

CANADIAN CHILD DAY CARE:
TRANSLATING RESEARCH INTO POLICY

by

SANDRA JEAN GRIFFIN, B.A.
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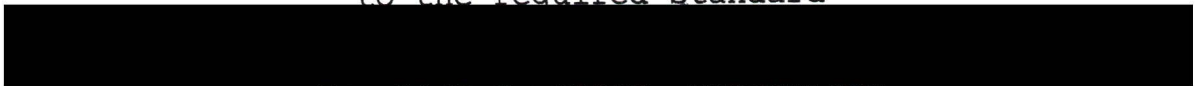
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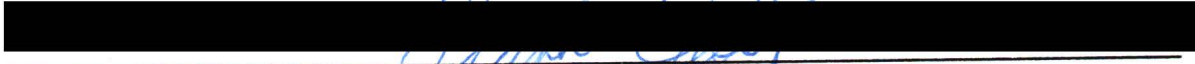
Dr. Alan R. Pence, Supervisor



Dean Brian Wharf, F.H.S.D.



Dr. Roy Watson, Sociology



External Examiner

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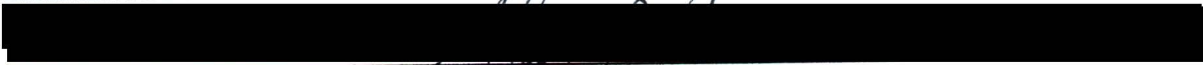
ABSTRACT


Child day care in Canada has become a major social policy issue as increasing numbers of women with children enter the paid labour force. Described as a "growing crisis" in much of the current child day care literature, the issue has gained significant interest at both the provincial and national level. While Canada has experienced day care crises in the past, it is suggested that the current crisis is qualitatively different due to substantive shifts in the socio-economic realities of modern society and the development of improvisational short-term "quasi-policies" which characterized past government and public response is no longer appropriate. Key players in the current policy debate, such as government, advocacy groups, professionals in the field of day care, and parents, are increasingly turning to existing day care research in an attempt to determine what policy imperatives need to exist to ensure healthy care environments for children in child day care settings.

An examination of existing research with respect to the developmental consequences of extrafamilial care of children 0-5 years of age was undertaken to determine if research findings could be defensibly translated into policy. A synthesis of information pertaining to the issue is presented, particularly with regards to the developmental effects of centre day care and family day care on infants and preschool-age children. In addition, the literature on parental preference for care type is explored in order to provide a more complete analysis of factors which influence the quality of care children receive in child day care settings.

While the question "can existing day care research translate into policy" is presented as the critical thesis question, in order to better determine the ability of research to inform policy, the thesis identifies the location of the issue within a defined policy process. Juxtaposition of the policy process with an intensive exploration of the current research base supports a conclusion that there is sufficient weight and consistency in research findings across studies to "translate research into policy" and prescribe limits for possible policy direction. A question of "will research be translated into policy" remains unanswered.

Examiners:


Dr. Alan R. Pence


Dr. Brian Wharf


Dr. Roy Watson


Dr. Frank Cassidy

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I would like to acknowledge the unflagging support and assistance provided me throughout my work by Dr. Alan Pence.

DEDICATION

To my children, Megan and Shannon who patiently supported my work. . . it was not always easy. Thank you.

Chapter 1

Introduction

Child day care has become a high profile social policy issue in Canada. A cursory review of political activity related to the child care issue indicates a substantive interest on behalf of the public and government alike. The Canadian Day Care Advocacy Association, founded in 1982 and already representing a membership of thousands of individuals and organizations, is actively lobbying for substantive fundamental changes to existing child care policy (CDCAA, 1985). Two Royal Commissions¹ have called for policy action to improve "the dismal state of child care" (CACSW, 1986 p. 4). More recently, two separate government task forces have been charged with the responsibility of examining the current state of child day care in Canada. A Federal Task Force on Child Care, appointed by the Liberal government in 1984, described a "growing crisis in child care services" in a report released in March, 1986 (Federal Task Force, 1986, p.xxv). The crisis was identified by the Task Force through the findings of 25 commissioned research projects as well as the 200+ submissions received by the Task Force from private citizens

¹The Royal Commission on the Status of Women, 1970
The Royal Commission on Equality in Employment, 1984

and organizations across the country. In addition, the Task Force received 7000 individual letters written in response to an invitation in the October 1984 family allowance cheques to express an opinion on child care in Canada.

A Parliamentary Task Force (Special Committee) on Child Care, having just completed public hearings across the country, received testimony from 2,000 witnesses in addition to a substantial number of written submissions. A review of the proceedings² of many of these public hearings and a number of the written submissions suggests that a significant number of individuals and organizations in Canada would agree with J. Cook's analysis of the American child care crisis in which he states that the absence of adequate child care presents "a crisis not only for the child but for the parent, the employer and society as a whole, ...it undermines the most basic foundation of human growth and development" (1985, p.13)³. Indeed, child day care is on the national agenda because of its importance to a constellation of forces. The issue concerns the welfare and well being of children, families, employers, and ultimately, as suggested, society as a whole.

²Transcripts of the public hearings can be obtained from the Status of Women Canada office in Ottawa, ON.

³The political and socio-demographic characteristics of the American child day care experience closely parallel the Canadian experience. Therefore, where applicable and appropriate, research and commentary from American sources will be used throughout this document.

The social and political activity focussed on the issue suggests an imperative exists for government to respond to the identified crisis and as Morgan (1983) notes:

Ultimately the policy question facing us in the 1980s is not whether we will have child day care; it is what kind of child day care we will have, how it will be delivered in terms of what we know of the needs of children and families...(p.263).

A concomitant and timely question is whether "what we know of the needs of children and families in relation to extrafamilial child care can be defensibly translated into policy action?" Often the literature suggests that social science research must inform policy (Kagan, Klugman, Zigler, 1983; Goelman & Pence, 1985); that government policy must be guided by what "research shows to be significant differentiators of care" (Epstein, 1985, p.1). Presumably, if conditions of care can be identified that promote optimal child development, then a "policy imperative would exist to encourage such conditions...at the very least there would exist an obligation to assure that inadequate conditions of care not be tolerated, especially if purchased with tax revenues" (Belsky, 1984, p.3).

However, while the area of child day care research is expanding rapidly (Young & Zigler, 1985), given the nascent state of this research field, does it provide a sufficient research or data base from which policy imperatives may reasonably be suggested? The intent of this thesis is to explore the current research base in an effort to determine

if existing child day care research can appropriately inform policy direction specific to Canada.

In order to best address the question, not only must the available research be reviewed, but the issue itself must be identified within a "policy process" framework (Brewer, 1983). Each stage of the process requires qualitatively different data support; while the "initiation" phase of the policy process requires wide ranging information on the history and current status of a perceived policy problem, the "selection" phase of the process requires in-depth information on all the key players involved and most possibly affected by the implementation of one or more policy courses of action. It is beyond the scope of this thesis to determine if there is sufficient research support for each phase of policy development for child day care in Canada. As is outlined in the following section however, it is appropriate to place this issue in the earliest phase of policy development.

Conceptual Framework

Brewer (1983) describes policy as a cyclical "process" (p.57) consisting of six steps:

- 1) Initiation - At this earliest phase, the problem is recognized and efforts to appreciate the full complexity of the problem, at least in its coarse

outlines, are initiated. Beginning data collection needed to sketch out the form and the texture of the situation is undertaken.

2) Estimation - A systematic investigation of the problem and thoughtful assessment of options and alternatives are featured tasks at this stage. More specifically, "estimation concerns the accurate determination of all likely costs and benefits that are expected to flow from decisions taken during the subsequent, or selection, stage of the overall process" (p.57).

3) Selection - The "political step" in that the competing agendas of the various interest groups and key players will likely influence the selection of identified options.

4) Implementation - The execution of the selected option(s).

5) Evaluation - A retrospective analysis of how effectively the problem was dealt with and resolved.

6) Termination - A necessary stage when policies and programs have become dysfunctional, redundant, outmoded, or unnecessary.

