of children, often of different ages.

Caregivers in Centre-based Child Care provide care in a larger group setting in a facility which is licensed and regulated by provincial or territorial authorities. Caregivers in centre-based child care are employees of the child care centre and may be called teachers, or assistant teachers, directors or supervisors. Centre-based child care programs include full- and part-day programs for preschool children, which may include infants and toddlers; part-day school-aged care for children attending kindergarten or elementary school; and nursery schools or other part-day programs which may be used by parents in combination with other child care arrangements.

What Do Caregivers Do?

Regardless of setting, an effective caregiver, in either centre- or home-based environments, will:

- ensure that the physical environment and daily practices of caregiving promote the health, safety and well-being of children in care;
- establish a working partnership with parents which supports their responsibilities to their children;
- develop and maintain a responsive relationship with each child and with the children as a group;
- plan and provide daily learning opportunities, routines and activities which promote positive child development;

- observe and respond to children's activity and behaviour;
- act in a manner consistent with principles of fairness, equity and diversity to support the development and learning of individual children within the context of family, culture and society; and
- work in partnership with other community members to support the well-being of families.

This profile of a competent caregiver is based on a synthesis of documents developed across Canada's child care sector, using consensus-building approaches. It is based on initiatives designed to identify and articulate the key skills or competencies needed to work with young children in early child care and education settings.

Specifically, the profile is a synthesis of:

- *National Statement on Quality Child Care*, Canadian Child Day Care Federation (1991).³ This statement on quality child care in centre-based and family child care settings includes specific indicators, organized into seven major categories, each containing statements of general philosophy. It is based upon a literature review and extensive consultations with stakeholders.
- *Early Childhood Education Program Standard*, Ontario Ministry of Community and Social Services, College Standards

and Accreditation Council (1996).⁴ This is the program standard for four-semester community college early childhood education (ECE) programs approved by the Ontario Ministry of Education and Training. The ECE program standard was developed through extensive consultation with stakeholders, including child care sector employers, professional associations, universities and program graduates now working in the field. In addition, students, faculty and administrators at the colleges were involved. It represents the consensus of

Box 1.2

LANGUAGE OF THE CHILD CARE SECTOR

The complexity of the child care sector in Canada is mirrored in the complexity of the language used to describe the sector and those who work in it. The terms used in the sector are driven, in many cases, by provincial/territorial legislation, but also reflect different points of view on the role and nature of child care in different settings.

For example, a term often used to describe the vast majority of care in Canada is “unlicensed.” However, this may imply to some that the care is somehow not legal. However, all provinces and territories allow for this type of care, defining in legislation the number of children who can be cared for without a licence or without supervision from an outside body. Since this type of care is, in a minor way, addressed in regulations, the term “unregulated” may also be unacceptable to some. For the purposes of this study, the term **unregulated care** will be used.

Similarly the issue of auspice—the management/ownership arrangements that govern child care programs—raises problems with terminology. About 70% of centre-based care across Canada is provided through private, non-profit organizations. A small percentage of care is provided by the municipal or provincial public sector. Close to 30% is provided by private, commercial enterprises. To refer to these enterprises as “for-profit” centres may seem to imply that they all actually make a profit; for some, this term has pejorative connotations because of the implication of making a profit from children. In this report, these centres are referred to as **commercial operations**.

The terms used to describe those who work in the sector are equally sensitive. Canadians know these people by a variety of titles: teachers, child care providers, early childhood educators, child care workers, nursery school teachers, caregivers, babysitters, childminders, parents’ helpers, preschool teachers and nannies. Yet, not all of these terms are acceptable to all those who work in the occupation. For example, those with formal early childhood education may prefer to be called “teachers” or “educators.” Others believe that these terms overly emphasize the educative role that caregivers play but deny the caring nature of the occupation. There is agreement that the term “babysitter” is unacceptable. Although one term does not adequately describe all those in the occupation, the term **caregiver** is acceptable to most people and has been adopted for this report. Often, the terminology **member of the child care workforce** will be used as an alternative. Since the vast majority of those providing care are women, the pronoun “she” is generally used in the report.

the skills that all program graduates need to work with young children in early childhood education settings.

- *Code of Ethics, Early Childhood Educators of British Columbia (1992).*⁵ This statement of ethics is based on eight principles intended to guide the practice of early childhood educators working with young children in early childhood settings. The principles are based on a literature review, examination of the codes of ethics of other professions and consultation with experts in the field of professional ethics.
- *Child Care Sector Occupational Competencies, Multi-lateral Task Force on Training, Career Pathing and Labour Mobility in the Community Social Services Sector (1997).*⁶ In British Columbia, a child care steering committee of this task force has developed a set of occupational competencies for the child care sector, following a two-year consultative process with a wide range of caregivers across the province. They are based on the best of a “best practices” model, and are intended for caregivers in all types of child care settings and for those who work in related support services.

Is Child Care a Coherent Sector?

For the purposes of this report, child care providers are regarded as members of a reasonably coherent occupation—caregivers in the child care sector, providing paid care. The term “child care workforce” is used to describe this occupation. It should be recognized that this is an innovation which breaks with traditional practice in the child care field.

There are many historical and current differences among different segments of the child care workforce. Providers of unregulated child care are often not considered in discussions of child care in Canada; these discussions typically focus on regulated care only, where provincial/territorial policy has itself been focussed. Among caregivers in unregulated child care, there are important differences between those who treat child care as their permanent occupation and champion child care support services⁷ as a method of enhancing quality, and those who regard child care as a temporary opportunity to earn income. The majority of the child care sector believes child care should be provided as a public service; some believe it should be provided as a market commodity. Among caregivers in regulated care, there are differences of opinion between those working in centre-based care and those in regulated family child care, between non-profit operators and commercial operators of child care centres. Some organizations focus primarily on advocacy to government, and others focus on professional development within the sector, as strategies to improve the quality of care and the wages and working conditions of caregivers.

There are also different rates of development of self-organization in different parts of the child care sector. Although much work remains to be done, centre-based caregivers and caregivers in regulated family child care have developed organizations to represent their interests, and provide services to them in virtually all provinces and territories, in some local areas, and nationally. The same is not true for caregivers in unregulated family child care and in-home caregivers. No provincial

or national organizations (except for the Ontario Network of Home Child Care Provider Groups) are devoted mainly to organizing, representing and providing services to caregivers in unregulated family child care. Most of these caregivers are relatively isolated from other caregivers, except through informal contacts.

Correspondingly, there has been very little research into either of these two unregulated types of child care.

The Steering Committee for this study has brought together representatives across the child care sector described by the term "child care workforce." This report tries to reflect the coherence of interests and concerns that exists across the child care sector, while acknowledging differences and divisions. Caregivers from different parts of the child care sector have somewhat different interests and approaches; these are reflected in various places in the report.

Who Are the Caregivers?

Caregivers in the child care workforce are diverse in their education, ages and backgrounds. Yet, they are similar to each other in gender and low incomes. To briefly introduce some of the similarities and differences, Tables 2 and 3 provide comparative information on different types of caregivers and on kindergarten and elementary teachers and assistants. This information is from the 1991 Census. The data are imperfect in many details (see the notes below the tables), but provide the best comparative information available. Because few caregivers in unregulated family child care reported their occupation in the census, figures for this group should be considered indicative, but not reliable.

Some comparable data on regulated family caregivers are provided in the text below. Table 2 provides the following insights:

- The overwhelming majority of individuals in the child care workforce (i.e. family child caregivers, in-home caregivers and caregivers in child care centres) are female.
- Most caregivers (first three columns) are relatively young (close to 45% under 30; less than 30% over 40). Teachers in kindergarten and elementary schools and teacher assistants are older (about half are over 40).
- Caregivers in child care centres are relatively well educated compared with all female workers or all workers. Close to 55% have a completed postsecondary education, compared to a little over 40% of all workers. Caregivers in family child care and in-home caregivers have less education than workers in child care centres and less than the average of all occupations. About 35% of family child caregivers and 45% of in-home caregivers have not completed high school and 30% and 22%, respectively, have completed postsecondary education. On the other hand, nearly 75% of kindergarten and elementary teachers have a university degree.
- A minority (between 30% and 40%) of caregivers in the child care workforce work part time. Many full-time caregivers work for only part of a year, rather than the full year.

A special survey of regulated family child care providers⁸ conducted as part of this sector study provides a comparative profile of this group of caregivers. Since the data were collected in 1996, they are not strictly comparable to the information in Table 2.

- According to this survey, 99% of caregivers in regulated family child care are women. Only 14.6% of these caregivers are under 30 years of age, while 39.1% are 40 or over. The average age is 38 years.
- Among caregivers in regulated family child care, 15.2% have less than high school completion, 48.9% have a high school diploma, 27.6% have a postsecondary diploma or certificate, and 8.3% have a university degree.
- Figures on part- and full-time work comparable to Table 2 for regulated family child caregivers are **not available**; however, about 80% of all children in this type of care attend on a **full-day basis** (20% part-day), and about **80% of caregivers work a full year (48 weeks or more)**.
- Eighty-nine percent of providers are married or living with a partner.
- Eighty-seven percent have a **child living at home**, often including a **preschool child** (12.1% of regulated family caregivers have a child 0-17 months, 13.7% have a child 18-35 months, 32.4% have a child 3-5 years).

TABLE 2

THE CHILD CARE WORKFORCE AND RELATED OCCUPATIONS, 1991

	Family Child Caregivers (%)	In-home Caregivers (%)	Caregivers in Child Care Centres (%)	Kindergarten and Elementary Teachers (%)	Elementary/Secondary Teacher Assistants (%)	All Occupations (Females only) (%)	All Occupations (%)
Sex							
Percentage female	98.4	96.8	96.3	82.2	91.4	100.0	46.0
Age							
less than 30 years old	n.a.	*43.4	44.5	16.0	19.7	n.a.	31.6
30-39 years	n.a.	*27.7	29.6	27.7	33.7	n.a.	28.4
40 years and over	n.a.	*28.9	25.9	56.3	46.6	n.a.	40.0
Education							
Less than High School Graduation	34.9	47.3	18.8	0.7	25.0	26.2	28.9
High School Graduate	20.9	17.8	12.7	1.1	18.9	17.7	15.7
Postsecondary diploma or certificate	25.1	17.9	42.5	20.3	31.2	29.5	29.1
University Degree	5.4	4.6	11.5	74.8	10.7	13.3	14.1
Work Patterns							
Part-time	31.4	38.4	32.5	20.9	55.0	30.0	20.0
Full-time, Full-year (49-52 weeks)	36.0	26.0	36.5	62.2	15.0	45.0	52.7
Immigration Status							
Canadian citizens	84.8	71.6	80.4	87.4	84.7	81.0	79.7
Marital Status							
Married or Common Law	83.2	44.2	50.6	74.8	75.9	63.1	61.8
Family Status							
Mothers with youngest child 6 years	44.8	14.5	24.8	16.9	14.1	16.7	14.8

* includes a small number of family home child caregivers as well.

Source: Custom tabulations from 1991 Census, Statistics Canada. Calculations by consultants.

Notes: "Caregivers in Child Care Centres" refers to those persons in the occupation called "Child Care Educators and Assistants" - National Occupational Code (N.O.C.) 6470. "Kindergarten and Elementary Teachers" are in N.O.C. 4142; "Elementary and Secondary Teacher Assistants" are in N.O.C. 6472. National Occupational Code 6474 inappropriately combines both those who provide care in their own homes and those who provide care in the child's home, and collectively calls them "Babysitters, Nannies and Parent's Helpers". In this table, we report these two groups of workers separately as "Family Child Caregivers" and "In-home Caregivers". Those workers in N.O.C. 6474 who work in their own home and are self-employed are classified in the above table as family home caregivers, while other caregivers categorized to this occupation are in-home caregivers. As noted in the text, the number of family home caregivers recorded by the Census is only a small fraction of those reported by parents in surveys of child care use.

As can be seen in Table 3, which is based on custom tabulations of the 1991 Census, annual earnings of caregivers in the child care workforce are comparatively low. If we look only at the annual incomes of "full-time, full-year" workers who receive wages or salaries (i.e. are not self-employed) and who have a postsecondary diploma or certificate, there are radical differences in average earnings across occupational groupings. In-home caregivers earn just over \$12,000 annually, while caregivers in child care centres earn less than \$19,000 (slightly less than teachers' assistants in the schools). The average salary for kindergarten and elementary teachers with this type of education is nearly \$34,000, about the average across all occupations for males and females combined.

How Many Caregivers Are There?

Data on the number of caregivers working in the child care workforce are less available and reliable than most other data in the sector. Census data from Statistics Canada tell us that in 1991 there were more than 80,000 caregivers providing

centre-based care, nearly 90,000 in-home caregivers, and only about 17,000 caregivers providing both regulated and unregulated family home child care. Unfortunately, none of these figures is completely reliable. Since the census asks individuals to record their main occupation "last year," occupations in which there is a considerable amount of part-year work may appear to be much larger than they actually are, when census data are used. This problem applies to caregivers in the child care sector.

There is a second important problem; many caregivers providing unregulated child care may not report their occupation on the census form. Census data suggest that there are very few family child caregivers across Canada; in contrast, data on child care use, provided by parents, suggest that this is the single largest type of paid child care. Since, as discussed later in this study, caregivers may have tax or other economic incentives to not declare caregiving income, we can assume that the census figures represent a dramatic underestimate of the number of caregivers in regulated and unregulated family child care.

TABLE 3

AVERAGE EARNINGS (\$) IN THE CHILD CARE WORKFORCE AND RELATED OCCUPATIONS, 1990

	Caregivers in Family Child Care	In-home Caregivers	Caregivers in Child Care Centres	Kindergarten and Elementary Teachers	Elementary and Secondary Teacher Assistants	All Occupations (Females Only)	All Occupations
Average annual employment earnings of all workers	n.a.	6,579	11,639	32,501	10,565	18,063	24,753
Average annual employment earnings of full-time, full-year workers with postsecondary diploma or certificate	n.a.	12,220	18,972	33,747	20,228	26,249	33,591

Source: Custom tabulations from 1991 Census, Statistics Canada, by consultants.

Table 4 estimates the number of caregivers in the child care workforce, using parental surveys of the types of child care used by their children. Note that most estimates of the number of caregivers in this table refer to the number of full-time, full-year caregivers necessary to provide these services. If caregivers work part time and part year, there would be considerably more caregivers needed over the course of the year to provide the same amount of services.

Purpose of the Child Care Sector Study

The Child Care Sector Study was funded by Human Resources Development Canada as part of a series of studies examining the human resource challenges facing sectors of the Canadian economy. It was undertaken by a team of researchers on behalf of a Steering Committee made up of representatives from the Canadian child care sector. (See Appendix A.) The committee advised the study team on the final design of the study, facilitated the conduct of the study, reviewed and approved the report and developed the recommendations.

TABLE 4

CAREGIVERS PROVIDING CHILD CARE AND RELATED SERVICES

Type of Care	Estimated No. of Caregivers
Unregulated Care	
Family Child Care	155,000
In the Child's Home	115,000
School-Aged Centre-Based Care Not Regulated by Province	6,000
Regulated Care	
Child Care Centres and Nursery Schools	42,000
Regulated Family Child Care	15,000
Other Early Childhood Services	
Kindergarten	21,000
Provincial Early Intervention Programs	500+
Federally Sponsored Early Intervention Programs	1,100
Family Resource Centres	**

Sources: Calculations of regulated and unregulated care by consultants based on data from Canadian National Child Care Survey of 1988 and Cycle 1 of the National Longitudinal Study of Children and Youth of 1994-95; school age centre-based care not regulated by the province - figures come from number of school spaces in Alberta and Quebec reported in *Child Care - Provinces and Territories 1995* Childcare Resource and Research Unit, 1997, and assumes a staff:child ratio of 1:15. It does not include staff who may be working in school age recreation programs; kindergarten: Education Quarterly Review, 1995. Statistics Canada - Cat no. 81-003 Vol. 2 no.3; Assumes a staff:child ratio of 1:25; provincial early intervention programs: Provincial and Territorial Early Intervention Directory SpecialLink Supplement. *SpecialLink* Vol. 6, Number 1 Spring 1995. Very rough estimate including full-time and part-time positions. Does not include estimates from Quebec, Prince Edward Island and the Northwest Territories. Staff in Ontario were calculated using the same caseload as for BC; federally sponsored early intervention program - rough estimate based on number of CAP-C and Aboriginal Head Start programs reported during key informant interviews with program officials, and assumes 2 staff per project

Notes: **Using information from the *Status Report on Family Resource Programs Across Canada 1995*, published by the Canadian Association of Family Resource Programs, we can calculate that there are 4,000-5,000 staff working in family resource centres across Canada. This estimate is based on the reported estimate of 2,000 programs, with an average of 2 to 5 staff per program. However, some family resource centres deliver CAP-C or Aboriginal Head Start Programs, and direct child care programs, so staff may be counted in both programs. In addition there are many staff working in family resource programs who do not necessarily work directly with children.

A Sector Study

This study is part of a series of studies, sponsored by Human Resources Development Canada, examining the human resource challenges facing sectors of the Canadian economy. The term "human resource issues" refers to a range of issues, including wages and benefits, working conditions, qualifications and experience, turnover rates, opportunities for advancement, work environment and job satisfaction, career and education paths, portability of credentials, licensing and regulations, training and human resource development programs and options, professionalism and unionization.

The child care sector study examines the scope and nature of human resource issues associated with employment in child care in Canada, and proposes an effective human resource strategy to address these issues. Specific objectives of the study were:

- to improve the definition of the sector through the development of knowledge about the people who care for children,

their development, qualifications and conditions of work currently and in the future;

- to identify information gaps and to develop methodologies and momentum to continually improve this knowledge over the years to come; and
- to create awareness of, and consensus on, the issues facing the sector now and in the future and to identify ways to address these issues.

This study was both research-based and consultative. It was research-based to the extent that it built on existing information and collected new information to supplement existing data, research and studies. It was consultative to ensure that the findings would be forward looking and that key stakeholders were involved in identifying the issues, reviewing trends and examining the implications for the sector in the future.

To address the seven basic research questions noted in the box, the study team divided the data collection and analysis into six components:

- an analysis of demographic and economic data available from existing sources (including census information, government surveys and other previous studies);
- a review of the legislation, policies and programs in place in each province and territory;
- sector consultations with caregivers in a variety of settings in all provinces and one territory;
- a review of both formal and informal training and education opportunities for caregivers;
- a survey of caregivers in regulated family child care; and

Basic Research Questions

- ▶ What is child care and how is it delivered?
- ▶ Who is providing care?
- ▶ How and where are they employed?
- ▶ What training/support/professional development opportunities do they have and how relevant are they to their jobs?
- ▶ What are the gaps in, and barriers to, training and how might they be addressed?
- ▶ What is the likely need for various types of child care in the future?
- ▶ What will be the likely impact on training/human resource issues and how can it be addressed?

- a comparison of the literature on human resource issues in the child care occupation in five other countries (Australia, Denmark, France, Spain and the United States).

Information from the six components is integrated into this report. In addition to undertaking substantial primary research, the researchers relied heavily on previous studies and literature in the child care field. The study was undertaken between February 1996 and September 1997.

The report of the study is organized into four parts, containing eight chapters:

- ▶ **Part One – Introduction** describes the organization and main themes of the study, and provides an initial profile of the child care workforce.
- ▶ **Part Two – The Context for Caregiving** describes the current state and analyzes the future context of child caregiving in Canada. In some detail, Chapter 2 presents the myriad of child care arrangements and early education services provided by caregivers, and Chapter 3 analyzes the likely effects of demographic, economic and public

policy factors on the future demand for these services. A wide variety of organizations and institutions play critical roles in preparing caregivers to provide good quality care or in supporting caregivers and representing their interests. Chapter 4 describes the postsecondary institutions that train, educate and develop caregivers, and the national and provincial/territorial organizations that often provide training, professional development and other supports to caregivers.

► **Part Three – Challenges Facing the Child Care Workforce** analyzes the main challenges facing caregivers as they strive to improve their compensation and working conditions, continually enhance the quality of the child care services they provide and earn the public recognition that is long overdue. The three areas are defined as “The Working Environment Challenges” (Chapter 5), “The Skills Challenge” (Chapter 6) and “The Recognition Challenge” (Chapter 7).

► **Part Four – Moving Forward** summarizes the conclusions and presents the recommendations of this study of human resources in the child care field. Chapter 8 provides advice for governments, child care organizations, institutions providing postsecondary child care education, employers of caregivers and individual members of the child care workforce. It presents and explains the Steering Committee’s recommendations for reform related to human resource issues in the child care sector.

The report and its recommendations are designed to:

- inform people who provide child care services about the comparisons among their particular situations, the foreseeable

future of the sector and ways to draw the sector together;

- advise associations and organizations of caregivers on the state and future of the occupation and the roles they can play in its ongoing development;
- advise those who work in settings that educate, train and develop caregivers on ways to improve the preparation of caregivers to meet future demand;
- advise government agencies and departments responsible for policies and programs having an impact on the child care occupation in Canada on the effects of current policies and funding; and
- inform parents and the general public about the people who provide child care, their qualifications and their importance in the development of children.

Caveats of the Study

The availability of good data has been a key constraint to this study—as it has been to the child care sector over the years. Even the most basic data are not available. For example, it is not known exactly how many caregivers there are in Canada, where they work or how much they earn. This is particularly true for caregivers in the informal sector. However, to be resigned to this situation and not pursue caregivers’ issues would not serve the sector well. As a result, the best possible use of the available data has been made and, throughout the report, gaps in data are noted.

Child care for Aboriginal children was not specifically addressed in this study. It was felt that the issues facing those providing child care for this segment of the population could not be addressed adequately within the context of a national study and that a separate study would be

required. However, in some cases, caregivers working with Aboriginal children were included in the consultation process for this study.

Major Themes of the Child Care Sector Study

A number of themes emerged from this study, cutting across most of the chapters and topic areas. Issues of availability, affordability and quality of care cannot be separated from the issues and challenges that face caregivers. These key themes are summarized below.

- ▶ The future of caregivers in the child care sector depends very much on the future of child care itself. The demand for child care so that parents are able to earn a living and study will continue into the foreseeable future. The demand for child care which provides enriching social, educational and developmental experiences for all young children is likely to increase as parents become more aware of the importance of high quality care and seek that for their children.
- ▶ The single most important component of quality child care in promoting healthy child development is the nature of the daily relationship and interactions between the caregiver and child, and is supported by the other quality factors. Research has consistently shown that postsecondary education related to child development and early childhood education practices increase the likelihood of warm, responsive and stimulating relationships between caregivers and children and positive child development outcomes.⁹
- ▶ The ability to sustain and guarantee the provision of high quality child care services, with strongly positive effects on children as well as reliability for parents, is of key importance to the medium-term future of the child care sector. Although the extremely rapid period of growth in the labour force participation of mothers is ending, there is evidence that the need for a variety of child care services will continue. Among researchers, policy makers and parents, there is a new appreciation of child care's potential for affecting the cognitive, social, emotional and physical development of children at a crucial period in their lives. Child care providers must demonstrate that they are capable of providing consistently good quality and affordable services which will meet this challenge.
- ▶ Although caregivers are the key component of quality, there is little recognition of the value of child care as an occupation. There are wide variations in knowledge and skill requirements for caregivers. Those in the occupation are relatively poorly paid, have few traditional occupational benefits and lack adequate professional development opportunities.
- ▶ Enhancing the quality of child care services provided and making them affordable for Canadians will not be possible without considerable government support for the work of the child care sector. Government actions and inactions have always been of key importance in shaping the direction of development of the child care sector. To promote quality in child care services, governments will have to work with the sector and with postsecondary educational institutions to develop the

changes in regulations; diploma, non-diploma, post-diploma and degree programs; funding arrangements; human resource policies; data collection and research; and public attitudes which will make this possible.

► Child care is a relatively new, and emerging, sector of the economy. As a result, it lacks many features that other sectors have come to take for granted. For instance, it lacks regular data collection on caregivers and services provided in the sector, making this sector study and continuing analysis of the sector very difficult. Although many national and provincial child care organizations have begun to coordinate the child care sector and give it a voice, the sector lacks many of the forms of self-organization common in other sectors. There are no sector-wide forums for discussion, decision making and action on human resource or other issues facing the sector. Government policy toward the emerging child care sector is inconsistent and typically not well considered. Division of responsibilities between federal, provincial and municipal governments has been undergoing rapid changes. Provincial attitudes to the child care sector vary from benign neglect to a private sector-market orientation to a non-profit/public sector orientation, and everything in between. In this context, it has been difficult for the child care sector to organize itself, clarify its key objectives and methods of operation and define the most appropriate responses to future challenges.

This report is framed around strong agreement on the overriding importance,

and indeed urgency, of the shared objective of enhancing the overall quality, accessibility, affordability and accountability of child care. It is a strategy for advancement of the child care sector. A human resource strategy for caregivers must be intricately linked to this child care strategy. The components of such a strategy could include:

- uniting to support public policy, legislation and funding designed to enhance child care quality accessible to all children;
- advocating for equitable compensation and reasonable work environments;
- continuing to build a professional framework to support the child care workforce;
- increasing the accessibility and relevance of formal education and training in child development and early childhood education practices for all members of the child care workforce; and
- encouraging the pursuit of a pragmatic research agenda to support public policy development in the child care sector.

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- 1 Special Parliamentary Committee on Child Care, 1987
 - 2 Human Resources Development Canada & Statistics Canada, 1996. National Longitudinal Survey on Children and Youth, Cycle 1 data, Public User Sample, calculations by consultants
 - 3 Canadian Child Day Care Federation, 1991
 - 4 Ontario Ministry of Community and Social Services, College Standards and Accreditation Council, 1996
 - 5 Early Childhood Educators of British Columbia, 1992
 - 6 Multi-Lateral Task Force on Training, Career Pathing and Labour Mobility in the Community Social Services Sector, 1997
 - 7 See Canadian Child Day Care Federation, 1991, p. 28, for details
 - 8 Goss Gilroy Inc., 1997
 - 9 Doherty-Derkowski, 1995



PART 2

The Context for Caregiving

An appropriate human resource strategy for the child care sector will be founded on an intimate appreciation of the current state of the sector and the forces affecting its future; providing this appreciation is the task of Part Two. It is organized into three chapters:

Chapter 2

Child Care Services and Related Programs

- Caregivers provide a wide range of child care arrangements and related services. This chapter describes what kinds of child care services are available, how

much they cost, their quality and other characteristics. Discussion in the chapter is organized into three parts, corresponding to the trilogy of central issues faced in the attempt to improve child care services: availability, affordability and quality.

Chapter 3

The Demand for Child Care Services

- The future demand for child care is likely to affect employment prospects and compensation of caregivers. These demands will be affected by a series of demographic and economic factors, but also by public policy decisions of federal, provincial/territorial and, sometimes, municipal governments.

Chapter 4

Institutions and Organizations That Prepare and Support Caregivers

- Many institutions share the responsibility of providing Early Childhood Education (ECE) programs at certificate, diploma and degree levels, as well as ongoing training and professional development for caregivers. Child care organizations and others provide ways for caregivers to communicate with one another, to access needed services and to publicly represent their interests. This chapter identifies the organizations and institutions that support caregivers and prepare them to provide quality care, and describes the work these organizations do on behalf of caregivers in the child care sector.



Chapter 2

Child Care Services and Related Programs

Canada does not have a national system of child care. Historically, however, both federal and provincial/territorial governments have played important roles in the development and delivery of child care and related services. The federal government has never had direct jurisdiction over child care, but until 1996 did provide dedicated funds for regulated child care through the Canada Assistance Plan. It no longer provides this dedicated funding, but does provide limited funding for some child care and related early childhood services and benefits, sponsors research and demonstration initiatives, and administers maternity and parental leave benefits.

Provinces and territories regulate child care services, develop child care policies, establish the terms of licensing and monitoring, and determine the type, amount and eligibility for funding. Their child care legislation also determines the number of children who may be cared for in any one unregulated child care setting. Provincial/territorial governments are also responsible for kindergarten programs operated with school systems and may support other early childhood services and family support programs.

All provinces and territories have some form of regulated centre-based child care, and all but Newfoundland have some form of regulated family child care. Each province and territory has established its own approach to regulation and funding. Which services are licensed, how much financial support is available to families and to programs, and the amount of training required for individuals working in different settings varies considerably across the country.

Provincial/territorial governments do not actually operate child care programs, nor do they ensure that they are in place, as they do for social services, health care and education. However, their policies and funding initiatives play a significant role in the types of services available. Since child care is not a mandatory service and few provinces engage in service planning or setting target levels of care, programs have developed in an ad hoc manner. They are usually initiated by the voluntary sector, school boards, individuals, commercial organizations and, to a lesser degree, unions, businesses and municipalities.

Three main issues have dominated the child care agenda for many years—the availability, affordability and quality of care. Generally, we think of these issues in relation to their effect on children and their parents. However, they also have a significant impact on those who earn their living providing the care. How much and what kind of care exists determines where the jobs are and what the nature of employment will be. The cost of care and the level of government funding to services directly influences the level of compensation a caregiver will receive. The maximum number of children who can be cared for in a home-based setting limits the income of those caregivers. Government legislation dictates the type and amount of training people will need in different settings; lack of training requirements can contribute to the lack of value placed on the work of caregiving. Issues in child care are issues for the child care workforce.

The Availability of Child Care and Related Services

Over the last 30 years, the number of Canadian families who use paid child care has increased dramatically. Parents make a variety of child care arrangements for their children, depending on what is available, how much the care costs and particular family circumstances. The amount of care and types of services that exist across the country vary according to geography, provincial/territorial regulation and funding, and parents' ability to pay. There has been significant growth in regulated child care services, but most children are still cared for in unregulated settings.

How Much Child Care Is There?

In 1994-95, there were approximately three million children under the age of 12 whose parents worked or studied. Partly because of the expense of paid child care, many parents arrange shifts or choose employment so that they can continue to provide exclusive care for their young children. Many school-aged children do not use paid child care before and after school. Nonetheless, about half (1.5 million) of the children whose parents work or study are cared for in non-parental arrangements. Of these children, some are cared for by relatives, including siblings, while 1.1 million children whose parents are working or studying are in some form of non-relative, paid child care arrangement. It could be in the home of a caregiver, in the child's home or in a child care centre or nursery school. Or it could be a combination of arrangements.¹

As well as paid child care arrangements, young children attend a number of other early childhood services. Utilization of these programs is usually unrelated to parental employment status, but working parents may use them as one part of their child care arrangement. These services include kindergarten programs, Early Intervention/Infant Development Programs, compensatory preschool programs for children at risk and family resource centres, which are at little or no direct cost to the parent. Nursery schools, for which parents generally pay fees, are used by many parents not in the paid labour force, as well as by many parents who are.

On the surface, it would appear that parents have many options, whether they

are working or not. But programs are not evenly distributed across the country, the hours of care often do not coincide with parents' work schedules, parents may not be able to find the type of care they think best meets the needs of their child, or they may not be able to afford it. There is considerable evidence that parents often choose options based on cost and availability rather than the type of care they would ideally prefer for their child. National studies have shown that many parents using unregulated arrangements would prefer regulated settings, while the reverse is not generally true.²

There appears to be, for instance, increasing demand for more flexible, part-time child care, but few services are available to meet this need. The demand for this type of care is partly fuelled by changing work patterns, as parents are

involved in non-traditional work arrangements, such as part-time work, shift work, self-employment and temporary or contract work arrangements. The demand for part-time care is also fuelled by parents who use paid child care in combination with other child care arrangements. For example, parents may use a spouse or other relative to provide care for part of the time and only seek paid child care for the times that they cannot do this—either because of cost or preference.

How Much Regulated Care Is There?

Not all provinces and territories regulate the same types of services. All have regulations governing centre-based care for preschool children and all but Newfoundland have some form of regulated family child care. School-age care and nursery schools are not

TABLE 5

CHILD CARE SERVICES

Province or Territory	Programs That Are Regulated	Programs That Are Not Regulated
Newfoundland	child care centres for children over 2, half-day programs, school-age care	family child care
Prince Edward Island	full- and half-day early childhood centres, school-age care, family day care homes	
Nova Scotia	full-day centres, part-day nursery schools, school-age care in child care centres, child development centres, family child care	school-age care in schools
New Brunswick	full- and half-day centres, school-age care, community day homes	note: half-day programs licensed only on complaint from public
Quebec	child care centres, family child care	school-age care, nursery schools, drop-in centres
Ontario	group child care, nursery schools, school-age care, home child care	family resource centres
Manitoba	child care centres, school-age programs, nursery schools, occasional care centres, family day care homes, group day care homes	school-age care directly operated by or contracted out by school divisions
Saskatchewan	child care centres, school-age care, family day homes	nursery schools operating less than 3 hrs/day
Alberta	child care centres, nursery schools, family day homes	school-age care
British Columbia	child care centres, school-age care, child minding, preschools, family child care	child care support programs, supported child care outreach
Yukon	child care centres, school-age care, preschools, family day homes, child development centre	parent-child programs
Northwest Territories	child care centres, school-age care, some preschools, family child care	parent-child programs

Source: Key informant interviews with provincial and territorial officials.

necessarily licensed and some provinces have programs that are not licensed, but are funded as part of the child care system. Table 5 provides an overview of child care services in each province and territory.

Table 6 reviews the amount of regulated care by province or territory in absolute terms, and in comparison with the potential demand for these services. Only a minority of children are currently in regulated arrangements.

Centre-based Child Care

Centre-based child care includes group programs outside regular schooling for children as young as 3 months up to 12 years of age. Programs offer full-day, full-week programs (although some children

may attend part time) or regular programs before and after school for school attenders. Centre-based child care programs in Canada may be operated by child care-specific non-profit organizations, multi-service organizations, independent owner/operators, incorporated commercial operations, school boards or community colleges. Municipalities in Ontario operate centre-based programs and some municipalities in Alberta operate a few school-age programs. In Quebec, school-age child care programs offered in elementary schools are administered through the provincial department of education.

Most centre-based child care programs offer regular daytime care only for children 2 to 5, or 3 to 5 years of age. Centre-based child care services for infants and school-age children are less available. While some centres may accept children on a part-time basis, services for parents working shifts and irregular hours, and seasonal or emergency care, are scarce across the country.

Nursery schools offer two- to three-hour programs to preschool children on a school-year basis (September to June). They may or may not operate for five days a week. The purpose of nursery schools is to offer stimulation, activities and educational opportunities for young children. Some families use nursery schools as one part of their child care strategy.

Limited data are available on how many children attend nursery school programs or how many programs exist. They are often excluded from data concerning centre-based programs, or are considered part-time spaces and combined with school-age programs.

TABLE 6

CHILD POPULATION AND REGULATED CHILD CARE SPACES, 1995

Province or Territory	Number of Children 0-12	Children 0-12 with a Mother in Labour Force	Regulated Child Care Spaces for Children 0-12
Newfoundland	97,986	53,348	4,202
Prince Edward Island	25,107	17,488	3,888
Nova Scotia	156,422	93,077	10,645
New Brunswick	126,036	73,366	7,952
Quebec	1,192,306	724,093	111,452 ¹
Ontario	1,922,573	1,249,702	147,853
Manitoba	198,235	130,886	18,846
Saskatchewan	191,715	134,099	7,266
Alberta	530,276	365,553	100,725 ²
British Columbia	623,038	406,940	59,794
Yukon	8,000 ³	Information not available	1,060
Northwest Territories	20,900	Information not available	1,286
TOTAL	5,092,594	3,250,552	474,969

Sources: Key informant interviews with provincial and territorial officials; Childcare Resource and Research Unit (1997) *Child Care in the Provinces and Territories, 1995*.

Notes:

1. This figure includes 40,670 school-age spaces which are operated by school boards.
2. This figure includes 49,637 school-age spaces which are not regulated by the province.
3. Includes children 0-14.

Regulated Family Child Care

Regulated family child care refers to arrangements for the care of children in small groups in the caregiver's own home that are regulated by government. The caregiver may be licensed directly by the province or may work through an agency which is licensed and responsible for supervising the caregivers and administering the child care arrangements.

- In Nova Scotia, Quebec, Ontario and Alberta, licensed family child care is organized through agencies which are usually non-profit organizations, although in Ontario and Alberta some are incorporated as commercial operations. In Ontario, municipalities may also operate family child care agencies.
- In all other provinces and territories, except Newfoundland, individual caregivers are licensed and monitored directly by the province or territory, or by a designated community agency.
- The survey of caregivers in regulated family child care conducted for this sector study found that about 80% of the children in this form of care are of preschool age, and 20% are school-aged. Of the preschool-age children, about 23% are under 2 years of age; about 35% are 2 or 3 years of age; and about 22% are 4 or 5 years of age.

Distribution of Regulated Spaces

Table 7 shows the number of regulated spaces in each province and territory by type of care and, for centre-based programs, the number of spaces for each age group. Because of the defined child-staff ratios for specific age groups, centre-based programs hold licences for a

fixed number of children within those age groupings. The estimated number of spaces in regulated family child care is generally based on the maximum number of children permitted per caregiver. Individual family caregivers are not regulated or licensed to care for children of specific ages, so there is some fluctuation in the actual number of children in different age categories.

As can be noted from this table, most regulated care is in centre-based programs for preschool-age children.

Use of Regulated Child Care Spaces

The number of regulated spaces gives us an estimate of what might be available in a given province, but does not necessarily reflect how many children are being cared for in these arrangements. Some children may attend part time and share a space with another child. On the other hand, programs may have vacancies, either because parents cannot afford the program, location or hours of operation are not convenient, a child has a special need that the program will not serve, the quality is

In France, 99.3% of 3-year-olds are enrolled in an early childhood education program, even though fewer than 60% of mothers were active in the paid labour force. (Bergmann, 1996)

In 1993, Danish parents were guaranteed a space for their children ages 1 to 6 in a publicly funded child care program, based on the social right of every child within the Danish philosophy of taking care of the social needs of the individual. Waiting lists decreased by two-thirds between 1993 and 1995, but in some communities unemployed parents had difficulty securing a space.

(European Commission Network on Child Care, 1996)

TABLE 7

DISTRIBUTION OF REGULATED CHILD CARE SPACES, 1995

Province or Territory	Estimated Number of Centre Spaces	Regulated Family Child Care Spaces (note that these spaces are not broken down by age)
Newfoundland	full-day 2,946 part-day 759 school-age 497	not available
Prince Edward Island	infant 64 preschool 1,624 school-age 568 kind/nurs.sch. 1,549 special needs 55	28
Nova Scotia	full-day 6,892 part-time 3,584	169
New Brunswick	breakdown not available 7,838	114
Quebec	infant/toddler 4,902 preschool 48,009 school-age *40,670	17,871
Ontario	breakdown not available 128,955	18,898
Manitoba	Infant/toddler 985 preschool: full-day 7,431 part-day 4,164 school-age 3,255	3,111
Saskatchewan	infant 235 toddler 709 preschool 2,783 school-age 926	2,613
Alberta	infant 16,394 preschool 26,868 school-age *49,637	7,826
British Columbia	0-3 2,218 3-5 12,013 nursery school 13,403 school-age 13,360 child minding 2,663 special needs 1,165	14,972
Yukon	infant/toddler 230 preschool 419 school-age 189	222
Northwest Territories	breakdown not available 1,182	104

Source: Childcare Resource and Research Unit (1997) *Child Care in the Provinces and Territories, 1995*.

Note: * not included in provincial child care regulations. Categories are different for each province and territory.

inadequate or the care is not appropriate for the particular child. Provinces generally estimate the amount of regulated family child care spaces as the maximum capacity allowed each caregiver, yet in many

provinces the average number of children per home is often less than the regulations allow. For instance, the survey of regulated family caregivers conducted for this study found that the average caregiver looks after

3.9 full-day children (4.9 children including part-day and full-day) in addition to her own. According to the survey, 58% of all children in regulated family care attend five days per week. Most provinces and territories allow between six and eight children to be cared for by a single regulated family caregiver (including her own).

In several provinces, officials responsible for child care indicated that there were some communities in which many vacancies were reported, particularly for full-day care for preschool children. In Alberta, for example, where the number of licensed spaces continues to grow at a rate of approximately 5% per year, less than two thirds of the spaces are occupied. In New Brunswick, in 1996, 35 centres opened and 29 closed, for a net growth of 58 spaces. Reasons given for vacancies included the existence of a large unregulated sector, the high cost of regulated care, a need for greater flexibility and the lack of public awareness of regulation and quality.

In spite of apparent vacancies in regulated spaces in many parts of the country, there are groups for whom and areas in which certain types of regulated child care are not available. For instance:

- In Newfoundland, there are no regulated spaces for children under the age of 2, and no regulated family child care at all.
- Families in rural areas have less access to or use regulated care less than those in urban areas: in rural areas 13.7% of children aged 0 to 6 were in centre-based care, compared to 24.8% of children in communities of more than 500,000. Not only were a smaller percentage of school-age children in

regulated centres in rural communities (12.1% compared to 21.7%), but 10.4% were in sibling or self-care, compared to 3.6% of their urban counterparts.³

- There are proportionally fewer spaces for infants and school-age children than for preschool-age children across the country.
- Services are lacking for children with special needs, Aboriginal children and ethnocultural groups.
- There is often a lack of fit between the hours that parents work and the hours that child care is available.

Unregulated Family Child Care

Unregulated family child care is the most common form of remunerated child care in Canada across all age groups. It includes child care arrangements provided by caregivers in their own homes not covered by provincial/territorial licensing requirements. Family child caregivers are, however, subject to the provincial/territorial limits on the number of children for whom they may care. According to the National Longitudinal Study of Children and Youth (NLSCY) findings, approximately 34.0% of children under the age of 12 who used non-parental care while their parents worked or studied were in an unregulated family child care arrangement.⁴ There is currently very little information available about unregulated family child care in Canada. Human Resources Development Canada has recently undertaken a telephone survey of unregulated caregivers (both family caregivers and those who work in the child's home); the results, when published, may augment the slim base of knowledge about these caregivers.⁵

In-Home Child Care

In-home child care arrangements include care provided by nannies and other caregivers in the child's own home. In some instances, in-home caregivers or nannies also live in the child's home and have other duties in addition to providing child care. All in-home child care operates outside provincial/territorial child care licensing and regulation. Findings from the NLSCY show that, in 1994-95, in-home caregivers provided care to 14.1% of children 0 to 5 years and 14.5% of children 6 to 11 years who received non-parental care while their parents were working or studying.⁶

Related Early Childhood Services

Several other forms of early childhood services are not considered part of the formal child care system, but provide direct care for children. These programs include kindergartens, Early Intervention/Infant Development Programs, and programs offered by family or child care support programs. Unlike centre-based and home-based child care arrangements, most of these early childhood services and related supports receive substantial public funding and are available at little or no direct cost to the user.

Kindergarten Programs

Kindergarten programs are offered through the public school system and are operated under provincial/territorial education legislation, in all provinces except Prince Edward Island, where they are operated as child care centres under the jurisdiction of the Department of Health and Social Services and are covered by child care

legislation. In Ontario, most jurisdictions offer junior kindergarten programs for 4-year-old children (although the funding for these programs has recently been reduced) and senior kindergarten programs for 5-year-old children. Kindergarten programs in other provinces and territories are generally available only to 5-year-old children, although there are a few kindergarten programs for low-income 4-year-old children in Quebec. Across Canada, approximately 539,000 children are attending public kindergarten programs for 4- or 5-year-olds.⁷

Some kindergarten programs operate apart from the public school system as either private schools or as part of licensed child care programs on a fee-for-service basis. Most kindergarten is offered on a part-time basis, either half days or two to three full school days per week. However, there are a limited number of full-time, full-day kindergarten programs operating within public schools.