Within this framework, the thesis will be focussed on the earliest phase of the policy process; data collection to sketch out the form and the texture of the situation as it now exists. This would seem appropriate as there does not

yet exist an identifiable public policy with direct relation to child day care in Canada. In fact, policies to date can more accurately be described as "quasi-policies". Simeon (1976) notes that Anthony King reserves the term "policy" for a consciously chosen course of action which is directed towards some end. The term "quasi-policy" is used to "describe situations in which government may have a wide variety of actions, past and present, within a given policy area, without necessarily having adopted consciously an overall set of goals" (p.557). As will be outlined in the historical overview of Canadian child day care in Chapter 2, child day care policies in this country to date, as in the United States, have been formed and reformed in an ad hoc, piecemeal fashion in reaction to a host of external factors without evidence of a consciously chosen course of action leading to an identifiable goal or end-state for the service and the field itself.

The current intensity with which the issue is being investigated is indicative of step one activities as outlined in Brewer's (1983) definition of the six step policy process. A policy environment appears to be developing in which the public and government alike are recognizing that a problem exists and are seeking solutions. Data collection for the purpose of sketching out the "form and texture" of the issue has been undertaken in many forms

by government and interested or concerned members of the public.

A need for a consciously adopted, overall set of goals with relation to child care has put the issue on the national agenda and true vs. quasi-policies may be the result. These policies will have long term, far-reaching consequences for children, families, and our society as a whole; therefore, it is critical that the ensuing policies are grounded in a valid and reliable research base. The value of this thesis rests with its contribution to the earliest (initial) stage of the policy process; the point at which governments, organizations with vested interests, and individuals will be exploring the current child day care data base in an effort to translate research into policy. This investigation should provide a sound basis for determining to what degree research can inform policy for child day care in Canada at this time.

It is interesting to note that the initiation and estimation stages of the policy process, as described by Brewer, together refer to "preventive activities that conceivably take place before someone reaches a decision about 'what to do'[and]...the overriding value of preventive effort lies in the increased prospect for timely sensing of problems and efficiently allocating resources for their solutions" (p.61). When the preventive steps are ignored or

minimalized in favor of the more active steps of selection and implementation, Brewer suggests that a "crisis atmosphere" is the result and further, that decisions reached in a crisis atmosphere are short-term, short-sighted, and unmindful of longer range consequences (p.63).

As noted earlier, the term "crisis" is currently being used to describe child day care in Canada. It can be suggested that the "crisis" exists because "quasi-policies", having no conscious direction, naturally have no preventive steps in the policy process; preventive actions or steps are, by their very nature, conscious actions; foresight (a conscious function) is integral to preventive actions.

It is hoped that this thesis will be useful in grounding the current issue of child day care in the initial stage of the policy process through the examination and critical analysis of relevant data thereby encouraging "foresight" and increasing the opportunity for a more studied progression through the policy process.

Scope

In placing day care policy in the earliest stage of the policy process, there is a significant amount of information necessary to "appreciate the full complexity of the problem" and "sketch out the form and texture of the situation" as suggested in step one of this process (Brewer, 1983, p.57). In order to provide information relevant to the "form and texture" of the issue, the historical and current need for child care services in Canada will be reviewed. In addition, Haskins (1979) suggests that two types of information should condition federal decisions about child day care; specifically, the effects of day care on children's development and the data concerning supply and demand for child care services. Therefore, this investigation will explore research on the effects of day care on children and research relevant to parent preference for type of care as "parents are the consumers and hence the ultimate regulators of the market place" (Epstein, 1985, p.1).

Non-parental child care options which currently exist for Canadian families with children 0-12 years of age include:

- * in-home care by relative
- * in-home care by trained or untrained non-related caregiver
- * out-of-home care by relative

- * out-of-home care by licensed or unlicensed non-related caregiver
- * center-based group care with trained or untrained personnel⁴
- * self-care (a common form of child care for older school-age children).

It is beyond the scope of this thesis to adequately explore and discuss this myriad of child care options which exist in the necessary depth to be cogent and useful for policy discussion. Therefore, parameters will be delineated according to:

- 1) type of care, and
- 2) the age of the children in care.

1) Type of care

For the purposes of this thesis, the focus of the inquiry will be on the three main forms of non-parental, non-relative out-of-home types of caregiving arrangements used by Canadian families:

- * unlicensed family day care
- * licensed family day care
- * centre-based group day care.

⁴Licensing of such facilities are a provincial responsibility. While some provincial regulations require that the facilities be staffed by personnel who have completed specialized training programs, other provinces have no such training requirements.

These three types of care have elicited the most attention in the literature and produced the largest body of research in child day care. In addition, as these caregiving arrangements represent a significant majority of day care spaces available to families, knowledge of the developmental consequences of each care type on the children involved is critical for the development of any policy which may serve to increase or decrease the availability of each care type.

2) Age of children

The focus of the inquiry will limit itself to research which studies children in care age 0-5. The reason for this is twofold. To begin, these children are in the age group most likely to be spending a significant portion of non-parental care time in a day care environment whereas children 6-12 years of age spend at least six hours per day in school. Further, there is a strong research base to suggest that the environment children experience between the ages of 0-5 will have a significant effect on their future development. For example, in 1965 Benjamin Bloom stated:

50% of all the factors that determine intellectual functioning are formulated by the age of four and we would expect the variations in the environment to have relatively little effect on the IQ after the age eight, but we would expect the greatest effect between the ages of about one to five (p. 68).

Bloom based this conclusion on the results of a 5 year effort which synthesized longitudinal studies undertaken during the previous 50 years. Bloom focussed on thirty

human characteristics including height, weight, intelligence, and verbal aptitude. While the findings on characteristics differed, in general Bloom found that "areas such as verbal aptitude, general intelligence, attitudes of dependency and aggressiveness all showed a pattern of very rapid development in the early years, decreasing with age" (Steiner, 1976, p. 24).

Based on the work of Bloom and other developmental psychologists such as J. McVicker Hunt (1967), it has come to be widely accepted that the years between birth and five can be considered critical to the healthy growth and development of children (Mahoney, 1984; Hayes, 1982; Almy, 1982; National Institute of Mental Health, 1979; Steiner, 1976; Canadian Pediatric Society, 1974; Fowler, 1972). At present, "the importance of early experiences for subsequent development is a virtually unchallenged assumption" (Coates & Lewis, 1984, p.1219).

Relationships with adults and peers, the experiences provided, the ways in which children learn in addition to the values and attitudes learned in day to day living have a cumulative effect on the future of the children. Because of the importance of these years, the caregiving environment is of vital consequence (Dickenson & Ross, 1985); therefore, in limiting the scope of this inquiry, it is reasonable to suggest that the focus be limited to the group of children

on whom the day care environment is most likely to have a deleterious or salutary effect.

The relationship between quality, developmental effects and type of care

Recent research indicates that there are identifiable characteristics of the day care environment that influence its quality and ultimately the development of the children in care (Young & Zigler, 1985; Ruopp & Travers, 1985); therefore, each type of care will be discussed within the context of identified variables which have empirical support to suggest that they impact on the quality of the caregiving environment and thus may have developmental consequences for the children in care.⁵

⁵These variables are discussed in-depth with the relevant research in Chapter 4.

CHAPTER 2

Background

A review of the history and the current status of child day care in Canada follows. A description of the policy environment in which child day care policies will be set would be incomplete without a review of the historical roots of the day care movement. It is important to examine where child day care as an issue has "been" in order to understand where it is currently.

Historical perspective on Canadian child day care

Child day care in North America has roots which reach back over 150 years. Pence (1986) notes that the concept and the institution of "infant schools" were imported from Great Britain where such programs had begun to play a significant role in the "class-based battle to instill a proper morality and a respect for property in the children of the poor" (p.2). With programs reaching from Halifax, Nova Scotia to Charleston, South Carolina, infant schools in North America drew from a much broader consumer base. Not only did the wealthy find infant schools to be an acceptable, charitable undertaking, the upper-class became enamored with notions of the advantages of early education, and infant school programs became the precursors of

pre-schools for this class. Additionally, working parents during this period also found infant schools to be useful child care settings.

However, the infant school, as a social institution, was emerging at the same time another powerful social institution was slowly becoming a dominating force in society, the Victorian Family. The redefinition of maternal, paternal and child roles to create a new family ideal, that of the Victorian family model, "not only led to the disappearance of the infant schools, but in addition created a social consciousness antithetical to the future creation of alternatives to familial-based maternal care" (Pence, 1986, p.3). The demands of the industrial revolution led to the urbanization of a significant portion of the population. The Victorian family model, with its prescribed roles of mother as homemaker, father as provider and child as dependent, closely complimented the needs of society at that time. There were increased opportunities for men and boys for work off the farm while the apparent need for women in the out-of-home labour force was declining.

Infant schools lasted but a brief decade before pressures to keep women and children at home saw the demise of the institutions for early childhood education. Unfortunately, the need for such institutions did not fall away with the

rise of the new ethos of the Victorian family. However, the brief period of acceptability for such institutions was over and the focus of the subsequent 'day nurseries' movement was largely custodial care for children of the poor. The emphasis of the day nurseries was primarily one of protection. The protection was twofold, protection of children with working parents who had no caregivers and protection of society from the increased crime and vice blamed on the children of the poor who were said to roam the streets without parental supervision.

The first such day nurseries in Canada appeared in the second half of the nineteenth century following fundamental changes to the demography of Canada precipitated by the industrial revolution. As noted, the resulting urbanization had serious ramifications for families, particularly the poor. The move to the city cost many families the child care infra-structure of familial and social supports of extended families and close-knit communities; "the extended family was not always present and able to give care to young children" (CCSD, 1972, p.1). This loss of support had particularly dire consequences for women with young children who lost husbands through death or desertion. A society steeped in the Victorian ethos of women in the home as mothers and men in the labour force as bread winners, had no place for these families without husbands and fathers.

The early day care centres, under the auspice of charitable or religious organizations, were thus set up to provide custodial care for the children of these families while the mothers took employment, often as domestics in the homes of the affluent citizens who sponsored the charities. As already noted, the concern for these children was two-fold: 1) concern for the safety of the children, as stories of children being tied to bedposts or left in the care of siblings, for example, became more common (Shulz, 1978), and 2) concern for society as social commentators began laying the blame of increased crime rates on the number of "children in her midst with neither education nor familial restraint" (Allen, 1972, cited in Shulz, 1978, p.138). J.J. Kelso, a prominent social commentator in 1894, remarked "the most advanced thinkers now fully acknowledge that to effectively grapple with crime and vice, thought and effort must be concentrated on the children of the poor" (cited in Shulz, p.139).

This inauspicious birth of child day care services gave it a stigma that suggested it was only appropriate for families in which some social pathology such as extreme poverty and a 'working mother' warranted intervention by the state and private philanthropy. The concerns were limited to a circumscribed segment of society; poor, working women and their children (Schiller, 1980). The result, as reported by Stenifels (1973) was that:

Day care was a problem no one wanted to face, and it was a problem that no one wanted to face because the working mother was a problem...that nobody thought should exist (p.72).

This stigma of 'welfare service' continues to this day. Only under the exceptional circumstances of the Second World War was this prevailing Victorian ethos mitigated to the degree that child day care, and the families that used the service, were socially acceptable. World War II represented a significant, if temporary, shift in the public view of day care. No longer a form of charity to poor children, day care became a way to free badly needed mothers for work in essential industries (Krashinsky, 1977).

Federal government involvement in child day care emerged at this time (Hepworth, 1975). With Canada's entry into the war, intense labour shortages, precipitated by the loss of a significant portion of the male labour force to the armed forces, necessitated the active recruitment of women to fill this critical labour need. The recruitment of women into the labour force gave rise to what could be considered Canada's second "child care crisis" (the first "crisis" occurring in response to the social upheaval precipitated by the industrial revolution). Existing day care centres could not accommodate the substantive increase in the number of children requiring care. The lack of day care not only hindered recruitment, it also created a serious problem of child neglect. Many mothers felt it their patriotic duty to

take the jobs despite the lack of child care (Shulz, 1978)⁶. Once again, growing public concern initiated action on behalf of child day care. The crisis of the war had elevated child care to a national need (Saskatchewan Social Services, 1980).

In March 1942 the federal government, under the Rt. Hon. W.L. MacKenzie King, passed an Order-in-Council authorizing the Minister of Labour to enter into a cost-sharing agreement with any provincial government prepared to establish day care facilities. The agreement, known as the Dominion-Provincial Agreement, authorized subsidies with the stipulation that 75% of spaces in the facilities be provided to mothers employed in industries which were classified as essential to the war effort. Mothers who had to work, but whose job did not fit such a definition, were essentially denied access to this type of child care for their children (CCSD, 1972; Shulz, 1978; Saskatchewan, 1980).

This did not fit the reality of the situation given the number of women left as family bread winners during this period while their husbands were away fighting the war or

⁶The lack of adequate alternative care arrangements still fail to keep women from seeking jobs when they need them; they simply "use less desirable ways of having their children cared for while they work" (CCSD Report, 1972, p.7).

were deserted or widowed during this period. While their jobs may not have been essential to the war effort, certainly the employment was essential to the well-being of their family. However, the Victorian ethos was still very strong, almost 100 years after the first "child care crisis", and the working mother was still a problem that society did not want to face because it did not believe the problem should exist. In consequence, child day care services had only transitory public support and immediately after the war ended, the government terminated the Dominion-Provincial Agreement. Perceiving that the need had ended with the War, the federal government withdrew all support, leaving the responsibility with the provinces. (Saskatchewan, 1980).

It has been suggested that there was a more studied ulterior motive to this government action (Shulz, 1978). With thousands of young men returning to the labour force at the same time that war time industries closed their doors, the specter of the massive unemployment of the Depression moved the government to initiate a number of programs to stabilize the economy. Some suggest that the withdrawal of day care services was but one of these measures in that such a move would force women out of the potentially overcrowded labour market. However, it must be considered that society had never accepted the work place as an appropriate place for mothers. Mothers in the labour force after the War was

ended were an anachronism and extant child care services awaited the next crisis which would focus attention once again on the lack of adequate child care services for a growing majority of Canadian families.

Current Need

Factors contributing to the need for child care services are multitudinous; fundamental change in the structure of the family, the changing role and participation rate of women in the labour force, the availability of child care spaces determined by government policy and market forces influenced by costs and attitudes towards differing care modalities.

The Changing Family

The last thirty years have borne witness to significant social and economic change in the family and no longer is the "traditional family" of mother in the home and father in the labour force a reality for a majority of Canadians:

Today the "traditional" male-supported family is in the distinct minority, representing only 16 per cent of families as opposed to 65 per cent in 1961. Many other family forms, such as one-parent families, childless couples and couples with children where both parents are employed, are much more common" (CACSW, 1986, p.4).

There are a number of underlying causes for this change. Labour market and urbanization forces have affected family

by encouraging "high physical mobility" (Armitage, 1978, p.371). A study of physical mobility (George, 1970) suggested that in five year periods approximately 50% of the Canadian population change their place of residence. Of this number, 60% remain in the same metropolitan area, 30% remain in province, and 10% move out of province. Additionally significant economic shift has resulted in an increased number of families in which both parents must work. There has been an increasing need for wives and mothers to join the labour force in an effort to maintain a 'decent' standard of living for the family. In 1979 the National Council of Welfare (1979) estimated there would be a 51% increase in the number of families caught below Canada's poverty level in 2 parent working families if the wife had no earnings. In 1985, the Canadian Advisory Council on the Status of Women put that figure at 61%.

It is also reasonable to assume that change in societal values, predicated in particularly on the women's movement in the 1960's, has also had some influence on the rising number of women now working outside the home.

Additionally, "more than one-fifth of families are headed by single parents" (Statistics Canada, 1983 cited in CACSW, 1986, p. 5). The divorce rate per 100,000, which was 35-40 per annum in the 1950's, has climbed to almost 280 per 100,000 by 1981 (Pence, 1985b). Combined with a decreasing

rate of remarriage, "less than half of women who are divorced by the age of 35 remarry" (Statistics Canada, 1983, cited in CACSW, 1983. p.5). This substantial shift in the marriage and divorce rates, overall, is represented in Table 1.

These changes have had a significant influence on the family. In 1984, 64 percent of women with children were in the labour force, a substantive increase when compared to 20 percent in 1970 (Statistics Canada, 1984) and, contrary to public perception, of all the mothers in the labour with children under the age of three, 69% were employed full time (Townsend, 1986). Further, it is "highly significant that the most rapid growth in labour force participation has taken place among mothers of younger children, since these are the children for whom developmental consequences are the greatest" (Ruopp & Travers, 1982, p.77).