Kindergarten programs are intended to provide educational and social experiences for young children in preparation for formal schooling, but rarely meet all of working parents' need for child care. However, they are used by some Canadian families as one part of a child care arrangement. Many of the same 4- and 5-year-old children who attend public kindergarten programs attend licensed child care programs (which are sometimes located in public school buildings), regulated or unregulated family child care or are cared for by an in-home caregiver. Kindergarten programs and other child care services for young children may share common values and assumptions. A few initiatives between child care and

kindergarten programs have attempted to coordinate these programs to encourage increased collaboration, shared physical space, and common curriculum planning and professional development opportunities. Kindergarten programs may also intersect with early intervention and family support programs, particularly as provincial/territorial governments explore options for integrated children's services.

Early Intervention

Early intervention is an interdisciplinary approach which includes health, social services and educational services for children with special needs and their families. The development of these children is, or is likely to be, delayed or at risk due to biological or environmental circumstances.⁸ Early intervention includes both compensatory programs such as Head Start and structured Early Intervention/Infant Development Programs which usually offer a range of services. Early intervention programs may be integrated

with other types of early childhood services, including centre-based programs, family child care services, nursery schools or family support programs.

Early Intervention/Infant Development Programs provide services to families with children (birth to 3 or 6 years) whose development is, or is likely to be, delayed or at risk.

These programs typically include an important home-based component, and may include home visits, early identification assessment, program planning (family service plans and individual program plans), play groups, parent and caregiver support groups, specialized equipment, and transition support to preschool and school programs.

The *Provincial and Territorial Early Intervention Directory*, published by SpecialLink,⁹ identifies Early Intervention/Infant Development Programs in each

TABLE 8

PROVINCIAL AND TERRITORIAL EARLY INTERVENTION/INFANT DEVELOPMENT PROGRAMS, 1995

Province or Territory	Estimated Number of Programs	Estimated Number of Children Served per Year
Newfoundland	one program, with District Offices of Social Services throughout the province	400
Prince Edward Island	no stand-alone program families supported through five regional Health Authorities	n/a
Nova Scotia	11 - provided by community agencies	200
New Brunswick	16 - provided by community agencies	1,500
Quebec	2 to 3 rehabilitation centres in each region of the province, coordinated through community health centres	not available
Ontario	60 - provided by community agencies	5,500
Manitoba	1 province-wide	900
Saskatchewan	16 - provided by community agencies	465, plus 125 funded by Indian and Northern Affairs
Alberta	19 - provided by health units, school boards and non-profit societies	750
British Columbia	48 - provided by voluntary agencies	4,000
Yukon	one outreach program - community-based Child Development Centre	220
Northwest Territories	decentralized to five Regional Health Boards, Regional Social Services offices and Divisional Boards of Education	information not available

Source: SpecialLink (1995) *Provincial and Territorial Early Intervention Directory SpecialLink Supplement*.



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province and territory. It reports over 170 specific programs and identifies jurisdictions where these programs are integrated with delivery of other services. Some of the programs identified as single services are, in fact, province-wide with several delivery sites which serve several thousand children and their families. Table 8 provides an overview of the estimated number of early intervention programs in each province and territory, and number of children served annually by those programs.

Provincial/territorial government health and social service ministries may directly operate Early Intervention/Infant Development Programs or contract with voluntary agencies to do so. Provinces and territories have established ongoing funding mechanisms for these programs.

Compensatory programs are designed to assist children who are at risk for learning or behavioural difficulties. These ameliorative early childhood programs usually combine family support and early enrichment initiatives and are designed to improve the early environments of children at risk. Often, these programs strive to improve

parenting skills and to provide young children with enriched learning opportunities.

Health Canada has provided funding for the development of some community-based early intervention programs. For example:

- The Community Action Program for Children (CAP-C) provides funding to community coalitions to deliver health and community services to children determined to be living in conditions of risk. In 1996, there were approximately 450 such funded programs across the country.
- The Aboriginal Head Start Program, designed for Aboriginal families living in cities and large Northern communities, provides a range of health promotion and education services. The programs are not considered child care, but many are seeking to be licensed as nursery schools, which are usually part of a province's child care system. In 1996, there were 97 funded programs across the country.

These types of early intervention services are usually community based and often operate with project or special grant funding.

Family Resource Programs

Family resource programs include diverse activities designed to support children, their families and caregivers. The most common program components are playgroups and drop-in programs; parent support groups; parenting courses and workshops; toy-lending libraries; special events for adults and children; respite care; support (including information and training) for non-parental caregivers; child care information and referral services; crisis

intervention and counselling; prenatal, pregnancy and postnatal support; infant development services; home visits; and community development initiatives. Some family resource programs were established to assist at-risk families.

Approximately 2,000 family resource programs operate across Canada with some representation in each province and territory. A survey of family resource programs completed in 1994¹⁰ reported that tens of thousands of families access family resource programs across Canada each year. The same survey and key informant interviews and sector consultations conducted for this study revealed that family resource programs are increasingly directed toward high-risk and high-need groups.

In some instances, family resource programs may be offered in conjunction with other child care programs, including centre-based or regulated family child care services. They may be operated by stand-alone non-profit organizations, multi-service agencies, public libraries, school boards, community health centres, child welfare organizations or Native friendship centres. Ontario is the only province that funds family resource centres as part of the child care system.

The Affordability of Child Care and Related Services

The cost of child care has long been an issue for parents, governments and caregivers. Wages of caregivers are directly related to what parents can and will pay, as well as to what funding may be available

from different levels of government. Parents who need child care to participate in the paid labour force are often faced with "choosing" the lowest cost option, even if it is not their preference or of particularly high quality. Or, they may find other ways of reducing their child care expenses by working different shifts from their partners, using relatives for part of the time or combining paid care with other arrangements.

The Cost to Parents

The cost of regulated care varies considerably from province to province, partly because of the different levels of wages and benefits paid to caregivers, and partly because of differences in direct funding to regulated programs by governments. Most parents pay the full fee for regulated care; others receive subsidies designed to help low-income families. In some provinces, many more are eligible and waiting for subsidies than there are spaces available. The levels and conditions of eligibility for fee assistance vary dramatically across the provinces and territories.

- A single parent with one child stops being eligible for a full subsidy at a net income of \$9,960 in Newfoundland, and at \$15,000 in New Brunswick, where the average fees are about the same.
- In some urban settings in Ontario, a lone-parent family may qualify for a partial subsidy with earnings that exceed \$40,000 per year.
- In Saskatchewan, the difference between the maximum subsidy and the average full fee for a 3-year-old is \$123 per month. Even if a parent can qualify for a subsidy, the parent contribution is unaffordable for many.

In addition to provincial/territorial variations, average fees and amounts of subsidy available often vary by the age of the child and the type of care used. Table 9 provides a summary of average fees, subsidy rates, eligibility levels and number of children receiving a subsidy. Fees and subsidy rates for a 3-year-old child are used, as infant and toddler age categories differ across provinces and territories, making comparisons more difficult. Where possible, average fees are provided for both centre-based and regulated family child

care. In Prince Edward Island and Nova Scotia, only overall averages were available.

In provinces and territories where daily subsidy rates are used, the average monthly fees have been calculated using 21.3 days per month. With the exception of British Columbia, the subsidy rates for a 3-year-old child were the same for centre-based and family child care.

The figures displayed in the column on income ranges show first the income below

TABLE 9

AVERAGE FEES AND SUBSIDIES IN REGULATED CHILD CARE, 1995

Province or Territory	Average Parent Fee per Month (for a 3-yr-old)	Maximum Subsidy Available (for a 3-yr-old)	Income Range*for Subsidy (one parent, one child)	Total Children Receiving Subsidy (0-12)
Newfoundland	\$380 fcc-n/a	no set maximum	\$9,960 - \$18,240	748
Prince Edward Island	\$375	\$17/day (\$362/month)	\$10,080 - \$22,200	382
Nova Scotia	\$400	\$16.85/day (\$359/mth)	\$16,812 - \$24,540	2,200
New Brunswick	centre- \$373 fcc- \$352	\$15/day (\$320/mth)	\$15,000 - \$23,100	1,363
Quebec	centre- \$444 fcc - \$374	\$18.57/day (\$396/mth)	\$12,000 - \$35,800	41,520
Ontario	\$460-\$753**	no set maximum	needs test used***	73,400****
Manitoba	centre- \$320 fcc - \$274	\$4,092/yr (\$341/mth)	\$13,787 - \$24,369	8,200
Saskatchewan	centre- \$358 fcc - \$340	\$235/mth	\$19,668 - \$31,920 (gross income)	3,683
Alberta	centre- \$375 fcc- info. n/a	\$300/mth	\$18,710 - \$25,765	13,159
British Columbia	centre- \$440 fcc- info. n/a	centre-\$368/mth fcc - \$354/mth	\$18,984 - \$27,816	28,920*****
Yukon	centre- \$500 reg. fcc - \$475	\$450	\$17,772 - \$28,572	680
Northwest Territories	centre- \$530 reg. fcc - \$536	no set maximum	needs test used	350*****

Source: Childcare Resource and Research Unit (1997) *Child Care in the Provinces and Territories, 1995*.

Notes:

*The first figure in the income range refers to the income at which eligibility for full child care subsidy ends; the second figure is the income at which all subsidy eligibility ends. In all provinces and territories except Saskatchewan, this refers to net income.

** 1993 figures - 1995 not available. Range comes from sample of urban and rural locations and different size communities.

*** Ontario uses a needs test to establish eligibility and does not have province-wide data. Average income level of families receiving subsidy in Metropolitan Toronto for one-parent, one-child family is \$15,998 with a range of \$240 to \$45,996.

****This estimate of the number of subsidies in Ontario is from Ministry of Community and Social Services, *Improving Ontario's Child Care System: Ontario Child Care Review* (August 1996).

*****In British Columbia and the Northwest Territories, numbers of children include those receiving subsidies for unregulated care.

which a parent is entitled to a full subsidy and then the income level at which a partial subsidy ceases. All jurisdictions use net (i.e. after-tax) income levels, with the exception of Saskatchewan, which uses gross income.

Full fees in regulated care are out of the range of many parents who are not eligible for a subsidy. Findings from the NLSCY suggest that children from lower-income families, who are therefore likely to be eligible for fee subsidies, are more likely to use regulated care than those from higher-income families. For example, in families which used some form of child care while the mother worked or studied:

- 34.4% of the children from single-parent families, compared to 17.2% of the children from two-parent families, used centre-based care;
- 31.1% of the children in families with incomes below \$30,000, compared to 17.2% of the children in families with incomes over \$30,000, were in centre-based care; and
- 34.8% of the children whose families received social assistance, compared to 19.1% of those whose families did not, were in centre-based care.

In addition, the survey of regulated family child care found that 75% of children enrolled were subsidized.

The point is worth making forcefully. Family incomes matter because child care is, by its nature, very labour intensive and therefore expensive. According to the 1992 Statistics Canada *Family Expenditure Survey*¹¹ the average gross household income in that year was \$45,548. Of that

amount, the average household spent 12% on food, 18% on shelter, 5% on clothing, 12% on transportation, 7% on household operations, 9% on health care, personal care and recreation, 21% on personal taxes and 16% on miscellaneous smaller categories. An average-income family with two preschool children would have had to spend approximately \$10,000, or about 23% of its gross annual income, on regulated care, clearly not very possible or likely given other necessary expenditures.

Many families with young children, who cannot afford these large expenditures, find other alternatives. The 1990 Family Expenditure Survey¹² found that the average household with child care expenditures, including those with mothers not in the paid labour force, actually spent just over \$2,000 on child care. However, one quarter of all families reporting child care expenditures spent an average of nearly \$5,400. Note that the expenditures for child care include school-age children, which is generally part-day care only.

Table 10 presents data from the 1988 *Canadian National Child Care Survey*¹³ to show that the hourly amount spent on child care and family income are very closely related. The percentages in the table should be read as the percentage of families in that income group which spent a certain amount on child care. So, for instance, 45% of those families that earned less than \$10,000 per year which used paid child care spent less than \$1.00 per hour purchasing child care. Another 38% of these low-income families which used paid child care paid between \$1.00 and \$2.00 per hour.

TABLE 10

**HOURLY EXPENDITURE ON PAID CHILD CARE
FOR PRESCHOOL-AGE CHILDREN, BY ANNUAL FAMILY INCOME**

Annual Family Income before Taxes	Less than \$10,000 (%)	\$10,000-\$19,999 (%)	\$20,000-\$29,999 (%)	\$30,000-\$39,999 (%)	\$40,000-\$49,999 (%)	\$50,000 or More (%)
Hourly Amount Paid for Child Care						
less than \$1.00/hr	45	42	30	19	15	10
\$1.00-\$1.99	38	42	57	65	65	56
\$2.00-\$2.99	14	13	10	15	17	25
\$3.00 or over	3	4	3	2	4	9
TOTAL	100	100	100	100	100	100

Source: Adapted from Table 50, Cleveland and Hyatt (1994). Based on data from the 1988 Canadian National Child Care Survey, Statistics Canada.

Note: Columns may not total to 100 due to rounding.

The table shows that families with higher incomes are much more likely to purchase more expensive child care than families with lower incomes. (Of course, some low-income parents who are able to get a subsidy for a regulated child care space may be using more expensive care, but only paying a small portion of the fee; however, only a minority of parents using paid child care receive a fee subsidy). In other words, affordability matters a great deal in the child care decisions that families make.

The Cost to Governments

Funding to Programs

Public funding for child care comes in different forms. Direct funding to centres and regulated family day care homes and fee assistance paid on behalf of low-income families are determined by provincial/territorial child care budgets, portions of which were cost-shared with the federal government under the Canada Assistance Plan (CAP) until 1996. Federal funding continues to be part of the block transfer under the Canada Health and

Social Transfer (CHST), though at reduced amounts. Each province and territory determines the amount and type of funding as well as the eligibility requirements for funding.

As shown in Table 11, some provinces, such as Newfoundland and New Brunswick, limit funding for regulated child care entirely to fee subsidies for low-income parents. This means that the full cost of care is borne by fee-paying parents. Other provinces have a range of operational grants, which help offset the cost paid by full-fee parents, and generally means higher wages for caregivers.

For the most part, provincial/territorial funding is directed to the regulated sector. In British Columbia and the Northwest Territories, child care subsidies may be used in the unregulated sector and those subsidies are included in the child care budgets.

Funding not targeted to fee subsidies varies considerably by province, and may include direct operating funding, start-up and capital funding, funding for children with special needs and wage enhancement funding.

Fees for unregulated care are usually negotiated directly between caregiver and parent. However, in British Columbia, over half the provincial subsidy budget is spent on unregulated arrangements; subsidy rates apply equally for unregulated and regulated family child care, and at a lesser rate for care in the child's own home. Fees in unregulated care are often less than for regulated care, but are still unaffordable for the many who may be eligible for a government subsidy, but who are unable to

TABLE 11

PROVINCIAL/TERRITORIAL
CHILD CARE BUDGETS, 1995

Province or Territory	Total Spending on Child Care (\$M)	Spending on Direct Subsidies to Families (\$M)	% of Spending on Subsidy
Newfoundland	3.10	3.10	100.0
Prince Edward Island	2.50	1.75	70.0
Nova Scotia	12.00	8.60	91.7
New Brunswick	3.50	3.50	100.0
Quebec	203.69	86.84	42.6
Ontario	549.00	375.00	68.3
Manitoba	41.00	24.00	58.5
Saskatchewan	14.10	9.77	69.3
Alberta	63.00	34.00	54.0
British Columbia	165.40	138.50	83.7
Yukon	4.12	2.69	65.3
Northwest Territories	1.88	.70	37.2
Total	1,063.3 Billion	688.45	65.0

Sources: These figures, with the exception of those from Quebec, are from the child care budgets provided during key informant interviews with the provincial/territorial officials responsible for child care. Quebec figures are from the Childcare Resource and Research Unit (1997) *Child Care in the Provinces and Territories, 1995*.
Note: \$M = millions.

get a space. According to the Centre for International Statistics, the average hourly price of full-fee care by non-relatives in 1992 (this figure would include both family home care and in-home care) was \$1.98 per hour, compared to \$2.50 per hour in a day care centre, or \$3.08 per hour in a before- and after-school program.¹⁴

Direct Funding to Parents

Even though provinces and territories do not, for the most part, permit the use of child care subsidies in the unregulated sector, most provincial government key informants indicated that funding for unregulated care was available, through social assistance funding, to social assistance recipients in training or making a

transition back to the workforce. Most provinces did not have ready data on the amount spent through this benefit, but from the limited data available, it would appear that the amount is considerable.

Saskatchewan reported that over \$1 million was spent in this manner, an amount equivalent to more than 10% of the child care subsidy budget; New Brunswick reported an expenditure of \$3 million, or an amount equivalent to 85% of its subsidy budget.

The federal government also provides direct funding for unregulated care through the Dependent Care Allowance, for those enrolled in Employment Insurance-sponsored training. Recipients are encouraged to use a form of child care that they will be able to sustain after they leave the program, thereby discouraging the use of more costly care. Statistics on the type of care used or cost to the department are not available, but in 1995, under previous conditions, when parents received \$100 per week for their child care arrangements, a total of \$80 million was spent on child care through this Allowance.

Incomes of unregulated caregivers are limited both by what parents can afford to pay and how many children they may care for in their particular province. In Manitoba, unregulated caregivers may care for a maximum of four children, including their own. Caregivers in Saskatchewan, on the other hand, may care for eight.

Indirect Funding to Parents

Other than the low wages paid to caregivers, which child care advocates suggest is the largest form of indirect subsidy to the child care system, the primary vehicle

for indirect funding for child care expenses is the Child Care Expense Deduction (CCED). One of the few areas spared federal funding cuts, the CCED is available to families that have receipts for their work-related child care expenditures. The amount of this tax deduction is a maximum of \$5,000 per year for a child under the age of 7, and \$3,000 per year for a child between the ages of 7 and 14. For families eligible to claim the maximum amount, the tax benefit ranges from between about \$1,250 and \$2,500 for children in the younger age category to \$750 and \$1,500 for older children. In 1995, the federal government spent approximately \$320 million through foregone revenues.

According to the most recent data available, only about 35% of unregulated caregivers provide receipts, so many parents cannot take advantage of the CCED.¹⁵ Families which benefit the most from this provision are those with receipted expenditures for the maximum amount and whose incomes are in the higher tax brackets.

Maternity and parental benefits provide financial support to parents calculated at 55% of insurable earnings, to a maximum payment of \$413 per week.¹⁶ This benefit helps parents avoid some of the high cost of

infant care. Table 12 shows the federal expenditures by each benefit component and the number receiving each benefit.

Public Spending on Child Care and Related Benefits

It is not known exactly how much is spent on all child care and related services and benefits across the country (such as kindergarten programs, child care funded through social assistance provisions and some early intervention). However, close to \$2.75 billion in federal and provincial government funds was spent in 1995 on the following programs and benefits:

- maternity and parental benefits - \$1.22 billion
- direct child care services and fee subsidies - \$1.063 billion
- Child Care Expense Deduction - \$320 million¹⁷
- Dependent Care Allowance - \$80 million
- CAP-C and Aboriginal Head Start - \$53.8 million
- First Nations and Inuit Child Care - \$6 million (projected to increase to \$26 million in 1996)
- Child Care Visions - \$6 million

The Quality of Child Care and Related Services

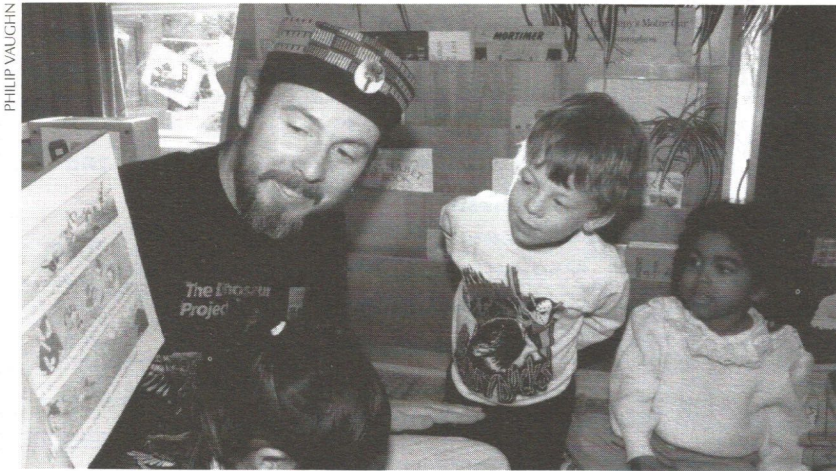
The quality of child care provided to Canada's children is a key issue for the child care workforce and for public policy.¹⁸ It is now recognized that early child care has long-lasting effects on the cognitive and social abilities of children. Good quality child care has beneficial effects on children's development, but poor quality child care has a negative impact, which is not easily reversed.

TABLE 12

MATERNITY AND PARENTAL BENEFITS

Benefit Type	Spending 1995 (preliminary)	Average Weekly Benefit	Number of Claimants (1994)
Maternity	\$778M	\$274.97	194,000
Parental Leave	\$440M	\$279.38	mothers - 173,000 fathers - 7,000
Adoption Leave	\$6M	\$348.05	mothers - 1,300 fathers - 200

Source: Human Resources Development Canada (1995b) *Background Statistics Unemployment Insurance 1995*, Financial and Administrative Services, Policy and Systems.



Participants in the sector study consultations and key informants discussed issues related to quality of child care. Their comments and discussion support a working definition of quality as one that:

- supports and assists the child's physical, emotional, social, language and intellectual development; and
- supports and complements the family in its child-rearing role.¹⁹

This definition of quality goes beyond simply protecting children's health and safety while they are in child care settings: it implies that good quality settings promote healthy development of children's competence, coping abilities and overall well-being.

As caregivers, members of the child care workforce are concerned about child care quality for the sake of the children, but also because quality concerns are strongly linked to working conditions. In U.S. research, poor quality in child care has been linked to low remuneration, poor benefits, high turnover of staff, lack of adequate general education and specific

child-related training, and lack of monitoring or supports to home caregiving.²⁰

Caregivers and their organizations have identified quality concerns and continue to work toward improvements. The key collective task for this occupation in the next years is to raise the profile of quality issues in child care and to continue to do everything possible to provide good quality care for the children of Canada.

The role of governments in funding, regulating and monitoring child care, and the public willingness to support child care, are critical to improving quality.

Elements of Quality

Using this definition of quality, researchers have identified the key features of good quality child care environments in both home and centre-based settings. The elements include both the way in which child care environments are organized and the nature of interactions supported by that environment or, in other words, the structure and process elements.²¹

- Responsive, stable caregiver-child interactions which are sensitive to children's needs provide support and encouragement, and set consistent behavioural expectations are the single most important element of quality child care in both home- and centre-based child care.
- Caregiver knowledge (usually indicated by postsecondary education credentials) of child development supports positive adult-child interactions in both family child care and child care centres.
- Caregiver-child ratio and the group size, which allow the caregiver to be aware of and involved with each child as an

individual, are also important to adult–child interactions in child care centres.

- Low caregiver turnover is important so that the caregiver–child relationship is stable and consistent. High caregiver turnover reduces the stability of child care arrangements and, in one study,²² was found to be associated with less interaction between children, lower scores on standard language development measures, lower developmental levels of peer play, more aimless wandering and less secure attachment to the caregiver.
- Daily routines, including planned activities and free play, and health and safety provisions, support children’s learning and protect their well-being in family child care homes and child care centres.
- A child-appropriate physical environment allows children to take part in learning opportunities and encourages increased positive interactions with caregivers.
- A positive organizational climate includes opportunities for caregivers to be involved in decision making in centre-based settings and creates a coherent administrative framework which supports caregivers. In family child care, caregiver support and contact with other adults is part of a positive organizational climate. In one study,²³ caregivers in family child care who were involved with other caregivers were more likely to be sensitive and responsive with the children.
- In family child care settings, caregiver “intentionality” contributes to higher quality which is associated with better

outcomes for children.²⁴ Intentionality is the conscious commitment to caring for children and the provision of nurturing, stimulating home child care environments.

Ensuring Quality

The elements of quality and the quality of care provided are affected by factors outside the immediate child care program setting.

- **Funding:** Higher wages and benefits are associated with better quality child care in centre-based programs.²⁵ Adult–child interactions are influenced by the caregiver’s job satisfaction level which, in part, is determined by the work environment, including wages and benefits, general working conditions and administration. Low job satisfaction is associated with higher staff turnover levels which reduces caregiver stability and consistent relationships between caregivers and children. Compensation levels and other aspects of the working environment are determined by the level of funding available. The *Caring for a Living*²⁶ study found that low salaries predict job dissatisfaction and high caregiver turnover rates.
- **Auspice:** High quality child care is more likely to be found in non-profit than in commercial child care settings. However, there are both low quality non-profit centres and high quality commercial centres.²⁷
- **Regulation:** The level of government regulation, particularly for caregiver education, caregiver–child ratios and group size, does influence the quality of care received by children in centre-based settings. The Canadian Child Care

TABLE 13

RECOMMENDED GROUP SIZE AND CHILD-CAREGIVER RATIOS IN CHILD CARE CENTRES

AGE	Maximum Group Size												
	6	8	10	12	14	16	18	20	22	24	26	28	30
0-12 mths	1:3												
12-24 mths	1:3	1:4											
2 yrs		1:4	1:5	1:6									
3 yrs			1:5	1:6	1:7								
4 & 5 yrs						1:8	1:9						
5 & 6 yrs						1:8	1:9						
6-9 yrs								1:10	1:11	1:12			
10-12 yrs										1:12	1:13	1:14	1:15

Source: Canadian Child Care Federation (1991) *National Statement on Quality Child Care*.
 Notes: Ratios are determined with the adult having full-time responsibility for the care of children. If other administrative duties or support services must be carried out, then an additional adult is required to maintain the designated ratios. Where a multi-age grouping exists, the adult:child ratio and group size requirements shall be based on the age of the majority of children in the group. When infants are included, the ratio and group size for infants must be maintained.

Federation has recommended optimal maximum group size and caregiver-child ratios for centre-based child care programs which are outlined in Table 13. These specific ratios and group sizes are adapted from those recommended by the American organization, National Association for the Education of Young Children, and are based on research findings.

- **Non-regulatory mechanisms:** Quality may be encouraged through professional standards of practice for individual caregivers and for child care settings.

Quality Child Care and Child Development Outcomes

Research evidence consistently reports that good quality child care supports positive child development. There is a small group of recent studies, reviewed by Doherty (1996), which have tried to assess statistically the effects of preschool child

care quality variations on some measure of social or intellectual ability in kindergarten or later.²⁸

Briefly summarizing the results of these five studies, she wrote:

In summary, when children whose preschool child care experiences were of high quality are compared with those who were in low quality care, they have been found to be:

- *more considerate of others, less hostile, and better able to work co-operatively in a group when in kindergarten (Howes, 1990). At age eight, they exhibit higher overall peer social skills and obtain more positive ratings from classmates*
- *more willing to accept adult direction and rules in kindergarten and at the end of grade one*
- *more able to resist distraction and remain focused on a task when in kindergarten and in grade one*
- *better able to follow multi-step directions and to work independently when in grade one*
- *and perform better on tests to measure both understanding and use of language in grade one.*

The Goteborg Child Care Study provides further evidence about the importance of child care quality.²⁹ This study selected children at age 1 from child care waiting lists in Sweden and followed them for seven years into the early years of school. The child care centres included in the Goteborg study in Sweden are assumed to be high quality child care.

The Goteborg study is summarized as:

*In Sweden, non-parental care is government subsidized and strictly regulated in order to ensure high quality. Despite the limited variations in the quality of care across settings, however, quality of out-of-home care has been one of the most important and consistent correlates of children's personality maturity, social skills, and compliance with maternal requests...*³⁰

The relevant findings are expressed this way:

- Children who had spent more months in centre-based care before they were 40 months old obtained higher scores on tests of cognitive ability than other children.
- For children who had spent three or more preschool years in out-of-home care, the quality of child care had important effects.
- Dynamic measures of quality (quality of adult-child interaction) predicted verbal abilities, whereas structural measures of quality (child-staff ratio, group size, age range) predicted mathematical ability.

Quality of Child Care in Canada

The sector consultations, key informant interviews and the review of research studies conducted for the sector study did raise concerns and questions about the quality of child care in both regulated and unregulated settings in Canada.

- Provincial/territorial requirements for home- or centre-based child care settings fall short of meeting all of the structural elements associated with good quality child care environments. No Canadian jurisdiction meets all of the

recommendations outlined in Table 14, nor requires all caregivers in centre-based child care to have postsecondary early childhood education qualifications.

- Canadian research studies which assess child care quality and child development outcomes are not encouraging.³¹
- Research findings from other countries suggest many child care settings in Canada are not providing optimal environments for young children. There is a considerable body of U.S. research which finds high turnover rates, poor compensation and a lack of related caregiver education qualifications are associated with poor quality child care.³² These problems also exist in the Canadian context and it is reasonable to assume that they have a similar influence on quality of care.

Provincial/Territorial Requirements

Provincial/territorial requirements establish maximum numbers of children and child-caregiver ratios in both family child care and child care centres. They also set minimum requirements for caregiver education, physical environment, health and safety provisions, daily routines and procedures for licensing and monitoring regulated child care settings. These are considered to be structural indicators of quality of care. Caregiver educational and experience requirements and caregiver-child ratios for regulated child care centres are summarized in Table 14. Currently, all provinces and territories, except New Brunswick and the two territories, have minimum requirements for some of the caregivers and the supervisor in a licensed centre. (Yukon is phasing in qualification requirements.) No jurisdiction

CHAPTER 2

TABLE 14

STAFFING REQUIREMENTS FOR CHILD CARE CENTRES, 1995

Province or Territory	Staff:Child Ratios, for Different Age Groups	Educational/Experience Requirements
Newfoundland	2-3 yrs 1:6 3-6 yrs 1:8 7-12 yrs 1:15	<ul style="list-style-type: none"> Centre supervisors in preschool and school-age - 1-yr ECE certificate or related degree and 1 yr working experience in a licensed centre, or 2-yr ECE diploma with no experience requirement.
Prince Edward Island	0-2 yrs 1:3 2-3 yrs 1:5 3-5 yrs 1:10 5-6 yrs 1:12 7+ yrs 1:15	<ul style="list-style-type: none"> Centre supervisors and 1 full-time staff - 1- or 2-yr early childhood development diploma or university child study degree; centre supervisors with 1-yr certificate must have at least 3 yrs' experience, those with 2-yr diploma must have at least 2 yrs' experience. Certification required; 30 hours of in-service training every 3 yrs for all staff.
Nova Scotia	0-5 yrs 1:7* 17 mths-5 yrs (pt-day) 1:12 5-12 yrs 1:15	<ul style="list-style-type: none"> Centre supervisor and two thirds of staff must have 1- or 2-yr ECE certificate or diploma or 2 yrs' experience, plus one course and 35-hr workshop on child development and curriculum. All staff must have first-aid training.
New Brunswick	under 2 1:3 2-3 yrs 1:5 3-4 yrs 1:7 4-5 yrs 1:10 5-6 yrs 1:12 6-12 yrs 1:15	<ul style="list-style-type: none"> No ECE training, education or experience is required. Staff must be at least 16 yrs old. Staff 16 to 19 yrs old are required to be supervised by a staff member who must be at least 19 yrs old. All staff must have first-aid training.
Quebec	0-18 mths 1:5 18 mths-5 yrs 1:8 6-12 mths 1:15	<ul style="list-style-type: none"> One third of staff in licensed centre must have a DEC (2-yr ECE diploma equivalent) or AEC (1-yr ECE certificate equivalent) and 3 yrs' experience. No staff training requirements for school-age care.
Ontario	0-18 mths 3:10 18-2.5 1:5 2.5-5 yrs 1:8 5-6 yrs 1:12 6-10 yrs 1:15	<ul style="list-style-type: none"> Centre supervisor must have 2-yr ECE diploma plus 2 yrs' experience; one staff within each group of children must have 2-yr ECE diploma or equivalent.
Manitoba	3 -12 mths 1:3 1-2 mths 1:4 2-3 mths 1:6 3-4 mths 1:8 4-5 mths 1:9 5-6 mths 1:10 6-12 mths 1:15 nurs/schs 3 mths-2 yrs 1:4 2-6 yrs 1:10	<ul style="list-style-type: none"> Qualification levels: Child Care Worker (CCW) III: 2-yr diploma and advanced certificate, or approved 4-yr degree; CCWII: approved 2-yr diploma program or a Child Day Care Competency-based Assessment Program; CCWI: Grade 12 or one postsecondary level accredited child care course; CCA (child care assistant): less than Grade 12 Centre supervisors must be qualified as CCWIII plus 1-yr experience. Two thirds of centre's preschool staff must be CCWII or III. School-age and nursery school directors can be CCWII. All staff must have first-aid training.
Saskatchewan	infants 1:3 toddlers 1:5 preschool 1:10 school-age 1:15	<ul style="list-style-type: none"> Centre-based supervisors must have 1-yr certificate in child care or equivalent; all staff must have a minimum of 130 hr child care orientation course or equivalent; staff working with children with special needs must have additional training.
Alberta	0-12 mths 1:3 13-18 mths 1:4 19-35 mths 1:6 3-4.5 yrs 1:8 4.5-6 yrs 1:10 nurs/schs 0-18 mths 1:6 19-35 mths 1:10 3-5 yrs 1:12 5-6 yrs 1:15	<ul style="list-style-type: none"> Three qualification levels: Level 1 (50-hr orientation program); Level 2 (1-yr certificate); and Level 3 (2-yr diploma). Program directors are required to have 2-yr diploma in ECE, all centre staff must have at least Level 1; 1 in 4 staff must have Level 2. No training is required for school-age care.

STAFFING REQUIREMENTS FOR CHILD CARE CENTRES, 1995 (cont'd)

Province or Territory	Staff:Child Ratios, for Different Age Groups	Educational/Experience Requirements	
British Columbia	0-3 yrs	1:4	<ul style="list-style-type: none"> ● Legislation indicates three qualification levels: early childhood educator (1-yr basic ECE program and 500 hrs supervised work experience); infant/toddler educator (basic ECE plus post-basic infant/toddler care and education); and special needs educator (basic ECE plus post-basic in special needs). ● Each preschool group requires one early childhood educator plus assistants; each group (5-8) infants/toddlers requires one early childhood educator & one infant/toddler educator. In designated special needs child care facilities, one special needs educator is required for each group of children with additional early childhood educators and assistants to maintain a 1:4 ratio. ● No training is required for school-age children.
	3-5 yrs	1:8	
	k-gr. 1	1:10	
	7-12 yrs	1:15	
	preschool	1:10	
	Specialized	1:4	
Yukon	0-18 mths	1:4	<ul style="list-style-type: none"> ● By 1997: 50% of staff must have CCI 60-hr introduction course ● By 1999: another 30% must have CCWII (1-yr program) or equivalent ● By 2000: another 20% must have CCWIII (2-yr)
	18 mths-2 yrs	1:6	
	3-6 yrs	1:8	
	6-12 yrs	1:12	
Northwest Territories	0-12 mths	1:3	<ul style="list-style-type: none"> ● No ECE qualification requirements; first-aid certificate required.
	13-24 mths	1:4	
	25-35 mths	1:6	
	3 yrs	1:8	
	4 yrs	1:9	
	5-11 yrs	1:10	

Note: * There are no specific ratios for children 0 to 17 months, but the recommended ratio is 1:4.
Source: Childcare Resource and Research Unit (1997) *Child Care in Canada: Provinces and Territories, 1995*.

requires all centre-based caregivers to have completed postsecondary education qualifications in early childhood education or child development.

The information in Table 14 outlines the variation in licensed child care centre regulations across Canada.

- Caregiver educational qualifications range from requirements for supervisors only in Newfoundland, to Manitoba, where two thirds of all caregivers in a centre must have completed either a two-year ECE postsecondary education program or an approved four-year degree program.
- The concept of what constitutes a trained or qualified ECE caregiver is not consistent across Canada. The length of required training/education varies from a 50-hour orientation course to a two-year

ECE diploma. Most jurisdictions allow work experience or government approval to substitute for required qualifications. Both Saskatchewan and Alberta require all caregivers in centres to complete orientation ECE training (50 hours and 130 hours, respectively). Thus, all caregivers in licensed centres in these two provinces have a minimal level of training. Prince Edward Island, Nova Scotia, Quebec, Alberta and British Columbia require that a percentage of caregivers in licensed programs have one-year postsecondary ECE qualifications. Ontario and Manitoba regulations include requirements for two-year postsecondary ECE qualifications. Newfoundland and Saskatchewan require only supervisors to have a certificate or diploma.

- Education/training requirements also vary considerably for caregivers working with

specific age or target groups. Six jurisdictions (Newfoundland, New Brunswick, Quebec, Alberta, British Columbia and Northwest Territories) do not require any qualifications for school-age care. No jurisdiction requires specific school-age training.

- Only British Columbia requires specialized training (which may be included in a two-year ECE diploma) to work with infants and toddlers in licensed child care centres.
- British Columbia requires one special needs educator who has specialized training related to children with special needs in addition to ECE credentials, for every four children in special needs facilities (child care centres where at least 25% of the children have special needs). Ontario requires one resource teacher who has completed related postsecondary training in addition to an ECE diploma for every four children with special needs in integrated centre-based programs.
- None of the jurisdictions requires training in management, supervision or administration for child care centre supervisors. Manitoba does stipulate that centre supervisors must have a post-diploma certificate (in either child care management, children with special needs or infant/toddler care). Ontario requires centre supervisors to have two years' related experience in addition to an ECE diploma.
- Only two jurisdictions require qualified caregivers in centre-based programs to participate in ongoing professional development activities. In Prince Edward Island, centre staff need 30 hours of professional development every three years to renew their

certificate. In British Columbia, qualified caregivers are issued a licence to practise which is renewed every five years with proof of ongoing professional development.

The caregiver–child ratio requirements for regulated child care centres are also included in Table 14. There are variations from one jurisdiction to the next for the same age group. For instance, the caregiver ratio for 3-year-old children varies from one caregiver for every seven children in New Brunswick and Nova Scotia to one caregiver for every ten children in Prince Edward Island and Saskatchewan. Maximum group sizes may be included in provincial/territorial regulations, and range from 16 preschool (from 2 or 2.5 years to 5 years) children in Ontario and Alberta to 30 preschool children in Quebec.

Regulations for centre-based child care improved in most jurisdictions during the 1980s with better caregiver–child ratios and educational qualifications. However, government key informants reported that child care regulations for centre-based programs are, or have recently been, under review in seven jurisdictions with a view toward reducing or relaxing current requirements. Deregulation of child care requirements may include devolution of monitoring and licensing functions to non-government bodies, increases in caregiver–child ratios and reduced caregiver qualification requirements.

None of the provincial/territorial regulations meets established criteria discussed earlier for high quality child care programs. Most key informants from provincial child care organizations and postsecondary institutions

pointed out that regulations for child care centres should be perceived as minimum, not maximum standards. Most recommended improved minimum requirements, particularly for caregiver qualifications as a strategy to improve the quality of child care centres. Several informants reported that ineffective monitoring and licensing practices were unable to ensure compliance with existing regulations.

Regulated Family Child Care

Requirements: Child care requirements for caregiver-child staff ratios (or the maximum number of children permitted per caregiver) and caregiver qualification requirements are summarized in Table 15. Again, there is considerable variation from one jurisdiction to the next.

There are far fewer provincial/territorial requirements for regulated family child care

TABLE 15

REQUIREMENTS FOR REGULATED FAMILY CHILD CAREGIVERS, 1995

Province or Territory	Caregiver:Child Ratio	Educational Requirements
Newfoundland	N/A	N/A
Prince Edward Island	up to 7, including caregiver's own under 10 yrs; maximum of 3 under 2 yrs	30-hr training program, first aid, must be 18 yrs with 2 letters of reference
Nova Scotia	up to 6, including caregiver's own preschool children; up to 8 if all school-age, including caregiver's own	None; must be 18 years old, not on child abuse registry
New Brunswick	maximum of 3 under 2 yrs, 5-2-5-yr-olds, 9-6 yrs or over, or 6 of combined ages; includes provider's own under 12 yrs	First-aid training, must be at least 19 years old
Quebec	maximum of 6, including provider's own under 12 yrs, maximum 2 under 18 mths; with assistant, may care for 9, including providers', maximum 4 under 18 mths	First-aid certificate, minimum 24-hr training program
Ontario	up to 5, including provider's own under 6 yrs; maximum 2 under 2 yrs, 3 under 3 yrs	Must be at least 18 yrs if working with children with special needs, must have first-aid training
Manitoba	up to 8, including provider's own under 12 yrs; maximum 3 under 2 yrs, 5 under 6 yrs; with 2 providers: 12 under 12 yrs; maximum 3 under 2 yrs	First-aid certificate, must attend 4 orientation sessions and undergo suitability assessment by Child Day Care Office; must be at least 18 yrs
Saskatchewan	up to 8, including provider's own under 13 yrs; maximum 5 under 6 yrs; 2 under 30 mths	Need orientation course and first-aid training, must be at least 18 yrs
Alberta	up to 6 under 12 yrs, including provider's own under 12 yrs; maximum of 3 under 3 yrs, 2 under 2 yrs	No training requirements
British Columbia	up to 7, including provider's own under 12 yrs; maximum of 5 preschool, 3 under 3 yrs and 1 under 1 yr	First-aid certificate, must be at least 19 yrs
Yukon	up to 8, including provider's own preschool children; maximum of 4 infants; 6 preschoolers with maximum 3 infants, or 8 preschoolers with no infants; with assistant may add 4 school-age	First-aid certificate, must complete 60-hr introduction to ECD within 1 yr of licensing; must be 18 yrs; where 2 providers, one must meet above requirements
Northwest Territories	up to 8, including provider's own under 12 yrs; maximum of 6 under 5 yrs, 3 under 3 yrs, 2 under 2 yrs	First-aid certificate, must be at least 19 yrs

Sources: Childcare Resource and Research Unit (1997) *Child Care in the Provinces and Territories, 1995*, and key informant interviews with provincial/territorial officials.

than for licensed, centre-based programs. No province or territory requires postsecondary education credentials for family child caregivers. Some jurisdictions (Prince Edward Island, Quebec, Manitoba, Saskatchewan and Yukon) require pre-service or in-service training for caregivers which usually takes the form of workshops, home visits, short courses or information sharing among caregivers.

In Prince Edward Island, New Brunswick, Manitoba, British Columbia and the territories, caregivers in regulated family child care are able to care for more children than in unregulated family child care settings. In Ontario, the maximum number of children for both unregulated and regulated family child care is five, but in

unregulated settings, the caregiver's own children under age 6 are not included in the maximum number of children.

In Ontario, home visitors, who monitor and support caregivers in regulated family child care, are required to have completed a postsecondary education program in child development or family studies (which includes an ECE diploma) and to have at least two years' related experience.

Requirements for Unregulated Child Care:

Provincial/territorial requirements establish the maximum number of children (and therefore the caregiver-child ratio) for unregulated family child care which are summarized in Table 16. There are no training requirements for caregivers in unregulated family child care and monitoring of the maximum number of children is done on a complaint basis. (Unregulated caregivers in British Columbia who are members of a child care support program do receive home visits.)

There are no provincial/territorial requirements for the maximum number of children for in-home child care settings.

Requirements for Kindergarten:

Kindergarten programs offered through the school system operate within the provincial/territorial education system. The requirements for kindergarten teacher qualifications are outlined in Table 17. In all jurisdictions, except for Northwest Territories, kindergarten teacher requirements include an undergraduate university degree and specialized teacher education qualifications.

Only three provinces and the two territories stipulate teacher-child ratios and maximum

TABLE 16

MAXIMUM NUMBER PERMITTED IN UNREGULATED FAMILY CHILD CARE, 1995

Province or Territory	Maximum Number of Children Permitted
Newfoundland	maximum of 4 children, including caregiver's own under 12 yrs
Prince Edward Island	maximum of 5, including caregiver's own preschoolers: maximum 3 if all under 2 yrs; 5 preschoolers with maximum of 2 under 2 yrs
Nova Scotia	6 mixed-age children, including the provider's own preschool children; 8 if all school-age, including provider's
New Brunswick	maximum 4, including provider's own children under 12 yrs; no more than 2 infants
Quebec	maximum 6, including provider's own children
Ontario	maximum 5, excluding provider's own; some municipalities set lower limits
Manitoba	maximum 4, including provider's own under 12 yrs, maximum 2 children under 2 yrs
Saskatchewan	maximum of 8, including provider's own under 13 yrs
Alberta	maximum of 6, including provider's own under 12 yrs; maximum of 3 under 2 yrs
British Columbia	no more than 2 children, excluding provider's own, unrelated by blood or marriage
Yukon	maximum of 3, excluding provider's own
Northwest Territories	maximum of 4, including provider's own under 12 yrs

Note: There are no training requirements for unregulated family child care providers and monitoring is done on a complaint basis. Unregulated providers in British Columbia who are members of a Child Care Support Program do receive home visits.

TABLE 17

EDUCATION REQUIREMENTS FOR KINDERGARTEN TEACHERS, 1995

Province or Territory	Educational Requirements
Newfoundland	primary undergraduate degree
Prince Edward Island	operated within child care system and legislation
Nova Scotia	undergraduate degree, plus 1 yr teacher training
New Brunswick	B. Ed. degree program - certification required or New Brunswick Teacher's licence and approved degree
Quebec	4-yr postsecondary, plus primary specialization
Ontario	undergraduate degree, plus primary/junior specialization
Manitoba	B. Ed. degree
Saskatchewan	4-yr B. Ed., plus valid certificate of qualification
Alberta	4-yr undergraduate degree, including 1 yr in teacher training program
British Columbia	4-yr postsecondary program, including teacher certificate component - must have a valid Teaching Certificate
Yukon	4-yr B. Ed.
Northwest Territories	undergraduate degree not required

Sources: Kindergarten enrolment: Statistics Canada (1995b) *Education Quarterly Review* Cat. no. 81-003, vol. 2 no. 3; Educational requirements: Childcare Resource and Research Unit (1997) *Child Care in Canada: The Provinces and Territories, 1995*.

group size for kindergarten programs. In Yukon, the maximum group size is 23 children and the ratio is 1 teacher for every 23 children; in New Brunswick, the maximum group size is 20 children and the teacher-child ratio is 1 to 20; and in Quebec the ratio for junior kindergarten is 1 to 17 with a maximum of 34 children per group while senior kindergarten has a 1 to 20 ratio and a maximum group size of 40 children.

Requirements for Early Intervention/Infant Development Programs:

Across Canada, Early Intervention/Infant Development Programs may fall within education, health, social service or child care regulatory frameworks. Table 18 highlights provincial/territorial educational requirements for staff working in early intervention programs.

Research on the Quality of Child Care Settings in Canada

Research findings from a number of Canadian studies identify concerns with the observed quality of various child care settings.

- Provincial child care licensing consultants reported that about one sixth of a random sample of about 1,000 licensed child care centres across Canada were judged to have poor or very poor quality that was in violation of then-current provincial regulatory standards.³³
- Three separate studies of family child care settings reported higher levels of quality in regulated settings than in unregulated settings.³⁴
- The Atlantic Day Care Study³⁵ found that the majority of the child care centres were not assessed as high quality programs using the Early Childhood Environmental Rating Scale (ECERS). The average standard of care found in the 48 centres included in the study was acceptable (minimal) to good.
- Researchers examined existing scores from child care centres in a number of provinces from the ECERS and the Infant Toddler Environmental Rating Scale (ITERS).³⁶ Data were limited by small sample sizes in some studies and over-representation of large urban areas in others. Nevertheless, this review probably provides the most recent and comprehensive Canadian review of quality done to date. The study reported that each of the provinces had programs that did not meet children's basic health and safety needs.

Of particular note for caregivers and training programs are the following conclusions:

TABLE 18
**STAFFING REQUIREMENTS FOR EARLY INTERVENTION/
 INFANT DEVELOPMENT PROGRAMS, 1995**

Province	Average Caseload	Educational Requirements
Newfoundland	13	bachelor degree in psychology or related field
Prince Edward Island	n/a	n/a
Nova Scotia	12-15	undergraduate degree or diploma in ECE or education in a related field and relevant experience
New Brunswick	15	postsecondary certificate or diploma in child development, ECE, human services counsellor or nursing
Quebec	n/a	n/a
Ontario	varies widely	not regulated centrally
Manitoba	10-12	BA, diploma in mental retardation counselling, child care worker III or human ecology
Saskatchewan	12-15	2-yr diploma in ECE or education in a related field with relevant experience
Alberta	18-20	no provincial requirements, but 2-yr diploma in ECE, rehabilitative services or social services considered a minimum
British Columbia	20-25	professional training in a field related to early childhood development
Yukon	24-50	no formal requirements - must be consistent with position
Northwest Territories	n/a	n/a

Source: SpecialLink (1995) *Provincial and Territorial Early Intervention Directory SpecialLink Supplement*.

- ▶ There is a direct association between the level of regulation and quality.
- ▶ Ratios and caregiver training have an impact on quality.
- ▶ Studies in the three provinces for which item scores were available found that some caregivers were lacking in cultural awareness, basic hygiene activities, gross and fine motor activities, programming for infants and toddlers, and provisions for preschool children for solitary or small group play.

There are no large-scale, on-site studies of the quality of care in either centre- or home-based child care in Canada, so it is impossible to characterize with any certainty the typical level of quality or range of qualities. However, the findings of small

Canadian studies are consistent with those reported in larger studies done outside Canada.

U.S. Research on the Quality of Child Care Settings

Although the regulatory environment in the United States is quite different from Canada, and caution is needed in using the findings of U.S. studies as a comparative framework for the Canadian research, there are similar problems present in both jurisdictions. There is recognition that child care arrangements of different types are not of uniform quality. There are "vast differences in the quality of care that children experience both in and outside their homes."³⁷ U.S. studies have found that the average quality of care in the settings sampled was barely "adequate" and that many settings are of poor or inadequate quality.³⁸

A study of licensed child care centres in four American states recently rated the quality of child care as poor to mediocre, with only one in seven centres providing a level of quality that promotes healthy development.³⁹

- In another U.S. study, only 9% of regulated and unregulated family child care homes (located in three communities) were rated as good quality; 56% were rated adequate or custodial and 35% were rated as inadequate. Regulated family child care homes were more likely to rate as good quality (12%) than unregulated settings.⁴⁰
- In a U.S. study of staffing in licensed child care centres, only 12% of the centre program rooms were rated as good quality.⁴¹
- An assessment of the National Association for the Education of Young Children child

care accreditation process conducted in California found that 40% of the accredited centres were rated as mediocre in quality.⁴²

In the United States, features of the work environment are related to low quality of care. High rates of staff turnover and low wage and benefit levels have been found to indicate quality problems in U.S. child care. Low-wage and benefit levels are characteristic problems in Canadian child care as well.

Child Care Workforce Quality Initiatives

The child care workforce recognizes the quality concerns in Canada's child care sector. Child care organizations and individual caregivers from centre- and home-based settings continue to initiate efforts to improve the quality of care children receive. Many of these are discussed in later chapters of this report. Caregivers also participate in professional development activities and educational opportunities.

Caregivers do have an individual and collective responsibility to provide the highest quality child care environments and programs they can, but the child care workforce cannot be held responsible for overall quality concerns in Canadian child care. The Atlantic Day Care Study concluded:

Given the poor physical facilities of many of the centres and the financial constraints under which the centres operate, this standard is higher than might reasonably be expected. Day care centres are only as



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*good as they are because teachers and directors work for so little but are, nevertheless, committed to their jobs and to the children they serve.*⁴³

Summary and Conclusions

1

Even though a majority of Canadian parents rely on some form of early childhood care and education for at least part of their children's early years, child care in Canada has not yet become an established social program, nor is there a coherent or coordinated national child care policy. There is no equity of access or right to services, as with some other social and educational programs; the development and operation of child care services is largely left to the initiatives of individual communities and organizations.

The provision of high quality child care services is linked directly to policy

frameworks and funding programs which support licensing, regulatory and monitoring functions, occupational standards, training requirements, effective administration and support services to the sector.

Federal and provincial/territorial government action is essential to establish and maintain quality child care services, related infrastructures and research strategies.

2

The supply of child care services, and the regulations and policies governing those services, vary considerably across the country. Regulated child care is especially lacking for infants, school-age children, children with special needs, rural and isolated communities and for families needing part-time and non-standard hours of care. At the same time, there appear to be high vacancy rates in many regulated programs, which has been attributed, in part, to the high parent cost and lack of flexibility.

Service delivery models need to become more flexible in their operation and more comprehensive in the populations they serve. The child care sector will need to work cooperatively and collaboratively with community partners, and licensing and regulatory agencies to expand and enhance services.

3

Child care is a labour-intensive service, making it costly to provide. Factors that affect the cost to parents include caregiver compensation, operational funding by

government and rates paid for fee subsidies. Programs which are regulated and defined as child care are generally available on a user-pay basis, with the majority of public funding aimed at fee assistance to low-income families. Other early childhood services which may provide services similar to child care, including kindergarten and some compensatory programs, are primarily publicly funded and not dependent on user fees for their operation.

Unregulated child care is usually a private arrangement between parents and caregivers, with no government involvement. However, an infrastructure that provides services and supports to these caregivers may serve to enhance the quality of care they provide.

The quality of child care services provided depends upon a skilled, competent, caring and stable workforce. Human resource issues are therefore directly linked to the quality of care. A stable, well-trained, competent workforce is the basis for the provision of quality child care and early childhood services.

The future of caregivers in the early care workforce is directly connected to public policy and decisions about future investments in child care. The quality and effectiveness of child care services will depend largely on the commitment of public policy to enhancing the quality of care provided. Although the task of improving the quality of child care is one that needs to be addressed in many ways by groups and individuals throughout the child care sector, there is an indispensable role for the public sector. The cost of providing a quality child care

system cannot be primarily borne directly by the user.

To improve the quality of regulated child care across Canada, governments at all levels will need to re-examine budgetary priorities and provide public funding to ensure that quality child care services are affordable and accessible to Canadian families.

4

Good data are the foundation of good research, and good research is necessary to adequately diagnose problems, develop potential solutions, and monitor the success or failure of those solutions. The primary sources of labour market information for other sectors of the Canadian economy—the census and the Labour Force Survey—do not adequately or accurately reflect the various occupations within the child care workforce. Since the release of the reports of the Task Force on Child Care⁴⁴ in 1986 and the Special Parliamentary Committee on Child Care⁴⁵ in 1987, there has been an increased recognition of the need for and importance of research about the child care sector.

The child care workforce has a strong interest in ensuring that data collection and research on these kinds of questions occur, and that data collection and research designs are well conceived and effectively executed. Regular forums for publicizing research results and methodologies, and consistent arrangements for expert review of these results and methods, would be of significant benefit in raising the quality of research in the sector.

There is a real shortage of good data to answer many of the most important questions facing the child care sector.

- 1 Human Resources Development Canada & Statistics Canada, 1996, National Longitudinal Survey on Children and Youth, Cycle 1 data, Public User Sample, calculations by consultants
- 2 Statistics Canada, 1992
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- 4 Human Resources Development Canada & Statistics Canada, 1996
- 5 The findings will be published by the Canadian Child Care Federation which has been contracted to analyze the results of this survey.
- 6 Human Resources Development Canada & Statistics Canada, 1996, National Longitudinal Survey on Children and Youth, Cycle 1 data, Public User Sample, calculations by consultants
- 7 Statistics Canada, *Education Quarterly Review*, 1995b, Catalogue No. 81-003
- 8 Meisels & Shonkoff, 1990
- 9 SpecialLink, 1995
- 10 Kellerman, 1995
- 11 Statistics Canada, 1992
- 12 Statistics Canada, 1990
- 13 Cleveland & Hyatt, 1994
- 14 Canadian Council on Social Development, 1993
- 15 Based on parent reports in the Canadian National Child Care Survey. See Cleveland and Hyatt, 1997
- 16 As of July 1, 1996
- 17 This figure represents only the federal portion of tax expenditures on the Child Care Expense Deduction. Since provinces levy income taxes as well, they also have tax expenditures on the Child Care Expense Deduction, but current data are not available for all provinces. A very rough estimate would put provincial expenditures at about \$160 million.
- 18 Moss & Pence, 1994
- 19 Canadian Child Care Federation reported in Doherty-Derkowski, 1995, p. 4

CHAPTER 2

- 20 Whitebook et al, 1990; Galinsky et al, 1994; Helburn et al, 1995
- 21 Doherty, 1991; Friendly, 1994; Doherty, 1996
- 22 Whitebook et al, 1990
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- 27 SPR Associates, 1986; West, 1988; Friesen, 1992
- 28 Howes, 1988; Vandell, Henderson & Wilson, 1988; Howes, 1990; Jacobs and White, 1994; Jacobs, Selig & White, 1992 quoted in Doherty, 1996, pp. 40-42
- 29 Lamb et al, 1988; Broberg et al, 1989; Hwang et al, 1991
- 30 Lamb (in press)
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- 32 Reported in Doherty, 1996
- 33 SPR Associates, 1986
- 34 Goelman & Pence, 1988; Pence & Goelman, 1991; Pepper & Stuart, 1992
- 35 Lyon & Canning, 1995a
- 36 Doherty & Stuart, 1996
- 37 Lamb (in press)
- 38 Whitebook, Howes & Phillips, 1989; Galinsky et al, 1994; Scarr, Eisenberg & Deater-Deckard, 1994; Helburn et al, 1995; Kontos et al, 1995
- 39 Helburn et al, 1995
- 40 Galinsky et al, 1994
- 41 Whitebook, Howes & Phillips, 1989
- 42 Whitebook, Sakai & Howes, 1997
- 43 Lyon & Canning, 1995b, pp. 14-15
- 44 Cooke et al, 1986
- 45 Special Parliamentary Committee on Child Care, 1987



Chapter 3

The Demand for Child Care Services

This chapter looks at some of the key factors likely to affect the demand for the services provided by members of the child care workforce: demographic changes, the labour force participation of mothers, the economic and fiscal environment in Canada and possible changes in public policy. It appears that the extremely rapid period of growth in the child care sector is largely over, and that the next period will be one of slower increase in demand, in which caregivers may seek to enhance the quality of care and serve unmet parent and child needs. The demand for child care has, up until now, grown very rapidly for two reasons: the baby boomers have been in their childbearing years and rapid rises

have occurred in mothers' participation in the workforce. The baby boomers are now moving out of their childbearing years and the cohorts of women which follow the baby boomers are smaller, so, if fertility rates stay low, there will be fewer children. At the same time, labour force participation rates of mothers with young children are already high. There is some room for increases, and for the movement of mothers from part-time to full-time work, but it is likely that these changes will be slower than before. While demographic and labour force pressures suggest slower growth of the child care sector, the potential role of public policy in affecting the demand for child care is especially dramatic, as Quebec's recent policy changes are beginning to demonstrate.¹

The Demographic Environment

Examining the make-up and size of the population can help predict future needs and behaviours. Trends in birth rates, immigration patterns, ethnic composition of the population and labour force participation rates of women all play a role in determining who will need and be likely to use child care; hence, the demand for the services of caregivers.

The Child Population

Although Canada's population continues to grow each year, the rate of growth is slowing. The number of children under age 6, who constitute the population most likely to use child care services, will not change substantially in the next five to ten years. Also, Canada's child and youth population will make up a smaller proportion of the

overall population, as the number of people in older cohorts increases. This trend is partly a result of the relatively constant fertility rate of 1.7 (except for the baby boom “echo” of the late 1980s) over the last 15 to 20 years, a dramatic decrease from the fertility rate peak of 4.0 in 1959. In 1996, approximately 4.028 million children were under age 10 in Canada. Over the next 15 years, this number is expected to drop slightly, to 3.997 million.

It is worth noting that the decline in fertility is largely because each woman in the population is having fewer children. Even though a somewhat larger proportion of the female population has decided, in recent years, not to bear children at all, the vast majority of women and men in the population still decide, at some point in their lifetimes, to have one or two children.² According to the 1990 General Social Survey, fewer than 10% of both men and women intend to have no children over their lifetimes.³ Postponement and therefore reduction of childbearing, rather than abstention from it, is apparently the explanation for observed fertility trends.

In 1961, the “aging” index, or the ratio of the population 65 or over to every 100 persons under 15 years of age, was 22.5. By 1993, the index had risen to 57.0, and by the year 2016, it is expected to be 108.3.⁴

Immigration Levels

The immigration level is strongly affected by frequent changes in immigration policy; even over the short period between 1986 and 1991, it ranged from 100,000 to more than 230,000 per year. With Canada’s low birth rate, immigration has become increasingly important to population

growth. Actual immigration in 1995 was 215,700, and, in medium growth projections, Canada is expected to accept approximately 250,000 new immigrants per year over the next several years. Approximately 54% are expected to settle in Ontario, 20% in Quebec and another 20% in British Columbia and Alberta. Over half of all new immigrants are expected to settle in Toronto and Vancouver.

Between 1971 and 1975, two of every five immigrants to Canada came from Europe. By 1994, fewer than one in every five immigrants came from Europe, while well over half came from Asia or the Middle East.⁵ In the 1991 Census, 31% of Canadians reported having ethnic origins other than French or British, compared to 25% in 1986. It is expected that by the year 2006, 51% of Canadians will report at least one ethnic origin other than French or British and 15% will be of a visible minority.

Increased levels of immigration may affect the demand for certain types of child care. Key informant interviews with representatives of several ethnocultural communities suggest that cultural background and values play a significant role in attitudes toward and demand for specific forms of child care. Within some communities, parents believe that one-on-one care is preferable to a group environment for their children and take them to work with them when possible, or use relative care. Within other ethnocultural communities, preferences include a demand for very cognitively oriented programs, the desire to retain the child’s first language, and involvement of children in several structured activities outside their child care arrangement.

Labour Force Participation Rate of Mothers with Young Children

Much of the increase in the demand for paid child care services over the last 25 years has been driven by the rising participation of mothers with young children in the labour force. This rapid growth of women entering the labour market, which characterized the last four decades, is not expected to continue at the same rate. For instance, economists from Statistics Canada project that the labour participation of women aged 15 to 44 will rise from the current rate of approximately 71% to about 80% by the year 2011.⁶ As a result, demand for child care services to meet the labour force participation needs of parents is expected to grow steadily but more slowly than in the past three decades.

Table 19 shows the growth, since 1967, of the number of children with mothers in the labour force and the use of paid child care arrangements. Since 1981, the percentage of children of employed mothers who are

in some form of remunerated care has risen relatively slowly (to about 54%), but the absolute number of children this represents has risen sharply.

If child care services continue to develop primarily as a service to support maternal employment, developed and purchased as a market commodity, then it is possible to predict the future requirements for child care and caregivers using different sets of assumptions. The most likely scenario over the next five years would be for modest growth in the number of preschool children using paid forms of care. The number of caregivers needed over the next few years to provide for this expansion of services would be:

- At a caregiver–child ratio in centre-based care of 1:7 across the preschool ages, the increased demand for centre-based caregivers would be about 5,200 over the next five years.
- At one caregiver for every four children in family child care, there would be a need for an additional 12,300 caregivers over the next five years.
- At a 1:2 ratio for in-home caregivers, an additional 10,000 new caregivers would be required over the next five years.

TABLE 19
CHILDREN IN PAID
CHILD CARE ARRANGEMENTS
WITH MOTHERS IN LABOUR FORCE

Year	Children (0-5 years) with Mother in Labour Force	Number of Children in Remunerated Child Care Arrangements	Percent of Children with Employed Mothers in Remunerated Child Care
1967	357,000	147,000	41.18
1981	963,000	480,000	49.84
1988	*1, 061,000	533,000	50.24
1995	1,360,000	738,400	54.28

Sources: 1967 and 1981 data - Special Parliamentary Committee on Child Care (1987); 1988 data - Canadian Council on Social Development, Centre for International Statistics; 1995 data - NLSCY (1996) calculations by consultants.

Note: * Includes children with mothers who are studying or in the labour force.

Little information is available on current turnover rates, which historically have been in the 15% to 30% range in centre-based child care programs in Canada.⁷ However, these “gross” turnover rates include both those who leave their jobs and go to some other job in the child care sector (“job-switching turnover”), and those who leave their jobs and leave the sector altogether (“net turnover”). To calculate the demand for caregivers in the future, we need an estimate of net turnover; only this

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kind of turnover creates a need for new recruits to the sector. Since it appears that all types of turnover have fallen during Canada's recent recession, it may be reasonable to assume an estimate of 10% for net turnover across the sector; in that case, the following numbers of replacement caregivers (i.e. in addition to the caregivers needed to account for expansion) would be needed annually:

- 4,000 for centre-based care;
- 17,000 for family child care; and
- 11,500 for in-home care.

This means that in each of the next five years, there would be a total demand (to meet both new and replacement needs) for approximately 38,000 new caregivers: 5,000 new centre-based providers, 19,500 family child caregivers and 13,500 in-home caregivers. However, this projection is only to meet the demand created by maternal labour force participation. It does not reflect additional demand for an expansion of early childhood services and increased

preference for skilled caregivers with related training and education.

Fiscal and Economic Factors

Several other variables apart from basic demographics affect the demand for child care and therefore the demand for caregivers. As mentioned in the previous chapter, affordability is an issue for many families. Family incomes, in turn, are affected by changes in traditional employment and the prevalence of part-time work and non-standard hours of work. As well, changes to the country's fiscal situation affect government's ability to finance social programs.

The Economy and the Reorganization of Work

Canada's economy is attempting to adjust to global technological changes by moving toward a knowledge-based economy. The knowledge and technology segments of the economy are contributing to increased productivity and employment growth but are developing at a slower rate than in most other Organization for Economic Co-operation and Development (OECD) countries.⁸

A knowledge-based economy requires a competent, skilled workforce and a stable, cohesive society to be successful. Economic adjustments cannot be successful without social investments. To make the transition to a successful knowledge-based economy, improved training and education of youth, and their involvement in ongoing learning, is essential. Successful training and education

of youth is predicted by early success in school, which in turn is predicted by quality care and education experiences during infancy and the early childhood years.

Increased productivity using new technology means that traditional employers in industry and manufacturing have fewer jobs in spite of an economic recovery. Non-standard employment, including part-time, short-term employment and self-employment, has gradually increased over the last two decades. Part-time and contract work is replacing many full-time, full-year jobs. In 1995, one in ten people was in a non-permanent job which was less well paid and had fewer benefits than a permanent position.⁹ Young families and those entering the labour force are more likely to be employed in these lower paid, less stable jobs, which affects their ability to pay for child care.

Family Incomes

Individual incomes have been squeezed in Canada over the last 15 years, with the entry of mothers into the labour force providing the boost that has kept average real family incomes approximately level. The pressures on young families have been even greater than those on other members of the labour force. For instance, the average after-tax incomes of Canadian families with children under 18 were approximately \$3,500 lower in 1994 than they had been in 1989.¹⁰ Before taxes, average incomes of families headed by a person aged 20 to 24 were 17.6% worse off in 1991 than similar families in 1980. Families headed by a person aged 25 to 34 were 5.8% worse off. By comparison, the average before-tax real income of all

families in Canada, over the same period, rose by 2.6%.

Two noted economists have commented on the story told by these figures:

More recent family cohorts have clearly lost out in comparison with their parents' generation, and in the 1980's even slipped markedly in absolute terms. Given that, in the more recent cohorts, family income has been earned by spouses having spent more time working in the labour market than was the case in the previous generation, the slippage in the economic well-being of the younger cohorts is likely even more marked than these income figures indicate.¹¹

In other words, young families today are considerably worse off than their parents were; this has to affect the decisions they make about caring for their children.

The Private Demand for Child Care Services

The demand for child care services comes from parents and depends on both the parents' willingness and ability to pay for the service. The service is labour intensive, and most of the cost of providing the service is remuneration for caregivers.

Parental objectives in purchasing child care are twofold: to permit them access to employment or study opportunities, and to provide an enriching experience for their child. The first objective can be attained with low-cost custodial child care. Because many parents can make relatively low-cost custodial arrangements, they can set a limit to what they are willing to pay for child

care. The second objective requires care which is developmental; it requires more and better resources and is usually more expensive.

Many parents are, however, financially unable to purchase higher quality care; good quality child care can be expensive and young families typically have relatively low incomes and high financial obligations of other kinds. In addition, some parents may not be fully aware of the importance of good quality child care to their child's development and may be unwilling to pay the higher costs associated with quality. These conditions contribute to the continuing demand for lower cost child care options.

The Public Demand for Child Care Services

Child care in Canada has faced recent changes in government policies and funding which are tied to deficit reduction initiatives and have resulted in reductions to several funding programs. However, macroeconomic projections suggest that Canada's deficit crisis is on the wane and that, within a very few years, there will be fiscal room for spending increases and tax cuts as well as debt reduction. Increased public funding for child care and related early childhood services and family support programs could be a significant priority.

Looking to the future, there will be an increased capacity for all levels of government to spend wisely on child care programs and related services. Increasing the links between child care services and other programs that support and promote the healthy development of young children

may offer an avenue to build the increased political will and public support necessary to ensure adequate funding to support the development of a system of early childhood services.

The public benefits from good quality care for its youngest citizens.¹² In nearly all industrialized countries, this public interest is reflected in direct government funding to child care programs, quality standards and affordable parent fees. The stronger the government role in the support of child care, in general, the greater the demand for child care, and therefore the greater the demand for the services of child caregivers. This is particularly so for trained caregivers. The greater the demand for trained caregivers, in general, the better the overall compensation package and working conditions of caregivers, and the quality of care for children.

The Public Policy Environment

In spite of fiscal restrictions across the broader public sector, federal and provincial/territorial governments are now focussing some attention on children's issues. On one hand, there have been reductions in federal transfer payments to the provinces and territories for social programs, and freezes or reductions to child care grants and funding at provincial/territorial levels. On the other hand, across Canada, governments are initiating projects and programs related to healthy child development, improvement in quality of parental and non-parental care, and reduction of child poverty.

Public policy is an important driver of the demand for child care. It defines and shapes the services, which has an impact on the demand for caregivers. Several different, and sometimes conflicting, policy directions have been taken over the last few years, by both federal and provincial/territorial governments. Many key informants expressed concern that the uncertainty of future government support is contributing to an erosion of services, putting many already fragile programs at risk.

The following section provides an overview of several key policies and trends that will have an impact on the future demand for and development of services.

Divergent Provincial/Territorial Child Care Policies

Provincial/territorial governments are responsible for determining which child care services are regulated, establishing and monitoring those regulations, and determining the type and amount of and conditions for funding child care services. However, provincial/territorial policies and spending on child care have always been influenced by federal funding programs and are often developed in a way to maximize federal cost sharing. In keeping with the broader public policy trend away from universal social programs and toward privatization and targeting public funds to the more needy, provincial/territorial governments, with the important exception of Quebec, have generally been moving away from coordinated early childhood policies and programs, making it even more of a private responsibility.

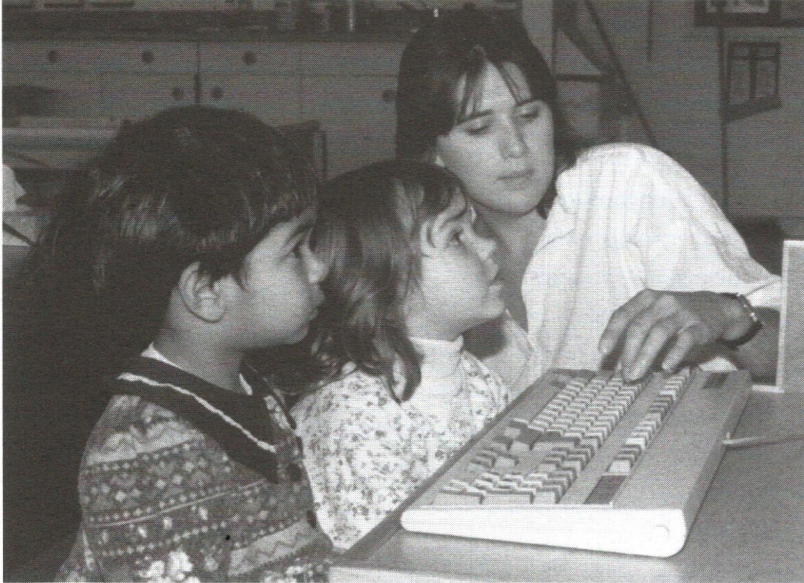
In countries with publicly funded national child care programs, such as Denmark and France, services are widely available and the majority of preschool children attend; the “demand” for or use of services in those countries is neither tied to maternal employment nor family income.

In market-driven systems, such as in the United States, the development of services is dependent on the voluntary and commercial sectors, and virtually all of the public funding is targeted to low-income and at-risk families. Child care is viewed primarily as a support to working mothers or a means of enhancing child development.

From key informant interviews with provincial/territorial officials responsible for child care, it is clear that child care is undergoing significant changes. In the past five years, most provinces and territories have experienced at least some of the following:

- grant programs for child care frozen, reduced or eliminated;
- limits or freezes placed on the number of subsidized spaces;
- subsidy rates and eligibility levels not increasing at the rate of the cost of living;
- regulation reviews, in some cases intended to reduce or relax standards;
- increased devolution of responsibility to local authorities;
- increased spending on informal care, particularly for social assistance recipients entering the workforce or training programs; and
- changes to social assistance programs, reducing benefits and requiring parents of school-age children to seek employment or participate in training.

One jurisdiction not following the trend of devolution and increased targeting is the Government of Quebec. Beginning in



September 1997, kindergarten programs for 5-year-olds were extended to full-day programs. Existing half-day kindergarten programs for 4-year-olds from low-income families will be maintained and free child care services will be added for the other half day. A range of child care models will gradually be made available through early childhood centres for \$5 per day for parents who are working or studying, or where children are experiencing conditions of risk, beginning with 4-year-olds and covering all children by the year 2001.

With regulated child care spaces available at an affordable cost, it is expected that the demand for informal care will be greatly reduced, encouraging caregivers to become part of the regulated system.

In addition to enhancing the provision of affordable child care services, Quebec plans to introduce a new maternity and parental leave insurance program, which would pay 75% of earnings and would include the self-employed. This program, currently "on

hold" for a year, may make it more possible for parents to take the leaves to which they are entitled, and thereby reduce the demand for infant care.

Changing Federal Policies

Before 1996, the federal government shared in child care expenditures made by the provinces and territories on behalf of low-income families through the Canada Assistance Plan (CAP). In most provinces and territories, only child care expenses in non-profit licensed child care centres and regulated family homes were eligible for federal cost sharing. Many organizations and individuals in the child care sector were pleased with these restrictions (licensed and non-profit), believing that they provided some assurance of higher quality of care for children from low-income families.

The Canada Health and Social Transfer (CHST) was announced in the federal budget of 1995, and came into effect on April 1, 1996. It replaced federal transfers for social assistance and child care under CAP, and transfers for health and postsecondary education under Established Programs Financing. The amount of money allocated to the CHST by the federal government reduces previous spending levels by over \$6 billion over a two- to three-year period.

The CHST is a block fund (rather than cost sharing), which is provided in the form of both cash transfers and tax point transfers to the provinces and territories. The principles and conditions for health care contained in the *Canada Health Act* are retained, but the conditions attached to child care spending under the CAP were eliminated. This means that funding for child care will no longer be

limited to the regulated sector, data collection and reporting will no longer be a requirement, and provincial/territorial governments no longer have to match federal expenditures.

In addition to the funding cuts contained in the CHST, previously announced dedicated child care spending has been withdrawn. The initial 1993 "Red Book promise," a \$720-million, three-year investment, based on cost sharing with the provinces and parents, subsequently became an offer of \$630 million over five years, plus \$72 million for a First Nations/Inuit child care initiative. According to the federal government, there was insufficient interest from provincial governments, so the plan did not proceed. However, the First Nations initiative did. In addition, Child Care Visions, a \$6 million per year research and development program, was implemented as the seven-year Child Care Initiatives Fund came to an end. The CHST and withdrawal of the federal "offer" have ended any major dedicated federal child care funding for direct services. Provinces now have the flexibility to direct child care spending as they wish, but no longer have the capacity to obtain matching dollars for any future investments they may make in child care.

In the 1996 Speech from the Throne, the federal government committed itself to limit the use of federal spending through shared-cost programs in areas of exclusive provincial jurisdiction. A National Child Care Program, with significant federal funding, is, as a result, less likely unless there is substantial provincial consent.

To date, no provincial government has reduced its child care budget as a direct

result of the CHST and the funding cuts it contains, but several provincial officials expressed concern about their ability to maintain current provincial spending levels over the medium term.

Key informants from several child care organizations expressed concern that the recent fiscal measures increase the fragility of many regulated services, decrease accountability for public spending, will likely increase targeting and do little to ensure the quality of care that children receive. The specific impact of these policy shifts on the demand for child care remains to be seen, but it may well result in more funding directed toward less costly informal child care.

New federal spending aimed at reducing child poverty was announced in the 1997 Budget. The National Child Benefit combines existing child tax credits with an additional \$600 million. Provinces may reduce spending on social assistance by the same amount, and may redirect the funds, if they wish, to other children's programs, which could include child care. The 1997 Speech from the Throne committed the government to expand the Child Tax Benefit by at least \$850 million over the mandate of this government.

In January 1997, the federal and provincial/territorial governments agreed to develop a National Children's Agenda, which is intended to be a "comprehensive strategy to improve the well-being of Canada's children."¹³ It is unclear how this National Children's Agenda will affect federal and provincial/territorial policy and funding for child care. Four principal initiatives have been announced under this

agenda: enhancement of the National Child Benefit system, measurement and regular reporting on the learning readiness of children, expansion of the Aboriginal Head Start program on reserves, and establishment of Centres of Excellence dealing with children's development and well-being.

Maternity and Parental Leave and Benefits

While not a child care service, maternity and parental leave and benefits support the provision of care for young infants. The benefits allow some parents a paid period away from the labour force after the birth or adoption of a child and may reduce the demand for paid child care for very young infants.

Since the early 1970s, the majority of employed women have been entitled to receive maternity benefits after the birth of a child. In 1991, the federal government introduced a 10-week parental leave benefit, which was an addition to the existing 15-week maternity leave benefit.

Maternity and parental benefits are part of the Employment Insurance program. In order to receive maternity or parental benefits, recipients must first meet the eligibility requirements for employment insurance. A new system, introduced in 1997, makes eligible many part-time and multiple job holders, who were not previously eligible.¹⁴

In addition to the maternity and parental benefits available under the *Employment Insurance Act*, collective agreements or employment arrangements may provide

In Spain, mothers are entitled to 16 weeks' maternity leave at 75% of earnings. During the first nine months after birth, employed mothers or fathers have the right to a one-hour absence from work each day, without loss of earnings. A mother may transfer a maximum of four weeks of her leave to the father. Parents are also entitled to a three-year unpaid parental leave, immediately following maternity leave. Parents with a child under age 6 or with a disability can reduce their work day by one-third, with corresponding reduction in pay. (European Commission Network on Childcare, 1996)

In 1993, the United States introduced the *Family and Medical Leave Act*, requiring employers with more than 50 employees to grant a job protected, but unpaid, leave of 12 weeks to care for a newborn child. (Hofferth et al, 1994)

supplementary plans for increased benefits or extended periods of leave. For example, the Treasury Board policy which governs employees in the federal Public Service provides for a maximum of 26 weeks of unpaid leave following child birth. During the two-week waiting period for Employment Insurance benefits, the employer pays 93% of the employee's regular salary, and, for up to 15 weeks afterwards, the employer pays the difference between the gross amount of those benefits and 93% of the employee's regular salary.

Increased Support for Early Childhood Development Programs

Federal and provincial/territorial governments are increasing their support for **some** initiatives and policies which support healthy child development during children's early years. Recent developments in the



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field of neuroscience explain the importance of early experiences in children's neurological development, and consequently children's cognitive, social and emotional development. The organization of the brain is most active during the early years and influences childhood, adolescent and adult well-being, competence and coping skills. This new understanding brings a sense of urgency to the need for increased investment in early childhood opportunities (including high quality child care) and early intervention services.

Some of the policies and initiatives supported by the federal government are described below:

- Health Canada developed national goals for children and youth in partnership with a variety of organizations, including the Canadian Institute of Child Health,

the Canadian Public Health Association and the Canadian Paediatric Society. It conducted a broad consultation process with experts, provincial/territorial governments, Aboriginal groups and local communities across Canada. The goals, presented in *Turning Points* (1996),¹⁵ recognize that young children need child care which stimulates development and is sensitive to cultural needs.

- The federal government is intending to establish Centres of Excellence for Children's Well-Being to increase understanding of the critical factors for healthy child development through information collection and sharing, research and networks of individuals and groups involved in children's well-being.
- In its 1996 report, the National Forum on Health¹⁶ called for a broad, integrated child and family strategy. This strategy would provide for both programs and income support. It highlighted the importance of improved access to high quality child care and early childhood education services along with other family support programs, including an integrated child benefit program; targeted, community-based programs with a home visiting component; workplace policies more favourable to families; and more equitable taxation of families with children.
- The National Crime Prevention Council (1996)¹⁷ identified early child care and education programs as essential components of an integrated approach to promote positive outcomes in children and, in the long term, reduce the incidence of crime.
- A number of early intervention and compensatory education projects are

funded by Health Canada through the Community Action Program for Children and the Aboriginal Head Start Program. These projects are aimed at enhancing child development, particularly for children considered to be living in conditions of risk.

Summary and Conclusions

1

Demand projections for child care, and hence the demand for caregivers, typically consider only trends in population growth, expected future labour force participation rates of mothers with young children, future trends in family incomes and the expected cost of different types of care as key determinants. Using this limited set of assumptions and assuming annually a net turnover rate of caregivers of 10%, demand projections prepared for this study find that about 38,000 new caregivers will be needed each year.

Continuing immigration enhances the need for ethnoculturally sensitive child care practices, while changes in prevailing work patterns enhance the need for caregivers to provide more part-time or flexible hours of care. The increasing awareness of the importance of early childhood experiences has also resulted in some new government policies and funded initiatives. In addition, there are other early childhood services, such as kindergarten programs, early intervention and family support programs, which are not dependent on user fees. These programs augment the total demand for caregivers, especially those with ECE

training, and may provide employment opportunities for those who are currently part of the child care workforce.

There is a need to highlight child development knowledge and early childhood education practices and to consider the sector in a broader, more integrated way. This would emphasize the range of ways in which those in the early childhood workforce ensure positive child development across the sector. The current emphasis of government in addressing child health, poverty, children living in conditions of risk, and family support strategies present such opportunities.

The development of an early childhood workforce which can transfer skills, abilities and credentials across different settings would increase career opportunities and enhance the quality of care and education that young children receive.

2

Funding and regulatory policies of governments will have very significant effects on the future demand for child care and the services of caregivers. There are conflicting signals about future trends in public policy. On the one hand, downsizing, devolution, deficit reduction and deregulation are the order of the day; many families and caregivers have felt the impact of funding and program cuts which have resulted in reduced access to and increased targeting of many child care services. On the other hand, the increasing awareness of and knowledge about the importance of quality early childhood experiences in shaping and promoting the healthy development of young children and its long-term impact on society

has resulted in a renewed interest from government and others in programs that serve children and families. At the same time, there is evidence that governments will have money to spend in priority areas in the near future. While many of these child development programs are not formally considered child care, their program components and staffing are often similar. The nature of policies shaping children's programs, and the level, type and conditions of funding available, may directly influence the demand for and utilization of child care and related services.

Public policy and legislation are needed to define and shape child care services. Early childhood services in Canada require national leadership.

Inconsistent public policy in the approach to service delivery and funding of early childhood services further fragments the fragile infrastructure that currently exists.

3

Emerging research indicates that the early years are paramount in determining health outcomes for children, yet there is a serious gap in Canadian research in such key areas as the contribution of quality care to child outcomes. It is essential to establish clear outcome measures and expectations; to monitor the impact of policy, regulation and funding measures on the quality, accessibility and affordability of child care; and to publicize the findings.

A coherent and comprehensive system of early childhood care and education has the capacity to promote children's healthy development, be a support to families regardless of their labour force status, further

women's economic independence and help address some of the conditions of risk experienced by many families. The provision and types of child care services need to be examined within the context of a broader family policy which balances the work and family needs of parents, children and employers.

Increased public awareness of caregivers' roles and responsibilities will build public support for increased investments in early child care and education.

- 1 For details, see Childcare Resource and Research Unit, "Quebec's New Family Policy," 1997
- 2 Grindstaff, 1992
- 3 Ravanera, 1995
- 4 Statistics Canada, 1994
- 5 Statistics Canada, 1994
- 6 Basavarajappa, Bender & Larrivée, 1992
- 7 Canadian Child Care Federation & Canadian Day Care Advocacy Association, 1992
- 8 Organization for Economic Co-operation and Development, 1995
- 9 Statistics Canada, 1995
- 10 Canadian Council on Social Development, 1996
- 11 Beach & Slotve, 1996, p. 86
- 12 See Cleveland & Krashinsky, 1997b, for an economic analysis of the benefits and the costs of a significant public investment in child care for young children; Friendly, 1997
- 13 House of Commons, Speech from the Throne, Sept. 1997
- 14 Effective January 1997, a new hourly-based entitlement system for Employment Insurance was implemented. For most workers, the requirement is for 20 weeks or 700 hours of work. The new system made eligible many part-time workers and multiple job holders who were not eligible for benefits. It likely means that some of the estimated 7% of the workforce who were not eligible for employment benefits are able to collect maternity and parental benefits.
- 15 Health Canada, 1996
- 16 National Forum on Health, 1996
- 17 National Crime Prevention Council, 1996



Chapter 4

Institutions and Organizations That Prepare and Support Caregivers

This chapter describes current programs within the postsecondary education system that provide early childhood education (ECE) and related credentials. It also identifies and describes the roles of child care organizations, associations and unions that support the child care workforce. This chapter is closely related to Chapter 6 which analyzes the skills challenge that caregivers face as they strive to access education, training and professional development of the right type, of the right content, in the right place, for the right price.

As noted in Chapter 2, the requirements for working with young children vary considerably among jurisdictions and across types of care. Kindergarten teachers generally require a minimum of a four-year undergraduate degree, wherever they work. Some caregivers in child care centres are required to have formal postsecondary early childhood qualifications in some provinces and territories. There are only minimal pre-service requirements for regulated family child care providers in a few provinces and territories, and none for unregulated family or in-home providers. Training requirements for those working in resource centres and early intervention are not clearly prescribed. There are few requirements to participate in professional development opportunities offered by child care organizations, colleges and universities.

It is likely that the child care workforce of the future will work within an expanding range of ECE programs and family support programs. Postsecondary education institutions, child care organizations and associations, and unions will play significant roles in preparing caregivers for growing career opportunities.

Postsecondary Education Institutions

In Canada, postsecondary education opportunities are provided by community colleges and universities. There are 69 publicly funded universities and 201 community colleges.¹ A number of proprietary and private non-profit institutions also offer postsecondary education programs. The provision of education is a provincial/territorial

jurisdiction in Canada. However, the federal government has been involved in postsecondary education financing, coordination among governments, student assistance programs, minority official language education, and research. Federal participation in these areas affects the delivery of programs in universities and colleges.

Overview of Caregiver Postsecondary Education Programs

In Canada, approximately 117 postsecondary institutions² deliver ECE certificate, diploma, degree and related programs through publicly funded community colleges, CEGEPs (Collèges d'enseignement général et professionnel), universities and private institutions. Universities are responsible for teacher education programs for kindergarten teachers. Postsecondary institutions also provide some related credit and non-credit programs for those working in the child care sector. These institutions have a major role in the pre-service and in-service preparation of caregivers and in supporting their ongoing professional development.