It is interesting to note that in the United States, whose labour force participation rate of women, including mothers of young children, closely parallels Canadian statistics (see Table 2 - based on U.S. Census Reports 1982, 1983 cited in Dickerson & Ross, 1985, p.4), it has been observed that the number of mothers returning to work before their children reach one year of age has increased 95% between 1970 and 1984. "At these rates, by the year 2000, four out of five infants under one year of age will have a

mother in the labor force" (Ad Hoc Day Care Coalition, 1985, p.1). While these statistics may be misleading (it cannot be supposed that such a true linear relationship exists and would thus result in such figures), Tables 3 and 4 certainly indicate a trend that increasingly more infants than not will require day care due to maternal employment as the number of infants with mothers in the Canadian labour force increased while the fertility rate decreases.

Overall, the average family composition and the working patterns of those families have shifted considerably this past decade. The notion of the "average family" has been redefined as evidenced in Table 5 which illustrates the dramatic change in the last ten years in the working patterns evident in families with children 0-5 years of age.

Child Day Care Services in the 1980s

The impact of the exponential increase in the participation rate of women in the labour force on child day care has been twofold. Not only has it greatly increased the number of children in need of non-maternal caregiving arrangements, it has also had the contemporaneous effect of decreasing the number of potential informal caregivers (Manitoba, 1982; Krashinsky, 1984; Federal Task Force on Child Care, 1986) as potential caregivers become

"careseekers". Additionally, as already indicated in Table 5a, smaller families are now the norm (Statistics Canada, 1985) and this in turn means a decrease in the number of older siblings available as caretakers. This would generally have a greater impact on the availability of after-school care for younger elementary age children as older siblings, undoubtedly being of school age too, would be unavailable for week-day caregiving responsibilities. However, certainly the lack of this type of care for parents of young children who work evenings or weekends is relevant.

The response of child day care services to these changes is reflected in Table 6, with a total of 28,373 licensed family day care and centre day care spaces in 1973 increasing to 192,374 spaces in 1985 (National Day Care Information Office, 1985) and a concomitant growth in the population of children who might be enrolled in the spaces predicated on the increased labour force participation of women with children under six years of age.

The number of children with mothers in the labour force is often juxtaposed with the number of licensed day care spaces available as support for the the growing crisis in child care services. For example, in 1979 the Status of Day Care in Canada Report (National Day Care Information Office) estimated that only 4.08% of children under the age of two

with mothers in the labour force, and 15.46% of children age two to six with mothers in the labour force were receiving licensed care (p.6). However, such data must be treated with some caution. Lero, Pence, Goelman & Brockman (1984) explain:

While quoted frequently, it is widely recognized that these reports are based on data collection techniques that are inconsistent across provinces (some using enrollments, others using day care spaces, and some "guesstimating" numbers when the data are not available). The reports estimate the number of children cared for in licensed care arrangements on the estimated number of full-time spaces, despite the fact that large numbers of children attend centres on a part-time basis. One of the highlights of these annual reports is the percentage of children of working mothers who are estimated to be served by Canada's formal day care system. These estimates have been based on projections from the Women's Bureau on the basis of projections made from 1973 employment data, and typically suggest that only 10-15% of preschool children whose mothers are in the labour force receive care in licensed or approved child care settings (p.10).

The 1983 and 1984 reports are based on 1981 census data which employed a more fine-grained and sophisticated method to juxtapose the figures of children potentially in need of care with available licensed day care spaces (Lero et al. 1984; Federal Task Force on Child Care, 1986) The juxtaposition reflected an awareness of labour force participation rates which included part-time as well as full-time mothers and thus might lead to over-estimation of need for full time care. It also must be noted that estimation of need cannot rest on women's labour force participation rate alone. Such a supposition does not reflect the needs of single parent fathers or students or

families needing day care as a respite due to instability caused by health or social factors. However, as indicated in Tables 7 and 8, even with such adjustments, the percentage of children served by licensed spaces is still very small; an estimated 21.5% of children under six years of age, leaving close to 80% in alternate forms of informal or unlicensed care arrangements.

At first glance this presents an overwhelming need for additional licensed child care spaces. However, there is some controversy surrounding such an interpretation of the data, e.g.:

In 1983, there were 956,000 children under the age of 6 years...with mothers in the labour force. Yet in 1983 there were only 139,070 licensed group and family home care spaces in the whole country...The cost of good child care is now prohibitive for most Canadian families (Canadian Day Care Advocacy Association, 1985, Fact Sheet)

vs.

In 1982 14.4% of children aged 2-6 years of age and 4-7% of children under 2 years of age were in formal arrangements. Since many of these were in subsidized slots, it is clear that a vast majority of parents who pay the full cost of their child care choose informal arrangements...(Michael Krashinsky, economist, 1984, p.9).

Do parents predominantly choose informal or unlicensed family day care arrangements or is it a forced choice due to the lack of licensed spaces available? This issue will be discussed along with the available research in Chapter 4 under "Parent Preferences".

CHAPTER 3

THE DATA BASE

Procedures

Determining if research can inform policy requires an understanding of the research base from which direction is sought. That all the studies which seek to address the issue of the effects of child care arrangements on the development of children do not possess the same design structure nor methodological procedure and often have not examined similar populations nor programs is axiomatic. The question is whether such differences cause the current research data base to be unreliable in its ability to inform policy. It may be suggested that to ignore studies which do not meet rigorous requirements in design or methods may only mean we would be precisely wrong in the development of policies based on inferences drawn from the limited pool of the few studies which could meet standards of rigour. As with any area of social policy action, "decisions dependent on research must be made within a time frame established by public events, they cannot wait until all of the necessary data have been gathered or until the ideal verification procedures have been performed" (Mayer & Greenwood, 1980, p.44). In consequence, the challenge is to examine the available research in the aggregate to detect trends and

patterns in results. This may provide indicators of the possible manifest or latent consequences of supporting a particular model of care on a large scale basis. Methodological problems and research limitations notwithstanding, various literature reviews of child day care research have found sufficient weight and consistency in the results to make defensible generalizations (Snow, 1983).

However, in order to provide a consistent and stable foundation on which to base this inquiry, a primary data base will be established. Condry & Lazar (1982), in a review of social science research which affected social policy as it related to children, argued that a common characteristic among studies which were most likely to influence social policy were "those which used direct outcome measures" (p. 21). Therefore, studies which included standardized child outcome measures of proven validity and reliability under test-retest conditions will provide the primary data base for this investigation. For reasons already noted, additional studies which do not have outcome measures but assist in suggesting or supporting a particular pattern or trend in results, will be included to provide further necessary depth and richness to the data base.

The increased attention on the child day care issue has revealed that "the scope and content of much research on day care is conceptually and methodologically limited (Goelman & Pence, 1985, p.324). A review of the current research base follows in order that issues of its limitations may be discussed and appropriately addressed to ensure the defensibility of inferences drawn from this investigation.

Current research base

The data base related to Canadian child day care is "limited and quite faulty" (Lero, Pence, Goelman, & Brockman, 1984, p. 8). A recent bibliography of Canadian Day Care research (Pence, 1985a) cites over 500 references, yet identifies a scant handful of actual research documents representing the effects of day care on less than 200-300 Canadian children over the last 15 years. Lero et al. (1984), in a review of the Canadian data base, conclude that it consists of little more than:

- a) a variety of published and unpublished needs assessment studies,
- b) provincial surveys of formal care users,
- c) a limited number of research studies investigating the differences between child care arrangements and user groups,
- d) the annual Status of Day Care in Canada Reports,

- e) two surveys conducted by Statistics Canada on child care arrangements, and
- f) a qualitative study of 336 Canadian families concerning the needs and preferences of parents for child services completed for the Federal Task Force on Child Care in 1985.

An analysis of this data base by these researchers reflects severe limitations as to what this base can tell us about Canadian child care. The community needs assessment studies, which form a significant majority of the studies available as evidenced in the Canadian Day Care Research Bibliography (Pence, 1985a) have been carried out in a variety of communities with diverse populations and settings. Additionally, few of these studies evidence "a strong background in research methodology" (Lero, et al., 1984, p.8).

Most of the provincial surveys, a majority of which were carried out in Ontario, have typically been designed to gather information on existing child care services and the families who use them for the purpose of determining the extent to which the delivery system is meeting provincial policy objectives. Of the few studies which have focussed on assessing the quality of the care environment and the potential effect it may have on the children involved, all were limited by their samples which reflected specific

socio-demographic characteristics of particular regions of Canada, e.g. Project Child Care (Johnson, 1977 & 1978) in Toronto and Victoria Day Care Research Project (Pence & Goelman, 1985a&b) in Victoria B.C. This is also a problem with the limited number of studies which have examined the needs and preferences of parents, e.g. Day Care Needs and Demands in Saskatchewan, (Saskatchewan Department of Social Services, 1978) Child Care Needs and Realities in Winnipeg, (Stevens, 1984); and Factors influencing parents' preference for and use of alternative child care arrangements for pre-school-age children, (Lero, 1981) which had a sample population from Kitchener, Ontario. A recent study of parents' preferences and needs encompassed a broader sample base of families from across Canada, but utilized an extended case study approach with relatively small sample sizes for each region of the country (n=336 in total). As such, the study is also limited in its ability to generalize its findings (Lero, Pence, Brockman, & Charlesworth, 1986).

This brief overview of the Canadian data base is to alert the reader to the difficulties of drawing any broad generalizations or conclusions based solely on Canadian research. In fact, it is self-evident that present limitations of the Canadian data base pose real and serious problems in any attempt to inform policy or to support long-term policy decisions.

However, it is not necessary to rely exclusively on a Canadian data base as there have been a considerable number of studies in the United States, some of which can address Canadian child care issues given the similarities in the histories and the current status of child care in both countries. Moreover, it is reasonable to suggest that child development data in Canada and the U.S. are basically grounded in the same psychological and physiological principals. At the same time, it is important to highlight the further limitations which exist in this larger data base which includes much of the American research.

Early research on the negative effects of institutionalization of children (Bowlby, 1951; Spitz, 1945; Goldfarb, 1943; Baer, 1954) precipitated the notion that maternal separation could be equated with maternal deprivation and provided the strongest arguments against child day care. Much of the concern for the negative effects child day care may have on the attachment of children to their mothers engendering later psychological or social defects was generated from this data base. These studies are more realistically viewed as case studies where maternal separation was but one factor in a host of unfavourable variables. A reframing of these classic studies on maternal separation was first discussed by Pinneau (1955) and further developed by Yarrow (1964) who pointed out that the complete loss of significant

relationships (e.g. for children who were orphaned) and traumatic displacement from familiar surroundings to inadequate and barren institutional care was a more reasonable explanation for the negative effects of non-maternal care (Ross, 1978).

Later research, which specifically investigated children in day care settings, found benign rather than negative effects when comparing day care children to home-reared children. In the case of children from disadvantaged backgrounds, day care emerged as having a potentially positive effect (Ramey & Cambell, 1979a, 1979b; Keister, 1978; Lally, 1974; Fowler & Kahn, 1974, 1975; Willis & Ricciuti, 1974; Saunders, 1972; Caldwell, Wright, Honig, & Tannenbaum, 1970; Prentice & Bieri, 1970). These studies have been referred to as the "second generation of day care research in North America" (Pence, 1983, p. 4) and essentially discounted the earlier work of Bowlby, Spitz and others as it might be specifically related to children in day care settings.

A cautionary note should be interjected as this second generation of day care research largely took place in university-connected day care centers or research created settings and did not represent the type or quality of day care settings which were being experienced by the majority of children in day care (Belsky, 1984, Bronfenbrenner, 1976,

1977). For example, Fowler's (1978) longitudinal study of day care and its effects on children age 0-5 years, while being lauded as "excellent work", has been described as limited because "such high quality model day care programs, while facilitating the development of disadvantaged children, are not typical of the day care experiences of most Canadian children" (Goelman & Pence, 1985, p. 332). In consequence, this generation of research (as had the first generation) has been criticized for its weak generalizability (Pence, 1983).

While the "third generation" of day care research did move out into the community to observe children in naturally occurring day care settings (e.g. Blanchard & Main, 1979; Golden et al., 1978; Rubenstein & Howes, 1979;), it has also been flagged for the limited nature of the inquiry; the research has focussed on the child in the day care setting without sufficient regard for the many other interactive factors such as the characteristics and interrelationships of the child's environment both in the day care setting and outside the day care setting. Whether it be, for example, the pre-existing differences which may characterize children of different familial backgrounds, pre-existing differences which may characterize the caregivers in different care settings, or the differences which may occur in the parent-child-caregiver triad in different care settings, attribution of developmental consequences based exclusively

on observations on children from different settings could be exceedingly misleading.

A 'fourth generation' of research has begun to further explore what could be considered these "confounding variables". This generation of research, to a large degree, is grounded in the ecological study of the day care environment. From this perspective, the pre-existing differences are valid aspects of the "ecology of human development" (Bronfenbrenner, 1979, p.514, see Figure 1) and as such must not be controlled out of the investigation. Rather, the "confounding of variables in the natural environment reflects forces in the ecology which tie variables together in an interdependent pattern" (Innes & Innes, 1984, p.144) need to be investigated and understood more fully in order to gain a clearer understanding of the potential effects of varying day care environments on children of diverse familial backgrounds.

Ecologically based research designs have begun to investigate the effects of different care environments from this perspective. An example is the Victoria Day Care Research Project (Pence & Goelman, 1985) which did study the parent-child-caregiver triad in three care settings, probing not only for developmental differences in children which may exist between care settings, but also for pre-existing differences or differences outside the care setting which

may interrelate with the setting to produce significant differences.

Discussion of the Victoria Project brings us full circle in this review of the limitations of the current child day care research data base. As noted in the earlier discussion of Canadian research, the Victoria Project is limited by its lack of generalizability when considering the diversity of Canadian economic, cultural, and geographic settings. The socio-demographic characteristics of Victoria, British Columbia are unique to the city and given that ecological research is still very new, there is a paucity of research presently which replicates the results of the Victoria study with different sample populations in different locales which could lend stronger support to the generalizability of the research data. The principal investigators of the Victoria Project (Pence & Goelman) have undertaken a similar study in the Vancouver, B.C. area and the Day Care Research Network has proposed a national study utilizing an ecological approach as well (Lero et al. 1984). Such research activity should provide future ability to generalize findings from current studies such as the Victoria Project.

Bronfenbrenner's (1977) description of being caught between a "rock and a soft place", where "the rock is rigor and the soft place is relevance" (p.18), is an apt description of current day care research for a number of

reasons. To begin, children cannot be randomly assigned to a variety of day care settings (Blum, 1983) and random assignment is a hallmark of rigorous research. Secondly, the pre-existing differences in the children, parents, caregivers, and settings present a myriad of possible interactive effects as it is questionable whether day care has a uniform effect on young children or whether the specific impact depends upon individual characteristics of the child, family, caregiver, or setting. It is difficult to determine if the "significant main effects of treatment (i.e. day care) reported in some studies may actually be the undetected interactions between subject and treatment variables" (Everson, Sarnat & Ambron, 1984, p.66). The a posteriori designs of most studies (i.e. the lack of assessments prior to day care entry) do not permit any final conclusions (Schiller, 1980).

Therefore, exploring the existing research base for patterns and trends in the findings provides "relevance" even though the "rock" is difficult to support. In a recent review of child day care research, Belsky (1984) concludes that "despite limits in design and especially measurement, findings across studies are surprisingly consistent if not perfectly uniform" (p. 4). Further, as noted by Zigler & Gordon (1982) "unless we are willing to randomly assign (or consign) children to poor quality care, rejecting all quasi-experimental research would lead us to abandon the

most urgent topics of research - namely the study of the effects of bad versus good care" (p. vi). This inquiry will thus seek patterns and trends which are consistent in an effort to determine if current child day care research can inform social policy for:

Although this area of research is expanding rapidly, the topic is simply too new for any final conclusions to be drawn. This does not mean that we can do nothing but stand around and wait for answers. For better or worse day care exists for literally millions of young children (Young & Zigler, 1985, p. 3).

CHAPTER 4

Research in Child Day Care

FINDINGS AND DISCUSSION

Existing research is reviewed which has investigated the effects of family day care (licensed and unlicensed) and center-based group day care on children 0-5 years of age. Recognizing the significant differences in developmental needs and characteristics of children as they progress through these early years, the research on infants/toddlers (0-2 1/2 yrs) will be reviewed separately from the existing research on preschool-age children (2 1/2 - 5 yrs). It must be noted that these age categories do not reflect a uniform standard of investigation with regard to age in the literature. While care for children under 2 years of age is, without exception, described as infant/toddler care and care for children 3-5 years of age is invariably defined as care for pre-school age children, the year between two and three years of age is treated inconsistently. Some studies on infants/toddlers include children up to the age of three years while other studies on pre-school age care include children of 2 years of age. For the purposes of this inquiry, studies of children 0-3 years will be discussed in relation to infant/toddler care and studies of children 2-5

years of age will be discussed in relation to preschool-age care.