Like the range of child care services available, various training opportunities are offered by many institutions and organizations in Canada. Community colleges and CEGEPs are primarily responsible for certificate (one-year) and diploma (two-year) ECE programs. In Quebec, CECEPS offer three-year ECE programs. ECE diploma programs provided through continuing education or distance education are usually completed in three to five years. Certificate, diploma and degree

programs are offered on a full-time basis as pre-service training, and are often delivered through part-time programs or distance education for caregivers currently working in child care. A few universities offer degree programs in early childhood studies. University degree and postgraduate programs develop specialized expertise and undertake research initiatives. Colleges and universities may offer required short-term orientation programs, non-credit workshops and seminars, specialized certificate/diploma programs in areas such as children with special needs, school-age child care, infant and toddler child care, child care management and administration, and certificate programs specific to family home child care or family resource programs.

Provincial/territorial governments establish program guidelines and approval procedures for postsecondary programs. Table 20 provides an overview of the delivery of ECE postsecondary education programs in each province and territory.

Most postsecondary education institutions that offer ECE programs are publicly funded institutions either operated directly by a provincial government or under a non-profit governing body. Eleven of the 117 institutions are private organizations, which are either non-profit private organizations or operated as commercial businesses and do not receive direct public funding (although individual students may receive public financial support to attend). Commercial proprietary institutions are approved to offer ECE programs in Newfoundland, Alberta and British Columbia. In Nova Scotia and Ontario,

TABLE 20

PROFILE OF DELIVERY OF POSTSECONDARY EARLY CHILDHOOD EDUCATION PROGRAMS IN THE PROVINCES AND TERRITORIES

<p>Newfoundland, Ministry of Education</p> <ul style="list-style-type: none"> ● ECE diploma program at community college and two proprietary institutions (Career Academy and Academy Canada).
<p>Prince Edward Island, Department of Education</p> <ul style="list-style-type: none"> ● ECE 2-yr diploma program at Holland College.
<p>Nova Scotia, Department of Community Services & Department of Education</p> <ul style="list-style-type: none"> ● ECE 1-yr certificate programs at community colleges and at St. Joseph's Training Program - possibly moving toward 2-yr program with first year generic human services. Two-yr ECE programs offered at Institute for Early Childhood Education and Developmental Services. Bachelor of Child Study Degree and graduate studies at Mount Saint Vincent.
<p>New Brunswick, Department of Advanced Education & Labour</p> <ul style="list-style-type: none"> ● New Brunswick Community Colleges (operated directly by Advanced Education & Labour) - 5 Eng & 4 Fr campuses. 1-yr ECE at two campuses (Eng & Fr). ● Degree ECE programs at University of New Brunswick and University of Moncton.
<p>Quebec, Ministère d'enseignement supérieur et de la science & Ministère d'éducation</p> <ul style="list-style-type: none"> ● CEGEPs offer 1-yr attestation (AEC), 2-yr certificate (TEC) or 3-yr diploma (DEC) in ECE. DEC program includes a year of general education in addition to 2-yrs study of young children and child care. University degree and graduate programs also available at Concordia. Teacher education programs offer preschool specialization.
<p>Ontario, Ministry of Education and Training</p> <ul style="list-style-type: none"> ● 1-yr early childhood assistant certificate programs at 7 community colleges. ECE Diploma (2-yr program) at 25 community colleges. Canadian Mothercraft Society 1-yr (12-mth) program equivalent to diploma. Degree programs at Ryerson, Guelph, Brock & Carleton. Graduate programs at University of Toronto & Guelph.
<p>Manitoba, Department of Education and Training</p> <ul style="list-style-type: none"> ● Child care diploma programs (2-yr) at community colleges - in process of moving from government operated to a board of governors' structure. ● Degree programs at University of Winnipeg & University of Manitoba.
<p>Saskatchewan, Department of Education and Skill Training</p> <ul style="list-style-type: none"> ● Saskatchewan Institute of Applied Science and Technology. ● Early Childhood Development 1- and 2-yr programs at Saskatchewan Institute of Applied Science and Technology -three locations. ● Child care orientation course (130 hrs) at regional community colleges. Degree program at University of Regina.
<p>Alberta, Advanced Training and Education</p> <ul style="list-style-type: none"> ● Early Childhood Development Diploma (2-yr) and ECE (1-yr) certificate at community colleges and private colleges. Degree programs offered at University of Calgary. ● 50-hr orientation program contracted by government to selected community colleges. School boards piloting orientation course in selected schools.
<p>British Columbia, Ministry of Education, Skills and Training Colleges</p> <ul style="list-style-type: none"> ● Community colleges and private institutions offer certificate and diploma programs. Universities offer degree programs. Graduate program at University of Victoria. ● Public and private delivery.
<p>Yukon, Yukon College, funded by Ministry of Education</p> <ul style="list-style-type: none"> ● ECE Diploma (2-yr) and Certificate (1-yr) programs at Yukon College.
<p>Northwest Territories, Department of Education, Culture and Employment</p> <ul style="list-style-type: none"> ● ECE 1-yr certificate and 2-yr diploma program at Arctic College - Nunatta campus, Yellowknife campus & Aurora college.

commercial proprietary institutions have requested approval to operate programs granting recognized ECE credentials. This sector study conducted a survey, between April and September 1996, of postsecondary training institutions in Canada which deliver ECE training and education programs. The following description of postsecondary programs is drawn primarily from the survey data.

Table 21 summarizes the type and number of postsecondary ECE and related credit programs offered across Canada. ECE credit programs include 60 certificate programs, 76 diploma programs and 16 degree programs. A few institutions offer specialized programs, including certificates in family day care, school-age care, infant/toddler care, special needs care, and administration. However, these programs are relatively rare across the country. None of the Atlantic provinces has these programs and, apart from British Columbia, and to a lesser extent, Manitoba, the more specialized certificate programs are not available in the Western provinces either. Ontario has the widest range of ECE postsecondary programs.

There are 16 university degree programs that major in ECE or child studies. Graduate studies in ECE or related studies are offered at University of Victoria, University of Toronto, University of Guelph, Concordia University and Mount Saint Vincent.

Colleges and universities also offer non-credit courses. These cover a range of topics, including family day care, school-age care, child development, supported child care and first aid.

TABLE 21

**NUMBER OF INSTITUTIONS OFFERING FORMAL CREDIT EARLY CHILDHOOD
EDUCATION PROGRAMS, BY PROVINCE AND TERRITORY**

Province or Territory	ECE Certificate*	ECE Diploma**	Family Day Care Certificate***	School-Age Certificate***	Infant/ Toddler Certificate***	Special Needs Certificate***	Administration Certificate***	Degree
Newfoundland		4						
Prince Edward Island		1						
Nova Scotia	2	2				1	1	1
New Brunswick	2							
Quebec	20	15						2
Ontario (1)	8	25	2	2	7	9	7	5
Manitoba (2)	1	4			1	1	1	1
Saskatchewan (2)	1	1						1
Alberta	8	10		1			1	2
British Columbia (3)	16	13	7	1	17	20	1	4
Yukon		1						
Northwest Territories	2							
Total	60	76	9	4	25	31	11	16

Source: Survey of Training Institutions.

Notes: Information in Table 21 is based on responses to survey of postsecondary institutions and other data collected for this study as noted. Information from the five institutions which are known to offer ECE programs but which did not respond to the survey may be missing from the table. Some institutions may not have identified all programs offered.

* Certificates are 1-yr programs ranging from 2 to 3 semesters. In Quebec, the AEC (Attestation d'études collégiales) is a 1-yr certificate program and the TEC is a 2-yr certificate program after completion of Grade 11.

** Diplomas are 2-yr programs. In Quebec, the DEC (Diplôme d'études collégiales) is a 3-yr diploma program which includes a year of general education in addition to 2 yrs' ECE after completion of Grade 11.

*** Specialized certificate programs include post-certificate/diploma programs.

(1) Also offer Anti-bias Specialization Post-diploma (1); Advanced Certificate in EC Music Education (1); Advanced Studies in EC Certificate (1).

(2) Also offer Aboriginal Child Care certificate.

(3) Information for British Columbia is drawn from Office of the Auditor General of British Columbia (September 1996) *Management of Child Care Grants: Performance Audit*. The ECE diploma is granted at the completion of some combination of post-basic infant-toddler or special needs certificate in addition to the basic ECE certificate.

Early Childhood Education Certificates and Diplomas

ECE diploma and certificate programs are the most common credentials offered by postsecondary institutions. They consist of foundation training and education which prepare caregivers to work with young children in a variety of early childhood settings, but particularly child care centres and nursery schools.

Most postsecondary ECE certificate and diploma programs are organized by provinces and territories to accommodate their training requirements for caregivers in regulated, centre-based settings. There are differences across the 12 jurisdictions as to

what constitutes a "trained ECE caregiver." These differences are reflected to some extent in the organization of provincial/territorial postsecondary ECE programs. But in most jurisdictions, postsecondary ECE training programs are offered which exceed regulatory requirements. For instance, New Brunswick does not require any training qualifications for caregivers in licensed programs, yet its community colleges offer ECE certificate programs.

ECE certificates and diplomas can be used as preparation for jobs other than those that work directly with children. For instance, in child care and related fields, ECE may be useful training for child care administration

and supervision, family day care agencies, child support programs and family resource centres, child care organizations and associations, Early Intervention/Infant Development Programs, kindergarten and elementary school teaching assistants, and in provincial/territorial government licensing and monitoring.

Curriculum Content

The content of ECE certificate and diploma programs is influenced by the program directions of the individual institution, the requirements of the provincial/territorial postsecondary education system, the regulations for licensed child care programs and by caregivers and organizations within the child care sector. In spite of differing qualification requirements and systems of postsecondary education across Canada, ECE certificate and diploma programs do tend to contain similar content reflecting a common core of knowledge and skills.

- All the certificate and diploma programs reviewed for this study include course content in child development, teaching/caregiving practices (methodology) and behaviour guidance. Much of the content in subject areas, such as child development or behaviour guidance, is applicable to caregivers working with young children in any child care setting, including centre- or home-based child care environments.
- Most include course content in health, safety and nutrition, observation skills, interpersonal communications and foundations of early childhood education theory.
- Most programs focus on centre-based settings (90%) while only 10% include significant content (a single course, placement or inclusion in several

courses) specifically related to other settings, including family home day care or family resource programs.

- All certificate and diploma ECE programs include a supervised field placement component. The total number of hours students complete in field placements varies from 500 to 1,000. ECE certificate programs typically include two field placements and ECE diploma programs include an average of 3.5 placements. Most placements are in centre-based programs. Two thirds of postsecondary institutions responding to the survey operate a child care centre which serves as a lab to provide students with opportunities for direct experiences in presumably quality settings.
- In addition to theoretical and practical learning, ECE certificate and diploma programs include curricula content that is considered general education, such as social sciences, humanities, science and technology, many of which are eligible for university credits. In Quebec and Ontario, recent initiatives affecting all postsecondary education in community colleges and CEGEPs brought about increased general education course content in ECE programs.

ECE Student Enrolment

The results of the ECE training survey indicate that there are currently some 20,000 students enrolled in ECE college programs in Canada (see Table 22). About 75% of these students are in diploma programs and over half are in Ontario institutions. Overall, most institutions expect no change in enrolment. In fact, while some institutions expect a decrease in enrolment, an almost equal number expect an increase.

Less than half of the students enrolled in ECE certificate and diploma programs are in full-time programs. The majority are enrolled in continuing education (part time) or distance education programs. Almost 12,000 students are enrolled in ECE programs offered through continuing education and distance education delivery models. Most of these students are likely to be currently working as caregivers.

Based on the survey information reported from institutions, there are currently about 4,000 ECE certificate and diploma graduates each year. Most of these graduates are from full-time ECE certificate and diploma programs. (Distance education and continuing education programs require several years to complete.) While some of the completed questionnaires did not include specific estimates of 1995-96 graduates, it was possible to estimate the approximate number of graduates for these institutions and for the non-responding institutions. Most students are enrolled for more than one year before they complete the program, which explains the difference between the number of students enrolled in ECE programs and the number of graduates. It also indicates that some students do not complete the program.

The postsecondary education system is preparing enough ECE graduates each year to maintain the current level of caregiver qualifications in centre-based care if the current turnover rate of ECE caregivers does not exceed 15%. The current enrolments and graduates in ECE postsecondary programs are sufficient if the turnover rate has dropped substantially over the past six years, if provincial/territorial caregiver qualification requirements do not increase,

if ECE graduates seek employment primarily in centre-based settings, if there is no expansion of regulated centre-based programs and if there is no demand from centre-based employers to increase the level of qualifications.

However, there are other considerations:

- The current caregiver turnover rates are unknown.
- Child care centres often hire caregivers with ECE qualifications beyond the provincial/territorial minimum requirements.
- Expanded kindergarten programs in some jurisdictions may attract ECE graduates into degree and teacher education programs.³ ECE graduates may also find employment as assistants or teachers in kindergarten programs.
- Family child care, in-home child care and increased early intervention and family support programs provide other career opportunities for ECE graduates.
- Key informants identified a shortage of caregivers with ECE qualifications in more remote parts of Canada and among particular ethnocultural and linguistic groups.

Table 23 shows the distribution of program delivery models across the provinces and territories. There are nearly as many part-time certificate programs as full-time programs. However, more diploma programs are offered through full-time, rather than part-time, programs.

The delivery of postsecondary education through distance education in all disciplines is increasing across Canada as the demand for accessible training and education continues to grow. A significant proportion

TABLE 22

ESTIMATED ENROLMENT IN EARLY CHILDHOOD EDUCATION PROGRAMS
IN 1995-96, BY PROVINCE AND TERRITORY*

Province or Territory	Certificate Programs			Diploma Programs			Combined Total
	Full-time	Part-time	Distance Education	Full-Time	Part-Time	Distance Education	
Newfoundland				150	105	65	320
Prince Edward Island				58	10		68
Nova Scotia	53			173		120	346
New Brunswick	65	4	30				99
Quebec	275	1,800		1,600	50		3,725
Ontario	350	300	60	4,500	3,700	1,920	10,830
Manitoba		20		97	340	217	674
Saskatchewan	50	350		20	50		470
Alberta	160	190	400	300	1,500	60	2,610
British Columbia	460	320	110	55	165	60	1,170
Yukon				12	50	28	90
Northwest Territories	23						23
Total	1436	2,984	600	6,965	5,970	2,470	20,425

Source: Survey of Training Institutions.

Note: * Numbers reflect extrapolation of reported data to cover institutions which did not respond to the survey.

(15%) of ECE students are currently enrolled in distance education programs (about one in eight in certificate programs and about one in six in diploma programs). In the survey, 15 institutions indicated their intention to introduce additional distance education ECE programs within the next two years.

Expected Changes in Postsecondary Education

Postsecondary education is financed through federal and provincial/territorial funds, tuition fees and donations. The federal contribution has consisted of tax transfers and cash transfers through the *Established Programs Financing Act*. Direct federal financial support has come through research grants, student assistance (Canada Student Loans Program) and purchase of training for particular target populations

(through Human Resources Development Canada).

Significant changes in federal transfer arrangements are affecting and will continue to affect the financing and operation of postsecondary education in Canada. The Canada Health and Social Transfer (CHST) (discussed in Chapter 2) replaces the Established Programs Financing Program and transfer payments are reduced. The federal government has also introduced a new *Employment Insurance Act* to replace the *Unemployment Insurance Act* and *National Training Act*. Provisions in the new Act include the withdrawal of federal funds from the Direct Purchase of Training program and the end of extended income support for individuals during training. Most of the training to designated groups (Aboriginal peoples, women, persons with disabilities and immigrants to

TABLE 23

PROGRAM DELIVERY MODELS, BY PROVINCE AND TERRITORY

Province or Territory	ECE Certificate Programs Available			ECE Diploma Programs Available		
	Full-time	Part-time	Distance Education	Full-Time	Part-Time	Distance Education
Newfoundland				4	1	1
Prince Edward Island				1	1	
Nova Scotia	1			2		1
New Brunswick	2	1	1			
Quebec	10	15	1	15	2	
Ontario	4	4	3	23	15	4
Manitoba		1		3	2	1
Saskatchewan	1	1		1	1	
Alberta	7	6	5	9	6	4
British Columbia	15	10	2	2	7	5
Yukon				1	1	1
Northwest Territories	2					
Total	42	38	12	61	36	17

Source: Survey of Training Institutions.

Canada) will come under the new *Employment Insurance Act*.⁴ Federal direct purchase of training has made up 20% of community college annual operating budgets.⁵

Key informants indicated that most provinces and territories (except for New Brunswick and British Columbia) are expecting further cuts to postsecondary institutions. Funding mechanisms for postsecondary education in the provinces and territories vary. For instance, in Newfoundland a block funding system is negotiated between each institution and the province. Nova Scotia uses an enrolment-based formula.

New ECE postsecondary education programs have been established regularly over the past 25 years, a period during which there was expansion in postsecondary education, growth in licensed child care services and an

accompanying increase in legislative requirements for caregivers with ECE credentials. Today, postsecondary education, like all publicly funded services and programs in Canada, is experiencing reductions in funding and significant restructuring activity.

In recent years, postsecondary institutions offering ECE and related programs have experienced these challenges:

- overall reductions in program financing, which have resulted in reductions in faculty, larger class sizes and less faculty/instructor time allocated to field supervision;
- restructuring initiatives;
- changes in federal-provincial funding arrangements;
- constraints on public spending;
- privatization;
- demographic fluctuations; and
- increases in student tuition fees.

Child Care and Related Organizations

In addition to the education, training and development provided by formal postsecondary and other institutions, a range of other professional development and training opportunities promotes caregivers' skills and knowledge. These include evaluation and training leading to certification of caregivers, non-credit workshops, seminars, conferences, publications, networking, negotiation of salary levels and working conditions, related research initiatives and resources. They are provided by professional and service organizations, government departments, community groups, family resource programs, family day care agencies and child care services.

Over the years, child care organizations and related groups and services have developed at the national, provincial/territorial and local levels to promote child care issues and support the sector. The non-government sector—particularly child care

organizations—continues to be a key player in the development of caregivers and child care services in Canada. But like child care services, most organizations do not receive the support of clear public policy or operational funding, which in turn limits their ability to contribute to an effective infrastructure for caregivers. Unlike several other occupations, such as teaching or nursing, members of the child care workforce are not required to become a member of any professional association as a condition of employment.

Child care organizations face a number of critical issues.

- ▶ In most jurisdictions, child care associations now operate with little or no public funding and rely on volunteer labour for most activities. Of the 35 associations interviewed for this study, 15 had no paid staff and none of the others had more than five full-time staff.
- ▶ The ability of the sector to maintain organizations solely on membership fees is very limited, in part due to low wages in the sector. Usually, organizations have had to rely increasingly on project-based funding and, as a result, find their mandate and ability to meet members' needs diminishing. The lack of financial support is problematic when it is perceived that child care organizations may take over more responsibility for monitoring and quality control in the occupation. Sustainability will depend on public funding support.
- ▶ In Canada, the child care workforce remains largely unorganized (not represented by a labour union). Only a small percentage of the total number of caregivers in any child care setting belong to a trade union.

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- Based on total membership and the overall number of caregivers, most do not belong to any child care organization. However, about half of the caregivers in regulated family child care belong to a child care or other association.⁶

National Child Care Organizations

Child Care Advocacy Association of Canada

The First National Child Care Conference organized by the Canadian Council on Social Development in 1971 helped to focus on child care as a national issue. The second conference—held 11 years later—passed numerous resolutions calling for increased federal and provincial/territorial funding, a national day care act, national standards and promotion of the goal of universal access to quality day care. Follow-up work to the conference resulted in the creation of the Canadian Day Care Advocacy Association (now called the Child Care Advocacy Association of Canada [CCAAC]). The goal of the association is to advocate for comprehensive child care programs that would be universally accessible, of high quality and non-profit. CCAAC has worked closely with other national groups with an interest in child care toward this goal. The CCAAC includes in its mandate women's equality goals which have been supported by Status of Women Canada and by labour partners.

Canadian Child Care Federation

The Second National Child Care Conference held in 1982 resulted in the

establishment of the Canadian Child Day Care Federation (now called the Canadian Child Care Federation) as a national service-based child care organization committed to improving the quality of child care services across Canada. A membership-based organization, the Federation is affiliated with 13 provincial/territorial organizations (including associations of centre-based and family home caregivers), with more than 9,000 members across Canada working in a variety of child care and related settings. At the national level, the Federation has sponsored important professional development initiatives and produced related publications directed to the child care field. The Federation has actively worked to build national information services, helping to strengthen the infrastructure of the child care community at both the national and grass-roots level.

Canadian Association of Family Resource Programs

The Canadian Association of Family Resource Programs is a national network of family resource programs, with approximately 500 members across Canada. The organization provides consultation and support on program development, publications and professional development opportunities, and undertakes research related to family resource programs. It was originally founded in 1975 as a national association of toy libraries.

Provincial/Territorial Child Care Organizations

In all provinces and territories (except for Northwest Territories), there is at least one child care organization that supports and

TABLE 24

PROFILE OF PROVINCIAL/TERRITORIAL CHILD CARE ORGANIZATIONS

Organization	Year Started	Mandate	Membership	Funding/Staff
Association of Early Childhood Educators, Newfoundland & Labrador	1989	Provide awareness of quality child care and advocate for early childhood educators	180 individuals - caregivers in child care and/or ECE trained	Membership fees/fund raising; no staff
Provincial Child Care Association Licentiate (Nfld)	1986	Represent private operators and centres	35 individuals, primarily private operators	Membership fees, training workshops
Early Childhood Development Association, Prince Edward Island	1974	Promote knowledge of early childhood education, promote professionalism, support membership	186 individuals	Membership fees, sales, small government grant; 1 part-time staff
Child Care Advocacy Association of Nova Scotia	1983	Coalition of labour, child care, education, nursing and social services; promotes non-profit child care	80 individuals, 70 centres	Membership fees; no staff
Nova Scotia Family Day Care Association	1985	To provide networking opportunities for caregivers in regulated child care	50 individuals & agencies	None - has not met in 2 yrs
Certification Council of Nova Scotia	1988	Voluntary certification process for caregivers	50 individuals	Government grants for workshops; no staff
Child Care Professional Development Association of Nova Scotia	1995	Achieve licensure of child care practitioners	175	
Quebec Association for Preschool Development	1985	To promote and support child care administrators	43 child care centre-based organizations	Membership fees, government grant; 1 part-time staff
Concertation inter-régionale des garderies du Québec	1986	To advocate for quality, non-profit child care	500 non-profit child care centres	Membership fees, sales, government grant
Association des services de garde en milieu scolaire du Québec	1985	To promote increased access to school-age child care	200 organizations, 65 individuals	Association activities, government grants, research projects, membership fees; staff - 4 full time, 2 part time
Ontario Coalition for Better Child Care	1981	To advocate and promote quality, non-profit child care To represent non-profit sector	800 child care programs, local child care coalitions, provincial organizations, Individuals	Membership fees, fund raising, project grants from governments and foundations
Association of Day Care Operators of Ontario	1977	To represent, present and promote private operators	130 - 200 centres	Membership fees, fund raising; staff - 1 part time
Association of Early Childhood Educators, Ontario	1950	To represent early childhood educators and promote professionalism	2,200 individuals	Membership fees, fund raising, sales; staff - 3.5
Home Child Care Association of Ontario	1983	To promote and support quality home child care, with primary focus on regulated home child care	83 home (i.e. family) child care agencies, 282 individuals, 7 associate members	Membership fees, fund raising; no staff

PROFILE OF PROVINCIAL/TERRITORIAL CHILD CARE ORGANIZATIONS (cont'd)

Organization	Year Started	Mandate	Membership	Funding/Staff
Ontario Network of Home Child Care Provider Groups	1993	To promote and advocate for family child care providers	43 network member groups representing 4,200 caregivers (2,600 in Ottawa)	Project funding; no staff. Supported by Ottawa group which receives provincial government grant
Manitoba Child Care Association	1974	To advocate for a quality system of child care, to provide services for membership, to advance child care as a profession	1,600 individual members, 400 programs	Membership fees, fund raising, training services, conference; staff - 5 full time
Family Day Care Association of Manitoba	1983	To promote quality in regulated family child care	392 individuals, 19 organizations	Membership fees; staff - 2 part time
Saskatchewan Child Care Association	1988	To support caregivers in centre-based and family child care	586 individuals	Membership fees, fund raising, government projects; 4 staff
Alberta Family Day Home Association	1987	To support regulated family child care	76 family child care agencies	Membership fees
ECE Professional Association of Alberta	1981	To support ECE staff and promote professional development	116 individuals	Membership fees, sales; no staff
Early Childhood Educators of BC	1969	To support and promote early childhood educators	1,500 individuals (75% have B.C. licence to practise)	Membership fees, sales, publications, government project grants; staff - 3.5
Western Canada Family Child Care Association	1980	To promote, support and advocate for quality family child care	466 individuals, 10 local groups	Membership fees, project funding; no staff
British Columbia School Age Association	1984	To promote and support school-age child care and represent school-age child care staff	45 organizations and 45 individuals	Membership fees, conference, occasional project funding; no staff
Coalition of Child Care Advocates of BC	1976	To promote and advocate for quality child care	160 - organizations and individuals	Membership fees, fund raising; no staff
Yukon Child Care Association	1982	To promote centre-based and family child care	35 individuals	Membership fees, fund raising; no staff

Notes: Key informant interviews were conducted with a large selection of provincial child care organizations. Details of their activities, views, concerns and suggestions for the future are discussed in Chapter 6. This is not an exhaustive list of every provincial/territorial child care organization. Consultants were unable to obtain information from four other organizations which were contacted.

represents particular components of the child care sector. These are established by the sector itself and do not have a mandate defined by government. Table 24 summarizes information about the operations of the provincial/territorial organizations selected to participate in key informant interviews for this study. It is not a comprehensive inventory of all provincial/territorial child care organizations.

Provincial/territorial child care organizations usually have a board of directors; many have committee structures. Yet the size, funding, structure, staffing levels, mandates and activities of these organizations vary tremendously. Most are membership-based, although a few are not. Some membership-based groups have only individual members, others have only organizational members, and some have both.

Many have received federal government support over the years. The federal Child Care Initiatives Fund (CCIF) was instrumental in the creation and maturation of many organizations in the sector and, for many, this funding represented the only source of support, beyond membership fees. While, in most instances, provincial/territorial governments do not provide core funding to these child care organizations, they often consult with them and include them in government reviews of child care, advisory committees and other related activities. The one exception is the Government of Quebec, which does provide a limited amount of core funding to many of the child care organizations.

Most family child care associations have no staff. The Family Day Care Association of Manitoba does have two part-time staff,

and *Fédération de la garde en milieu familial* has one part-time staff person. The family child care associations that have agency memberships tend to have a majority of agencies in those provinces as members.

Local Support for Caregivers

In some provinces and territories, agencies or societies provide training, professional development opportunities and support to caregivers, particularly those in home-based settings, as part of the defined child care delivery system. They include family child care agencies, family resource centres (in Ontario) and child care support programs (in British Columbia). Unlike the provincial/territorial child care organizations, these support programs are part of the funded child care infrastructure of their province or territory.

TABLE 25

TRAINING AND HUMAN RESOURCE DEVELOPMENT OPPORTUNITIES FOR FAMILY CHILD CAREGIVERS, BY AGENCIES OR GOVERNMENT

Province or Territory	Number of Agencies Responding	Offerings					
		Workshops/Seminars	Conferences	Newsletters	Networking Groups	Electronic Conferences	Other Courses
Newfoundland	N/A						
Prince Edward Island	1	1	1	1	0	0	0
Nova Scotia	5	5	2	3	2	0	3
New Brunswick	1	0	0	0	0	0	0
Quebec	123	112	77	84	90	2	109
Ontario	113	110	70	104	81	0	62
Manitoba	1	1	1	0	0	0	1
Saskatchewan	1	1	0	1	0	0	1
Alberta	86	84	70	81	55	1	75
British Columbia	*0						
Yukon	1	1	1	1	0	0	1
Northwest Territories	1	1	1	1	1	0	1
Total	344	316	223	276	229	3	253

Source: Goss Gilroy Inc. (1997) *Providing Home Child Care for a Living: A Survey of Regulated Home Child Care Providers*.

Note: * In British Columbia, 34 Child Care Support Programs offer training and support to, and monitoring of, caregivers in regulated and unregulated family child care. However, they are not family child care agencies, as caregivers are individually licensed in the province and were not included in the survey.

The role of these organizations is, to a large extent, defined by provincial/territorial governments and they receive a substantial portion of their operating budget from government. They usually have agreements with their government to provide defined levels of services and supports to their target group—usually within a particular geographic area. They are all involved in some form of training and professional development, primarily to family child caregivers, and offer a range of other services, including toy and equipment lending; resource materials; referrals, registries and placements; home visits, liaison between parents, caregivers and government; and play groups for parents and/or caregivers.

Information in the following overview (Table 25) of the type of training opportunities available to caregivers in regulated family child care was collected through the family child care survey. Most family child care agencies offer workshops/seminars and four out of five agencies produce newsletters. Two thirds of the agencies hold semi-annual or annual conferences or organize networking groups. Very few agencies have set up electronic conferences.

Trade Unions

Unions are involved in the child care sector. They represent and bargain for caregivers employed in some child care programs; advocate for high quality, affordable and accessible child care at local, provincial/territorial and national levels; build coalitions to increase public support for good child care and equitable pay; organize their members in non-child care locals to support child care causes;

and negotiate child care clauses into collective agreements.

Membership in bargaining units representing only caregivers tends to be small; no collective agreements exist for child care bargaining units with more than 100 members. There are also bargaining units not specific to child care, which include caregivers as well as other types of workers. At least 15 different unions represent caregivers working in licensed child care settings. Many staff working in related early childhood settings, such as kindergarten programs or early intervention staff working within a government structure or large institution, are members of union bargaining units.

Information and Resource Services

Many of the national and provincial/territorial child care organizations mentioned above provide extensive information and resource services to their members in the child care workforce and to those who provide related services. In addition, a few organizations in Canada, operating at national or provincial/territorial levels, provide information and resources related to child care policy, and support the important and diverse efforts of practitioners and researchers in child care programs, community colleges, universities, governments and elsewhere.

Childcare Resource and Research Unit

The Childcare Resource and Research Unit (CRRU), at the Centre for Urban and Community Services, University of Toronto, is a policy- and research-oriented facility. CRRU serves all levels of government, the

broader child care community, community groups and educational institutions. It provides public education, consultation, carries out research relevant to child care, and organizes and disseminates information and resources at a provincial and national level. CRRU also provides a circulating library and database of resources which is available on diskette to the child care community, and publishes a variety of research papers and fact sheets on Canadian child care.

SpecialLink

SpecialLink is a national child care network which promotes the inclusion of children with special needs in child care and other community programs. This is achieved through research, resources and information, networking, training, and linkages to child care and related services such as Early Intervention/Infant Development Programs, family resource programs, recreation programs and the public schools. The organization is a clearinghouse for parents and for caregivers and others working with children with special needs in child care settings, early intervention services and family support programs. It has a management board of directors and a national advisory committee of people with backgrounds in policy, training and child development.

Westcoast Child Care Resource Centre

The Westcoast Child Care Resource Centre in British Columbia is an umbrella body which provides child care resources, information and referral services, and in-depth consultation with and through affiliate organizations to strengthen their ability to support the child care and broader communities. It also provides a

range of training activities and resources on diversity and anti-bias, and workshops and individualized support on administration and financial management.

Child Care Connection - NS

Child Care Connection connects child care professionals to resources and information, promotes certification and accreditation, operates a resource centre library and sponsors several professional development activities.

Summary and Conclusions

1

Postsecondary institutions offer ECE diploma and certificate programs across Canada. Other programs for caregivers, such as university ECE degree programs, family child care training, and specialized programs in school-age child care, infant and toddler child care, special needs or child care administration, are not widely available. As job opportunities for the child care workforce expand to include a broader range of early childhood services, postsecondary institutions need to work with the sector to ensure that an appropriate continuum of training programs are available.

As a primary component of the infrastructure which prepares and supports caregivers, ECE programs in postsecondary institutions need to expand their focus from centre-based preschool child care to a full range of early childhood services and family support programs, and provide additional courses to meet the learning needs of caregivers in all child care settings.

2

The child care workforce is supported by numerous unions, caregiver associations and sector organizations. However, most caregivers do not belong, and are not required to belong, to a professional or sector organization or union. Membership fees from individual caregivers do not and cannot sustain organizations and associations which provide regular professional development opportunities and support. Conferences, training programs, publications and other resources usually depend on other sources of funding.

These organizations have the capacity to articulate the human resource needs and goals of their members, develop and deliver training and professional development programs, raise public awareness of the sector, undertake research projects, inform public policy and contribute to the professionalism of the field.

Non-government child care organizations are important to an effective infrastructure to support and promote caregivers as a professional early childhood workforce. Demographic and economic realities require that sector organizations coordinate efforts and resources to maximize effectiveness.

As a primary component of the infrastructure which prepares and supports caregivers, child care organizations should seek ways of increasing membership in child care and related organizations and strengthening those organizations.

- 1 Gayfer, 1991
- 2 The survey of ECE training institutions conducted for this study identified 114 institutions. There are two additional Ontario universities and one Manitoba university that offer ECE degree programs.
- 3 Friendly et al, 1989
A 1989 survey of first-year ECE students in Ontario reported that one third of the participants indicated a preference to teach in the public school system and an intention to continue their formal education beyond the ECE certificate or diploma.
- 4 National Union of Public and General Employees, 1996
- 5 Association of Canadian Community Colleges Accreditation Task Group, 1996
- 6 Goss Gilroy Inc., 1997



PART 3

Challenges Facing the Child Care Workforce

The child care workforce faces significant challenges over an uncertain future. Child care compensation is low relative to other occupations, benefits are scarce, staff turnover is high and opportunities for advancement are limited. Although many child care workers are well trained, others are not, and some needed skills are in short supply. In general, although caregivers are well satisfied with their jobs, they are not satisfied with the level of recognition they receive from the public or from families for the work that they do. Many of the problems in the child care sector are, at least partly, human resource problems. The major issues the sector faces—improving the quality, accessibility and affordability of

care—are inextricably linked to compensation and other human resource challenges.

Part Three of this study examines the challenges and opportunities currently facing the child care workforce in Canada. It is organized into three chapters, corresponding to the main collective issues facing the child care workforce:

Chapter 5

The Work Environment Challenges

- Caregivers' work is marked by low compensation and benefits, troublesome health and safety issues, inadequate employment standards and high turnover rates. Employment trends suggest both opportunities and barriers to career mobility.

Chapter 6

The Skills Challenge

- The link between the quality of child care and caregiver education and training requires improved skills to enhance caregivers' abilities to deliver quality child care, related early childhood services and family support programs.

Chapter 7

The Recognition Challenge

- The child care workforce wants the value of its work recognized. It is testing the potential contributions of professionalization, unionization and advocacy.

ELIZABETH NORTON



Chapter 5

The Work Environment Challenges

Although work environments vary substantially among various child care settings, there are common problems: compensation levels are low, benefits are scarce, working conditions are often difficult, health and safety concerns abound and career opportunities are limited for most caregivers. Caregivers in home-based child care settings work alone with little structure and few supports. Centre-based caregivers often work in small groups in settings that may be isolated from other workers.

Incomes of Caregivers

The income levels of the child care workforce are low and present a major

human resource issue for the child care sector. In the sector consultations conducted for this study, nearly all caregiver groups, including centre-based, family home and in-home caregivers, identified low remuneration as a significant problem. Two groups representing employers in commercial programs were the only ones that did not identify remuneration as a problem. Government officials and other key informants from provincial and national child care organizations and postsecondary programs identified low compensation as a critical issue facing the child care sector.

It is difficult to compare incomes for caregivers in centre-based, family child care and in-home settings. Caregivers who care for young children in the child's own home are employees, as are most caregivers who are working in child care centres. On the other hand, caregivers in regulated and unregulated family child care are considered self-employed, and net income is subject to very different calculations.

Centre-based Caregivers

Incomes of centre-based and other caregivers in the child care sector are low, by almost any standard. As shown in Chapter 1, centre-based caregivers with a college diploma or certificate working full time and for the full year received less than 75% of the annual income of the average full-time, full-year, female worker with the same education. This amounted to less than 60% of the annual income earned by the average full-time, full-year worker, male or female, with the same education. Yet, centre-based child care

workers are better compensated than others in the child care workforce; regulated and unregulated family home caregivers and in-home caregivers are often less well paid than those in centre care. Low compensation is at the heart of a series of the most intractable problems in the delivery of child care services in Canada.

Table 26 provides the latest available information on the hourly wage rates paid to centre-based caregivers who have a postsecondary diploma or degree. The table provides wage rates for 1991 and 1995, by province or territory, with comparative information on minimum wage rates and the average industrial wage

for both salaried and hourly workers. The 1991 data are from the *Caring for a Living*⁷ study conducted by two national child care organizations in that year. Data from 1995 come from a variety of different sources, rather than from a single study.

Wages of skilled centre-based caregivers in 1995 were well below the average industrial wage for salaried workers in every province and territory, and well below the average industrial wage for hourly-rated workers in every province and territory except Ontario. The relatively high centre-based wages in Ontario reflect a determined attempt by provincial and some municipal governments to provide a living

TABLE 26

HOURLY WAGES OF TRAINED STAFF IN CENTRE-BASED CHILD CARE, 1991 AND 1995, AND COMPARISON TO MINIMUM WAGE AND AVERAGE INDUSTRIAL WAGE

Province or Territory	1991			1995		
	Average Child Care Wage (\$)	Minimum Wage (\$)	Average Industrial Wage Salaried/Hourly (\$)	Average Child Care Wage (\$)	Minimum Wage (\$)	Average Industrial Wage Salaried/Hourly (\$)
Newfoundland	6.03	4.25	16.17/10.69	*6.98	4.75	18.53/13.46
Prince Edward Island	7.25	4.50	14.20/9.01	7.66	4.75	16.68/11.09
Nova Scotia	7.64	4.50	15.39/11.14	*8.57	4.75	17.68/11.89
New Brunswick	6.19	4.50	14.86/11.12	*6.77	5.15	18.45/12.50
Quebec	10.25	5.00	16.22/12.27	10.31	6.00	19.07/13.89
Ontario	11.51	5.00	17.81/13.02	**15.87	6.85	21.23/15.00
Manitoba	9.29	4.70	15.57/11.47	**10.94	5.25	17.66/12.46
Saskatchewan	7.52	5.00	15.46/11.24	8.24	5.35	17.78/12.41
Alberta	6.76	4.50	17.16/12.13	6.50	5.00	19.74/13.17
British Columbia	8.94	5.00	16.93/13.90	12.30	7.00	20.63/16.28
Yukon	9.58	5.39	19.29/12.31	***11.90	6.72	21.88/17.20
Northwest Territories	11.34	5.00	18.67/16.61	12.00	****6.00 or 7.00	21.98/18.33

Sources: 1991 data: Canadian Child Care Federation and Canadian Day Care Advocacy Association (1992) *Caring for a Living: Final Report* Table A5; 1995 data: Childcare Resource and Research Unit (1997) *Child Care in Canada: The Provinces and Territories, 1995*.

* Annual figures taken from the *Atlantic Day Care Study* (see Lyon & Canning, 1995a) and broken into an hourly rate by using 35 paid hrs per wk (1,820 hrs/yr).

**From key informant interviews with provincial officials in the course of this study. In Manitoba, the Manitoba Child Care Association's salary survey - 1995 for Child Care Worker II (in press), in Winnipeg was used.

*** Yukon has provided mean hourly wage figures using five "Levels," rather than positions; these levels are "No training, Level I, Level II, Level III, and Director." The figure for the "Level II" position is used in this table. Level II is the equivalent of an ECE 1-yr certificate.

**** The higher rate in the Northwest Territories applies to areas distant from its highway system.

Minimum wage and average industrial wage figures: Minister of Supply and Services (1990) "Employment Standards Legislation in Canada," (1990 edition) Table 9; Supply and Services Canada (1995) "Employment Standards Legislation in Canada," (1995-96 edition), Table 4.

Notes: The methods of data collection used in *Caring for a Living* and *Child Care in Canada: The Provinces and Territories 1995* are different. *Caring for a Living* determined average wages through a survey of staff in child care centres, while *Child Care in Canada* reported wage figures provided by the provincial/territorial ministry responsible for child care. For this reason, the 1995 figures may not be precisely comparable to the 1991 figures.

wage in that province, through wage enhancement grants and operating grants. In most jurisdictions, except Ontario and British Columbia which have had wage subsidies, the average wage for skilled child care workers has changed only marginally since 1991.

The *Caring for a Living* study found that the average wage paid to centre-based caregivers ranged from \$11,300 to \$23,750 across provinces and territories. This wage range is consistent with wages reported by 1990 Early Childhood Education (ECE) graduates of community college programs, many of whom were working in child care centres. Those graduates working full time and full year were earning, on average, \$20,100 in 1992. In comparison, female graduates of other two-year community college programs were earning, on average, \$23,200 in the same year—a full 15% more than the ECE graduates.²

In both Canada and the United States, where compensation is based on parent fees, low wages place many centre-based caregivers near or below the poverty line. For example, *Caring for a Living* reported that a typical child care teacher who had one dependant earned \$3,200 below the poverty line. Three out of four child care staff who were sole-support parents earned wages below the poverty line. (The report used the 1991 poverty lines developed by the Canadian Council on Social Development.) A recent U.S. report on caregiver compensation in the child care sector reported that the majority of the child care workforce in that country earns poverty-level wages.³

Low wages are considered by most caregivers to be a major human resource issue. *Caring for a Living* found that “providing a better salary” emerged as one of the top two requirements to make the child care field more satisfying. In answer to another question, centre-based caregivers most frequently (70%) identified pay as a negative aspect of the occupation. Similarly, 39% of ECE graduates responding to the National Graduate Survey in 1992 indicated that they were dissatisfied or very dissatisfied with their pay, nearly twice the average for other fields of study.⁴

Education, Experience, Unionization, Non-Profit Status

Caregivers in different job categories, with different levels of education, experience and motivation, and in centres with different union status and auspice, are paid at different wage rates, even within the same province or territory.

Analysis of wages in full-day child care centres from *Caring for a Living* illustrates a number of relationships:

- The higher the educational attainment (up to and including a university undergraduate degree) of caregivers, the higher the hourly wage rate.
- Caregivers with more experience, both general experience in child care and experience in their current centre, are paid more, all other factors held constant.⁵ In addition to the compensation relative to education and experience, workers with more job responsibilities (assistant teacher, teacher, supervisor) get correspondingly higher pay.
- Although difficult to measure, *Caring for a Living* attempted to address

career-related and motivational factors by asking caregivers whether they viewed their work as a "career" rather than as a "job." Those who viewed their work as a career were more likely to earn higher wages than those who did not.

- Wage rates are significantly higher for caregivers employed in non-profit centres than for those in commercial operations within the same province and territory, after taking into account other factors such as education and experience.
- Wages for caregivers employed in unionized centres are higher than those in non-unionized centres (again, taking into account education and experience). About 20% of child care centres in Canada are unionized.⁶ Staff in Ontario's

In Spain, early childhood school-based services for children 3 to 6 years are funded by the government (with only nominal parent fees in private programs) and teacher salaries are equivalent to public school teachers. In centres for children 0 to 3 years, parents pay less than 20% of the cost in public centres and 50% or more of the cost in private centres. Overall salaries for staff in centres for 0- to 3-year-old children are lower than in those for 3- to 6-year-old children; salaries and benefits in the private centres are much lower than those in public centres. (Moss & Penn, 1996)

In Denmark, child care services (centre- and home-based) for children under 6 years of age receive public funding; parents pay up to a maximum of 30% of the costs. Caregiver compensation (in both centre-based and family child care) is viewed as equitable within the context of the labour market. (Jensen, 1992)

In Australia, caregivers in centre-based programs and family child care receive low remuneration. Various operational grants, fee subsidies to lower and moderate income families and fee rebates to parents help to keep costs down but parent fee levels largely determine caregiver remuneration levels. (Brennan, 1993; Hayden, 1996)

In France in 1991, the starting salary of caregivers in the *écoles maternelles* was about \$20,000, plus free housing or a tax-free housing allowance. These workers receive good fringe benefits such as pensions, vacations and tenure. The salary of this caregiver could rise to a little over \$40,000. In comparison to French incomes, these salaries are able to attract stable, well-educated workers. (Bergmann, 1996)

municipal centres are much more likely to be unionized than those in either non-profit or commercial centres. Unionization in child care is low relative to the rate of unionization of female workers in the workforce as a whole.

Caregivers in Regulated Family Child Care

The survey of caregivers in regulated family child care, undertaken as a result of this sector study, showed that 39% of caregivers were either unsatisfied or very unsatisfied with their remuneration. Table 27 provides data on the gross and net income of regulated family child care providers, collected through the same survey.

Most caregivers in regulated family child care are considered self-employed, including those who are supervised by and paid through licensed agencies. As self-employed individuals, their operations are established as small businesses and they are entitled to deduct reasonable expenses from gross income to arrive at net income. Normal deductions would include a portion of their rent or mortgage and utility costs, maintenance costs, repairs and modifications to their homes, and operating expenses for equipment, program supplies and food. Net income is substantially lower than gross income for most licensed family home caregivers. Table 27 indicates that average net incomes of regulated family home caregivers are very low, particularly since this table reports only incomes of caregivers working at least 48 weeks during the year.

The number of children in a regulated family child care setting is a primary factor

TABLE 27

AVERAGE GROSS AND NET INCOMES FOR CAREGIVERS WORKING AT LEAST 48 WEEKS PER YEAR IN REGULATED FAMILY CHILD CARE [1]

Province [2]	Average Gross Income (\$)	Average Net Income [3] (\$)
New Brunswick [4]	16,200	9,700
Nova Scotia	11,400	5,600
Quebec	13,700	6,800
Ontario	12,900	7,500
Manitoba	16,100	8,400
Saskatchewan	18,300	9,100
Alberta	9,400	5,400
British Columbia	18,900	9,500
Yukon [4]	26,000	11,900
Northwest Territories [4]	21,800	9,900
National Average	15,600	8,400

Source: Goss Gilroy Inc. (1997) *Providing Home Child Care for a Living: A Survey of Regulated Home Child Care Providers*.

Notes: [1] Average values are rounded to nearest \$100 dollars. The amounts reflect averages based on a salary range, not exact amounts reported by respondents. [2] Newfoundland does not have regulated family child care and the number of caregivers in Prince Edward Island was too small to include. [3] To calculate the net incomes, the reported gross income was adjusted by the percentage of that income reported as expenses related to the provision of child care. [4] In these provinces and territories, the number of observations upon which averages are based is too small for interprovincial comparisons of income levels to be meaningful.

affecting a caregiver's income. All compensation is defined on a per child basis, not on the length of time worked (as is consistent with a self-employed status). The maximum number of children per caregiver is defined by provincial/territorial regulation, and range from a low of three, if the children are under the age of 2, to a high of eight, if the children are of school age (see Table 15, Chapter 2). Compensation for caregivers in regulated family child care is also affected by the availability of public funding for parent fee subsidies.

Caregivers in Unregulated Family Child Care

Incomes of unregulated caregivers are limited by both what parents can afford to pay and how many children they may care for in their particular province or territory.

In Manitoba, unregulated caregivers may care for a maximum of four children, including their own. Caregivers in Saskatchewan, on the other hand, may care for eight.

Like their counterparts in regulated family child care, caregivers in unregulated family child care are self-employed. They may also establish their operations as small businesses and deduct reasonable expenses. However, many providers of unregulated family home child care do not report their earnings. Cleveland and Hyatt analyzed responses to the Canadian National Child Care Survey of 1988 to discover that only 35% of parents using unregulated care get receipts from their caregivers.⁷

Caregivers may avoid giving out receipts to parents, so that they can save on family tax payments by not reporting the income from the provision of child care and retaining the spousal credit on their spouse's tax return. However, it is often in the caregiver's own interest to report the income as self-employed earnings and benefit from tax deductions available to individuals operating a business in their home. First, the level of actual taxable income, after deductions, is likely to be very low. If caregivers are earning only a marginal amount caring for one or two children, perhaps on a part-time basis, the impact on the spouse's taxable income will probably be negligible. Second, by reporting the income, caregivers become eligible to make corresponding Registered Retirement Savings Plan (RRSP) deductions and contribute to the Canada Pension Plan (CPP) or the Quebec Pension Plan (QPP).

The earnings of many caregivers appear to be hidden in the "underground" economy.

Such caregivers are not likely to provide information in response to statistical surveys (such as the census) and it is therefore difficult to collect information on care provided in this subsector.

The evidence from purely local and U.S. studies suggests that the average unregulated family home caregiver earns less than other caregivers. However, there is probably considerable variation in the characteristics and the earnings of unregulated caregivers.

In-Home Caregivers

There are no recent income data for in-home caregivers other than those already provided in Table 3 of Chapter 1. Data in that table suggest that annual incomes of in-home caregivers are lower on average than caregivers in the licensed sector.

Benefits

Benefits for those in the child care workforce are not generous but caregivers in centre-based settings report better benefits than caregivers in regulated family child care.

Centre-based Caregivers

There are no recent country-wide data on benefits (e.g. extended health care, dental coverage, long-term disability insurance, pension plan or paid release time for training) for centre-based caregivers. Data from the *Caring for a Living* study show that the following percentages of full-time staff were covered for the following benefits:

- Extended health care 61%
- Long-term disability 56%
- Dental coverage 59%
- Pension plan/RRSP 36%
- Annual paid vacation 93%
- Paid sick leave 72%
- Reduced child care fees 28%
- Paid release time for training 38%

Although most caregivers were eligible for paid annual vacation, many did not receive benefits which are normal in other workplaces, such as paid sick leave, extended health care or long-term disability. Only a minority of centre-based caregivers received paid pension benefits or encouragement to take training, which are the kind of benefits usually designed to encourage employees to remain in a particular work situation.

Caregivers in Regulated Family Child Care

The survey of regulated family child care indicates that these caregivers have access to few employment benefits. The survey reported that approximately:

- 2% of caregivers have access to medical/dental insurance, pension plans or sick leave;
- 4% have access to disability insurance;
- 42% have access to group liability insurance coverage; and
- 7% had a paid vacation leave.

Since regulated family home caregivers are self-employed, most do not receive paid benefits; benefits would have to be purchased by the caregiver. Because they are self-employed, caregivers in family child care are not covered by employment standards legislation and are not eligible for

Unemployment Insurance or for maternity or parental leave benefits.

Some child care associations are addressing the lack of benefits for caregivers in family child care. Some caregivers do have access to benefits through provincial associations, such as the Manitoba Child Care Association and the Western Canada Family Child Care Association in British Columbia.

Caregivers in regulated family child care are required to make CPP or QPP contributions and can benefit from income tax deductions through RRSP contributions. However, their incomes are generally low; as a result, their projected income at retirement from these sources is limited.

Unregulated Family Home Caregivers and In-Home Caregivers

Unregulated family home caregivers presumably receive no benefits because they are self-employed. Combined with low monetary income, this implies, on average, very low compensation.

Unregulated caregivers who do not declare their income for tax purposes have, of course, no tax incentives to save money through an RRSP, although they may still choose to do so. They would also be ineligible to collect a pension under the CPP or QPP.

In-home caregivers who are directly employed by parents may or may not receive fringe benefits, such as sick leave, long-term disability, pension benefits and so on. No reliable nationwide information is available on the benefits of in-home caregivers.

Hours of Work and Employment Standards

Federal and provincial/territorial employment standards cover some, but not most, caregivers in the child care workforce. Table 28 provides information relevant to all types of caregivers. Centre-based caregivers, as employees of child care centres, are protected by the province or territory's minimum employment standards, including minimum wage, maximum hours of work, vacation benefits, mandatory employee contributions to Employment Insurance and CPP or QPP. Caregivers in regulated and unregulated family child care are usually classified as "self-employed" or independent contractors; thus, half of remunerated caregivers are excluded from the employment standards' provisions. In-home caregivers are employees of the family for whom they provide care, but are often exempted from provincial/territorial employment standards.

Centre-based Caregivers

The *Caring for a Living* study provides valuable information on the working conditions of those centre-based caregivers who provide full-day care. Eighty-three percent work full time, while 12% are part time and 3% work on a casual or substitute basis. Nationally, full-time, centre-based caregivers are paid for an average work week of 37.8 hours, but also report working at the centre an additional 1.5 hours a week which is not paid. In addition to time spent at the centre, caregivers indicated that they also spend, on average, 2.7 hours a week away from the centre planning, reading and preparing work-related materials. This

amounts to 42 hours a week devoted to child care-related activities.

Key informants pointed out that caregivers' hours of work in school-age child care centres are often quite problematic. Typically, caregivers are employed for part-time hours during the school year and full-time hours during school holidays. The part-time hours are often organized into split shifts (morning, lunch, afternoon) around the school day.

Regulated and Unregulated Family Home Caregivers

The self-employed status of caregivers in regulated and unregulated family child care excludes them from employment standards' provisions in all provincial/territorial jurisdictions. However, two recent labour rulings in Ontario have challenged the self-employed status of caregivers in regulated family child care. This may have a significant impact on their employment status and associated employment protections and benefits.

The average hours worked by regulated family caregivers was calculated from two sources of information in the regulated family child care survey. Average hours are between 48 and 60 hours per week, including about 10 hours per week in preparation and administration time (i.e. preparation of materials and food, housekeeping and record keeping). In part, the longer working hours (compared to caregivers in centre-based programs) can be attributed to the additional flexibility family child care often offers parents.

In the sector consultations, caregivers in both regulated and unregulated family child care spoke about feeling pressured to accommodate parents' needs for longer and often, irregular, hours of care. Flexible and longer hours of operation of family child care place strains on the caregivers' families and limit their ability to plan for other activities, such as networking with other caregivers or participating in professional development opportunities.

In-Home Caregivers

In-home caregivers (often called nannies) work in the child's own home and are employees of the parents. They may live with the family or they may live elsewhere and come to work in the child's home. There is very little documentation on the actual working conditions of in-home caregivers. One study of foreign domestic workers (which includes many in-home caregivers) in Ontario⁸ reported that 65% of the respondents in the survey components worked more than a standard work week of 44 hours.

The working conditions and responsibilities of in-home caregivers vary. In addition to their child care responsibilities, some in-home caregivers also have domestic duties. Several in-home caregivers who participated in the sector study consultations described housekeeping duties as part of their daily routines. Other in-home caregivers stated that these duties were not included in their responsibilities.

Provincial/territorial employment standards legislation related to in-home caregivers varies across the country and is included in Table 28. Some provinces and territories

TABLE 28

OVERVIEW OF EMPLOYMENT STANDARDS AND WAGE POLICIES, 1995-96

Jurisdiction/Legislation	Hours of Work	Minimum Hourly Wage Rate
Newfoundland <i>Labour Standards Act and Regulations</i>	<ul style="list-style-type: none"> Standard: 40 hrs/wk After 40 hrs/wk - 1.5 times minimum wage Live-in caregivers may receive time off in lieu of overtime 	<ul style="list-style-type: none"> \$4.75 Domestic workers receive minimum rate
Prince Edward Island <i>Employment Standards Act</i>	<ul style="list-style-type: none"> Standard: 48 hrs/wk After 48 hrs/wk - 1.5 times regular rate 	<ul style="list-style-type: none"> \$4.75 Caregivers in private homes excluded
Nova Scotia <i>Labour Standards Code</i>	<ul style="list-style-type: none"> Standard: 48 hrs/wk After 48 hrs/wk - 1.5 times minimum rate Domestic workers excluded 	<ul style="list-style-type: none"> \$5.15 Domestic workers excluded
New Brunswick <i>Employment Standards Act</i>	<ul style="list-style-type: none"> After 44 hrs/wk - 1.5 times minimum wage 	<ul style="list-style-type: none"> \$5.00 Domestic workers receive minimum rate
Quebec An Act Respecting Labour Standards and Regulation	<ul style="list-style-type: none"> Standard: 44 hrs/wk Caregivers who live in employers' home After 44 hrs/wk - 1.5 times regular rate 	<ul style="list-style-type: none"> \$6.00 \$233/wk for live-in caregivers
Ontario <i>Employment Standards Act and Regulation</i>	<ul style="list-style-type: none"> Standard: 44 hrs/wk Max: 8 hrs/d; 48 hrs/week After 44 hrs/wk - 1.5 times regular wage Live-in caregivers may receive time off in lieu of overtime 	<ul style="list-style-type: none"> \$6.85 Rate applies to domestic workers if they work more than 24 hrs/wk
Manitoba <i>Employment Standards Act</i>	<ul style="list-style-type: none"> 8 hrs/d; 40 hrs/wk In-home caregivers who do not live in & domestic workers who work 24 hrs or less per week are excluded 	<ul style="list-style-type: none"> \$5.40 Rate applies to domestic workers if they work more than 24 hrs/wk
Saskatchewan <i>Labour Standards Act and Regulation</i>	<ul style="list-style-type: none"> Standard: 8 hrs/d; 40 hrs/wk Maximum: 44 hrs/wk After 8 hrs/d & 40 hrs/wk - 1.5 times regular rate 	<ul style="list-style-type: none"> \$5.35 If employer in receipt of publicly funded wage subsidy, domestic worker must be paid minimum wage for all hours worked up to 8 hrs a day Otherwise, in-home caregivers excluded
Alberta <i>Employment Standards Code</i>	<ul style="list-style-type: none"> 8 hrs/d; 44 hrs/ week 	<ul style="list-style-type: none"> \$5.00 Domestics excluded from minimum wage¹
British Columbia <i>Employment Standards Act and Regulations</i>	<ul style="list-style-type: none"> 8 hrs/d; 40 hrs/wk In-home caregivers excluded 	<ul style="list-style-type: none"> \$7.00 Special rates for domestics and live-in homemakers - maximum \$40/d²
Yukon Territory <i>Employment Standards Act and Regulation</i>	<ul style="list-style-type: none"> 8 hrs/d & 40 hrs/wk After 40 hrs/wk - 1.5 times regular rate Domestic workers excluded 	<ul style="list-style-type: none"> \$6.72 In-home caregivers excluded
Northwest Territories <i>Labour Standards Act</i>	<ul style="list-style-type: none"> Standard: 8 hrs/d; 40 hrs/wk Maximum: 10 hrs/d; 60 hrs/wk After 8 hrs/d or 40 hrs/wk - 1.5 times regular rate 	<ul style="list-style-type: none"> \$6.50 or \$7.00 Domestic workers receive general rate

Notes:

1. In-home caregivers classified as domestics

2. Macklin, 1994

Source: Adapted from Human Resources Development Canada (1995a).

exclude in-home caregivers entirely from minimum wage, hours of work and overtime protection:

► **Minimum wage:** In-home caregivers in Prince Edward Island, Nova Scotia, Saskatchewan, Alberta and Yukon are

excluded from minimum wage rates. In Ontario and Manitoba, in-home caregivers who are employed for more than 24 hours per week receive the provincial general minimum wage. Special rates are set for in-home

caregivers in Quebec and British Columbia.

- ▶ **Hours of work:** Most jurisdictions exclude in-home caregivers from hours of work and overtime rates. Manitoba includes domestic workers under hours of work and overtime protection regulations, but excludes in-home caregivers who do not “live-in.” Newfoundland and Ontario include in-home caregivers in the overtime provisions, with the stipulation that compensation may be in the form of overtime pay or time off.

Special Requirements of the Live-In Caregiver Program

Individuals from other countries may enter Canada as non-permanent residents, through the Live-In Caregiver Program, if they meet the criteria. Under this program, they are required to remain employed as full-time, live-in domestic employees for two years and live at their employer’s residence, at which point they can apply to become a permanent resident. Their caregiving duties may be child care, home support care for seniors or for the disabled. The Live-In Caregiver Program was introduced in 1992 by the federal government, replacing the Foreign Domestic Movement Program.

Caregivers who are accepted into the Live-In Caregiver Program and their employers generally sign an Employee–Employer Agreement (the Canada Immigration Commission provides a model contract in literature on the program). Contracts signed may include an agreement on wages, hours of work, job responsibilities and time off (a 40- to 50-hour work week at the

provincial/territorial minimum wage is not unusual). These contractual agreements are subject to provincial/territorial legislated employment standards; these vary across Canada (see Table 28). Some nannies (typically referred to as “domestic workers” in legislation or regulations) are excluded from any minimum wage, maximum hours and overtime provisions.⁹

The federal government’s Live-In Caregiver Program requirements increase the education level of caregivers working in in-home child care settings and may increase the demand for in-service training and professional development opportunities. The program currently stipulates that applicants must have completed education which is equivalent to Canadian high school completion credentials and six months’ full-time training related to a specific caregiving occupation—child care, senior home support care or care for the disabled,¹⁰ or must have 12 months’ experience in paid employment in a field or occupation related to the job offered. In addition, the potential caregiver must have the ability to speak, read and understand either French or English. After completing two years’ employment in Canada, a live-in caregiver may apply for permission to become a landed immigrant.

Figures provided by the federal government show a dramatic drop in the number of entrants under the Live-In Caregiver Program since the early 1990s (i.e. from 8,000 to 11,000 per year in the late 1980s to less than 2,000 per year currently). It is not clear whether this reflects a drop in demand or whether “new requirements have encouraged the recruitment of foreign

domestic workers through unofficial channels.”¹¹

A recent study of Filipina domestic workers makes it clear that many live-in caregivers exist in a highly dependent state in relation to their employers. They often work long and variable hours with little probability of overtime compensation, and are poorly served by provincial/territorial employment standards legislation. One source reports that “the charging of illegal fees, the processing of fraudulent applications, referrals to employers known to violate legal labour practices and the placement of undocumented applicants are widespread practices.”¹² In only three provinces (Quebec, Ontario and British Columbia) are nanny placement agencies required to obtain a licence to operate, and even then there are no regulations governing their operations or any monitoring of performance.

Career Trends

The viability of a career in child care has been an issue for the child care workforce and an issue for high quality child care services. Many caregivers are interested in establishing such a career, but compensation and other working conditions in both centre-based and family child care are generally poor enough to discourage them.

Motivation

Work environments for caregivers in the child care sector are demanding but offer considerable opportunities for job satisfaction. Caregivers in the sector consultations frequently expressed high job satisfaction from working with young

children and making a difference in their lives. Those in family child care often noted that being at home with their own children and/or wanting company for their children was why they were caregivers.

The report from the survey of caregivers in regulated family child care indicates:

- the desire to remain at home with their own children is the principal reason given by 45% of caregivers for providing child care in their own homes; and
- when all reasons are considered, the majority of caregivers identify earning a living (89%), because they like children (89%), to provide good child care for working mothers (74%), being one’s own boss/flexibility of one’s day (70%), and to stay at home with their own children (63%) as reasons for providing care.

Centre-based caregivers reported in *Caring for a Living* that motivation (57%) and the nature of work (49%) were the reasons most often given for remaining in the child care field. Motivation included challenges, making a difference to children and families, and feelings of satisfaction and competence. The nature of work included enjoyment of children and working with families.

In the *Caring for a Living* study, 62% of centre-based caregivers stated that they would choose the same career again. In the survey of regulated family child care, 87% of the caregivers indicated that they would choose the same career.

Career Opportunities

The growth in the overall demand for caregivers in centre- and home-based child

care settings is slowing down; increases in the total number of children in remunerated child care arrangements will be more gradual than in the recent past. But opportunities for skilled caregivers who have recognized expertise in child development and early childhood education practices are likely to increase in the child care workforce and in related occupations.

Key informants at postsecondary institutions said that the regulated child care sector continues to offer as many or more job-entry opportunities for recent ECE graduates as other caring and education occupations (e.g. nurses or public school teachers). They also pointed out that the number of ECE graduates who are choosing to establish family child care programs and to find employment in in-home child care is increasing.

Caregivers with ECE or related credentials have more opportunities to move into supervisory positions or other related early childhood services and family support programs. For example:

- An ECE background in addition to university degree and teaching qualifications is considered to be the “ideal” combination for kindergarten teachers.¹³
- Caregivers with ECE and related additional qualifications are often considered for positions in early intervention services. A provincial/territorial directory of early intervention services and programs includes staffing and training requirements information. Over half of the programs mentioned identify ECE diplomas or degrees as requirements for early intervention staff.¹⁴

- Aboriginal Headstart programs seek out individuals with ECE qualifications, although they operate apart from provincial/territorial regulations for centre-based programs.
- ECE credentials may be applicable to home visitor positions in family child care agencies or staff positions in family resource programs.

Career Mobility

It is relatively easy to enter the child care workforce. However, opportunities for mobility and advancement can be limited, particularly for caregivers without access to training, education and other supports to career advancement.

In centre-based child care settings, there is a short hierarchy of positions—from a program staff member who works directly with children to supervisors, directors and administrators. The *Caring for a Living* study indicated that 69% of centre-based caregivers would like to advance in the field, although less than one third of those who sought advancement believed that opportunities existed within their current workplace.

In home-based settings, there is no hierarchy or opportunity for advancement or movement to different positions. Caregivers in family child care and in-home child care must usually seek other positions in the child care sector or elsewhere if they wish to increase their earning potential or level of responsibility. The findings of the survey of regulated family child care and the sector consultations indicate that caregivers often move from centre-based child care or other types of employment to



family child care in order to care for their own children.

As with many issues in the child care sector, the issue of career mobility seems to be related directly to low compensation rates. Kindergarten teachers within the education system also have few opportunities for career mobility. However, the compensation rates, benefits and working conditions are relatively attractive and, as a result, limited opportunities for career mobility are not typically identified as an issue.

Another related observation is that career advancement in the child care field means moving away from direct work with children. Caregivers are often not directly rewarded for acquiring additional skills and abilities in working with young children or for increased experience in the sector. They may have to change jobs to get these additional qualifications recognized. In contrast, ongoing in-service education, professional development and experience are recognized in salary scales for

kindergarten teachers working in school settings.

Career mobility is further complicated in some provinces and territories where course credits in family child care are often not transferable to an ECE program—one-year ECE certificate programs are not always transferable to a two-year ECE diploma program, and two-year programs often cannot be transferred to university degree programs.

There are varied educational backgrounds, entry points and employment opportunities within the child care field. Increased career mobility opportunities for those in the child care workforce depend, in part, upon better bridges between different levels of education and training and between different types of child care programs and related early childhood services. Key informants from child care sector organizations and postsecondary institutions were clear that established bridges would require:

- government policy and funding which recognized a continuum of child care and related early childhood services and supported equitable compensation levels across the continuum;
- clear articulation (ability to transfer credentials) procedures among various postsecondary college and university programs; and
- closer collaboration and cooperation among organizations which represent the child care workforce.

Turnover

Caregivers in regulated centre-based and family child care settings appear to remain longer in the child care workforce now than

they did a decade ago. In a 1984 survey, 38% of caregivers in centre-based programs had been in the field for more than five years and 20% of caregivers in regulated family child care had provided child care in their homes for more than five years.¹⁵ At the time of the 1991 survey of centre-based caregivers, 47% of all staff reported working in the child care field for more than five years.¹⁶ The survey of regulated family child caregivers conducted in 1996 for this report found 38% of caregivers had five or more years' experience in providing regulated family child care, and 60% had five or more years' experience across a range of child care settings.

Several key informants for this study noted that turnover of caregivers in regulated and unregulated family child care and in child care centres appeared to have slowed down considerably over the past five years. Several others pointed to job security as a greater concern. The viability of a career in child care is an issue for caregivers and for high quality child care services. Caregivers are interested in different types of opportunities for advancement and mobility.

The *Caring for a Living* study of 1991 investigated turnover among centre-based caregivers in that year. The total turnover rate (number of staff leaving the centre in that year, divided by the total number of staff employed) averaged 29% across child care centres. The turnover rate for all caregivers is an average of the turnover rates of different job categories. Child care teachers had an average total turnover rate of 29%, while assistant teachers had a turnover rate of 37%, head supervisors 15% and administrative directors 11%. This

turnover rate includes both caregivers moving to other child care centres and those who permanently leave the field.

Several factors make caregivers more or less likely to plan to leave the child care field to seek employment elsewhere. In analysis of data from *Caring for a Living*, the effects of a series of factors on turnover were tested, including wages and benefits, education level and experience in the child care field. Low wages significantly increase the probability of turnover. Employer willingness to pay (either partly or fully) for pension benefits has a strong impact on plans to leave the field; in centres where pension benefits are available, planned turnover is considerably lower. Caregivers with higher levels of general education, who may have good opportunities in other fields, are more likely to leave, but workers with more experience in the child care field are more likely to stay.

In the regulated family child care survey, 81% of the caregivers expected to be providing child care in three years: 74% reported their intention to continue in family child care while 7% expected to be in another type of child care setting.

Turnover is an issue for caregivers in the child care workforce; they would generally prefer to have stable, well-compensated employment. It is also a problem with important public policy implications, because the consistency of care is an important component of the quality of child care. Constant changes in caregivers can be disruptive to young children whose bonds with non-parental caregivers play an important role in their development. High caregiver turnover makes it difficult to

maintain a well-planned program of activities and be sensitive to the special needs and abilities of each child. In addition, high turnover appears to be linked to workplace stress and caregiver morale.¹⁷

Occupational Health and Safety Issues for All Caregivers

The child care literature emphasizes issues of health and safety for the children in various child care environments. There are also important issues related to caregivers themselves. In carrying out their responsibilities, caregivers experience higher than average levels of physical injuries (including musculoskeletal disorders), infectious diseases and stress. Although most of the evidence for these issues comes from research in the centre-based settings, much of it applies equally to caregivers working with young children in any child care setting.

Physical Environments

The physical environments in centre-based child care programs and often in home-based settings are child-centred. The furnishings and equipment are child-sized and designed for children's comfort and accessibility—chairs are low to the ground, materials are stored on low shelves, and the floor or ground often serves as an activity site.

A three-year study of 54 Quebec child care centres found that the impact the physical environment had on the adult caregivers was often ignored. This study reported that, as a result, caregivers are frequently injured and their injuries are directly related to their

working conditions. Thirty-three percent of the 500 caregivers had musculoskeletal disorders over the previous two years. More than 70% of these were related to excessive strain.¹⁸

Other studies in U.S. child care centres identify two major sources of physical demands: activity that is physically stressful and problems with the design of equipment and furnishings. Caregivers are frequently lifting children, bending and stooping, sitting on the floor without back support, and moving equipment. Furnishings and fixtures are often child-sized and storage areas for materials and supplies not for children's direct access are often out of reach.¹⁹

Infectious Diseases

The caregivers' daily close physical contact with groups of young children increases their exposure to infectious diseases, including various gastroenteritis and acute respiratory tract illnesses, hepatitis, herpes viruses (i.e. cytomegalovirus), tuberculosis, meningitis, streptococcus, ringworm, impetigo, scabies and head lice.²⁰ The implications of exposure to infectious diseases are particularly problematic for caregivers in family child care settings who usually do not have provisions for sick leave benefits or substitute care.

Stress

Caregivers in child care settings are subject to several sources of stress—low compensation that does not recognize the responsibilities and skills involved, emotional involvement that comes from working with young children and their families, the constant attention needed to

ensure the safety and security of young children, often a lack of resources needed to maintain a good environment for young children, and isolation from other adults. These stresses are often compounded for caregivers by the family-work challenges many parents, particularly women, experience.

The demands for, and expectations of, child care are changing. The caregiver often bears the brunt of the inability of the sector to respond adequately to these changes. The sector is having difficulty responding to the needs of parents and offering high quality care. However, parents are becoming increasingly more aware of the importance of quality care and early experiences to their child's development, and are expecting more of caregivers.

Several key informants from child care organizations and government officials pointed out that social service, education and health service cutbacks in all regions increase the demands on caregivers. Expertise and resources, such as public health nurses, social workers and mental health consultants, once available to caregivers and parents, are disappearing.

Caregivers themselves feel the stress resulting from the responsibilities that go with working with young children, the changing demands and the constraints on their ability to meet them.

- In the sector consultations, caregivers in two thirds of the focus groups (including those representing centre-based, regulated and unregulated family child care and in-home care) mentioned parents' expectations. Several noted that parents were expecting more of

caregivers and of the programs and services. More than half of the groups reported that parents expect caregivers to be counsellors, community workers and health care providers in addition to their child care role. Numerous caregivers commented that it was difficult to maintain boundaries between their role in working with young children and their families and parents' needs for emotional support.

- Almost half of the caregivers in the regulated family child care survey reported dissatisfaction with the long and irregular hours of work, making it difficult to separate the work and family aspects of their jobs. They expressed conflicts in trying to contain the hours of work so that they do not interfere with their own family life.



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- Findings from the sector consultations with nannies were consistent with those of other studies.²¹ Those who live in their employer's home experience difficulties in defining the boundaries between their employment and personal life. Several mentioned it was hard to say "no" to requests from parents to "baby-sit" in the evenings or over holidays and weekends. It was even more difficult to turn down requests from the children themselves without feeling they were rejecting the children they cared about.
- A recent study of caregivers in 46 Winnipeg child care centres found that 20% reported high degrees of emotional stress.²² Several key informants stated that caregivers in centre-based programs are increasingly challenged by the aggressive behaviour of children and emotional needs.

Caregivers in the sector consultations frequently stated that they understood that children's and parents' needs were changing, and they wanted to meet their needs by providing quality care that is responsive to families. But there are barriers. The logistics of flexible care arrangements often mean additional work and scheduling, developing relationships with more children and parents, and making adjustments to program activities for children who may not attend regularly. In child care centres, it is often difficult to match part-time schedules to maximize capacity; the result can be lost revenue. For caregivers in family child care, it means longer working hours and more children who attend part time or irregularly to accommodate parents' needs.

Summary and Conclusions

1

Poor compensation levels which rely primarily on parent fees are a dominant human resource issue for the child care workforce. Career opportunities and caregiver satisfaction are directly affected by the incomes and benefits they receive. Currently, caregivers are not able to prepare adequately for retirement (through RRSP, CPP/QPP or private pension plans) during a significant portion of their working lives.

The roles and responsibilities involved in working with young children and their families are demanding, and the work environments often increase the inherent demands of working with young children. Positive working environments for caregivers are a component of high quality child care services for children. Many in the child care workforce are excluded from even minimum employment standards.

Good compensation for the child care workforce, adequate retirement and other benefits, and good working conditions are essential if caregivers are going to be attracted to and retained in the field. This is particularly true for in-home caregivers who are often not even protected by employment standards and minimum wage legislation.

2

Career opportunities for the child care workforce will increase, but they will be related to increased qualifications. Caregivers can expect an increase in the need for more training and education to

access both entry level and more senior positions in the child care sector and positions in related early childhood services. Career opportunities for centre- and home-based staff who do not have ECE or related educational qualifications are more limited.

The challenges of the work environment are connected to the need for caregiver skills and the increased need for improved recognition of the child care workforce.

Better articulation procedures between and among postsecondary institutions are necessary to improve career advancement and mobility. Postsecondary institutions must seek strategies to formalize transferability of credits at the pre-service as well as the graduate level.

- 11 Granda, 1996, p. 21
- 12 Bakan & Stasiulis, 1995 cited in Granda, 1996, p. 26
- 13 Corter & Park, 1993
- 14 SpecialLink, 1995
- 15 Schom-Moffatt, 1984
The total sample size for the survey of caregivers was only 56; 20% represents 11 caregivers in total.
- 16 Canadian Child Care Federation & Canadian Day Care Advocacy Association, 1992
- 17 Doherty, 1991
- 18 Maxwell & Huot, 1994
- 19 Gratz & Claffey, 1996
- 20 American Public Health Association & American Academy of Pediatrics, 1992
- 21 Arat-Koc & Villasin, 1990
- 22 Schneider & Boyd, 1996

- 1 Canadian Child Care Federation & Canadian Day Care Advocacy Association, 1992
Those provinces and territories that require centre-based caregivers to have ECE certificates or diplomas had the highest percentage of staff with postsecondary credentials.
- 2 Statistics Canada, 1992
- 3 National Center for the Early Childhood Work Force, 1997
- 4 Human Resources Development Canada, 1992
- 5 Even though education and experience may have a positive impact on wages across the sector, this does not imply that individual centres reward education and experience. For example, individuals may have to switch centres to get additional education recognized.
- 6 Canadian Child Care Federation & Canadian Day Care Advocacy Association, 1992
- 7 Cleveland & Hyatt, 1997
- 8 Arat-Koc & Villasin, 1990
- 9 Macklin, 1994
- 10 Macklin, 1994



Chapter 6

The Skills Challenge

Competent caregivers are the critical factor in providing good quality child care. The challenge for the sector is to increase the skill level of the child care workforce. Increased skills will increase the quality of care that children experience and will improve caregivers' work environments and recognition. Training, education and professional development opportunities increase their skills and competence in working with young children.

Caregiver Skills and the Quality of Child Care

The quality of care (parental and non-parental) is a determinant of children's

development during their early and subsequent years. Research evidence from neuroscience and human development disciplines underscore the importance of the quality of nurturing and stimulation that children receive during their infancy through school years.¹

Research demonstrates that a caregiver's skills contribute to both the quality of care provided and to child development outcomes. In all types of child care settings, training and education, particularly in child development and early childhood education practices, increase caregivers' skills and competence. Child development includes an understanding of growth and change from conception through adolescence. Early childhood education practices refer to specialized approaches related to working with (caring for and educating) young children.

The profile presented in the first chapter of this report outlines the skills of a competent caregiver. The caregiver's skills in relating to young children, ensuring safe and healthy environments and providing opportunities for learning are critical components of quality in all early child care and education settings.

Skills, Educational Qualifications and Quality

The link between caregiver skills and education is clear. Research consistently shows that caregiver training and education are important predictors of quality child care.

- In centre-based child care, caregivers with postsecondary education in child development and early childhood

education are more likely to be associated with higher quality settings and better child development outcomes than those with no postsecondary education in these areas of study.²

- A U.S. study of regulated and unregulated family child care³ found that caregivers with more family child care training (including child development and developmentally appropriate practice) tended to be more sensitive and less detached than caregivers with less training. The study reported that quality of the child care arrangement appeared to be higher when caregivers were trained.
- A recent U.S. study⁴ identified teacher wages, education and specialized training as the most important characteristics distinguishing poor, mediocre and good quality child care centres.
- A Canadian research study⁵ found caregiver training and education in early childhood education associated with positive child outcomes in regulated and unregulated family child care and in centre-based programs. In the same study, the level of caregiver education was a significant predictor of children's performance on standard language assessment tests.
- A Canadian analysis of eight separate studies⁶ of quality in centre-based settings considered research studies conducted since 1990 which used the Infant/Toddler Environment Rating Scale (ITERS) or the Early Childhood Environment Rating Scale (ECERS) to assess quality. The study reported that higher quality scores were related to higher levels of caregiver training in early childhood education.

- A study of centre-based child care programs⁷ found a strong relationship between a child care centre's overall ECERS score and a centre director's early childhood education credentials. There was a general trend for centres with higher ECERS scores to employ staff with higher general education levels or ECE-specific training. Children with higher language scores were more likely to be in centres where caregivers and centre directors had higher levels of postsecondary ECE.

Doherty, a child care research specialist, explained why these findings are not surprising.

Education in child development and care:

- *assists the adult to understand children's developmental stages and needs. This, in turn, increases the likelihood that the adult will provide activities that are both stimulating and appropriate for the child's developmental level, and will not impose unrealistic expectations;*
- *helps to compensate for the fact that initially the caregiver cannot know the child's developmental level and needs as well as the parent. An understanding of typical child development enables the caregiver to make "educated guesses" about what is appropriate and desirable for the child; and*
- *assists the adult to understand and manage the more complex group dynamics and processes that occur among unrelated children who may not have the same history of familiarity and compromise as do brothers and sisters.⁸*

Consistent research findings like these highlight the importance of trained, skilled caregivers in centre- and home-based child care settings.

Both theoretical and practical knowledge contribute to the skills needed in the child care workforce. Theoretical knowledge includes an understanding of child development principles and learning theory. Practical knowledge includes an awareness of a wide range of strategies and when to use them in guiding and supervising children, understanding the context of situations when making decisions, taking actions and following appropriate “rules of thumb” in day-to-day care routines.⁹

Centre- and home-based caregivers recognized both theoretical and practical knowledge as components of preparation for the occupation. Patience, respect for children, ability to communicate, and an understanding of child development and health and safety practices were most frequently identified as necessary components of competent caregiver skills in the sector consultations completed for this study.

Gaps in Caregivers’ Skills

Caregivers, representatives from sector organizations, government officials and research findings are consistent in identifying the types of skills that caregivers need to improve the quality of care and education services to young children in both home- and centre-based settings. Caregivers need more skills in guiding children with behaviour challenges, culturally sensitive practice and inclusive

care for children with special needs. Both professional development and more formal education (pre-service and in-service) are possible vehicles to support additional skill development across the child care workforce.

Children’s Behaviour Challenges

There is a common perception that children’s behaviour today is presenting greater challenges to caregivers in all types of child care and education settings than in the past. Almost half of the caregiver groups in the sector consultation reported increased challenges with children’s behaviour. This is consistent with reports from school settings. At the same time, there is growing awareness of the link between behaviour problems in the preschool years and later antisocial and delinquency programs.¹⁰ Caregivers and others in the child care sector recommend increased opportunities to expand skills in meeting the needs of children with behaviour challenges.

Culturally Sensitive Practice

Recent Canadian studies¹¹ have indicated that caregivers need more skills in working with culturally, racially and linguistically diverse children and families. These findings are consistent with a review of several Canadian studies that assessed levels of quality in centre-based programs.¹² The review found very poor performance on the cultural awareness item in both infant-toddler and preschool programs in Ontario, Alberta and British Columbia, and identified the need to increase caregiver awareness and skills in this area. Recommendations to increase skills of caregivers in home- and centre-based child care came from several key informants.

Inclusive Care

Inclusive care for children with special needs means that “children should not only be able to attend the same programs they would attend if they did not have special needs, the children should also be welcomed, so that their parents are encouraged to apply.”¹³ Inclusion is different from past practices when children with special needs would be segregated and goes beyond reviewing each request on an individual basis. There is general agreement that caregiver training in child development and early childhood education practices are important for healthy development of all children, including those with special needs. In addition, caregivers need specific information and training related to specific children in their care with special needs.¹⁴ Key informants from across Canada recommended increasing the skill levels of caregivers to encourage more inclusive care in child care settings.

Caregiver Education in Centre-based Child Care

Many centre-based caregivers have more education credentials than are required by provincial/territorial regulation. Centre-based caregivers who provide full-day child care tend to have levels of postsecondary education that are above the average levels in the general labour force. Two thirds of these caregivers, compared to half of the general labour force, have postsecondary credentials. Most of the caregivers with postsecondary credentials have an ECE certificate, diploma or degree. In all provinces and territories, the actual number of caregivers in centre-based programs with postsecondary ECE

credentials exceeds the minimum number required by child care regulations. However, regulation requirements do appear to have an effect on the overall level of training among centre-based caregivers. For instance, those provinces and territories that require some of the centre staff to have ECE certificates or diplomas had the highest percentage of staff with postsecondary credentials. Although there are no requirements for ECE degrees or other related degree qualifications, more than 30% of administrative directors and 13% of all caregivers in teacher positions in child care centres report a university degree as their highest level of educational attainment.¹⁵

Key informants from all but one of the child care sector organizations were consistent in recommending increased educational qualifications for caregivers in centre-based programs. Most called for one- or two-year ECE certificates or diplomas as a minimum for all caregivers in child care centres. (Typically, in jurisdictions with virtually no regulatory requirements for postsecondary qualifications, key informants recommended one-year ECE certificates while those in jurisdictions with requirements for some staff to have ECE certificates or diplomas recommended two-year diplomas.)

In the sector consultations, caregivers in all settings expressed considerable interest in additional training, education and professional development opportunities. Past evidence suggests that caregivers do take advantage of training opportunities available to them.

- *Caring for a Living*¹⁶ reported that 36% of centre-based caregivers had taken

ECE-related courses in the previous year. One in two participated in informal training during the same time period.

- The 1992 National Graduate Survey¹⁷ indicated that approximately 25% of 1990 ECE graduates had completed other courses since graduation and 10% had completed other postsecondary programs.

There are numerous long-term benefits for centre-based caregivers. Training and education contribute to an improved work environment. Caregivers in centre-based programs with ECE credentials receive higher levels of compensation. Caregivers with educational qualifications in child development and early childhood education practices have more opportunities to move into positions in Early Intervention/Infant Development Programs, kindergarten programs in public schools, compensatory preschools or family resource programs.

The Key Role of the Director

Directors and supervisors' qualifications are related to overall program quality in centre-based child care environments. Key informant interviews and research findings agree that the director or supervisor in a centre-based program influences caregiver performance, program quality and child outcomes.¹⁸ The child care director is a gatekeeper to program quality who establishes standards of practice and expectations for others to follow. The importance of child care centre directors in program quality corresponds to similar evidence from the education sector. School principals who are competent administrators, communicate well with others and provide academic leadership to

In France, *crèches* are publicly supported child care centres for the care of infants and toddlers. The director of the *crèche* is a "puéricultrice" who has four or five years of postsecondary training, including training to be a nurse or a midwife and then an extra year of training in the administration of care for young children. Before she can assume the position of a *crèche* director, she must also acquire five years of professional experience. (Bergmann, 1996)

In Denmark, the supervisors who monitor caregivers in family child care are considered a key component to quality programs. The supervisors, who are trained early childhood professionals, provide leadership and support to caregivers and take on financial and administrative responsibilities. (European Commission Network on Child Care, 1996)

the teaching staff are a critical component of effective schools.¹⁹

The *Caring for a Living* survey found 12% of teacher-directors and 31% of administrative directors had a bachelor's degree or more. However, a recent review²⁰ of the credentialling of child care directors in Canada reported that few provinces or territories require additional educational qualifications for child care directors beyond those stated for other caregivers who are considered "trained" in that jurisdiction.

The director's role is complex and includes responsibilities for the work environment for caregivers and the care environment for children. The specific responsibilities vary from setting to setting, but there are four broad categories that make up the director's role²¹:

- organizational theory and leadership;
- child development and early child development programming;

- fiscal and legal issues; and
- board of directors, parents and community relations.

Key informants indicated that child care directors benefit from educational qualifications in child development and early childhood education practices beyond an ECE certificate or diploma level, and from specific training related to child care management and administration.

Caregivers' Education in Home-based Child Care

Much less is known about the educational backgrounds and learning needs of caregivers working in home-based child care settings.

Caregivers in regulated family child care tend to be older and more experienced, but have less training and education than caregivers in centre-based settings. Just over one third of the caregivers in the survey of regulated family child care had completed a postsecondary credential and 60% reported more than five years in the child care sector (not necessarily all as a regulated family home caregiver) compared to 47% of centre-based caregivers.²² In an earlier 1984 survey of caregivers in regulated family child care settings, only 11% reported postsecondary education.²³ It is not clear how many caregivers in either the 1984 or 1996 survey have ECE or related postsecondary education

qualifications, but the overall levels of education have increased.

Family Child Caregiver Education Opportunities

Throughout the course of the sector study, key informants and research findings emphasized the need for increased numbers of trained caregivers in family child care and the development of effective training programs. The sector consultations with caregivers in family child care revealed that those who had taken part in structured training opportunities were more likely to support training requirements.

A review of family child care in the European Union noted that in European countries, as in Canadian jurisdictions, no special training is required before an individual can provide family child care. However, in-service training is available in most European countries. The report of the review does recommend that training should be a requirement for all caregivers in family child care settings.²⁴

Key informants did report that training opportunities for caregivers in family child care are increasing in Canada.