A review of the research pertaining to the issue of "quality" will introduce this section as "effects" of day care are inextricably linked to quality factors. The section will be completed with a review of the research on parental preference for care type, thereby insuring that the two areas considered important by Haskins (1979) in conditioning policy decisions about child day care (developmental effects and supply and demand for service) have been addressed.

Quality

Perhaps no single issue related to child care is as complex and controversial as the issue of quality, nor as critical to the well-being and future development of Canada's children. Parents, providers, and government are deeply concerned about this issue and professionals and researchers are expending considerable effort studying factors that contribute to differences in quality and the effects of those differences on caregivers and children (Lero & Kyle, 1985, p.88).

In attempting to determine the appropriateness of care type(s) policy should support or encourage, the issue of quality becomes of paramount importance. While the third generation of research concluded that, for the average child:

"experience in high-quality, center-based day care (1) has neither a salutary nor deleterious effects upon the intellectual development of the child, (2) is not disruptive of the child's emotional bond with his mother, and (3) increases the degree to which the child interacts, both positively and negatively, with peers" (Belsky & Steinberg, 1978, p. 929),

as previously noted, this model of day care is not representative of the type of caregiving received by the majority of children experiencing extra-familial child care on a regular basis. In point of fact "the vast majority of Canadian children are in the care of unlicensed caregivers... Though figures from available studies vary, it appears that over 80 per cent of children receiving non-parental care are in unlicensed arrangements" (Federal Task Force, 1986, p. 45). While this figure includes children up to age 12, it would appear to be a reasonable estimate for children age 5 years and under. The 1985

Status of Day Care in Canada report estimates the percentage of children requiring non-parental care served by licensed spaces is 6.26% for children 0-17 months, 12.77% for children 18-36 months and 33.47% for children 3-5 years of age (see Table 8).

In sum, the effects of "high-quality centre based" child care can not appropriately be represented as the effects of day care in the main. Therefore, an imperative exists to identify the characteristics of care which support the conclusions reached by Belsky & Steinberg (1978) in their review of the effects of day care on young children.

The fourth generation of research, more appropriately located within the genre of available community models of care has begun to identify some characteristics of "high quality" care environments and indicates that there are identifiable characteristics of the day care environment that influence its quality and ultimately the development of the children in care (Young & Zigler, 1985; Ruopp & Travers, 1985).

The National Day Care Study (NDCS) (Ruopp, Travers, Glantz, & Coelen, 1979) examined several thousand children, over one thousand parents and hundreds of day care staff members in 64 centres located in four major cities in the U.S. (Atlanta, Georgia; Chicago, Illinois; and Seattle,

Washington). The researchers found a number of variables were correlated with NDCS measures of quality which included child behaviour and standardized test performance. In the the main these were (p.xxxvii):

*Preschool-age children

-Overall group size: Across all study sites smaller groups were consistently associated with better care, more socially active children and higher gains on two developmental tests.

-Caregiver training: Caregivers with education/training relevant to young children delivered better care with somewhat superior developmental effects for children (total years of day care experience, total years of formal education, degrees or diplomas in unrelated disciplines to child care were shown to be systematically unassociated with caregiver or child behaviour or child outcome measure scores).

-Caregiver/child ratio: staff/child ratio evidenced a slight relationship for this age group.

*Infants/Toddlers

-Both overall group size and caregiver/child ratio were strongly related to NDCS measures of quality for infants and toddlers.

-Caregiver educational backgrounds were also associated with differences in quality. However, data limitations did not allow for determination of the precise educational or training factors which contributed to this factor.

A number of studies which have evaluated quality in caregiving settings and provide much of the data on quality in this chapter incorporated one or more of these identified quality variables as measures (e.g. Howes & Olenick, 1986; Vandell & Powers, 1983; Pence & Goelman, in press-a, in press-b).

Another measure of quality associated with child development outcomes is the Early Childhood Environment

Rating Scale (ECERS) (Harms & Clifford, 1980) which consists of 37 characteristics related to the environment of the caregiving model. Ten of the characteristic had correlation coefficients that ranged from .78 to .94 with the total ECERS score (Kontos & Fiene, 1985). Specifically, these characteristics were related to available toys, materials, creative activities, room arrangement, supervision and presentation of activities by staff, and parent/staff communication and interaction (see Appendix A). A number of studies have used the ECERS to evaluate the quality of day care centres and have found that children who attend higher quality centers were significantly more likely to engage in positive behaviours and have higher scores on a number of developmental measures (Kontos & Stevens, 1985; Pence & Goelman, in press-a, in press-b; McCartney, 1984; McCartney, Scarr, Phillips, Grajek & Schwarz, 1982). Additionally a number of small studies support the impact on the quality of children's behaviour in child care centres in relation to the physical setting and availability of materials (Adams & Taylor, 1984; Day & Sheehan, 1974; Sheehan & Day, 1975). Rohe and Patterson (1974) found that as the number of children in a day care setting increases per square foot, destructive, aggressive, and unoccupied behaviour is evidenced with greater frequency.

The research cited thus far has been centre-based and Lero & Kyle (1985) note "a number of researchers who are

attempting to assess qualities of family home day care environments have found that measures developed to assess quality characteristics of centre-based care do not readily translate into adequate measures of quality care provided in home settings" (p.91). However, quality measures which have been developed for the home environment based on identified "quality characteristics" in studies of home-based care are very similar to those characteristics identified in centre-based programmes. The National Day Care Home Study (Fosberg, 1981) found relationships between the quality and amount of interaction between the children in care and the caregivers and such variables as:

- * number of children in the home care setting
- * regulatory status of the family day care home
- * caregiver training

Further, Clarke-Stewart's Chicago Study of Child Care found a correlation between measures of children's cognitive and social competence and variations in physical features of the family day care home; specifically, a neat and orderly environment organized around the children's activities and containing fewer adult-oriented decorations (Clarke-Stewart, 1986). Therefore, it would appear that issues of group size, caregiver training, and the physical features of the care environment play a critical role in the quality of centre-based and home-based child day care.

While there would appear to be some consistent findings in the research to suggest that there are identifiable variables of quality in the day care setting which indicate an impact on child development, the issue is exceedingly complex. Pence & Goelman (in press-a, in press-b) found an interactive relationship between the quality of the environment and the pre-existing differences children brought to their day care experience. Data from the Victoria Day Care Research Project indicated that children from low resource families in low quality child care arrangements fared substantially worse than did their peers from high resource families in the same setting.

In other words, just as high quality day care experiences were shown to have a generally benign effect on all but children from disadvantaged socio-economic backgrounds, who evidenced positive effects (Belsky & Steinberg, 1978; Belsky, Steinberg & Walker, 1980; Esbensen, 1985; Epstein, 1979; Snow, 1983; Etaugh, 1978; Grotberg & Brown, 1981; Brock, 1980; Heist, 1980; Ruopp & Travers, 1983), it would appear that the converse might also be true; that is, low quality care environments also have a greater effect on children from disadvantaged backgrounds. The evidence suggests that under some conditions, quality variables produce either a positive or negative synergistic response in children. In other instances, the complex interactive nature of the relationship between quality variables and

pre-existing differences makes the detection of positive or negative effects of the variable difficult as evidenced in the following study by Kontos & Fiene (1985).

Ten day care centres participated in the Kontos & Fiene study. When a dicotomous profit/non-profit variable was included in the correlation matrix with other variables related to centre characteristics and child development outcomes, it was discovered that profit/non-profit status correlated with the program quality measures (Early Childhood Environment Rating Scale and Caregiver observation Form and Scale). While for-profit centres had lower scores on two measures of quality, children in these centres had higher scores for cognitive, language, and social development. It was noted that these children were from higher resource families than were the children in non-profit centres. Thus, in spite of the strong support ECERS has in the research to date related to the identification of a quality day care environment which promotes positive child development, the correlation between quality of the care environment and child outcome measures cannot be consistently made due to pre-existing differences in children. In this case, Kontos & Fiene (1985) concluded that "discrepancies in quality between centres and differences in children attending each kind complicate interpretation of data...[and it is] hard to tell how day

care quality alone affects children's development since socio-economic status is such an important variable" (p.4).