- A catalogue of Child Care Initiatives Fund (CCIF) projects indicates that almost half of the 124 training-related projects were related to family child care.²⁵ The CCIF initiative has ended but many of the family child care training

In Denmark, there are no qualification requirements for caregivers in family child care but most caregivers participate in training opportunities. The supervisors (or home visitors) provide continuous in-service training. Also, there is a series of short courses for caregivers and caregivers are encouraged to participate. The packages include a two-day orientation course which explains the system rules and expectations; week-long courses on topics such as child development and program planning in family child care settings; and one-day courses in health, safety and nutrition. (Karlsson, 1994)



materials and packages are still available and in use.

- Initiatives to increase introductory and certificate training for caregivers in family child care are increasing and a few are highlighted later in this chapter.²⁶
- The survey of family caregivers in regulated family child care conducted for this study found that nearly 80% of these caregivers had participated in at least one professional development activity in the last year. Licensing authorities or supervising agencies frequently require some ongoing training. Providers devoted an average of 30 hours per year to professional development activities.

There is a lack of definition of what constitutes appropriate training for caregivers in family child care and how it should be delivered and supported. Most informants (outside Ontario) from family child care and other sector organizations recommended educational requirements for family child caregivers, although there were differences in the types of qualifications. Some suggested adapting the curricula in ECE programs to include family child care settings; others recommended a

separate family child care certificate which could be obtained from sources other than community colleges.

Research and experiences to date suggest that effective training for caregivers in family child care includes the following components²⁷:

- a link to a system of credits or recognition that is applicable to education credentials;
- curriculum design that matches a caregiver's experience and level of education;
- training content that helps caregivers ensure children's health and safety, anticipate and create learning experiences for all children, work with family members and administrate a family child care operation;
- active outreach to caregivers in both regulated and unregulated family child care settings;
- accessible delivery format which includes some training in the caregiver's first language, involvement of experienced caregivers and use of non-traditional approaches (e.g. independent study, peer learning, mentoring); and
- practical logistics to accommodate caregivers' work responsibilities, schedules and travel requirements.

In agency-based family child care, home visitors monitor and support caregivers. Responsibilities of home visitors include providing training through individualized sessions as part of the home visits. A recent U.S. study,²⁸ which considered the effects of training on the quality of care offered by caregivers in family child care, concluded that frequent home visits are an important part of successful training.

Effective training for caregivers in family child care may be delivered through postsecondary institutions, family child care agencies, family resource programs, child care support programs or other community organizations. The design and delivery of training must be flexible to meet the range of learning and logistical needs of caregivers and structured toward specific skill development. Training opportunities complement and build on, not replace, other types of caregiver supports such as networking sessions.

The Family Day Care Training Project, sponsored by the Canadian Child Care Federation, Canadian Association of Family Resource Programs, six provincial family child care associations and Ryerson Polytechnic University, now under way will develop core content guidelines, identify best practices and develop training delivery frameworks.

Postsecondary Education Issues

The purpose of the postsecondary programs is to provide:

- initial training and education which prepares caregivers to work in child care settings;
- opportunities for ongoing development and learning; and
- training and education for experienced caregivers who are working in the sector but who do not have educational credentials.

Pre-service training and education include the initial preparation of caregivers. In-service training, education and professional development refer to

opportunities for ongoing learning and to training and education for experienced caregivers who do not have pre-service education credentials.

Postsecondary education in ECE and related programs is an important element in addressing the skills challenge. Canada's postsecondary institutions are faced with a number of issues in meeting the learning needs of caregivers who have educational qualifications and those who do not, in both centre- and home-based settings.

Early Childhood Education Diploma and Certificate Programs

ECE diploma and certificate programs are the most common postsecondary programs to prepare caregivers to work with young children and to upgrade the skills and qualifications of experienced caregivers working in the field who do not have training and education credentials.

Early Childhood Education Curriculum

Postsecondary ECE diploma and certificate programs are considered to be the core or foundation education qualification for the child care workforce in centre-based settings. Some key informants and participants in the sector consultations viewed ECE programs as also applicable for caregivers in home-based child care settings; others stated that ECE programs are designed for centre-based programs and are not effective in preparing and supporting caregivers in other settings.

ECE certificate and diploma programs are developed to meet the human resource

needs of centre-based care settings. The consistent emphasis on child development and early childhood education practices in ECE diploma and certificate programs reflects current knowledge and research. But there are significant gaps in the curricula of many ECE programs. Key informants expressed concern that ECE programs across Canada often do not prepare graduates to work with all young children and their families in diverse communities. They noted that caregivers need an opportunity to acquire skills to work with all children from infancy through school years in partnership with parents. Several key informants, participants in the sector consultations and findings in the review of the literature point toward changes in ECE diploma and certificate programs to broaden the content to prepare caregivers to work with young children in home-based settings and in related early childhood services.

The sector study conducted an analysis of course calendars for ECE diploma and certificate programs offered by Canadian colleges and CEGEPs (Collèges d'enseignement général et professionnel). The key curriculum content categories selected to analyze the information were drawn from Canadian Child Care Federation guidelines for training programs,²⁹ an earlier Ontario study³⁰ and Steering Committee members. The categories include child development, curriculum development, behaviour guidance, legislation and administration, interpersonal communication, family/parent involvement, observation and assessment, health/safety/nutrition, children with special needs, diversity, and advocacy/professional development.

The curriculum analysis found that ECE diploma and certificate programs concentrate on preparing caregivers to work with children under 6 years of age in centre-based settings. School-age child care content is more likely in those jurisdictions that include this age group in their child care legislation and licensing requirements. The curriculum analysis highlighted a number of gaps in ECE program curricula which were consistent with those identified in interviews with key informants and, to a lesser extent, in the sector consultations.

- **Family-centred approach:** Many ECE certificate and diploma programs lack a family focus which recognizes and values the child's family context. Individual child development is at the core of many ECE programs without enough attention to development within the child's family (and sociocultural) environment. A family-centred approach considers child care as a collaborative effort between families and caregivers which is responsive to the priorities and choices of families. For example, postsecondary education programs must recognize how the changing structure of work necessitates changes in the structure of child care. ECE graduates must understand how to provide quality programs in child care settings organized around flexible hours and part-time employment.
- **Infant/toddler and school-age care:** The emphasis in many training programs is on preschool children, although most diploma programs now also include content specific to infants, toddlers and school-age children. There is considerable provincial/territorial variation in the availability of training for other than preschool children. Key

informants and some of the sector consultations recommended increased emphasis on the full age range—0 to 12 years of age.

- **Special needs:** ECE training programs do not adequately prepare caregivers with the skills and knowledge necessary to facilitate the full participation of children with disabilities, behavioural challenges or with special health care needs. Two recent small Canadian studies on the inclusion of children with special needs in child care programs identified the need for a more family-oriented or family-centred approach in ECE training programs for these children.³¹ More ECE programs need to focus on the integration of children with special needs into mainstream child care services. There is a clear consensus in the child care sector that ECE certificate and diploma programs must prepare graduates to welcome those children into child care settings and include them in the full range of activities and routines. ECE graduates should also know how to access specific background information and to use adaptive strategies to accommodate an individual child's needs.³²
- **Cultural, linguistic and racial diversity:** The ECE curriculum content tends to reflect mainstream cultural values and practices. There is a need to recognize, accept and integrate values, knowledge and practices from non-mainstream cultural contexts into ECE curricula. Many ECE graduates feel unprepared to work with children from diverse backgrounds and many employers identify additional training needs in this area. Recent Canadian studies have identified gaps in preparing caregivers to

work with cultural, racial and linguistic diversity.³³

The curriculum analysis completed for this study found that one quarter of the certificate programs and 35% of the diploma programs included a specific course or specific course content on cultural diversity. In an earlier 1990 curriculum analysis, less than one quarter of institutions offered courses or significant course content on multiculturalism.³⁴

Key informant interviews indicated that college and CEGEP faculty are often aware of many of these issues and are making changes to course content. Closer collaboration among faculty, administrators and the child care sector could accelerate curricula adaptations. The inclusion of these issues in ECE curricula helps to prepare caregivers to work in settings other than centre-based programs (family child care, early intervention and family support programs).

Field Practice

Field placements provide supervised opportunities for students to translate classroom theory into action. There is unanimous agreement across the child care sector that these experiences in high quality early childhood settings are crucial to the development of competent skills.

However, some community colleges are finding it increasingly difficult to secure appropriate field placements for students—particularly quality centres which will agree to supervise students. Several institutions have reduced faculty supervision time allocated for field placement which reduces the support for both the ECE

student and the field placement site. This places more responsibility on caregivers working in child care settings who agree to supervise an ECE student. Key informants reported that child care programs sometimes decline ECE student placements because there is insufficient faculty support. College key informants expressed reservations about placing students in poor quality child care settings because of the effects on students of observing and modelling bad practices.

Key informants suggested ways to strengthen the effectiveness of field practice experiences: identifying student, field placement staff and college faculty/instructor roles; using “technical assistants” or “front-line” staff under the direction of college faculty/instructors to supervise student field placements; providing financial payments to child care programs; and conducting workshops to train supervising centre staff.

ELIZABETH NORTON



Recruitment and Selection

The recruitment and selection processes in ECE programs are often criticized. Students have indicated that they learned about ECE program opportunities in haphazard ways. There appears to be little systematic information available to high school students about ECE as possible career preparation. Student participants in the sector consultations for this study reported that ECE is presented as a career option only if there are no other possibilities. This may be a reflection of the broader issue of lack of respect for caregivers in the field.

Some supervisors, managers and owners of centre-based child care facilities in the sector consultations stated that not all ECE graduates have the appropriate attributes for working in the occupation. Concern was expressed that some students do not adequately appreciate the nature of the work and do not have the personal characteristics necessary for working in child care—particularly a child orientation and respect for children and their families. Key informants suggested that student screening processes are lacking and that a system is needed for filtering people who apply to postsecondary ECE programs, based on both academic and personal criteria.

With a few exceptions, all ECE programs require high school completion as a minimum requirement. Most programs allow for this requirement to be waived for mature students. Both the actual level of education required for high school completion and the minimum age for mature student status vary across the country.

Minimum entrance requirements are only one criterion used to select students for ECE programs. In most provinces, some programs accept students on the basis of criteria other than academic standing. Over half of the ECE certificate programs and one third of the diploma programs take into account personal skills and experience when admitting students. There was no consensus among key informants on the appropriate weight to be given to other factors such as personal characteristics or equity issues.

University teacher education programs, however, do use a variety of criteria to select students. In most education faculties, a combination of academic and personal factors, particularly work experience with young children, is considered in student selection.³⁵

Key informants recommended increased student recruitment from diverse ethnocultural groups in Canada. This would help the child care workforce better reflect Canada's diverse population.

Postsecondary Family Child Care Programs

Foundation ECE postsecondary education programs are not meeting the training and education needs of caregivers in family child care. Attention to the specific gaps in curricula discussed earlier will partially address the needs. However, there is general consensus on the need for specific courses or curricula in ECE certificate and diploma programs that address the needs of caregivers working in family child care. Specific courses might cover issues such as the impact of providing family home care in your home, flexible programming and business management. Others expressed concern that

the core content (child development and related practices) would be diluted if all forms of child care were included. An alternative, complementary strategy is to offer specific home-based child care training programs.

The case studies completed for this study examined two training initiatives, Good Beginnings and Partners for Children, which incorporate the characteristics of effective training for caregivers in family child care. Both are geared to the learning and experiences of caregivers, linked to educational credentials, involve experienced caregivers in the design and delivery, and include relevant content. In addition, they illustrate ways in which postsecondary education institutions can work with the child care community. Brief descriptions of the Good Beginnings and Partners for Children initiatives follow in Boxes 6.1 and 6.2.

The survey of postsecondary institutions found that family child care certificate programs, which are two semesters long, are offered at community colleges in only two provinces; two in Ontario and seven in British Columbia, delivered in 25 communities. However, the definition of "certificate" is variable and other courses are offered by community colleges that may grant a certificate but are less intensive than these programs.³⁶ Non-credit courses designed for caregivers in family child care and courses applicable to family day care but not identified specifically as such (including child development, topics in child care, behaviour, nutrition and parenting) are offered through some postsecondary institutions. In British Columbia, where family child caregivers are encouraged to participate in family child care training, several community colleges offer introductory courses.

Box 6.1

GOOD BEGINNINGS FAMILY CHILD CARE
(Western Canada Family Child Care Association, British Columbia)

Initiated in 1991 and developed by the Western Canada Family Child Care Association and Vancouver Community College (VCC), *Good Beginnings* is a family day care training program that includes an introductory promotional video on family day care, a six-part video/television series and accompanying print materials. The purpose of the program is to provide introductory-level information on child development and family day care practices for both prospective and experienced family child care providers, as well as parents and early childhood educators.

The program is designed to be facilitated by individuals with a strong knowledge base in family day care and delivered through or in collaboration with a recognized training institution or community agency.

The program is delivered over approximately 40 hours, either in regularly scheduled sessions over a period of weeks, or in separate workshop sessions over a longer period of time. In addition to community colleges and other training institutions, the program is also delivered through Child Care Support Programs which help serve the needs of family child care providers across the province. The program can be delivered in a flexible manner, making necessary adaptations to specific local child care requirements and the needs of particular communities.

Good Beginnings has become a prerequisite for entry into the family day care certificate program. The workbook materials have been adapted to be suitable for distance education and is offered by VCC. It is designed for adult learners for whom on-site study may be neither available nor accessible.

Good Beginnings is now the standard introductory family child care training program used throughout British Columbia. It is widely available in a variety of formats through both formal training institutions and community agencies. In the fall of 1995 alone, more than 500 people took the course.

Good Beginnings materials have also been translated to meet the needs of family child care providers who do not have English as a first language, including Spanish, Punjabi and Cantonese. Translation into other languages is being planned. The program is also being used outside British Columbia. Much of the material is applicable to any family child care training situation.

Postsecondary Child Care Administration and Management Programs

Management and administration skills are different from the skills needed to work with young children. However, these skills are necessary to child care centre directors and supervisors in carrying out their roles and responsibilities, contributing to a positive organizational climate and overall good quality of care.

The survey of ECE training institutions identified 11 specialized child care administration certificate programs. Dalhousie University and University of Manitoba also offer child care administration certificate programs but were not included in the survey of postsecondary institutions. University ECE degree programs are likely to offer an option to concentrate on child care administration-related courses.

Child Care Connection - NS is sponsoring a project entitled Child Care Administrator

Credentialing. It has reviewed the curriculum content of 12 postsecondary child care administration programs, including seven of those identified in the survey. The preliminary report indicates that the programs reviewed seem to cover most child care management areas.³⁷

One of the case studies examined a new self-study program for child care administrators at CEGEP of Saint-Jérôme as an innovative model of training for child care directors and supervisors. Box 6.3 provides a brief description.

Accessibility of Postsecondary Education

Caregivers are receptive to training and education through postsecondary institutions, but there are barriers which limit access, including financial cost, geographic location, course schedules and the sensitivity of course content to the ethnocultural and linguistic backgrounds of participants.

Cost is a major barrier to further postsecondary education for all caregivers. Caregivers' compensation is low and the cost of training represents a significant

Box 6.2

PARTNERS FOR CHILDREN (Yukon College)

In 1995, Yukon College developed *Partners for Children*—a continuum of training and educational services for caregivers and parents of high-risk children age 0 to 6—at the request of, and in consultation with, the Community Coalition for Yukon Children.

Previously, Yukon College had delivered the Child Care Training Project, a Child Care Initiative Fund program, which aimed to improve the quality of child care by increasing the availability of practical training, primarily to the licensed child care sector. *Partners for Children* was built on the strengths of the Child Care Training Project with support from the Community Action Program for Children.

Many children in Yukon are considered “at risk” due to geographic isolation and the lack of easily accessible medical and social services, as well as those who experience family instability and violence, abuse, economic hardship and a poor physical, social or emotional environment. *Partners for Children* sets out to address situations which place children at risk, such as inexperience of parents, poor health and nutrition, lack of access to early educational services and lack of community support for families and caregivers. For the purposes of this project, the term “caregiver” was expanded to include all individuals who care for young children, “professional” caregivers and parents.

Training sessions are designed according to the identified needs of specific communities. The project uses the expertise of those already in the community, providing facilitator training where necessary, and bringing in outside experts as needed. In 1996, 40 workshops were delivered in 10 of the 14 participating communities in Yukon. In addition, the project develops and distributes a newsletter, co-hosts a weekly radio show, funds local parent support groups and provides free child development videos through local video outlets.

In addition to community-based training, *Partners for Children* offers more structured training at the college and through distance education, which leads to a Level I qualification. These credentials are transferable toward an ECE certificate or diploma. *Partners for Children* is an initiative to link training opportunities by enhancing the present education, training and resources available to caregivers in a coordinated and cost-efficient manner.

Box 6.3

DÉVELOPPEMENT PROFESSIONNEL ET GESTION ÉDUCATIVE
(CEGEP of Saint-Jérôme, Quebec)

In November 1996, the CEGEP of Saint-Jérôme launched a self-study training program, *Développement professionnel et gestion éducative*, for directors already employed in child care centres. Faculty members have developed the program since 1989 based on a concept of management which is well suited to child care environments—inspiring, guiding, supporting, listening and encouraging people. The self-study delivery format provides an opportunity for child care directors to access training in spite of time constraints which do not allow for participation in more traditional training.

The program itself consists of three learning tools: a video, training manual and educational diary. The video presents the testimony of eight child care directors, the philosophy of the program, the training process and the effects of the self-learning approach. The manual and the diary, through texts and exercises, guide individuals in acquiring child care management knowledge and skills.

Eight child care directors participated in the pilot run of the program during its development phase and plans are under way to create learning groups among participants and to establish partnerships with organizations that promote training and other professional development activities. This helps to break the isolation that child care directors often experience.

Since the program's launch in November 1996, it has been recognized as a valuable French-language professional development tool for child care directors in Quebec. At present, the completion of the program does not lead to a credential but it has been submitted for approval as a postsecondary credit program.

commitment for them. Although the cost of training may be supported by government—through student loans, subsidization of postsecondary institutions and funding of training opportunities through child care associations—there are still cost implications.

This is particularly true for self-employed caregivers who would have to pay their own training costs. Many caregivers noted that there is often little recognition in terms of wages or career development for the upgrading they do. This makes the cost barrier to training even more significant.

U.S. studies identified monetary incentives, such as substitute replacement costs, as being crucial to participation in training opportunities.³⁸ Several Canadian reports have also identified financial barriers to accessing training and education opportunities, and support for financial assistance, such as replacement costs for regular staff or tuition costs, as being important for caregivers.³⁹

Cost is not the only factor that limits accessibility. Many training and education programs offered in postsecondary institutions are not accessible to caregivers because of location (particularly for those living in isolated and rural areas) or the difficulty of combining training with their child care responsibilities. Rural caregivers in both family- and centre-based settings report that training in major urban areas is not compatible with where they work.

Scheduling of classes is also an important factor in accessibility. Most family child caregivers report that it is difficult to find replacement workers to allow them to attend courses during normal working hours. For 39% of caregivers in regulated family child care who had not taken training in the past year, conflict between the training and their child care responsibilities was cited as a reason. They also found it difficult to find either the time or the energy to take training in the evenings or on the weekends.

Key informants and focus group participants indicated that the availability of ECE diploma and certificate programs is, with some exceptions, reasonably good. However, availability is not equal across Canada. Fewer opportunities exist in

remote and rural communities. Caregivers from non-mainstream groups may find that training and education programs are inaccessible. Key informants from various ethnocultural groups identified linguistic and cultural barriers in accessing further postsecondary education opportunities.

Postsecondary education institutions can address some of the accessibility issues through innovative models of program delivery and collaboration with child care organizations. Four specific strategies were identified during the sector study: distance education, mentoring, prior learning assessment (PLA) and community-based programs.

Distance Education

The delivery of postsecondary education programs through distance education presents both opportunities and challenges to the child care sector. Significant numbers of staff currently working in centre-based or family home care settings do not have ECE credentials. Distance education has the potential to make training opportunities available to these people across the country and to bring them together to share similar experiences in diverse locations. However, distance education also poses significant challenges in delivering ECE programs, which include field practice experience, and which support interpersonal communication and cooperative learning.

The way in which one training institution—Cabot College⁴⁰ in St. John's, Newfoundland—responded to these challenges is described in Box 6.4. This initiative demonstrates the implications of delivering a program through a combination of print and interactive

(teleconferencing, summer institutes and field observations) approaches. It also provides a package of learning resources which could be adapted to distance education models in other Canadian jurisdictions.⁴¹

Most key informants pointed out that distance education delivery of ECE programs was essential for meeting training needs in isolated and rural areas. Some suggested that distance education delivery is more appropriate for post-certificate/diploma programs rather than for the basic one- or two-year ECE programs and for individuals with experience in the field and primary teachers wanting early childhood credentials, rather than for people new to the field.

The challenge is to make these programs as good as they can be within the constraints of working in remote locations with limited supports. Electronic communication technology (e.g. video, teleconferencing) has the capacity to increase the accessibility of ECE training.

Mentoring

Mentoring describes a learning relationship between a skilled practitioner and a novice. In the child care sector, experienced caregivers can guide and support inexperienced individuals in becoming knowledgeable and competent in their work with young children. In some instances, postsecondary ECE programs are using mentoring approaches as a strategy to provide training to caregivers who are working in child care settings.

One project now under way in three provinces (the Partners in Practice

Box 6.4

**EARLY CHILDHOOD CONTINUING EDUCATION,
DISTANCE EDUCATION****(Cabot College, St. John's, Newfoundland)**

Although Newfoundland does have ECE postsecondary education programs, there is no requirement that centre-based caregivers have ECE qualifications. Caregivers employed in child care centres without training had few options to pursue training while working. The Division of Continuing Education at Cabot College (with support from the federal Child Care Initiatives Fund and the provincial government) developed a model for distance education delivery of an ECE program for staff with at least two years' work experience and currently employed in child care centres. This included a mechanism to assess competencies already acquired, and a model for provincial certification of early childhood educators.

The existing provincial curriculum for the ECE diploma in Newfoundland was translated into competency-based, individualized modules for delivery in a distance education format, including teleconferences and print materials. Instructors visited participants in their places of employment and assessed their performance, using the same requirements established for students in field placements as part of the regular full-time program. A prior learning assessment model is used to assess previous learning experiences.

Participants also took part in three on-site summer institutes which included two weeks in the college's demonstration centre. Each participant was assigned a tutor available for individual telephone consultation and who facilitated teleconferences. Participants faxed assignments to the tutor and received feedback within two weeks. Supervised examinations were arranged at the college campus closest to the participant's place of residence.

The certification model gained endorsement from the provincial professional association and is under consideration by the provincial government. The first students completing the requirements for an ECE diploma graduated in June 1997; 65 students were enrolled.

An evaluation study reports that the Cabot College distance education and accreditation program will increase the quality of care, programming and training in Newfoundland. A peer review suggests that the program has the potential to inform the activities of other provinces attempting to develop education and training models for staff currently working in the child care field.

Cabot College continues to offer early childhood education through distance education, although its future is uncertain. Financial support for the summer institutes and tutors has been eliminated.

The distance education program in early childhood education does not seem to affect the demand for the full-time ECE diploma program at Cabot College.

Mentoring Project in Newfoundland, Nova Scotia and Ontario) is exploring the potential of mentoring within both pre-service and in-service postsecondary ECE programs and in post-diploma programs. In this project, participants work in child care centres as substitute teachers and are paired with a mentor who is an experienced caregiver. Concurrently, participants take a credit academic course from a community college.⁴²

Prior Learning Assessment

There is increasing interest in PLA as a mechanism for granting advanced standing to ECE students with related work experience. This is not a replacement for academic credit, but a mechanism for recognizing prior learning. According to the survey completed for this study, it is used in some form by two thirds of institutions offering ECE credit programs in Canada. The most common methods used are presentation of a portfolio, presentation of transcripts from other institutions, challenge examinations and performance evaluations.

Community-based ECE Programs

A postsecondary ECE program can be adapted to recognize, accept and integrate values, knowledge and practices from non-mainstream cultural contexts and in remote regions of the country. One example is the joint initiative of the Meadow Lake Tribal Council and the School of Child and Youth Care at the University of Victoria. See Box 6.5 for a summary of the case study completed on this program. The project created a curriculum model which can be adapted in other First Nations settings. Perhaps more importantly, however, the project documented a process of community outreach and collaboration which has broad applications to other communities and academic institutions.⁴³

Box 6.5

**MLTC/SCYC CHILD CARE EDUCATION
AND CAREER LADDER PROGRAM
(Meadow Lake Tribal Council, Saskatchewan)**

The Meadow Lake Tribal Council (MLTC) and the University of Victoria's School of Child and Youth Care (SCYC) trained First Nations caregivers based on a generative, culturally sensitive curriculum model. The project also supported three separate pilots for family home care training. This program provides an exciting example for the development of collaborative curriculum which accommodates both the requirements of formal postsecondary education and the need to build on cultural values and practices.

In the development of the model, SCYC brought knowledge of mainstream child development theory and early childhood education practices and the MLTC brought its knowledge of Cree and Dene cultures, values and practices. The resulting training curriculum is accredited by SCYC and meets both British Columbia and Saskatchewan's educational standards and certification requirements for child care staff. The curriculum model piloted at Meadow Lake can be adapted for other First Nations communities.

The project was important in contributing to a number of community-wide developments. The role of elders changes significantly in the community as the value of their contribution to the curriculum is recognized. There is more awareness of the connection between early healthy childhood development and later productivity.

Transferability

There is considerable similarity in the way in which ECE postsecondary education is delivered across the country—both with respect to program curriculum and format. Yet, in spite of this, there is limited transferability of credits between training institutions.

Caregivers who identify the child care sector as a career want to be able to transfer credits from one academic program to another—both within and between institutions. However, the transfer of credits remains piecemeal and uneven in various jurisdictions. The issue of transferability of credits has to be addressed at four levels: between programs within the same institution, between programs at different institutions, between colleges and

universities, and between credit and non-credit training programs.

- Institutions that offer both certificate and diploma programs (or equivalents) generally allow transfer between these programs within the same institution.
- Postsecondary institutions offering ECE training programs selectively recognize and credit each other's programs. Almost all institutions give advanced standing for course credits acquired at other educational institutions. However, requests for advanced standing are examined on a case-by-case basis, dependent on such factors as course content and length. Only Quebec and Alberta have province-wide agreements regarding credit transferability within the province.
- Teacher education programs through university faculties of education and other university degree programs selectively recognize credit transfers from community college programs. There are numerous transfer arrangements but they tend to be embedded in specific arrangements between individual institutions rather than system-wide agreements.
- The ECE degree programs in universities did report a number of articulation agreements with college-level ECE programs.

There is a need for systematic recognition of credits or articulation between various credit programs and institutions. There is also a need to develop linkages between non-credit programs and skills acquired through experience and credit programs, and to recognize out-of-country academic credentials. Strong support comes from across the sector, including caregivers, government officials and those involved in

postsecondary education programs, for closer coordination of training institutions offering ECE programs.

Closer coordination of training programs and acceptance of shared national guidelines for program content and delivery is likely to lead to establishing common standards of practice which, in turn, would facilitate the transfer of credits from one institution to another, both within and between jurisdictions. Easing the transfer of credit would also make it easier for caregivers to build up credits toward a package of minimum qualifications and increase possibilities of movement between different child care settings.

Accountability

There is a lack of evaluation of post-secondary education programs. Little is known about the effectiveness of the various programs in adequately providing the level of knowledge and expertise needed to provide quality child care. Information is also lacking about selection and recruitment processes and their impact on the quality of graduates. Do these programs adequately prepare caregivers to provide quality care? What level of education and training is optimal? Are the best candidates for the occupation entering these programs?

Both graduates' satisfaction reports⁴⁴ and the curriculum analysis findings indicate that all college ECE programs include content related to child development and early childhood education practices which support quality caregiver performance. However, concerns were raised by key informants and participants in the sector consultations about the skill level of

graduates from these programs. More information is needed on the effectiveness of ECE programs, such as the difference in performance, employment and quality care outcomes, in one- and two-year programs.

Monitoring Postsecondary ECE Programs

One of the few studies of ECE programs in Canada is a 1996 Quebec study⁴⁵ of ECE certificate and diploma programs in 29 CEGEPs. The study set standards for all CEGEP programs and evaluated how each institution implemented the program standards. Representatives from both the CEGEPs and the child care sector established evaluation criteria to review their ECE programs. (The ECE curriculum is standard for all CEGEP programs in Quebec.) The findings indicated that 15 out of 17 diploma ECE programs were offering quality programs. The positive findings indicate that the diploma programs in Quebec CEGEPs are for the most part meeting their program standards successfully. The diploma program focussed on preschool children with much less emphasis on infants and school-age children, especially children with special needs and those from non-mainstream cultures. However, only 11 out of 24 CEGEPs evaluated offered quality certificate programs. The study identified student recruitment problems and not enough time to deliver quality programs in the certificate programs.

Representatives from child care organizations and postsecondary education institutions identified four strategies for monitoring the effectiveness of ECE programs:

- Program advisory committees attached to each program in publicly funded community colleges are one vehicle. The committees are composed of sector representatives, including past graduates, employers and labour groups. Their expertise is used to guide program development.
- Research studies which use empirical evaluation methodology to assess student performance outcomes were also proposed.
- Internal program reviews, common in community college settings, are another strategy to consider how curriculum content is meeting program goals and objectives.
- Several suggested accreditation of postsecondary ECE programs through a national sector initiative, while others thought it should be embedded in provincial/territorial administration and policy for postsecondary institutions.

Provincial/territorial governments set the requirements for postsecondary education programs. For example, in Ontario, ECE programs offered at community colleges now have a common set of standard outcomes to guide program development and review.⁴⁶ The Ontario government is proceeding with the development of an accreditation framework for community college programs. The Multi-Lateral Task Force on Training, Career Pathing and Labour Mobility is coordinating training, including ECE programs, across the community social services sector in British Columbia. The task force members have identified the occupational standards for each group and the competencies that are similar across all the groups. The process will identify common core training areas such as communication.⁴⁷

Box 6.6

**NATIONAL GUIDELINES FOR TRAINING
IN EARLY CHILDHOOD CARE AND
EDUCATION AND SELF-ASSESSMENT GUIDE
(Canadian Child Care Federation)**

The Canadian Child Care Federation established a national training committee to study educational issues and concerns in early childhood education in 1989. Over the next several years, the committee facilitated a series of national discussions about ECE training programs. These discussions culminated at the 1993 Federation conference which identified support for moving forward to develop national guidelines. After considerable consultation with interested individuals and organizations, educational institutions and government departments across the country, the committee prepared national guidelines which built on common values and beliefs. The guidelines identify entry-level early childhood care and education training components, including program content and learning environment. They can be applied to full-time, part-time and distance education delivery models. In addition, the committee developed a self-assessment tool for educational institutions offering ECE programs.

To date, several community colleges have used the tool to assess their own programs against the national guidelines. The British Columbia Early Childhood Education Articulation Committee has endorsed the guidelines and accompanying self-assessment tool for the development of the quality training program. These guidelines have the potential to promote closer coordination among ECE programs across Canada. The Canadian Child Care Federation and the Association of Canadian Community Colleges are working together to explore further possibilities, including the consideration of accreditation models.

The Canadian Child Care Federation has developed guidelines and a self-assessment tool for ECE training programs. See Box 6.6. The guidelines have the potential to become common standards applicable to ECE postsecondary programs across Canada

and could be the basis of an accreditation process.

All informants from post-secondary institutions expressed interest in knowing more about other ECE programs across the country. All supported the notion of a clearinghouse of information about postsecondary programs and their faculty.

Early Childhood Education Graduates

Another measure of training programs is the extent to which ECE program graduates are satisfied with the education they received and whether they achieved the employment outcomes they expected.

- Between 85% and 96% of respondents to the 1992 National Graduate Survey⁴⁸ indicated they were satisfied with a range of characteristics related to their programs, and 84% said they would choose the same field of study if they were to do it over again. The major weaknesses they identified with the program were that they did not obtain adequate writing or speaking skills, or develop decision-making skills.
- Seventy-four institutions responding to the survey of postsecondary institutions reported that they collect data on graduate employment in the child care sector. Information was generally available for students who had graduated in the previous two years. Overall, 48 of the 110 institutions surveyed reported that 85% or more of their graduates were employed in early childhood services. These findings are corroborated in the National Graduate Survey, which indicated that 85% of 1990 ECE graduates were employed at the time of the survey (1992), compared to 82% of graduates from all community college programs as a whole.

Proprietary Training Institutions

The majority of postsecondary education institutions which offer ECE programs are publicly funded, either directly operated by a provincial/territorial government or under a non-profit governing body. Eleven (of the 117 institutions providing ECE and related programs) are private organizations which are either non-profit private organizations or commercial businesses and do not receive direct public funding (although individual students may receive public financial support to attend). Commercial proprietary institutions are approved to offer ECE programs in Newfoundland, Alberta and British Columbia. In Nova Scotia and Ontario, commercial proprietary institutions are requesting approval to operate programs granting recognized ECE credentials. (ECE-related programs offered by private institutions, such as international correspondence schools or Granton Institute, which do not have provincial/territorial approval, are not recognized in regulated child care centres.)

In some jurisdictions, the provision of training programs may be shifting out of publicly funded institutions into community-based delivery or private commercial institutions.

- In Newfoundland, ECE programs in community colleges have been cut while there has been an expansion of ECE diploma training in commercial training institutions. The private institutions now have a greater enrolment capacity than the community colleges.⁴⁹
- In a recent survey conducted by the Canadian Labour Force Development Board, 90% of community colleges and three quarters of the private training institutions reported reduced significant

access to training opportunities but one third of community-based training organizations reported increased opportunities for Employment Insurance recipients. This probably reflects a shift of government funding to community trainers from publicly funded institutions.⁵⁰

Repeatedly throughout the sector study, key informants and Steering Committee members raised numerous concerns about the quality of education in commercial training institutions offering ECE certificate or diploma programs. None of the commercial institutions offers the full range of ECE certificate, diploma and other programs. Of the 109 institutions responding to the survey, 100 were publicly funded institutions and 9 private, non-profit or commercial institutions. The limited number of commercial institutions does not allow program comparisons with publicly funded institutions.

Critics of commercial programs suggest that there is greater scope for providing more coordinated training in publicly funded institutions than is possible by individual commercial operators competing for business. A 1992 Statistics Canada survey of proprietary schools across all disciplines at the postsecondary level found that most tended to offer a narrow focus of programs, often with a particular area of specialization.⁵¹ This may make it more difficult for ECE graduates to transfer to other education programs. Also, ECE credentials from proprietary institutions may not be as readily recognized in other jurisdictions as those from community colleges, CEGEPS or universities.

Professional Development Opportunities

Professional development opportunities besides formal postsecondary institutions provide other avenues for building caregiver skills and supporting career mobility. Child care organizations provide many of the professional development opportunities available. Such opportunities include newsletters, journals, conferences, workshops and other supports to caregivers. Child care organizations have taken the leadership in organizing professional development programs for caregivers in family child care.

Scarce Resources

The lack of available funding is a significant barrier to child care organizations. Almost all provincial and national child care organizations hold conferences, workshops and seminars for their members. Many also publish newsletters, journals and resource materials. However, key informants reported many organizations are cancelling or scaling down events and activities.

The CCIF played an important role in the development of many training opportunities by child care organizations.⁵² It provided financing for a wide range of demonstration training projects, a quarter of which produced reports, publications or audiovisual materials for professional development/training of child care providers. These had a positive effect on improving in-service training opportunities.⁵³ A few were sponsored by ECE programs at community colleges or by a government, but most were sponsored by

non-governmental child care organizations. The successor to CCIF is the Visions program. While many projects will have a direct effect on training and human resource development in the sector, Child Care Visions is not likely to support the actual delivery of training by developing materials or organizational infrastructure support, as was possible within CCIF.

Professional Development Courses

Some child care organizations also provide professional development courses for caregivers. Professional development courses are structured to increase caregiver expertise in a particular area of child care. For example:

- The Alberta Association of Family Day Home Services⁵⁴ developed a training program, *Step Ahead*, for caregivers in licensed family child care. When participants complete the self-study modules with supervision from family child care home visitors, they are recognized as the equivalent to the province's level one certification.
- The Manitoba Child Care Association provides specific training programs for child care administrators and managers through its Consulting and Training Service. It has designed detailed workshop training packages and resource materials related to human resource issues, financial management and boards of directors. This is discussed in Box 6.7.

Box 6.7

CONSULTING AND TRAINING SERVICE (Manitoba Child Care Association)

The Consulting and Training Service (CATS) provides supports and resources to those working in the child care sector, including specific professional development opportunities for child care centre administrators and managers. The Manitoba Child Care Association (MCCA) initiated CATS in 1989 to respond to the growing demand for increased administrative and management expertise in child care operations.

CATS received funding from the CCIF for three years which supported the development of resources and services, including annual workshops across Manitoba, a consulting service, and publications and training packages. At the end of CCIF funding, CATS was not generating enough revenue to operate as a self-sufficient service and it became established as a service directly operated by the Manitoba Child Care Association.

Currently, several workshops are offered each year and the publications designed to assist administrators and managers are collected together in the Employment Aids Binder. Workshops can be tailored to the professional development needs of a particular centre staff team or group of child care directors, or delivered to a broader audience. MCCA developed information management software for child care centres which is available with installation and training. (There is a credit course on the software offered at University of Manitoba as part of the Day Care Management Certificate program.)

MCCA's initiative is successful in meeting some of the professional development needs of child care centre directors. Its success can be credited to several key elements:

- ▶ Its three-year operational funding support allowed the development of resource materials and services.
- ▶ MCCA is a strong, viable organization with considerable membership support.
- ▶ MCCA operates within a provincial context which has clear regulatory requirements for child care directors. MCCA is very clear that this type of professional development enhances, not replaces, required qualifications for directors.
- ▶ The program provides professional development which complements, not substitutes for, the Day Care Management Certificate program.

Coordination and Collaboration

Child care organizations provide leadership and direction in improving the quality of care in the child care sector and bringing together caregivers from different child care settings. Child care organizations and groups outside the sector often collaborate with each other and coordinate efforts and activities. For example:

- The Canadian Child Care Federation's initiation of the website, "Child and Family Canada," is pulling together a number of organizations, including provincial/territorial, national, child care, health and social services organizations. The site includes reference services, bulletin boards and home pages for member organizations.
- The Canadian Association of Family Resource Programs and the Canadian Child Care Federation continue joint initiatives in providing training and professional development opportunities. These two organizations sponsored a two-day conference in 1997 in partnership with the Association of Early Childhood Educators, Ontario and the Canadian Institute of Child Health.
- MCCA and the Family Day Care Association of Manitoba amalgamated January 1, 1998, and have opened memberships and benefits to caregivers in family child care.
- Westcoast Child Care Resource Centre is maximizing resources. It directly delivers some programs and facilitates other organizations from the child care community and other sectors in their efforts to work together by sharing physical space and providing support services and information resources.

Several key informants expressed support for further opportunities to coordinate activities and maximize whatever resources are available. Partnering between provincial/territorial and national organizations is more cost-effective and can make a broader range of activities and materials available to caregivers.

As noted earlier, sector organizations are linking with postsecondary institutions to provide professional development opportunities for caregivers. In addition to the transferability issues between postsecondary programs and levels of training within and between institutions, there is a need for a continuum of training options that link informal and credit training, college and university programs, and experiences in various child care settings. This concept provides opportunities for upward career advancement with increased qualifications and compensation while also providing horizontal or lateral opportunities across various child care settings.

Summary and Conclusions

1

The research evidence and those in the child care sector agree that caregiver postsecondary educational qualifications, particularly related to child development and early childhood education, benefit the quality of care that children receive. Yet, the majority of caregivers in the child care workforce do not have related education.

Issues of recruitment and selection, training for family home caregivers, ensuring continuation of good field placement

opportunities, and training specifically for directors and those providing program leadership are especially important to address.

Educational requirements for many caregivers in the child care workforce should increase. There is an important role for both postsecondary institutions and child care organizations to play in developing and providing a range of training and education opportunities for caregivers.

2

Caregivers want training and education programs to support career mobility across child care programs and related early childhood and family support services. The sector study consistently revealed that caregiver education must not focus solely on centre-based care environments. The child care workforce of the future will work within an expanding range of early childhood care and education programs and family support services.

Postsecondary education has a significant role in preparing caregivers for increasing career opportunities and in supporting ongoing learning and professional development. It needs to offer a broader, more inclusive focus in ECE programs, increased options for specialized training in areas such as child care administration and school-age child care, and increased links among educational institutions across Canada and within the child care community. It also needs to examine the effectiveness in increasing caregivers' knowledge and skills.

Postsecondary education institutions must provide coordinated preparation and ongoing training and education opportunities to those working within the early childhood workforce.

3

Access to quality training opportunities continues to be an obstacle to human resource development in the child care sector, particularly for those who live in isolated and/or rural communities. Innovative delivery models, such as distance education, have the potential to reduce barriers to training.

To facilitate the process of bringing experienced but untrained persons into the formal training process, mechanisms need to be developed to ensure that they receive appropriate recognition for child care knowledge and skills gained through means other than formal training. Across the country, a number of PLA models are in place to guide this process. Such models need to be more broadly adopted and appropriately adapted to ensure greater access to and equity of opportunity within the sector.

Given the growing diversity of Canadian families, it is critical that the child care sector become more inclusive of personnel who reflect our multicultural and multilingual society. Postsecondary institutions and other organizations that provide caregiver training, therefore, must ensure that early childhood programs are accessible to potential caregivers from non-mainstream and/or low-income groups in Canadian society.



Postsecondary institutions and other organizations that provide caregiver training need to examine ways to reduce the barriers that limit access to training for some populations.

4

To maximize job opportunities within the range of early childhood services, caregivers must seek ways to take advantage of professional development opportunities and increase their skills in areas where gaps have been identified. Child care organizations and postsecondary institutions need to collaborate to ensure some inadequately met training needs are fulfilled and to ensure ongoing learning opportunities for caregivers. This is particularly true for family child care training and professional development where, historically, child care organizations have been the primary service provider.

Child care organizations and associations continue to provide a substantial amount of professional development for caregivers, in spite of dwindling financial resources. User fees and memberships fees do not and

cannot cover the costs of creating and disseminating innovative approaches and material. Additional funding sources are necessary to sustain this needed activity.

It is incumbent upon both individuals and the child care sector as a whole to assume personal and professional responsibility for lifelong learning opportunities and experiences.

5

Those in the child care sector fear that the recent growth of proprietary training institutions across Canada poses concerns to the child care sector related to quality, accountability, accessibility and affordability of educational opportunities. To ensure coherency, coordination and consistency in training programs, and to enhance articulation, transfer and portability processes, it is incumbent on public funding bodies to direct their support to public training institutions where a variety of well-established and proven mechanisms are in place. This provides a level of trust in the standards, credibility and affordability of training programs for students, as well as the public at large.

The majority of the child care sector believes that postsecondary ECE programs are most likely to serve the needs of an early childhood workforce if they are delivered through publicly funded institutions which are accountable to communities.

1 Carnegie Corporation of New York, 1994; Ontario Premier's Council on Health, Social Justice and Well-being, 1994; National Crime Prevention Council, 1996; National Forum on Health, 1996; Cyander & Mustard, 1997

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- 2 Goelman & Pence, 1987; Lyon & Canning, 1995a; Helburn et al, 1995; Doherty & Stuart, 1996
- 3 Galinsky et al, 1994
- 4 Helburn et al, 1995
- 5 Goelman & Pence, 1987
- 6 Doherty & Stuart, 1996
- 7 Lyon & Canning, 1995a
- 8 Doherty, 1996, p. 44
- 9 VanderVen, 1994
- 10 Offord et al, 1992; Tremblay & Craig, 1995
- 11 James, 1993; LaGrange et al, 1994; Bernhard et al, 1995; Bernhard & Freire, 1996
- 12 Doherty & Stuart, 1996
- 13 Irwin, 1997, p. 15
- 14 Doherty-Derkowski, 1995
- 15 Canadian Child Care Federation & Canadian Day Care Advocacy Association, 1992
- 16 Canadian Child Care Federation & Canadian Day Care Advocacy Association, 1992
- 17 Statistics Canada, 1992
- 18 Bredekamp, 1989; Lyon & Canning, 1995a
- 19 King & Peart, 1990; Ontario Royal Commission on Learning, 1994
- 20 Ferguson, 1997
- 21 Jorde-Bloom, 1992; Ferguson, 1997
- 22 Comparisons with centre-based caregivers are somewhat limited because the *Caring for a Living* survey was done five years before that of caregivers in regulated family child care. It is quite possible that the experience profiles of caregivers in centre-based care may have changed, particularly given the smaller number of other employment opportunities during this same period.
- 23 Schom-Moffat, 1984
- 24 Karlsson, 1994
- 25 National Child Care Resource Development, 1995
- 26 Hunt, A.J. & Associates Consulting Ltd., 1995; Unit of Child Care Research, School of Child and Youth Care, University of Victoria, 1995; Alberta Association of Family Day Home Services, 1996
- 27 Kontos, 1992
- 28 Kontos et al, 1996
- 29 Canadian Child Care Federation, 1995
- 30 Ontario Ministry of Community and Social Services, 1990
- 31 Brophy et al, 1996; Hutchinson & Schmid, 1996
- 32 Hundert et al, 1994; Doherty-Derkowski, 1995
- 33 James, 1993; LaGrange et al, 1994; Bernhard et al, 1995; Bernhard & Freire, 1996
- 34 Ontario Ministry of Community and Social Services, 1990
- 35 Canadian Education Association, 1993a
- 36 The Family Home Child Care training project sponsored by the Canadian Child Care Federation and funded through Visions has identified 20 certificate programs for caregivers in family child care. However, their length and credit requirements vary. This initiative will provide a more in-depth consideration of current family child care training opportunities offered by postsecondary institutions and child care organizations than is possible within the scope of this project.
- 37 Ferguson, 1997
- 38 Kontos, 1992
- 39 Read & LaGrange, 1990; Early Childhood Educators of British Columbia, 1993
- 40 Cabot College is now part of the province-wide College of the North Atlantic.
- 41 Morris et al, 1995
- 42 Child Care Connection - NS, 1996. A PLA model is used to assess previous learning experiences.
- 43 Meadow Lake Tribal Council & University of Victoria School of Child and Youth Care, 1995
- 44 Statistics Canada, 1992
- 45 Commission d'évaluation de l'enseignement collégial du Québec (1996)
- 46 Ontario Ministry of Community and Social Services, College Standards and Accreditation Council, 1996
- 47 Multi-Lateral Task Force on Training, Career Pathing and Labour Mobility in the Community Social Services Sector, 1997
- 48 Statistics Canada, 1992
- 49 Programs Committee of the Council of Presidents, 1996
- 50 Canadian Labour Force Development Board, 1996
- 51 Grenier, 1995
- 52 The importance of CCIF funding is evident in the case studies prepared for this report. All were supported by CCIF grants.
- 53 Human Resources Development Canada, 1995c
- 54 Alberta Association of Family Day Home Services, 1996

RUTH FAHLMAN



Chapter 7

The Recognition Challenge

The lack of recognition of the roles and responsibilities involved in working with young children is both a product of, and a contributing factor to, low compensation levels. If the care and education of children were valued in Canadian society, public investment and caregiver compensation levels would be higher. Caregivers would have more reason to stay in the field and to gain more specialized education and experience. More educated, experienced caregivers receiving higher remuneration would be accorded higher status and receive more public recognition for the valuable work they perform.

The child care workforce still struggles to have a visible identity in Canadian society.

Child care is not a social institution with clearly understood roles and norms. The inconsistent (and sometimes non-existent) policies, unstable public funding and reliance on individual parent fees entrenches the problem. There are disparities in child care policies and services across the country, partly because governments lack the commitment and do not agree about what a good child care system would look like. Caregivers, their work with young children and its impact on families, community, and the broader social and economic environment are invisible to most people.¹

In contrast to the child care workforce, a review of the status of teachers (including those in kindergarten programs) in the school system concludes in this way:

The status of teachers has improved over the years. Teaching is now an attractive profession in Canada and high marks are required of candidates applying for admission to faculties of education. Once established in the profession, teachers have good job security and pension plans maintained by their teachers' association. The vast majority of teachers plan to retire between 55 and 57 years of age.²

The current situation of the child care workforce is more similar to the description (from the same study on teachers) of the early days of public schooling in Canada during the 19th century:

Teachers typically had a small and precarious income and were required to take part of their salary in payment in kind.... The low salaries offered could not hold men, and more females entered the

profession. This pattern of low salaries and low status persisted throughout the 19th century.³

The Value of Caring for Children

At the root of the recognition challenge is a societal lack of respect for those who care for young children. It is a reflection of the lack of recognition of the value of children, of childrearing and of families.

Box 7.1

STUDY OF FAMILY DAY CARE PROVIDERS IN AUSTRALIA

A study of family day care providers examined the motivations of women in becoming care providers, the social forces that have shaped and continue to shape their lives and the effects, as perceived by the women themselves, of the lived experience of being care providers in Family Day Care schemes. Findings indicate that the majority of providers feel that they are not valued in the communities in which they work and that child care services are not valued by the community or the professional field of early childhood. At least half of those interviewed felt "there was little understanding or appreciation of their role by parents and the wider community ... and that they had low status both in the eyes of parents, who consequently took advantage of their goodwill, and in the eyes of the community, which treated them with condescension."⁶ Fully 82% felt that family day care providers should work toward improving their professional status because the lack of "qualified" providers may be a reason for the lack of respect for the occupation.

Petrie argued that the status of child care providers and their work is directly influenced by government policy on funding for the services and the industrial conditions of the providers. The poor status and conditions of workers is an indication that the government does not value this service within society. That is to say that there is no economic value placed on the service. "The alignment of Family Day Care provision is an extension of women's domestic and mothering roles and reinforces the prevailing ideology that housework and child care are not 'work' and that women's 'non' work should attract little or no financial reward. The perception that work only occurs in the workplace outside the home and not in the home further justifies payment to women not as a reward for 'work' but as 'an inducement' to extend their mothering roles in meeting the needs of the community's children, in addition to their own."⁹

She concluded that the qualities and characteristics that describe child care providers, those of humility, self-abnegation, determined cheerfulness and maternal thinking generally mitigate against a collective pursuit for status and inhibit the possibility of professionalism within the field. (Petrie, 1992)

Caring—looking after, responding to and supporting others—has traditionally been carried out, without remuneration, by women and is often viewed as women's "natural" role. Child care work is viewed as an extension of women's traditional roles as mothers and homemakers.

The lack of respect for child care work is a significant issue for most caregivers.

- The majority of sector consultations with caregiver groups reported the lack of respect they receive as a significant working condition issue. As one caregiver summed it up, "they appreciate that we do it, but not what we do."
- In the survey of regulated family child caregivers, just 36% were satisfied with the respect they receive.
- In *Caring for a Living*, "promoting more respect for child care workers" ranked with better salary as the top item needing change in the child care sector. Only 16% of the centre-based caregivers stated that they are respected by the general public.⁴

The lack of respect for the work of caregivers is also embedded in the child care workforce. As one faculty member in a postsecondary education institution noted in a key informant interview, "The relationship is clear. The further individuals move from working directly with young children and the less time they spend with them, the more status (remuneration, professional regard) they receive. There is something wrong with this picture."

Advocacy, Unionization and Professionalization

The recognition of the value of competent caregivers is related to a number of factors which are discussed throughout this report.

Advocacy, unionization and professionalization are three interdependent strategies which the child care workforce may use to increase the recognition of caregivers. The three strategies can work together to improve compensation and working conditions and increase caregiver skill levels and qualifications.

Advocacy

Advocacy in the child care sector is the act of identifying the issues, defending or making the case for early childhood care and education and the child care workforce. The connections between quality child care arrangements and caregiver stability and education are clear. Advocating for recognition and adequate compensation is part of advocating for quality early education and child care services for young children and their families.

The advocacy activities of child care organizations, along with coalitions of women's organizations, trade unions and social service groups, have kept child care on the public agenda and promoted the development of public policy. They are strong advocates for children and their families, as well as for those who are working in the child care sector. Many attribute the overall increase in public spending in regulated child care services over the past two decades to their efforts and perseverance.

The Child Care Advocacy Association of Canada, the Canadian Child Care Federation and many other child care organizations have influenced public debate on child care issues through

lobbying government, making presentations to parliamentary committees, conducting studies and providing information about child care issues.

A number of advocacy initiatives have focussed on improving working environments—particularly the compensation—of caregivers and increasing public awareness of the value of a competent child care workforce. For example:

- Since 1980, the Ontario Coalition for Better Child Care has fought for improved wages and working conditions for centre-based caregivers. It was largely responsible for efforts that resulted in wage grants initially implemented in Ontario in 1987. Throughout the 1980s and early 1990s, it was also an active participant in the campaign for pay equity legislation for female employees in the province and ensuring that community-based caregivers were included in its implementation.
- In December 1993, the Manitoba Child Care Association initiated the Worthy Wage Campaign which draws attention to low caregiver compensation levels and mobilizes support for improvements. It has developed proposed salary scales for centre-based caregivers, based on the classification of the position, and the training, education and experience of the caregiver.
- The Child Care Advocacy Association of Canada has worked with women's organizations, labour groups and others to highlight caregiver compensation issues as a central theme of the child care advocacy movement. For example, it spearheaded *Campaign Child Care* in the 1993 and 1997 federal election

campaigns as a means of ensuring that child care is in the public debate.

The child care workforce often participates in campaigns to lobby government politicians, policy makers and media campaigns to draw attention to child care needs. Also, caregivers participate in unionization and professionalization initiatives which are attempting to improve their recognition.

Unionization

Unionization is a strategy to improve compensation and working conditions for caregivers. It is also a strategy that can contribute to increased recognition for the child care workforce. A collective bargaining agreement can provide caregivers with more decision-making authority regarding working conditions, definition of roles and responsibilities, and resolution of problems. Membership in unions builds a solidarity among those in a workforce which can influence broader public policies and funding.

In countries with a public system of early child care and education services, caregivers are more likely to be involved in trade unions than in Canada, United States or Britain which have not developed such systems. Trade unions may both represent the various caregiver groups and provide a vehicle to support increased training and professional development. Where trade unions play a major role in the child care sector, there is generally less interest in professional organizations and self-governance bodies, as they are successful in promoting the professional interests of the various caregiver groups.

For example:

- Most trained and untrained caregivers in centre-based and family child care are members of recognized trade unions in Denmark. In family child care, caregiver union membership increased from 25% in 1977 to 95% in 1992.⁵
- In New Zealand, the teachers' union enrolled all early childhood workers (staff working in centre-based early child care and education services) in a special division. Membership of the early childhood staff group is large enough to influence the direction of the union while the group benefits from inclusion in a large trade union.⁶

In Canada, unionization and associated collective bargaining accompanied the recognition of "professional" status for some other occupations, including teaching and nursing.

Teachers, nurses and sometimes social workers have turned to trade union and collective bargaining structures to promote reasonable remuneration and collective rights and to protect quality of service.

The employment structures and funding in the sector present barriers for the organization of the child care workforce. In centre-based programs, it is difficult to organize relatively small caregiver groups into collective bargaining units. Demands for increased compensation are immediately faced with the ability of parents to afford increased fees. Caregivers employed in child care centres which are operated within larger institutions (such as municipalities in Ontario or community colleges) may be included as a small proportion of a broad bargaining unit and it

may be difficult to address issues specific to the child care workforce.

Unionization could be an effective strategy in changing the context of caregiving. Although only 20% of caregivers in centre-based programs are members of unions,⁷ unions have played a large role in advocating for increased public investment in child care. Employee group organizations, including unions, have addressed the issues of caregivers, particularly those working in centre-based child care settings or in kindergarten programs in the education system. These organizations have increased the sector's awareness of the link between remuneration and quality, and have an important continuing role to play.

Collective agreements are also used as another tool to ensure child care centres and regulated family child care maintain quality standards. For instance, the following clause is taken from a child care collective agreement:

Child/Adult Ratio

The Employer and the union agree that a reasonable ratio of adults to children in a Day Care Centre is essential if the children's physical, intellectual and emotional needs and potentials are to be given proper attention. Therefore, the Employer agrees that the child/adult ratio shall not fall below the minimum established by the Ontario Day Nurseries Act as of 1984.

In the case of home day care, the ratio of day care homes to home visitor shall not exceed 25 to 1.⁸

The Confédération des syndicats nationaux is a federated central union body in Quebec, to which most of the unions representing caregivers in that province are attached. Its experiences strongly suggest that unions have an important potential role in both improving the compensation and working conditions for caregivers, as well as lobbying and campaigning publicly for essential changes in public policy. Caregivers employed in 850 centres in Quebec are unionized (70% of them non-profit) representing about 25% of the 10,000 centre-based caregivers in the province. Unionization of caregivers began at the end of the 1970s. The purpose was to help caregivers protect themselves from injustices and to provide another way for them to organize and pressure the government to improve the quality of services for children and their families. For the past 17 years, the unions have taken actions to improve the wages, benefits and working conditions of centre-based caregivers. They have also lobbied for increased educational qualification requirements. The unions played an important role in convincing the provincial government to improve the network of services as a social priority, in spite of severe financial restraints in some areas. The government announced major child care and education reforms that began in September 1997 and the unions were involved in implementation plans.

Professionalization

Professionalization is the development of an occupation with a knowledge base and methods of practice which are its particular areas of expertise. In the child care sector, professionalization encompasses child

development knowledge and early childhood education practices. Typically, professionalization in the child care sector focusses on the caregiver who practises with agreed-upon knowledge and skills regardless of the particular child care setting. Professionalization involves mechanisms to prepare individuals for practice, to monitor the individual practice and to designate those who are knowledgeable and have expertise in a particular area.

Is early child care and education a “profession?” A profession in a traditional sense is an occupation with clear entry requirements, a specialized body of knowledge, autonomy and specified affiliations. Medicine and law are considered traditional professions. Fields such as teaching, nursing and social work, which require somewhat less preparation, include a less specialized body of knowledge and are less autonomous, have been referred to by the somewhat unfortunate term “semi-professions.”⁹ However, teaching, nursing and social work are now generally considered to be professions.

Child care, like teaching, nursing and social work, in contrast to the more traditional professions, are predominately female, and involve the direct delivery of care services to others. Teachers, nurses and social workers have defined an area of knowledge and expertise and have been successful in articulating the skills and methods involved. This was the basis of their demands for better compensation and working conditions.¹⁰

Caregivers in the child care workforce who are committed to the sector and committed

to improved practice may identify with others in related teaching, nursing and social work professions. However, early child care and education is not yet a profession. Not everyone who works in the field receives specific preparation or participates in professional development. Caregivers are not required to affiliate with professional organizations. But there is a recognition of a core of knowledge which includes both educational theory and practice. Like teaching, nursing and social work, the child care sector must address both experience and education/training as components which are important to the profession. These women-dominated professions struggled with the tensions of combining caring and commitment to an “ethic of service.”¹¹

All three groups—teaching, nursing and social work—were established as female-dominated occupations during the 19th century, concurrent with increased public interest in and funding for education, hospitals and social welfare. They established themselves as professions with specific knowledge and expertise embedded in postsecondary education, specific entry requirements and credentials, and modelled on the male-dominated professions of law and medicine. Women practitioners were often unable to control their profession or achieve equality with other groups in the same broad sector. For instance, nurses, as health care moved to hospitals, were clearly under the direction of physicians. Primary school teachers were predominately female while teachers in higher grades, principals and superintendents were male. Front-line social welfare workers were supervised by administrators and managers in various bureaucracies. While the formation of a

profession (particularly when combined with trade union organizing) brought about tangible benefits, it also served to establish a framework which marginalized the caring or practical skills and knowledge, entrenched an inflexible hierarchy to entry and practice, and defined the core of knowledge as less than a full-fledged "profession." In addition, the professionalization of these groups worked against a partnership with clients, students and parents, or patients; instead, it supported an expert model of delivery of the teaching, nursing and social work services.

The challenge for the child care workforce is to organize a professional framework which values the skills of caring and theoretical knowledge, recognizes different entry levels and flexible career paths, and pursues continuous learning and increased training and education. Unlike the early years of teaching, nursing and social work, the child care workforce does not need to rely on professionals in other disciplines to define the training or standards for caregivers. The child care workforce has produced significant leaders who are now in postsecondary education, public policy, trade unions and child care sector organizations. There are innovative models of training and education which build on caregivers' own knowledge and experience. Professional practice must also recognize the role of parents and family as partners who bring unique knowledge and understanding to the dynamic of child care.

Does increased professionalization include only caregivers with recognized early childhood education (ECE) credentials? A few key informants voiced concerns that further professionalization of the child care sector will be divisive or exclude caregivers who are experienced but do not have, and

have not had access to, education-related credentials. Other key informants maintained that a professional infrastructure for the child care sector can recognize a range of education qualifications and direct experience. Such a framework might include recognition of specific types of qualifications for specific environments, but would ensure that all training and education can receive credit toward other qualifications and that various caregiver positions are not organized as a hierarchy. The basic principle is that work with young children is valued and requires specific skills, knowledge and education. Still other key informants, however, insisted that if child care providers want to be in a profession, some type of educational requirements will be essential.

The professionalization of teaching, nursing and social work moved to restrict entry to only those with the prescribed credentials, and these credentials are narrowly defined. Of course, this does protect the interests of those who are recognized but can exclude many who have the capacity to contribute to the various sectors and who can continue to learn new skills.

The child care sector has the opportunity to define a new form of professionalism which:

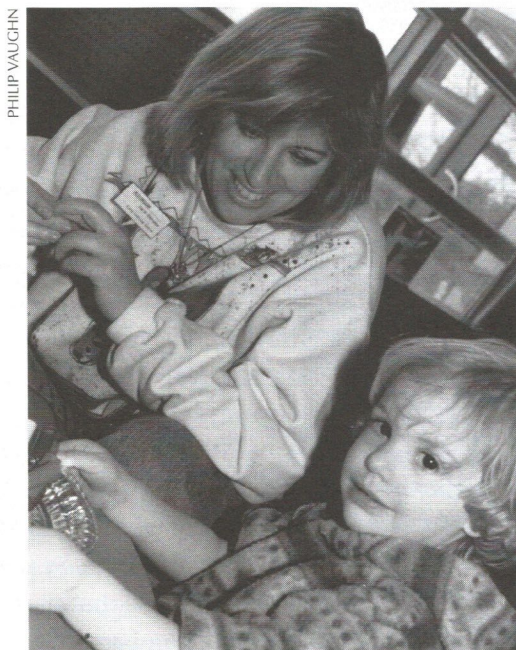
- includes all caregivers who want to provide quality experiences for young children and their families; and
- recognizes various levels of credentials, experience and employment setting.

Self-governance

"Self-governance" is the recognition of certain bodies (which are outside government and are not organizations

representing the economic or professional development interests of practitioners) as responsible for training, discipline and certification of those in a particular profession. In fact, self-governance is viewed as a hallmark of a profession. Recognition is usually embedded in provincial/territorial legislation. For instance, the *Regulated Health Professions Act* in Ontario recognizes the College of Physician and Surgeons, Ontario, as the body that sets standards, grants credentials and permission to practise, and handles complaints and discipline for medical doctors in Ontario. The same legislation also recognizes 21 other professions, including nurses, in the health care sector.

The education sector is establishing self-regulatory bodies. Governments in both Ontario and British Columbia have recently established “colleges of teachers” to certify teachers, set standards of practice and monitor performance. These functions were previously carried out by teachers’



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federations (unions) and by governments. Teachers’ organizations in both Quebec and Manitoba are lobbying for similar bodies.¹²

Child care organizations have played a major part in developing voluntary self-governance strategies to monitor practice in the sector. They have also developed specific proposals to establish recognized self-regulating bodies responsible for standards of practice, monitoring performance and ensuring that current research and knowledge is included in caregiver training and education programs. All of these activities would contribute to the development of a professional child care workforce. The proposed self-governing bodies would be separate from professional organizations and from government.

A **code of ethics** is a statement of principle that governs moral behaviour and ethical decisions. **Standards of practice** articulate uniform procedures and principles in response to typical situations and can be used to guide daily practice. Both of these are viewed as critical elements to ensure accountability, professional behaviour and recognition.

Some child care professional organizations have developed codes of ethics for caregivers and statements to guide practice in providing high quality child care experiences for young children. The similarity of the content of each organization’s code of ethics reflects a common body of knowledge and general agreement about the types of practice that best support children and their families. The code of ethics statement as developed by the Early Childhood Educators of British

Columbia (ECEBC) is included in Box 7.2 as an example and is typical of statements of principle from other organizations.

Certification procedures are mechanisms to regulate standards of practice. In some provinces, child care associations have developed voluntary certification structures to recognize and endorse caregivers who have acquired specific qualifications and demonstrated an acceptable level of performance. Certification of individual practitioners puts the emphasis on the individual caregiver rather than the work setting. Three provincial associations, the Certification Council of Early Childhood Educators of Nova Scotia (CCECENS), the Association of Early Childhood Educators, Ontario (AECE,O) and the Early Childhood Professional Association of Alberta (ECPAA) certify their members.

The Association of Early Childhood Educators, Newfoundland (AECENL), the CCECENS, the AECE,O and the ECEBC have proposed the establishment of mandated self-regulating bodies which would be recognized to certify individuals with specified ECE qualifications and experience, as well as to set standards and monitor professional practice. These proposals are under consideration by the respective provincial governments.

There is some debate within the sector about the value of mandated or legislated recognition. Some believe governments will move away from direct regulation and monitoring of programs and devolve these responsibilities to recognized self-regulating bodies. Others say that existing certification processes have not been evaluated and their impact on actual performance is unknown. Some key informants expressed concern that self-regulation will place too much emphasis on knowledge rather than valuing the caring and nurturing practices in the sector.

In Nova Scotia, the Child Care Professional Association Development Society proposes a self-regulation process for licensing caregivers. The process would recognize both theoretical knowledge acquired through completion of education qualifications and competent practice through a certification process to evaluate a caregiver's performance.

Many of these concerns are typical of professions such as teaching, nursing and social work which are predominately female, involve caring for people, and recognize the value of a shared knowledge base and agreed-upon standards of

Box 7.2

CODE OF ETHICS
(Early Childhood Educators of
British Columbia)

Early childhood educators:

- ▶ Promote the health and well-being of all children.
- ▶ Use developmentally appropriate practices when working with all children.
- ▶ Demonstrate caring for all children in all aspects of their practice.
- ▶ Work in partnership with parents, supporting them in meeting their responsibilities to their children.
- ▶ Work in partnership with colleagues and other service providers in the community to support the well-being of families.
- ▶ Work in ways that enhance human dignity.
- ▶ Pursue, on an ongoing basis, the knowledge, skills and self-awareness needed to be professionally competent.
- ▶ Demonstrate integrity in all of their professional relationships.

practice. These groups, like the child care sector, struggle to balance a commitment to nurturing and knowledgeable practice, provision of quality service, and protection and support for those working within the sector within a self-governance framework.

Accreditation is a process by which a training institution or child care delivery service that meets predetermined standards is granted public recognition. Child care organizations have begun to define and develop professional standards for the sector. At the national level, the Canadian Child Care Federation has led a number of initiatives which could be the initial steps toward a Canadian system of accreditation.

- **Guidelines for Training Institutions:** In 1991, the Canadian Child Care Federation established a national committee to study educational issues in child care. The work of this committee eventually led, in 1994, to the publication of *National Guidelines for Training in Early Childhood Care and Education*.¹³ (This was discussed in more detail in Chapter 6.)
- **Guidelines for Quality Child Care:** In 1991, the Canadian Child Day Care Federation, working with its affiliates, developed a *National Statement on Quality Child Care*,¹⁴ which defined high quality care across the sector. In 1993, the Canadian Child Care Federation developed a *National Child Care Policy Statement*¹⁵ which called for greater federal government leadership and a national child care system based on elements of quality, accessibility, affordability, accountability and coordination. These principles were reiterated in the *National Forum on Guiding Principles for Quality Child Care*

*in Canada*¹⁶ developed in 1994 by representatives of national, provincial/territorial and local child care organizations, ECE training institutions, governments and First Nations organizations.

The Canadian Child Care Federation is now sponsoring a Child Care Visions project on quality assurance which will explore various mechanisms, including the accreditation of child care settings. It is also co-sponsoring a Child Care Visions project with the Association of Canadian Community Colleges which will consider issues related to the accreditation of postsecondary ECE programs.

The Future of Professionalization of the Child Care Workforce

Professionalization is often identified as a strategy to improve the working environments of caregivers, increase public recognition and improve the quality of care and education for young children. The key informant interviews identified issues related to professionalization within the sector as both areas of concern and potential opportunities for moving the sector forward.

- Three quarters of the respondents representing child care sector organizations specifically identified the need for more professionalization as a human resource issue. Most identified increased professionalization with increased public recognition which, in turn, would lead to improvement in compensation.
- Several key informants, on the other hand, suggested that increased public investments in education and health were responsible for the improvement of

salaries in teaching and nursing occupations. They predicted that professionalization of the child care workforce can have little impact on wages and working conditions unless it is accompanied by increased public investment.

- There were concerns that increased professionalization would exclude many caregivers and entrench a hierarchy within the child care workforce.
- Key informants from organizations and postsecondary education highlighted the need for child care practitioners to define the terms of professionalization, and not allow government and training institutions to determine the criteria for a “trained” caregiver based on academic qualifications alone.
- Key informants from a few child care sector organizations expressed concern that increased professionalization, particularly increased self-monitoring and regulation processes, could reduce the need for some of government’s direct involvement in the regulation and monitoring of child care services. They were divided on whether they perceived it to be an opportunity to improve the quality of service or a form of deregulation which would lower standards of practice in child care settings.

There was considerable discussion about the merits and disadvantages of professionalization among key informants. In contrast, the caregiver groups which participated in the sector consultations did not identify professionalization, the need for standards of practice or credentialing as a human resource issue. The majority of caregivers do not belong to child care organizations which are promoting

professionalization. The caregivers did identify the lack of respect as an important source of frustration associated with the child care occupation and noted a number of elements related to professionalization. Almost half of the groups did identify ECE training programs as beneficial to their work and most groups supported in-service training opportunities, particularly through workshops, networking and conferences. Individuals and child care organizations promoting the professionalization of the child care workforce may wish to explore the views of caregivers further.

Summary and Conclusions

1

In addition to poor compensation, caregivers identify a lack of respect for their work, for children and for families as a major challenge to the sector. Consistent mutual respect does not exist among caregivers working in different types of child care settings and among those working in related early childhood services and family support programs.

To date, the strength of the child care workforce has been linked to three primary strategies: advocacy, unionization and professionalization. These three interrelated strategies have the potential to build a unified child care workforce identity.

Recognition of the value of child care has been enhanced through the efforts of advocacy, unionization and professionalization. There is a need for a concerted effort to address the interests and concerns of an early childhood

workforce and encourage increased coordination and collaboration. This effort should address issues related to the development of a professional framework for caregivers, wages and working conditions, public education which would make the work of caregivers more visible, and other matters of common concern.

2

While the majority of caregivers appear to support measures that increase professionalism for the field, the issue of professionalization is somewhat contentious. The child care workforce has the potential to develop and define a professional framework which is both inclusive of all caregivers and recognizes diversity in the field, including differing experiences and educational qualifications.

Caregivers in the child care workforce, who strive to provide good quality, developmental child care which contributes to the education of young children, share similar approaches and practices with others who work in early childhood education settings and support programs. A professional framework which includes a continuum of early childhood services and family support programs could include all those who work with young children as part of an early childhood workforce.

An early child care workforce which recognizes and values both educational credentials and experience, and is inclusive of all caregivers, would contribute to the quality of care.

- 1 Ferguson, 1995
- 2 King & Peart, 1992, pp. 181-82
- 3 King & Peart, 1992, p.6
- 4 Canadian Child Care Federation & Canadian Day Care Advocacy Association, 1992
- 5 Jensen, 1992
- 6 Moss & Penn, 1996
- 7 Canadian Child Care Federation & Canadian Day Care Advocacy Association, 1992
The *Caring for a Living* study reported that approximately 20% of the survey respondents were members of a union. However, there were difficulties with the data. In some instances, staff members from the same centre reported different union status. Also, it was not possible to weight the data.
- 8 Collective Agreement, CUPE, 1992
- 9 Etzioni, 1969; Spodek et al, 1988
- 10 Baines et al, 1991; Evans & Neysmith, 1992
- 11 Baines, 1991
- 12 Lewington, 1997
- 13 Canadian Child Care Federation, 1994
- 14 Canadian Child Care Federation, 1991
- 15 Canadian Child Care Federation, 1993
- 16 Canadian Child Care Federation, 1994



PART 4

Moving Forward

Chapter 8

Recommendations

The recommendations in this report reflect an expectation of shared authority and shared responsibility. They offer advice for governments, as well as for child care organizations, institutions providing postsecondary child care education, employers of caregivers, and individual members of the child care workforce.

Introduction

The glass is half empty and the glass is half full. Caregivers in all child care settings continue to earn, by and large, low incomes

and receive poor benefits. Career prospects are limited and turnover is a problem in maintaining stability, making the maintenance of quality difficult throughout the sector. Caregivers' skills and knowledge have been taken for granted as "women's work." Over the past decade, the federal government and several provincial/territorial governments have considered moving forward with public policies and funding which recognize public responsibility for early care and education, yet each time announced commitments have come to naught. Quebec's current dramatic plans to annually expand both early childhood education and child care may be the exception.

While the development of a comprehensive child care policy is not on the national agenda, there are numerous initiatives spearheaded and funded by federal and provincial/territorial governments, which recognize the importance of early childhood experiences in promoting children's healthy development. Many of these funded programs have the same characteristics of a quality child care program and require staff with the same qualifications and skills as those working in programs that are defined as child care, but are targeted to specific groups of children. This inconsistent approach to public policy and funding serves to further fragment and undermine the fragile infrastructure that exists for child care and works against the principle of equity of access to services. A strong federal role in the development and funding of a child care system is essential. The National Children's Agenda as proposed in the 1997 Speech from the Throne may provide an opportunity for all levels of government to address this issue.

A response to the recent interest in the healthy development of young children has the potential to increase job opportunities

for the child care workforce. Caregivers in the child care workforce who strive to provide good quality, developmental child care, which contributes to the education of young children, share similar approaches and practices with others who work in early childhood education settings and support programs. The development of an early childhood workforce which can transfer skills, abilities and credentials across different settings will increase career opportunities and enhance the quality of care and education that young children receive. There is a need to highlight child development knowledge and early childhood education practices and to think of the sector in a broader, more integrated way. A professional framework which includes a continuum of early childhood services and family support programs could include all those who work with young children as part of an early childhood workforce.

If there is one priority on which all caregivers, organizations, postsecondary institutions and governments should agree, it is the enhancement of the quality of child care services provided throughout the sector. Research evidence strongly suggests that the quality of care provided matters dramatically in its effects on children, while it also suggests that the quality of care currently provided in the child care sector is uneven. Well-trained and fairly compensated staff are a key element in the provision of quality care. Enhancing the quality of care provides the clearest possible rationale for public interest in supporting child care services. The central importance of the quality of child care was a key aspect of the Steering Committee's deliberations.

This child care sector study has described the environment and analyzed the

challenges faced by caregivers. The snapshot presented by this study illustrates a workforce and a sector at several crucial crossroads. There are both significant barriers and opportunities. At the same as there is increasing awareness of the importance of the valuable contribution caregivers can make to the future of Canada, there is continued reluctance to recognize this contribution.

Human resource issues in the child care sector are inextricably woven and ultimately linked to the future of the sector as a whole. Today in Canada, services exist in an ad hoc manner, fragile and vulnerable to ever-changing fiscal and political priorities. Articulated, coherent and coordinated public policy and funding are needed to develop and sustain the high quality child care and related services that should be available to Canada's children. It is in the public interest to ensure that high quality child care is provided in a stable and consistent manner. There is probably no other education, health or social service that serves as many people as child care and is so dependent on the user's ability to pay for the service. Only as the promotion of quality child care moves forward on Canada's political, social and financial agenda can the human resource needs of those who work within the sector be met.

Foundations for the Recommendations

The Steering Committee believes that the following principles are the foundations upon which their recommendations rest¹:

- ▶ Children should receive first call on society's resources.

- ▶ Parents have the primary responsibility for their children; society has a collective responsibility to ensure a supportive environment for all families to raise their children; child care is an essential component of the social infrastructure of the country.
- ▶ All children need quality early childhood experiences to support their healthy development; a continuum of high quality services should be available to families, and provided within a framework of complementary family policies.
- ▶ Children should have equitable opportunities for participation in child care programs regardless of parents' income, employment status, geography, ethnocultural background and children's abilities or disabilities.
- ▶ Child care programs must be accountable to the parents and children they serve, and to the taxpayer for responsive services that maximize human and financial resources.
- ▶ Child care services should be based on the best available knowledge on child development and provided within a strong regulatory framework, including non-profit delivery, adequate funding and appropriately trained staff.
- ▶ The development of child care and related early childhood services should be based on the principles of accessibility, affordability and high quality, and be comprehensive, inclusive and accountable; a plan for such development must include goals, targets, timetables and protocols for measuring progress.
- ▶ Caregivers should receive fair wages and benefits, commensurate with their

education, training and experience, and enjoy good working conditions.

Therefore, the Steering Committee believes that the federal and provincial/territorial governments have a responsibility to ensure the establishment of a coordinated system of child care and related early childhood services, and to provide sufficient public funding to support the delivery of child care services and the related infrastructure necessary.

The recommendations of the Steering Committee are grouped into five main categories: Public Policy, Legislation and Funding; Infrastructure; Wages, Benefits and Working Conditions; Training and Education; and Research.

Public Policy, Legislation and Funding

The future of caregivers in the early care workforce is connected directly to public policy and decisions about future investments in child care. The quality and effectiveness of child care services will depend largely on the commitment of public policy to enhancing the quality of care provided. Although the task of improving the quality of child care is one that needs to be addressed in many ways by groups and individuals throughout the child care sector, there is an indispensable role for the public sector. To improve the quality of child care across Canada, governments at all levels will need to re-examine budgetary priorities and provide public funding to support quality child care services which are affordable and accessible to Canadian families.

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Public policy and funding directions are likely to have an overwhelming effect on the future of the early childhood workforce. The scope of opportunities available and the nature of work environments, including fair compensation for caregivers, will depend largely upon the kinds of public initiatives taken by various governments. A vehicle through which the analysis of priorities can be undertaken and implemented is essential.

A commitment to affordable, accessible quality care and the value of a well-paid, competent and stable workforce.

1

Implement an integrated policy framework—with goals, targets, timetables and follow-up—and provide sufficient funding for child care and related early childhood education services.

Leadership is primarily the responsibility of the federal government, in collaboration with the provinces and territories and First Nations Peoples.

2

Create adequately funded government branches or departments to oversee the coordinated development and delivery of child care and other early childhood services.

Leadership is a shared responsibility of the federal, provincial and territorial governments.

3

Direct public funding for child care training and education at the postsecondary level to public and non-profit organizations which have been approved and/or accredited to support child care training.

Leadership is primarily the responsibility of the provincial and territorial governments.

A commitment to child care that meets the changing needs of today's labour market.

4

Explore and appropriately fund and staff innovative models of service delivery which meet the needs and realities of all families in Canada.

Leadership is primarily the responsibility of the child care community, with appropriate support from provincial and territorial governments.

Infrastructure

The absence of a stable and appropriately resourced infrastructure has been well documented as a barrier to meeting the

current and future needs of the child care sector and addressing human resource issues. This reality is reflected in both government and non-government organizations where the lack of consistent and appropriate support has resulted in a fragile, under-resourced “non-system.”

Across Canada, the child care community is represented by and reflected through many non-government organizations that share common purposes, while, at the same time, highlight diverse and specific mandates. This voluntary sector plays a vital role in the child care infrastructure by articulating the human resource needs and goals of its members, raising public awareness of the sector, undertaking research projects, informing public policy and contributing to the professionalization of the child care sector.

Through the development and sharing of tools, resources and information, child care organizations help the workforce to provide quality care. The child care community needs to be supported in the development of these tools and resources which will enhance its ability to identify and achieve quality practices.

A commitment to a stable infrastructure for child care and related early childhood services.

5

Explore the establishment of a Sector Council to address human resource issues in child care.

Leadership is primarily the responsibility of the child care community with appropriate support from the federal government.

6

Establish and sustain ongoing grant programs to voluntary child care organizations to strengthen, enhance and expand their role in developing and supporting the child care workforce.

Leadership is a shared responsibility of the federal, provincial, territorial and municipal governments.

7

Develop systems and processes to ensure an ethical, accountable and responsible child care workforce.

Leadership is primarily the responsibility of the child care community.

Wages, Benefits and Working Conditions

Caregivers are the most critical factor in ensuring the quality and availability of child care. Adequate and appropriate wages, benefits and working conditions are necessary to attract and retain a qualified workforce. These wages should reflect the value of the work performed, and the skills, training and education of the caregiver.

Historically, the child care system in Canada has been undervalued. Low wages place many child care workers near or below the poverty line. The problem has been compounded by the fact that wages in the sector have been losing ground to inflation since 1984. In *Caring for a Living*,² child care staff rated “providing a better salary” and “promoting more respect for child care workers” as the most important items to

make the field more satisfying and to encourage child care staff to remain in the profession.

Due to the lack of public funding for child care in Canada, the user pay system serves to keep wages and remuneration low so that families can afford to pay for it. Where a province or territory has supplemented the parent contribution by investing in direct operating funding of child care programs, it has, for the most part, resulted in higher wages across the regulated sector.

A commitment to equitable wages, benefit levels and working conditions.

8

Develop goals and strategies for improving wages, working conditions and benefits by:

- initiating a worthy wages campaign to highlight the issues of caregiver wages and working conditions.
- documenting variations across regions, settings and auspices.
- studying the relationship of wages and benefits to public funding.
- investigating potential strategies, such as gender-sensitive organizing approaches, sectoral bargaining, unionization, professionalization, strengthening of training requirements and legislated pay equity.

Leadership is primarily the responsibility of the child care community, in partnership with labour groups, women's organizations and other equity-seeking groups.

9

Advocate for improvements to employment legislation, such as minimum wage, paid sick

leave, family responsibility leave and other related benefits.

Leadership is primarily the responsibility of the child care community in partnership with labour groups, women's organizations, and other equity-seeking groups.

10

Examine strategies to improve working conditions and address issues specific to the Live-in Caregiver Program.

Leadership is primarily the responsibility of the child care community in partnership with labour groups, women's organizations and other equity-seeking groups.

11

Explore and advocate for appropriate coverage for the child care workforce under employment standards, occupational health and safety legislation and other employment-related legislation.

Leadership is primarily the responsibility of the child care community, in partnership with labour groups, women's organizations and other equity-seeking groups.

Training and Education

The single most important component of quality child care in promoting healthy child development is the nature of the daily relationship and interactions between the caregiver and child, and is supported by the other quality factors. Research has consistently found that postsecondary education related to child development and early childhood education increases the likelihood of warm, responsive and

stimulating relationships between caregivers and children and positive child development outcomes.

Provincial/territorial requirements establish the training requirements for caregivers in different regulated settings. There are considerable differences in the training requirements for caregivers across the provinces and territories, and there is no common definition of a trained caregiver.

Caregivers in all areas of the child care sector face growing complexities and challenges in their daily work with young children and their families. The content and length of training must reflect the knowledge gained from results of research on child development and address identified issues as they emerge. To date, the majority of postsecondary training for the sector has focussed on centre-based care for preschool-age children. While much of this knowledge and skill base is transferable to providing care and education for children of different ages in a variety of settings, there is a need and demand for specific and specialized training in these areas. Currently, children with special needs and children from ethnocultural minorities are underrepresented in Canadian child care programs. A proactive training approach that focusses on the best practice for working with children of diverse abilities and backgrounds is critical.

A commitment to a trained and competent workforce.

12

Assess the content, length and effectiveness of postsecondary and other training programs to ensure appropriate preparation for the child

care field and related early childhood services.

Leadership is primarily the responsibility of postsecondary institutions, in collaboration with the child care community and provincial/territorial governments.

13

Develop and seek consensus around **setting** specific training guidelines, such as the *National Guidelines for Training in Early Child Care and Education*,³ for all services, including family child care and school-age child care programs.

Leadership is primarily the responsibility of the child care community.

14

Continue to develop and implement curricula that address gaps in training, such as family, rural and school-age child care, infant and toddler care, care for children with special needs and from diverse ethnocultural communities, family resource programs, flexible and innovative services, and the administration and management of child care services.

Leadership is primarily the responsibility of postsecondary institutions and other organizations which provide training.

15

Increase program content to equip caregivers for the current social environment in areas such as verbal and written communication skills, social issues including poverty, race, family violence and gender issues, and tools to respond to the

nature of the changing workforce and its impact on programming for young children.

Leadership is primarily the responsibility of postsecondary institutions and other organizations which provide training.

16

Ensure that field practice experiences are an integral and well-supported component of training and education for all caregivers.

Leadership is primarily the responsibility of postsecondary institutions and other organizations which provide training.

17

Establish minimum training and education requirements for all caregivers in all regulated settings and an implementation plan with targets and timetables.

WEE WATCH PRIVATE HOME DAY CARE



Requirements should include a two-year postsecondary ECE or equivalent for centre-based caregivers.

Leadership is primarily the responsibility of provincial and territorial governments, in consultation with postsecondary institutions and the child care community.

A commitment to make training and education more accessible.

18

Ensure the availability and accessibility of training requirements, and opportunities for credit and non-credit professional development, continuing education, pre-service and in-service training for the child care workforce by:

- developing innovative community-based models of training,
- further studying and evaluating distance education and considering its role in the education continuum,
- continuing to develop and implement Prior Learning Assessment procedures for both postsecondary education credits and recognition for equivalency mechanisms,
- identifying strategies to increase the representation of students from diverse cultural and linguistic communities, and
- addressing financial barriers to participation in training through bursaries, grants and fee subsidies.

Leadership is primarily the responsibility of postsecondary institutions, in collaboration with the child care community.

A commitment to opportunities for career mobility.

19

Advance opportunities for transferability and articulation of credits within and among institutions within the same province or territory, from other provinces and territories, and internationally.

Leadership is primarily the responsibility of postsecondary institutions, in collaboration with the child care community.

20

Encourage and develop strategies to support caregiver mobility among child care settings and related early childhood services, such as career laddering and career latticing.

Leadership is primarily the responsibility of the child care community, in collaboration with postsecondary institutions.

Research

The work of this sector study, like other national studies of child care before it, makes obvious the weaknesses of data collection in almost all subjects related to the child care sector. This points out the need for the development of a coherent strategy to collect data and to coordinate a related research agenda which will use these data in the most effective way.

Good data are the foundation of good research, and good research is necessary to adequately diagnose problems, develop potential solutions, and monitor the success or failure of those solutions. The census and

the Labour Force Survey do not adequately and accurately reflect the various occupations within the child care workforce. Since the release of the reports of the Task Force on Child Care⁴ in 1986 and the Special Parliamentary Committee on Child Care⁵ in 1987, there has been an increased recognition of the need for and importance of research about the child care sector.

In response, the federal government has provided public funds for child care research, through the Child Care Initiatives Fund and its successor, Child Care Visions. These programs have sponsored some valuable child care research studies, including the Canadian National Child Care Study through Statistics Canada, and the *Caring for a Living* study on the wages and working conditions of centre-based caregivers. There are a selected number of research projects funded by Human Resources Development Canada, primarily through Child Care Visions, currently under way.