In order to exemplify the convoluted interactive nature of the problem, a small study is noted. Pines & Maslach (1980) investigated those aspects of the job situation which can lead to staff burn-out in a day care setting.⁷ In their study they found that:

- 1) Large staff-child ratios resulted in cognitive, sensory, and emotional overload for the staff members.
- 2) Longer working hours on the floor with children were associated with more stress and negative attitudes on the part of staff.
- 3) Centres with less structured programs exacted a greater emotional price from individual staff members.

While the study did not correlate these findings to child outcome measures for children in the setting, it is reasonable to suggest that the effects of "burnout" on staff may in turn effect the quality of the care environment which, in turn, may have an effect on the children in care.

⁷Pines & Maslach define burnout as "a syndrome of emotional exhaustion and cynicism that can occur among individuals who spend much of their time working closely with other people. It involves a gradual loss of concern for these other people and the development of callous and even dehumanized attitudes towards them...it can sometimes result in negative feelings about oneself as a professional helper or caregiver" (p.5).

The difficulty is detecting direct effects of a variable versus the indirect effects. For example, an investigation may evidence developmental differences between children in centres which have varying degrees of structure to their programmes. The developmental consequences may be seen as a direct result of the impact of the structure but may in fact be the result of the impact of the structure on the caregiver precipitating an indirect effect on the children.

Another example to draw from the Pines & Maslach study might be the effects of longer working hours on staff in comparing the effects of centre care to family day care. While centre staff generally work 8 hour shifts, family day care providers "work" with the children for the full length of time the children are in care. If the parents work an 8 hour day with an hour for lunch and another hour travelling time, the family day care provider may be working 10 hours per day. If an investigation of the differences in the care environments was focussed on caregiver training, one can readily imagine the interpretation of the data. In most centre care, caregivers have had some post-secondary training. This is not generally the case for family day care providers. Perceived differences between these two groups may be seen as a result of "training" when in fact the "hours of work" may have been the significant influence.

Neither example is meant to suggest that the data presented by Pines & Maslach has enough empirical support to suggest a link between staff burnout and developmental consequences to children in care. Rather, the examples are used to highlight the difficulty of separating the effects of quality variables on the children from the potentially unidentified effects of other co-existing variables.

In sum, there are obvious difficulties in drawing general inferences from data which may, in fact, be reflective of synergistic or interactive responses to the key quality variables. Additional studies have begun to identify a variety of pre-existing differences as potentially influential in the determining the effects of the day care experience for children in care. Some of the possibilities include maternal attitude toward or satisfaction with employment (Howes, Goldenberg, Golub, Lee & Olenick, 1984; Farel, 1980; Hock, 1980), stability in the caregiving arrangement (Anderson, 1980; Howes & Olenick, 1986; Cummings, 1980; Clarke-Stewart & Grueber, 1984), age of entry (Kontos & Stevens, 1985; Vaughn, cited in Belsky, 1985) to name but a few.

Discussion

Research to date indicates that the quality of day care can, to some degree, be defined (Ruopp & Travers, 1982). Further, the research can support a positive relationship between day care quality and child development (Kontos & Fiene, 1985; Zigler & Gordon, 1982). Given the general consistency of the patterns in the research findings, it is reasonable to suggest that there are some basic quality variables which should be incorporated into any child care arrangement. Specifically, group size, caregiver training, and the physical setting (e.g. space, available materials and toys) appear to play a significant role in the potential effect of the day care environment on children in care.

It would appear that a "strong case can be made that the most fundamental aspects of quality in day care is its effects on the immediate experience...of the individual child" (Ruopp & Travers, 1982, p.79). Variations in the quality of day care settings do evidence variable impact on the behaviour of children in care. Vandell & Powers (1983) found that day care quality defined in terms of adult-child ratio, educational level of the caregiver, and toy availability was clearly associated with children's free play activities:

While there were no significant differences in the children's peer interactions in the three types of programs, children in the high quality programs had significantly more positive interactions with adults. In contrast, children in the low and moderate quality programs significantly more time in aimless wandering and in solitary behavior (p.498).

Interestingly, Vandell & Powers noted that, while the variables appeared to be consistently ranked, with frequencies for low and high quality programs being at opposite ends of the continuum and the moderate quality programs in between, significant differences were found only between comparisons of the high quality versus the moderate and low quality programs. These results are noteworthy for two reasons. Importantly, research suggests a correlation between positive adult-child interactions and children's intellectual and emotional development, "while unoccupied behaviour has been negatively associated with cognitive development" (Vandell & Power, 1983, p.498; Clarke-Stewart, 1973; Carew, 1980; Belsky, Goode, & Most, 1980). Therefore, programs which do not support positive adult-child interactions and/or precipitate "aimless wandering" behaviours in children may have long-term developmental consequences. Further, it appears that such consequences may not be a product of poor quality centres alone. If "moderate" quality care more closely resembles poor quality than high quality care, a policy imperative may be to ensure that regulations governing day care services do more than meet minimal standards; standards below which care would be considered harmful, the current 'rule of thumb' in

regulations. Unfortunately, Vandell & Power's results "do not indicate which (or what combination of) quality variables observed in the...study resulted in the differential pattern of behavior" (p.499). A problem common to much of the research on "quality".

It is difficult to separate the effects of the care environment from the effects of the child's environment on the whole. The influences of pre-existing differences support inconsistencies in the effects of the identified quality variables. Cronbach & Snow (1977) argue that "conflicting findings (especially among studies of low statistical power) suggest the possibility of higher-order interactions which remain undetected" (cited in Everson, Sarnat, & Ambron, 1984, p.66). In fact, such interactions appear to exist and are being identified in the research and provide a cautionary note to the discussion. While certain quality characteristics have been identified and are regulatable, we cannot suggest with certainty that the positive outcome measures attributed to these characteristics are not entirely dependent on, or intrinsically related to, other identified or unidentified factors.

However, a definitive pattern is detectable in the research findings. As such, this pattern must be accepted as part of the "form and texture" of child day care. The

following section, Effects of Care Types, will examine available research which may inform policy regarding the efficacy with which one or more of the care types evidence quality factors identified thus far, for:

Presumably, if conditions of care that promote optimal development can be identified, then a policy imperative would exist to encourage such conditions" (Belsky, 1984, p.3).

Effects by Type of Care/Age of Child

This section will discuss research which pertains to the possible developmental effects of out-of-home, non-parental care on children age 0-5 years.

Definitions

CARE TYPE

Family Day Care

Family Day Care (FDC) is described as care for children in a private home other than their own by a non-related caregiver. However, as indicated in the section on quality, the regulatory status of a FDC home may have an influence on the quality of the day care experience for the children involved. Therefore, where possible in the review of relevant research, differentiations will be made in the FDC category according to the licensed or unlicensed status of the FDC environment under review.

Unlicensed family day care: The caregiving arrangement does not operate under the aegis of provincial licensing authorities. Provincial Acts do govern the number of children a caregiver may care for without benefit of a license, varying between 2 to 5 in total. Caregivers exceeding these numbers become another category of "type of care", that of 'illegal unlicensed'.

It is important to make such a differentiation when discussing the potential effects of "unlicensed family day care" on children in care. The day care environment for a child will be qualitatively different if he/she is cared for in a group of five or less versus a larger group given that group size has been indicated as an important factor in the quality of the care environment. The difference in group size would make a substantial difference in the potential benefits or negative consequences of the care arrangement. Therefore, aberrance in group size will be noted in the review of the research literature if indicated to ensure that resulting conclusions are reflective of the potential differences in the quality of unlicensed and illegal unlicensed care settings.

Licensed Family Day Care: Licensed family day care (LFDC) is defined as care for children in a private home other than their own by a non-related caregiver under the aegis of provincial licensing authorities. Regulations limit the number of children per setting, usually to a maximum of 5-8. Such homes are subject to supervision and inspection by appropriate provincial or municipal authorities.

Centre-based group care

Centre day care (CDC) is defined as care for children in a licensed facility by trained caregivers. Maximum group size varies somewhat by province, however no province

exceeds 25 per group of preschool age children and 12 per group for infants and toddlers, although some provinces do allow many more groups per facility than others. Staff/child ratio is fairly consistent across provinces, 1/8 for preschool age children and 1/4 for infants and toddlers (Mark, 1982; Federal Task Force, 1986). There is wide variation in the type of training required for staff, with some provinces requiring college diplomas in early childhood education and others requiring a 'suitable personality'. Facilities are subject to supervision and inspection by appropriate provincial or municipal authorities.