However, despite some progress in allocating resources to child care research, significant problems remain. There is still a real shortage of good data to answer many of the most important questions facing the child care sector. In addition, few data are collected regularly. Almost all data used in this report come from "one-of-a-kind" research studies. As a result, there are few data in the child care sector which are comparative over time, or which provide enough information for an accurate assessment of how the child care sector is evolving and changing. This is as true for data about workers and work situations in the child care sector as it is about the sector in general. Implementation of the Canada Health and Social Transfer will likely further

reduce the already inadequate data collection by provinces, since they are no longer required by cost-sharing arrangements to provide data on their child care spending to the federal government.

In Appendix G, over and above the recommendations that follow, is a three-part research agenda based on key issues identified during this sector study.

A commitment to build and sustain a coordinated, comprehensive body of research on child care in Canada.

21

Coordinate a strategy for developing a Canada-wide plan for collection and synthesis of data and information related to child care.

Leadership is primarily the responsibility of the federal government, using Statistics Canada expertise.

22

Ensure continued funding for child care and related research, evaluation and innovation through vehicles such as Child Care Visions, the Child Care Initiatives Fund and other appropriate mechanisms.

Leadership is primarily the responsibility of the federal government.

23

Synthesize and popularize research findings for policy development, to inform practice and to promote public education.

Leadership is primarily the responsibility of the child care community, with appropriate financial support.

-
- 1 These principles are similar to others developed by child care organizations and related groups, such as:
 - the National Child Care Workshop "A Vision for Child Care Into the 21st Century" (1994), convened by the Department of Human Resources Development and attended by federal and provincial representatives involved with child care services, and representatives of the child care community. The objectives of the meeting included the following: to elaborate a shared vision for the future of child care in Canada that can guide immediate and longer term policy development into the 21st century; to enhance collaboration between non-government and government sectors involved in child care in Canada; and to identify key themes and suggest areas for action to realize the shared vision during the next decade;
 - the Set of Principles from *Children: Our Hope, Your Future* developed by the Canadian Child Care Advocacy Association in 1993 as part of Campaign Child Care, which brought together a broad range of organizations that believe every child has a right to high quality child care and actively lobbied for a quality child care system during the 1993 federal election;
 - *Child Care: Canada Can't Work Without It* (1995) Occasional Paper No. 5 of the Childcare Resource and Research Unit. The paper describes the purposes that can be served by child care, the problems with the current funding methods, the affordability problem faced by many parents, the inadequate wages and working conditions of child care staff, and presents a framework for action by the federal government; and
 - the "National Forum on Child Care" (1994) organized by the Canadian Child Care Federation, which brought together representatives from all parts of the child care community to craft a set of principles for high quality child care in Canada.
 - 2 Canadian Child Care Federation & Canadian Day Care Advocacy Association, 1992
 - 3 Canadian Child Care Federation, 1994
 - 4 Cooke et al, 1986
 - 5 Special Parliamentary Committee on Child Care 1987

Appendix A

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APPENDIX A

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Appendix B

Key Informants and Government Officials Consulted

(Note: Individuals and their respective affiliations are listed as they were at the time of the interviews, which were conducted between May and November 1996)

Provincial

British Columbia

David Gilbert	Ministry of Women's Equality
Gayle Davies	Ministry of Health
Fran Sadler	Ministry of Social Services
Holly Page,	Provincial Child Care Council
Sheila Davidson	
Trudy Norton,	Early Childhood Educators of
Joyce Branscombe	British Columbia
Susan Harney	Coalition of Child Care
	Advocates of British Columbia
Marg Rodrigues	Western Canada Family Day
	Care Association
Jim Karpoff	Community Social Services
	Employers Association
Holly Page	British Columbia Government
	Employees' Union
Richelle Leckey,	School Age Association of BC
Jennifer Scott	
Gyda Chud	Langara College
Judy Pollard	Selkirk College

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John Lackey	Office of the Commissioner of
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Pauline Desjardins	Alberta Family and Children's
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Joanne Buhler	ECE Professional Association of
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Cathy Mayday	Alberta Association for Family
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Karen Charlton	City of Medicine Hat
Susan Elson	School Age Care Directors
	Association

Saskatchewan

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Mary Ann Knoll	Saskatchewan Child Care
	Association

Manitoba

Gisela Rempel	Department of Child and
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Reg Toews	Child and Youth Secretariat
Dorothy Dudek	Manitoba Child Care
	Association
Margot Bartlett	Family Day Care Association
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Ontario

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Bryan Stanish	Social Services
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Elsie Chan	Home Child Care Association
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Kerry McCuaig	Ontario Coalition for Better
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June Pollard	Ryerson Polytechnical Institute
Peter Knoepfli,	Association of Day Care
Judith Preston	Operators

APPENDIX B

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Lorraine Montpetit	Quebec Association for Preschool Professional Development
Louise Bourgon	Confédération des syndicats nationaux
Brigitte Guy	Association des services de garde en milieu scolaire du Québec

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Laura Smith	New Brunswick Day Care Association

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Newfoundland

Don Gallant	Department of Social Services
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Corinne Murphy	Association of Early Childhood Educators of Newfoundland and Labrador
Patti Burry	Provincial Association of Child Care Administrators

Yukon

Debbie Mauch	Department of Health and Social Services
Linda-Marie Farynoski	Yukon Child Care Association

Northwest Territories

M.J. Patterson	Department of Education, Culture and Employment
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Sharon Gribbon	Human Resources Development Canada
Dianne Bascombe	Canadian Child Care Federation
Alla Ivask	Canadian Association of Family Resource Programs
Sharon Hope-Irwin	SpeciaLink
Maxine Mercer	Canadian Association for Young Children
Wendy Atkins	Child Care Advocacy Association of Canada
Martha Friendly	Childcare Resource and Research Unit
Jamie Kass	Canadian Labour Congress
Judith Macbride-King	Conference Board of Canada
Bob Glossop	Vanier Institute for the Family
Gilles Seguin	Association of Canadian Community Colleges

Appendix C

Sector Consultations - Focus Groups

GROUP	LOCATION
Staff of non-profit child care centres	Fredericton, N.B. Chicoutimi, Que. Burlington, Ont. Markdale, Ont. Winnipeg, Man. Regina, Sask. Vancouver, B.C.
Staff of commercial child care centres	St. John's, Nfld. Montreal, Que. Calgary, Alta.
Operators of commercial child care centres	Halifax, N.S. Burlington, Ont.
Staff of school-age programs	Montreal, Que. Vancouver, B.C.
Staff of nursery schools	Montreal, Que. Strathclair, Man.
Staff of family resource centres/child care support programs	Toronto, Ont. Vancouver, B.C.
Staff of special needs programs	Ottawa, Ont. Campbell River, B.C.
Caregivers in unregulated family child care	St. John's, Nfld. Fredericton, N.B. Chicoutimi, Que. Markdale, Ont. Strathclair, Man. Calgary, Alta.
Caregivers in regulated family child care	Fredericton, N.B. Montreal, Que. Ottawa, Ont. Winnipeg, Man. Regina, Sask. Campbell River, B.C. Whitehorse, Yukon
Nannies	Halifax, N.S. Toronto, Ont.
Students in ECE programs	Toronto, Ont. Vancouver, B.C.
Representatives of specific ethnocultural communities	Toronto, Ont. Vancouver, B.C.

Appendix D

Data Sources

- [1] Special runs of unpublished data from the **1991 Census** were undertaken. These data focused on persons who were in child care-related occupations in the previous year. The census is based on a 20% sample of the entire population of Canada.
- [2] The **Caring For A Living Survey**, from 1991, provides the most recent and comprehensive data on the wages, benefits and working conditions of centre-based caregivers. Nearly 2,500 caregivers across Canada provided information for this survey undertaken jointly by the Canadian Day Care Advocacy Association and the Canadian Child Care Federation. This sector study has used data provided in the report of the Caring For A Living survey and has also done additional extensive analysis on the original data set.
- [3] The **National Graduates Survey** is undertaken from time to time by Statistics Canada and Human Resources Development Canada. The latest data are from the 1992 survey of students who graduated from postsecondary institutions in 1990. The survey provides information about the employment and educational experiences of graduates of universities, community colleges, and trade and vocational schools. Special runs done for this sector study analyzed unpublished data on graduates of early childhood education (ECE). The sample of ECE graduates in this year did not include students from Quebec, Manitoba or the Yukon; the data are not therefore nationally representative.
- [4] The **Canadian National Child Care Survey** is the most extensive survey of child care use patterns ever undertaken in Canada; it had both an exceptionally large sample of children (about 42,000 across the country) and collected data on a wide range of topics. The study was completed in 1988 by Statistics Canada in collaboration with a team of researchers from Canadian universities. Since its sample is based on the Labour Force Survey sample, children and families living in the two territories and on Native reserves are not included; data from the survey cover about 98% of Canadian children from 0 to 12 years of age. Information from this survey is reported in a number of publications, including *Where Are the Children? An Overview of Child Care Arrangements in Canada* (Statistics Canada, 1993).
- [5] The **National Longitudinal Survey of Children and Youth, Cycle 1**, was completed in 1994-95 and was conducted by Statistics Canada and Human Resources Development Canada. This longitudinal survey follows about 20,000 children from 0 to 11 years of age as they grow up. Cycle 1 data provide a snapshot of these children at the time the data were collected, including a small amount of data on child care use patterns. The data used from this survey in this sector study are based on an analysis of Cycle 1 data from the Public User Data Tape.
- [6] **Key informant interviews** were conducted with 17 officials of the federal, provincial/territorial governments, 55 representatives of federal/provincial organizations and nine individuals associated with formal training institutions. These were conducted, for the most part, by telephone, using a structured interview guide. Key findings were summarized in tables reflecting the structure, policies, programs and funding for child care across the country. Although the summaries of provincial information have been reviewed by the provincial official responsible for child care, it is important to remember that the information was collected through telephone interviews and has not been independently verified.

- [7] **Sector consultations** were undertaken, using focus groups, with 290 child care providers in all provinces and territories, except the Northwest Territories, to identify the issues facing child care providers. A participant mini-survey indicates that those who participated in the focus groups tend to be older and more experienced than the average providers. Also, it can be assumed that those willing to participate in a focus group are more likely to be among those providing better quality care. Although the information collected was analyzed rigorously, using an analysis grid, the information is qualitative. In addition, eight key informant interviews were conducted with individuals who provide care within ethnic communities in Toronto and Vancouver to identify the specific issues they face.
- [8] **A survey of training institutions** was conducted for this evaluation; 116 institutions were identified as offering child care-related training. Of these, 109 responded to the survey. Less than a full response somewhat limited the conclusions that can be drawn. However, to the extent possible, in the text of this report, we have extrapolated the findings to include the missing institutions based on what we know about them. It provides an overview of the areas of study in various training institutions.
- [9] **A review of training curricula** in certificate and diploma ECE programs was undertaken based on brief course descriptions in course calendars submitted to the study team by institutions responding to the survey of training institutions or on course description information taken from other sources (e.g. Internet, libraries). Curriculum descriptions were available for all but six institutions.
- [10] **A survey of licensed home day providers** was conducted of approximately 1,100 providers in all provinces except Newfoundland (which does not have licensed family day care). Providers were identified through the agency or government department responsible for the licensing of the providers in the province. To produce comparable data, the survey addressed issues similar to those addressed in the *Caring for a Living* study. Additional questions were added to address issues specific to the family day care setting. For some questions, the number of respondents in a given province is too small for the results to be reported with confidence. The Canadian Child Care Federation is responsible for the analysis of the data collected in this survey and the final report, ***Report on the Survey of the Regulated Home Child Care Sector*** (working title).
- [11] An **international comparison** of child care human resource issues in Australia, Denmark, France, Spain and the United States was based on a review of literature from these countries. Information from the literature was used to complete summaries which were then reviewed by a key informant in the country (except the United States). Although there is considerable literature about child care, it proved difficult to find adequate information about human resource issues in these countries. To some extent, the key informants were able to fill in these gaps. Information from the comparison is used, throughout the report, to highlight differences and similarities between Canada and these five countries.
- [12] A **literature review** was conducted of selected research reports and policy documents related to training and human resource development issues in the sector. Five central questions were addressed: how does the quality of care affect healthy child development outcomes; what is the relationship between training and quality of care; what elements of training and development are most critical in supporting quality of care; what are the needs, expectations and perceptions of students, providers and employers; and what policy changes related to training are now under consideration or ready for implementation.

Appendix E

Survey of Family Day Care Providers

The need for and availability of quality child care continues to be an area of major public focus and concern. Furthermore, the training and human resource development of those who care for children in Canada is a critical component of quality care and clearly an area deserving further study. These and other issues are the focus of a comprehensive human resource study of the child care sector in Canada. **Family Day Care Home Providers are a key component** to the Canadian child care mosaic and will form an essential part of this study.

Approximately 2,200 family day care providers are being surveyed across Canada as part of this initiative. This is only a small sample of the family day care providers in the country and of your province. Count yourself as one of them and let your voice be heard. The overall results will be reported in aggregate form only. No individuals or organizations will be identified in any report.

The study is being commissioned by Human Resources Development Canada and is being directed by a steering committee which represents the broad scope of child care arrangements and interests in Canada. The steering committee has selected Goss Gilroy Inc. to conduct much of the research on their behalf. The final report for the study is due to be released in the fall of 1997.

While your participation is voluntary and your participation will not affect you adversely in any way, we would like to encourage you to take a few minutes to complete the following questions. Your participation is greatly appreciated. Please return the completed questionnaire by June 30th, or earlier if possible, using the enclosed self-addressed envelope. If you have any questions, please feel free to call Goss Gilroy Inc. at 613-230-5577, ext. 232, collect.

This survey consists of thirty (30) questions which cover three main topic areas — your experience in caring for children, training and human resource development and a section designed to help us develop a profile of people caring for children. Please complete the questionnaire for all children in your care, other than your own birth children, where appropriate.

APPENDIX E

1. Please detail your paid working experience in the child care field (as a family home care provider, in a day care centre, as a nanny, as an early childhood teacher or teaching assistant, etc.)? (Working is defined as 10 hours or more per week.)

Total number of years' experience (excluding breaks when you were doing something else)	<1 yr	1-3 yrs	3-5 yrs	5-10 yrs	> 10 yrs
as a family day care provider who is licensed or working through an approved/licensed family daycare agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
as an unregulated family home care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
as a provider or worker in another part of the child care sector (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
total number of years of paid child care experience (should equal sum of above categories)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you:
- personally hold a license to provide family day care or do you
 - work through an agency which is licensed?
is the agency
 - private or
 - non-profit
3. Why did you chose to become licensed and/or to work through an agency? (Check all that apply)
- its easier to find families to provide care for
 - more supports are available
 - no need to deal with direct contracting with parents
 - increased professionalism
 - to be able to take subsidized children
 - other (please specify) _____
4. a. Does someone visit and inspect your home?
- Yes
 - No Please go to question 5
- b. Who visits and inspects your home ? (Check all that apply)
- government officials
 - municipal officials
 - agency home-visitors
 - child care support programs/family resource centres
 - social workers/special needs workers
 - other (please specify) _____
- c. About how often is your home visited by an official?
- about once a week
 - about twice a month
 - about once a month
 - about once every two months
 - less frequently than once every two months

A P P E N D I X E

5. a. When during the year **do you not** provide child care?
 during a specific month(s) (please specify): _____
 statutory holidays
 between Christmas and New Year's Day
 other (please specify)
 None of the above (provide care all year, please go to question 5c.)
- b. If you took vacation leave from your child care duties in the last twelve months, were these days paid?
 yes
 no
- c. Did you take any sick leave days in the last twelve months?
 yes
 no please proceed to question 6
- d. Were you paid for these sick days?
 yes
 no
6. Please complete the following chart for each child (other than your own) in you care at the present time. (You may wish to use the child's first initial or another identifier, to keep track of which child you are responding for).

Children (youngest first)	Age of child		Length of time caring for this child on a regular basis?	Number of days a week child is in your care?	For what part of each day do you normally care for this child? (note: school leaving and returning time applies only to school aged children)		Does this child have any special needs?
	years or months	months			days or <input type="checkbox"/> irregularly	arrival time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. leaves for school:	
Child 1:	years or months	months	days or <input type="checkbox"/> irregularly	arrival time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. leaves for school:	comes from school: pick up time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> no <input type="checkbox"/> yes	
Child 2:	years or months	months	days or <input type="checkbox"/> irregularly	arrival time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. leaves for school:	comes from school: pick up time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> no <input type="checkbox"/> yes	
Child 3:	years or months	months	days or <input type="checkbox"/> irregularly	arrival time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. leaves for school:	comes from school: pick up time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> no <input type="checkbox"/> yes	
Child 4:	years or months	months	days or <input type="checkbox"/> irregularly	arrival time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. leaves for school:	comes from school: pick up time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> no <input type="checkbox"/> yes	
Child 5:	years or months	months	days or <input type="checkbox"/> irregularly	arrival time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. leaves for school:	comes from school: pick up time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> no <input type="checkbox"/> yes	

APPENDIX E

7. On an average day, approximately how many hours do you spend, outside of caring for any children (i.e., outside of the time between when the first child arrives and the last child leaves), on family day care related tasks (e.g. set-up and clean-up, paper work, meal preparation or planning, etc.)? _____ hrs
8. If you currently care for children with special needs, disabilities or health impairments, or if you have done so in the past, please specify the nature of these special needs:
- _____

9. Have you ever been unable to accommodate a child with special needs?
- Yes
- No
- Comments: _____

10. a. What is the full (unsubsidized) fee on a daily basis for a full day pre-school (i.e. out of diapers) child? \$ _____
- b. What is the fee for a full day infant? \$ _____
- c. How much of this fee is paid to you? \$ _____ per preschooler
\$ _____ per infant
- d. Who establishes the fees?
- agency
- government
- recommendation of the family day care association
- the "market"
- other (please specify): _____
- e. Do any of the children you provide care for benefit from fee subsidies?
- Yes (for how many children) _____
- No

11. a. Do you meet with other family day care providers?
- yes, regularly
- no (please proceed to question 14)
- b. About how often do you meet with other family day care providers?
- more than once a week
- about once a week
- twice a month
- once a month
- infrequently

c. Please rank the importance of each of the following possible reasons for these meetings:

	not at all important			very important	
so the children can play together	1	2	3	4	5
joint outing for the children	1	2	3	4	5
coffee, and informal chat, adult conversation	1	2	3	4	5
mutual support network	1	2	3	4	5
training	1	2	3	4	5
other (please specify):	1	2	3	4	5

A P P E N D I X E

12. Please complete the following chart for each of the child care services/supports which may be available in your community.

Service/ Support	Available in your area?	How often do you use?	What organization offers this service/support?	How satisfied were you overall with this service/support?				
Parent/Family Resource Centres	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, proceed to next line)	<input type="checkbox"/> frequently <input type="checkbox"/> occasionally <input type="checkbox"/> rarely <input type="checkbox"/> have used only once	<input type="checkbox"/> agency <input type="checkbox"/> support program/resource centre <input type="checkbox"/> government <input type="checkbox"/> college <input type="checkbox"/> association <input type="checkbox"/> other (specify)	Not at all satisfied				Very satisfied
				1	2	3	4	5
Caregiver Drop-in/Play Group	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, proceed to next line)	<input type="checkbox"/> frequently <input type="checkbox"/> occasionally <input type="checkbox"/> rarely <input type="checkbox"/> have used only once	<input type="checkbox"/> agency <input type="checkbox"/> support program/resource centre <input type="checkbox"/> government <input type="checkbox"/> college <input type="checkbox"/> association <input type="checkbox"/> other (specify)	Not at all satisfied				Very satisfied
				1	2	3	4	5
Start-up /Information packages on operating a family day care home	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, proceed to next line)	<input type="checkbox"/> frequently <input type="checkbox"/> occasionally <input type="checkbox"/> rarely <input type="checkbox"/> have used only once	<input type="checkbox"/> agency <input type="checkbox"/> support program/resource centre <input type="checkbox"/> government <input type="checkbox"/> college <input type="checkbox"/> association <input type="checkbox"/> other (specify)	Not at all satisfied				Very satisfied
				1	2	3	4	5
Newsletters	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, proceed to next line)	<input type="checkbox"/> frequently <input type="checkbox"/> occasionally <input type="checkbox"/> rarely <input type="checkbox"/> have used only once	<input type="checkbox"/> agency <input type="checkbox"/> support program/resource centre <input type="checkbox"/> government <input type="checkbox"/> college <input type="checkbox"/> association <input type="checkbox"/> other (specify)	Not at all satisfied				Very satisfied
				1	2	3	4	5
Workshops	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, proceed to next line)	<input type="checkbox"/> frequently <input type="checkbox"/> occasionally <input type="checkbox"/> rarely <input type="checkbox"/> have used only once	<input type="checkbox"/> agency <input type="checkbox"/> support program/resource centre <input type="checkbox"/> government <input type="checkbox"/> college <input type="checkbox"/> association <input type="checkbox"/> other (specify)	Not at all satisfied				Very satisfied
				1	2	3	4	5
Telephone Hot/Warm Line for information	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, proceed to next line)	<input type="checkbox"/> frequently <input type="checkbox"/> occasionally <input type="checkbox"/> rarely <input type="checkbox"/> have used only once	<input type="checkbox"/> agency <input type="checkbox"/> support program/resource centre <input type="checkbox"/> government <input type="checkbox"/> college <input type="checkbox"/> association <input type="checkbox"/> other (specify)	Not at all satisfied				Very satisfied
				1	2	3	4	5
Other (please specify):	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, proceed to next line)	<input type="checkbox"/> frequently <input type="checkbox"/> occasionally <input type="checkbox"/> rarely <input type="checkbox"/> have used only once	<input type="checkbox"/> agency <input type="checkbox"/> support program/resource centre <input type="checkbox"/> government <input type="checkbox"/> college <input type="checkbox"/> association <input type="checkbox"/> other (specify)	Not at all satisfied				Very satisfied
				1	2	3	4	5

APPENDIX E

13. The following statements describe some of the reasons people provide child care. Please indicate which describe your reasons, and which of these is your main reason:

	One of the reasons (check all that apply)	The main reason (check one only)
Want to stay home with own children	<input type="checkbox"/>	<input type="checkbox"/>
Being own boss / flexibility of being able to schedule own day	<input type="checkbox"/>	<input type="checkbox"/>
Relatives or friends need care so they can work	<input type="checkbox"/>	<input type="checkbox"/>
Like children	<input type="checkbox"/>	<input type="checkbox"/>
To prepare children for school	<input type="checkbox"/>	<input type="checkbox"/>
There is a need for good child care for working mothers	<input type="checkbox"/>	<input type="checkbox"/>
The money / Earning an income	<input type="checkbox"/>	<input type="checkbox"/>
Employment experience	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>

14. Do you expect to be working in the field of child care three years from now?

- Yes, in family day care
 Yes, elsewhere in the field (Please indicate where you intend to be): _____
 No (If no, please indicate why not) _____
 Don't know

15. If you could do it over again, would you choose to work in the child care field?

- Yes
 No. (If no, please indicate why not) _____
 Don't know

16. Please rate the following items in terms of your level of satisfaction:

	very satisfied			very unsatisfied	
hours of work	1	2	3	4	5
remuneration (pay)	1	2	3	4	5
relationships with parents	1	2	3	4	5
relationships with children in care	1	2	3	4	5
relationship with licensing authority/agency	1	2	3	4	5
licensing / agency requirements	1	2	3	4	5
available supports and training	1	2	3	4	5
respect for the profession	1	2	3	4	5

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17. The following table lists some workshops/training and or related activities which may be available from time to time. Please complete the following table for each of the workshops/training activities listed.

Workshops/ Training Activities	available in your area?	have participated in the past 12 months	Who offered this activity?	Who paid for the activity?	How satisfied overall were you with the activity?
Child Development	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next line)	<input type="checkbox"/> yes <input type="checkbox"/> no (if no, proceed to next activity)	<input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> college <input type="checkbox"/> association <input type="checkbox"/> other (specify)	<input type="checkbox"/> self <input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> no cost <input type="checkbox"/> other (specify)	not at all satisfied very satisfied 1 2 3 4 5
Curriculum Planning	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next line)	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next activity)	<input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> college <input type="checkbox"/> association <input type="checkbox"/> other (specify)	<input type="checkbox"/> self <input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> no cost <input type="checkbox"/> other (specify)	not at all satisfied very satisfied 1 2 3 4 5
Child guidance/ behaviour Management	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next line)	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next activity)	<input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> college <input type="checkbox"/> association <input type="checkbox"/> other (specify)	<input type="checkbox"/> self <input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> no cost <input type="checkbox"/> other (specify)	not at all satisfied very satisfied 1 2 3 4 5
Care giver certificate training Program	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next line)	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next activity)	<input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> college <input type="checkbox"/> association <input type="checkbox"/> other (specify)	<input type="checkbox"/> self <input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> no cost <input type="checkbox"/> other (specify)	not at all satisfied very satisfied 1 2 3 4 5
Nutrition	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next line)	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next activity)	<input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> college <input type="checkbox"/> association <input type="checkbox"/> other (specify)	<input type="checkbox"/> self <input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> no cost <input type="checkbox"/> other (specify)	not at all satisfied very satisfied 1 2 3 4 5

APPENDIX E

Workshops/ Training Activities	available in your area?	have participated in the past 12 months	Who offered this activity?	Who paid for the activity?	How satisfied overall were you with the activity?
First Aid / CPR	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next line)	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next activity)	<input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> college <input type="checkbox"/> association <input type="checkbox"/> other (specify)	<input type="checkbox"/> self <input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> no cost <input type="checkbox"/> other (specify)	not at all satisfied very satisfied 1 2 3 4 5
Income Tax Preparation/ Financial Management	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next line)	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next activity)	<input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> college <input type="checkbox"/> association <input type="checkbox"/> other (specify)	<input type="checkbox"/> self <input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> no cost <input type="checkbox"/> other (specify)	not at all satisfied very satisfied 1 2 3 4 5
Contracting/ Written agreements with Parents	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next line)	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next activity)	<input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> college <input type="checkbox"/> association <input type="checkbox"/> other (specify)	<input type="checkbox"/> self <input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> no cost <input type="checkbox"/> other (specify)	not at all satisfied very satisfied 1 2 3 4 5
Organizing the home for child care (set-up/ equipment)	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next line)	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next activity)	<input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> college <input type="checkbox"/> association <input type="checkbox"/> other (specify)	<input type="checkbox"/> self <input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> no cost <input type="checkbox"/> other (specify)	not at all satisfied very satisfied 1 2 3 4 5
Caring for Children with Special Needs	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next line)	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next activity)	<input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> college <input type="checkbox"/> association <input type="checkbox"/> other (specify)	<input type="checkbox"/> self <input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> no cost <input type="checkbox"/> other (specify)	not at all satisfied very satisfied 1 2 3 4 5
Other (please Specify): 	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next line)	<input type="checkbox"/> yes <input type="checkbox"/> no (if no please proceed to next activity)	<input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> college <input type="checkbox"/> association <input type="checkbox"/> other (specify)	<input type="checkbox"/> self <input type="checkbox"/> agency <input type="checkbox"/> support program/ resource centre <input type="checkbox"/> government <input type="checkbox"/> no cost <input type="checkbox"/> other (specify)	not at all satisfied very satisfied 1 2 3 4 5

A P P E N D I X E

18. To obtain your license/work with the agency were you required to take any courses?

- No
 Yes (Please specify which ones) _____

19. If you have **not participated in any workshops or training activities within the last 12 months**, please rank the relevance of the following reasons to your not participating:

	not at all relevant			highly relevant	
	1	2	3	4	5
course is unavailable within a reasonable distance from home	1	2	3	4	5
timing conflicts with child care work	1	2	3	4	5
timing conflicts with care needs of own children	1	2	3	4	5
cannot see a benefit to further study/ qualifications	1	2	3	4	5
no information available on relevant courses	1	2	3	4	5
too costly	1	2	3	4	5
lack of suitable transportation	1	2	3	4	5
participated in the course prior to the last 12 months	1	2	3	4	5
other reasons - please specify	1	2	3	4	5

20. Gender:

- Female
 Male

21. What was your age on your last birthday?

- under 20
 20-24
 25-29
 30-34
 35-39
 40-44
 45-49
 50 or older

22. What is your marital status (check one)

- Single/Never married
 Married or living with partner
 Divorced or separated
 Widowed

23. How many children (birth, adopted, foster or stepchildren) in each of the age groups listed below live with you either full-time or part-time?

- No children

Age Group	Number of Children in the age group Living with You
children 0 to 17 months old	_____
children 18 to 35 months old	_____
children 3 to 5 years old	_____
children 6 to 12 years old	_____
children 13 to 18 years old	_____
children over 18 years old	_____

24. Is your home located in a (check one only):
- rural setting
 - small town (population less than 49,999)
 - city (population greater than 50,000)
25. What province/territory do you live in?
- Newfoundland
 - Prince Edward Island
 - Nova Scotia
 - New Brunswick
 - Quebec
 - Ontario
 - Manitoba
 - Saskatchewan
 - Alberta
 - British Columbia
 - Yukon
 - Northwest Territories
26. What was your gross income before deductions (payroll, or care provision related expenses) from child care provision for 1995?
- less than \$4,999
 - \$5,000 - \$9,999
 - 10,000 - \$14,999
 - \$15,000 - \$19,999
 - \$20,000 - \$24,499
 - more than \$25,000
27. Approximately what percentage of the income you noted above, was spent last year on child care related expenses (i.e., food, toys, equipment etc.)?
- less than 15%
 - 15% to 29%
 - 30% to 44%
 - 45% to 59%
 - 60% to 74%
 - more than 90%
28. What is the highest educational level you have attained?
- not completed high school
 - High school diploma
 - Some college or university courses
 - One year college certificate
 - Two year college certificate
 - Two or three year college diploma
 - Bachelor's degree
 - Some Graduate work
 - Master's degree
 - Some post-Master's work
 - Doctorate degree

THANK YOU!

If you would like further information on this survey, you may submit a request pursuant to the Access to Information Act to Human Resources Development Canada (HRDC). Instructions for making a formal access request are provided in the government publication entitled "Info Source", copies of which are located in HRDC's local service centres. Please quote the name of the survey and the following Program Record Number: HRDC SPP 640.

Appendix F

Survey of Institutions Providing Early Childhood Training Programs

The need for and availability of quality child care continues to be an area of major public focus and concern. Furthermore, the training and human resource development of those who care for children in Canada is a critical component of quality care and clearly an area deserving further study.

These and other issues are the focus of a comprehensive human resource study of the child care sector in Canada. The programs offered by your institution are a key component of the training and human resource development infrastructure that supports child care in Canada.

The study is being commissioned by Human Resources Development Canada and is being directed by a steering committee which represents the broad scope of child care arrangements and interests in Canada. A total of 136 training institutions are being surveyed as part of this initiative and the overall results will be compiled and reported in the final report for the study, due to be released in the summer of 1997. Copies of the final report will be distributed to survey participants.

We would like to encourage you to take a few minutes to complete the following questions. Please feel free to attach additional pages if necessary. Your participation is greatly appreciated. **Please return the completed questionnaire by May 25**, using the enclosed self-addressed envelope.

APPENDIX F

Please complete the following chart for all **credit** (certificate, diploma or degree) early childhood education programs related to child care, nursery schools, kindergarten, school age care, family day care, or family resource centres, offered by your institution. (Please photocopy this page if more space is needed.)

Program Title	Length	Program(s) Offered (check all that apply)	Program Enrollment 95/96	Program Capacity	Total Number of Graduates 95/96 (est.)	Academic Entrance Requirements (check all that apply)	Selection Procedures (check all that apply)	Is this program recognized as a university transfer program? ¹
Early Childhood Education/ Development Certificate (or equivalent) (usually 1 yr)	week(s) other (specify)	<input type="checkbox"/> full time: <input type="checkbox"/> continuing education: <input type="checkbox"/> distance education: <input type="checkbox"/> other (specify):				<input type="checkbox"/> some high-school <input type="checkbox"/> high school completion <input type="checkbox"/> mature student <input type="checkbox"/> other (specify)	<input type="checkbox"/> academic standing <input type="checkbox"/> interpersonal communication skills <input type="checkbox"/> English/French comprehension <input type="checkbox"/> related practical experience <input type="checkbox"/> equity (priority to targetted groups) <input type="checkbox"/> "first come first served" <input type="checkbox"/> other (specify):	<input type="checkbox"/> yes <input type="checkbox"/> no by which Universities
Early Childhood Education/ Development Diploma (or equivalent) (usually 2 yr)	week(s) ¹ other (specify)	<input type="checkbox"/> full time: <input type="checkbox"/> continuing education: <input type="checkbox"/> distance education: <input type="checkbox"/> other (specify):				<input type="checkbox"/> some high-school <input type="checkbox"/> high school completion <input type="checkbox"/> mature student <input type="checkbox"/> other (specify)	<input type="checkbox"/> academic standing <input type="checkbox"/> interpersonal communication skills <input type="checkbox"/> English/French comprehension <input type="checkbox"/> related practical experience <input type="checkbox"/> equity (priority to targetted groups) <input type="checkbox"/> "first come first served" <input type="checkbox"/> other (specify):	<input type="checkbox"/> yes <input type="checkbox"/> no by which Universities:
Bachelor's Degree with specialization in ECE/D	semester(s) other (specify)	<input type="checkbox"/> full time: <input type="checkbox"/> continuing education: <input type="checkbox"/> distance education: <input type="checkbox"/> other (specify):				<input type="checkbox"/> some high-school <input type="checkbox"/> high school completion <input type="checkbox"/> mature student <input type="checkbox"/> ECE related diploma/ certificate <input type="checkbox"/> other (specify)	<input type="checkbox"/> academic standing <input type="checkbox"/> interpersonal communication skills <input type="checkbox"/> English/French comprehension <input type="checkbox"/> related practical experience <input type="checkbox"/> equity (priority to targetted groups) <input type="checkbox"/> "first come first served" <input type="checkbox"/> other (specify):	N/A
Other post-certificate/ diploma/degree (please specify name and type): <input type="checkbox"/> certificate <input type="checkbox"/> diploma <input type="checkbox"/> degree	<input type="checkbox"/> weeks <input type="checkbox"/> semester(s) other (specify)	<input type="checkbox"/> full time: <input type="checkbox"/> continuing education: <input type="checkbox"/> distance education: <input type="checkbox"/> other (specify):				<input type="checkbox"/> some high-school <input type="checkbox"/> high school completion <input type="checkbox"/> university degree <input type="checkbox"/> mature student <input type="checkbox"/> ECE related diploma/ certificate <input type="checkbox"/> other (specify)	<input type="checkbox"/> academic standing <input type="checkbox"/> interpersonal communication skills <input type="checkbox"/> English/French comprehension <input type="checkbox"/> related practical experience <input type="checkbox"/> equity (priority to targetted groups) <input type="checkbox"/> "first come first served" <input type="checkbox"/> other (specify)	<input type="checkbox"/> yes <input type="checkbox"/> no by which Universities:
Other (please specify name and type): <input type="checkbox"/> certificate <input type="checkbox"/> diploma <input type="checkbox"/> degree <input type="checkbox"/> other:	<input type="checkbox"/> weeks <input type="checkbox"/> semester(s) other (specify)	<input type="checkbox"/> full time: <input type="checkbox"/> continuing education: <input type="checkbox"/> distance education: <input type="checkbox"/> other (specify):				<input type="checkbox"/> some high-school <input type="checkbox"/> high school completion <input type="checkbox"/> university degree <input type="checkbox"/> mature student <input type="checkbox"/> ECE related diploma/ certificate <input type="checkbox"/> other (specify)	<input type="checkbox"/> academic standing <input type="checkbox"/> interpersonal communication skills <input type="checkbox"/> English/French comprehension <input type="checkbox"/> related practical experience <input type="checkbox"/> equity (priority to targetted groups) <input type="checkbox"/> "first come first served" <input type="checkbox"/> other (specify)	<input type="checkbox"/> yes <input type="checkbox"/> no by which Universities:

¹University Transfer Programs provide students with the equivalent of first-year or second year university, which is transferable to a degree granting institution.

Credit Granting Processes

Are graduates from any of your early childhood education programs eligible for entry with advanced standing into another early childhood education program offered within your institution?

- Yes (Please describe below)
- No (Please go to question 6)
- Not Applicable (Please go to question 6)

Does your institution give advanced standing for course credits acquired at other educational institutions?

- Yes (Please describe below)
- No (Please go to question 7)

Do other colleges or universities give advanced standing for course credits acquired in your early childhood education or related programs?

- Yes, always (Please describe below)
- Yes, sometimes (Please describe below)
- No (Please go to question 8)
- Don't Know (Please go to question 8)

A) Prior Learning Assessment (PLA) refers to formal procedures to assess existing knowledge and skills for award of advanced standing in a credit program. Does your institution have a procedure in place to credit prior learning?

- Yes (Please continue to part B)
- No (Please go to question 9)

B) Whether through PLA or other mechanisms, please identify which of the following methods are used (check all that apply):

- transcripts from other institutions
- portfolio (detailed information and documentation regarding an individual's learning acquired through experience)
- competency essays
- challenge examinations
- performance evaluation
- other (please specify): _____

Graduate Employment

A) Does your institution have a process to track the employment situation of graduates?

- Yes (Please continue to part B)
- No (Please go to question 11)
- Don't Know (Please go to question 11)

B) For what graduation year is the most recent information available, and when was this information collected?

Date of graduation: 19_____

Year information collected: 19_____

Based on the most recent information, please indicate the percentage of graduates employed in early childhood services: _____%

If information is also available from this source on the approximate percentage of graduates who go on the further education, please provide that percentage: _____%

Program Directions

Do you anticipate that the level of program enrollment at your institution will change in the next two years?

Yes, enrollment will likely decrease in the following programs: _____

Yes, enrollment will likely increase in the following programs: _____

No substantial changes to enrollment are anticipated

Do you anticipate that the number of programs offered by your institution will change in the next two years?

Yes, we anticipate adding the following programs: _____

Yes, we anticipate deleting the following programs: _____

No changes to programs offered are anticipated

Do you anticipate that the number of courses offered by your institution will change in the next two years?

Yes, we anticipate adding the following courses: _____

Yes, we anticipate deleting the following courses: _____

No changes to courses offered are anticipated

APPENDIX F

What changes, if any, in course content do you anticipate introducing within the next two years?

Please identify any components of your program content or delivery which you feel are unique or innovative.

Does your institution operate a lab centre?

- Yes
 No

Is your institution on the Internet?

- Yes
 No

A Few Final Requests

Please include your most current course calendars (both full-time and continuing education) along with this questionnaire in the envelope provided.

In case we need to contact you to clarify answers, could you please complete the following (*although it is optional*):

Name: _____

Position: _____

Telephone: _____

Fax Number: _____

E-mail address (if applicable): _____

Thank-you for your assistance in contributing to this important study. Should you have any questions, please call Sue Cragg at (613) 230-5577. You may call collect. If you have misplaced your envelope, please mail or fax the completed questionnaire to:

Goss Gilroy Inc.
Suite 900, 150 Metcalfe St.
Ottawa, Ontario K2P 1P1
Fax: (613) 235-9592

Appendix G

Research Agenda

Below are key issues which have been identified during this sector study. The list is divided into three parts. Part One lists basic questions concerning the child care workforce which have been difficult to answer using existing data sources. Part Two identifies analytical research issues related directly to the conditions of the child care workforce. Part Three itemizes a number of broader research questions, particularly relating to the quality, availability and affordability of child care, which are of considerable indirect interest to the child care workforce and will affect its future.

KEY RESEARCH QUESTIONS

Part One: Basic Data on the Workforce

- ▶ How many caregivers are there working in each subsector of the child care sector?
- ▶ What are the demographic characteristics of those caregivers?
- ▶ How many children are cared for in each by each type of child care?
- ▶ What fees are charged for each type of child care, and how much of the fee is subsidized in one way or another?
- ▶ Do caregivers give receipts for care provided or do they reduce fees correspondingly?
- ▶ How many workers in each subsector are employed and how many are self-employed?
- ▶ What wages and fringe benefits do caregivers earn? What amount of income, gross and net of expenses, is received by those who are self-employed?
- ▶ What are the hours of work per week and per year, and conditions of work of caregivers?
- ▶ Are workers members of a union, and if so, which one?
- ▶ Are caregivers members of a professional association and what is their specific involvement?

- ▶ What preparation, education and training do caregivers have for each type of child care?
- ▶ Do caregivers plan to stay in the child care field, or is this a temporary occupation or a stepping stone to something else?
- ▶ What is the employment history of caregivers in each subsector and how do these employment histories differ?

Part Two: Analytical Research on the Child Care Workforce

- ▶ Why are wages and benefits of the child care workforce low relative to that of other occupations?
- ▶ What effects do educational and other requirements of staff have on compensation?
- ▶ Do wage supplements or other public policies have long-term effects on rates of compensation of caregivers?
- ▶ What are the implications of self-employment and employment for the compensation of caregivers?
- ▶ What are the main factors that affect the actual and planned rates of turnover in centres, in other types of care, and in the child care field as a whole? In particular, what impact do various parts of the compensation package for caregivers have on turnover? Is turnover higher in the child care sector than in other employment sectors and what are the key determinants of this difference?
- ▶ Under what circumstances are the effects of turnover negative or positive for the quality of care provided to children?
- ▶ What are the effects of auspice, of unionization and of public policies toward child care on the compensation of caregivers?

Part Three: Broader Research Questions Relevant to the Child Care Workforce

- ▶ What do parents want from their child care arrangement; how does this vary across families;

and how is this affected by parents' income, by knowledge and experience of child care, by education, etc.? How is what parents want and expect out of a child care arrangement changing currently? How are these changes affected by employment situation, ethnicity, age, income, etc.? Do parents prefer flexible child care arrangements or more flexible employment arrangements to deal with unusual child care situations such as sickness or extended hours?

- ▶ How much do parents know about the quality of child care? Why and in what ways do their opinions differ from those of child care experts? What factors affect parental definitions of quality? What factors affect parents' willingness to pay for more quality in child care?
- ▶ How do different factors affect the production of quality in child care (this is a very big question, since many factors will have an influence, many of them related to education, compensation and characteristics of the child care workforce).
- ▶ To what extent is quality in child care affected by factors that can be regulated by governments? To what extent is quality affected by factors which have to do with motivation of workers and management of the operations and program of the service? What effect does auspice have on quality of care? What role do professional associations and unions play in enhancing the quality of care? Do accreditation or similar programs have positive effects on the quality of care? What role does compensation of workers play in affecting the quality of care provided? What is the effect of parent participation and parental monitoring of programs on the quality of care? Does the particular type of program style offered affect the quality of care provided?
- ▶ How does the amount of training affect the abilities of caregivers? In particular, how much difference does one year versus two years or more of early childhood education make? What is the effect of changes in the ratio of trained to untrained staff in child care? Under what conditions can more education and experience of staff substitute for higher staff-child ratios?
- ▶ What is the cost of producing different levels of quality in different types of child care?

What are the tradeoffs between quality and cost for different ways of improving quality in child care?

- ▶ What is the appropriate definition of quality to use for these studies of quality? Is there a unique best definition of quality or does it vary by context, and, if so, in what way? What is the appropriate means of measuring quality in child care and is it different for different types of care (including not only centres, but family homes, nannies, care by relatives and care by parents)? Is it possible to measure quality across these different types of care?
- ▶ What is the magnitude and type of effects of different levels of quality in child care on the later development of children? Does child care have different developmental impacts on different children, in different situations, at different ages, from different family backgrounds, and, if so, how? Does child care predominantly affect cognitive, social, emotional or physical development and how long do effects last? What are the strengths and weaknesses of each type of care in promoting child development?

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