CHILD AGE⁸

Infant/Toddler

Children age 0-2 1/2 years of age will be considered in the review of the research related to the effects of care on infants and toddlers.

⁸As noted in the Introduction, the age between 2 and 3 years is treated inconsistently in the literature. Therefore, it is impossible to adhere strictly to the age categories. However, discrepant age categorizations will be treated logically, i.e. research results predicated on a sample of children age 0-3 years will be reviewed as infant/toddler research and results predicated on a sample of children age 2-5 years will be reviewed in the preschool age category.

Preschool

Children age 2 1/2 to 5 years of age will be considered in the review of research related to the effects of care on preschool age children.

Infant/Toddler Care: Research on Effects

Social/Emotional Consequences

A major concern regarding infant/toddler care has been the potential effect of group care on attachment. The concern is that such extrafamilial care on the daily basis required for working parents might "prevent the development of primary selective attachments or cause the bonds to be made with the day care staff rather than with the child's own parents (possibly impairing family cohesion), or that it [will] result in anxious, insecure attachments". (Rutter, 1981 p.6). In consequence, much of the research on infant/toddler care has been focussed on attachment and separation behaviours manifested in children in day care settings (Falender & Mehrabian, 1979). More specifically, the predominant research focus has been on the issue of maternal attachment in this regard and the mother-child dyad in relation to day care has generated the bulk of the research on infant/toddler care.

The majority of studies on maternal attachment have used some form of the Ainsworth-Wittig (1969) "strange situation" technique (Doyle, 1975; Ainsworth & Bell, 1970; Hock & Clinger, 1980; Roopnarine & Lamb, 1978; Farren & Ramey, 1977; Ricciuti, 1974; Blanchard & Main, 1979; Brookhart & Hock, 1976; Doyle & Somers, 1978; Jacobson & Willie, 1984;

Schwartz, 1983; Cummings, 1980; Ragozin, 1980; Vaughn, Gove & Egeland, 1980; Blehar, 1974; Ainslie & Anderson, 1984). This technique involves a sequence of episodes which creates a stressful situation for a child by repeatedly separating the child from the mother and/or introducing the child to an adult stranger. The underlying rationale is that the child's approach-avoidance reactions to the mother and the stranger will be an indication of the quality of the maternal attachment (Watkins & Bradford, 1982) assuming that proximity seeking is an indicator of attachment.

In comparisons of children in centre-based care to home-reared children, studies have generally revealed no differences in the quality of the mother-child bond. While Blehar (1974) found more avoidant behaviour with the stranger and anxious attachment behaviour with the mother in the center sample, other studies fail to replicate or support her results. Doyle, (1975), Portnoy & Simmons (1978), Brookhart & Hock (1976) found no differences between groups while Doyle & Somers (1978) found that home children tended to be more upset by separation from mother. A study by Caldwell, Wright, Honig & Tannenbaum (1970), although not using the "strange situation" technique, was nevertheless focussed on maternal attachment and found no evidence of detrimental effects to the mother-child bond in centre-care children compared to home-reared children. Fowler (1978) states that there was "typically no difference in the

quality of mother-child attachment relations or separation problems between day care and home-reared children" (p.2) in his study of day care and its effects on early development. These results are supported in a follow-up of children who had been in centre care as infants as compared to a control group of home-reared children with no differences found at age 3 1/2 years (Rubenstein, Howes & Boyle, 1981). Kagan, Kearsley & Zelazo (1978) did find a difference in their sample between chinese centre-care children and their chinese home counter-parts in that the centre children spent more time near their mothers and less time near familiar adults than did the home-reared children. There were no such differences found among the caucasian children in the sample.

Methodological weaknesses in the Blehar study may account for the differences in research findings (Belsky & Steinberg, 1978). In particular, Blehar's centre sample had serious flaws with regard to representativeness. The failure to replicate Blehar's results may be due to the contrasting characteristics of samples used in other studies (Silverstein, 1981). 80% of the Blehar sample were first born children and Fox (1977) suggests that first born children most often display more aversive reaction upon separation and reunion with their mothers than do later born children. In addition, children in the Blehar study had been enrolled in the centre for a relatively short period of

time. Other studies have indicated that most children evidence normative distress behaviour upon initial entry into care settings which decreases as the children become comfortable and familiar with their surroundings (Blanchard & Main, 1979). Thus, it is reasonable to infer that the combination of birth order with length of time in care may have produced the nonreplicable findings in Blehar's study.

One study indicated sex differences in the proximity behaviours. Hock & Clinger, (1980) found that female infants who were home-reared cried less and exhibited fewer and less intense behaviours that were aimed at maintaining or regaining maternal proximity, however, home-reared males more closely approximated the behaviours of non-maternal care females. Blanchard & Main (1979) and Everson, Sarnat, & Ambron (1984) on the other hand found no such sex differences.

With regard to the concern that infants will bond with caregivers in place of parents, Ragozin (1980) found not only were there no differences between centre-care and home-reared children with regard to the "strange situation", centre care children also demonstrated a clear preference for their mothers, as opposed to the caregivers, in the centre observations. Farran & Ramey (1977) also found an overwhelming preference for mother, as opposed to caregiver, in their study of infants 9-23 months who had

been in group care since two to three months of age. Not only did the children show a strong preference to be near and interact with the mother rather than the caregiver, when faced with a problem-solving task, a majority of the children sought aid from their mother.

Watkins & Bradbard (1982) suggest that such results are compatible with similar findings by Kagan (1976) & Ricciuti (1974) who also "discovered that the infant-caregiver relationship does not replace or supersede the primary mother-child attachment bond" (p.172). Of note, Ricciuti also discovered that when faced with a stranger or a familiar caregiver, the infants displayed a strong preference for the caregiver. This is supported by Cummings' (1980) study as he indicates that "children were more likely to seek proximity to caregivers than to strangers but were less likely to seek proximity to caregiver than to the mother" (p.36).

These results would seem to suggest that infants are capable of developing a number of significant attachments without interfering with the primary attachment with mother. In fact Rutter (1974), in carefully comparing data from mother-present and mother-absent studies, suggests that the emotional disorders associated with mother-absent relationships for infants in institutions stems from the failure to ever establish an attachment bond to a mothering

figure rather than interference with an existing attachment bond.

The research results cited thus far have pertained to children in centre-based care settings. There are few studies which examine children in family day care arrangements with regard to the attachment issue. Jacobson & Willie (1984) examined 93 caucasian children from upper-middle class families who spent varying hours in family day care settings or with regular or casual sitters and found that a moderate number of hours in care was predictive of less stress at separation than either shorter or longer periods of time. These results are supported in a similar sample studied by Schwarz (1983). More of the infants in full-time care exhibited avoidant behaviour than did the children in part-time or mother care.

Another study on attachment which included children in FDC settings was by Farber & Egeland (1982). Based on a sample of 110 children from low-income families, the study indicated that children who began day care before 12 months of age showed more anxious avoidant attachments. These children were primarily in sitter care and 80% of them experienced a change of caregiver. It is worth noting that a majority of the care settings were informal, unlicensed settings of "poor quality" and as noted, "unstable child care arrangements with frequent changes in caregiving" were

common (Young & Zigler, 1985, p.6). An interesting contrast is the Stanford Study (Everson, Sarnat & Ambron, 1984) which did not find unstable care to have an effect on behaviour after 10 months in a licensed centre setting.

Research on attachment provides information on the potential effects of day care on the emotional development of infants and toddlers in care, but what of social development? While there exists a great deal more research on the effects of day care on the socialization of preschool age children, there is still a significant amount of such research which specifically addresses the issue with respect to infant/toddler care.

Sarafino (1985) noted a high frequency of positive and complex social interactions in a sample of children age 10-30 months who had all been in center care since younger than 3 months of age. Sarafino's results are consistent with the effects found in other research (Jacobson, 1981; Mueller & Vandell, 1979). Clarke-Stewart notes a temporarily accelerating effect on social development (Clarke-Stewart, 1982, 1983; Clarke-Stewart & Fein, 1983) which is supported by Howes & Olenick (1986) who found that children in high quality day care centres were more socially mature than home-reared children.

Several other studies have reported that children who enter day care as infants are less compliant in adult-child interactions (Finklestein, 1982; Rubenstein Howes, & Boyle, 1981; Schwarz, Strickland, & Krolick, 1974). Schwartz et al. (1974) found that a group of 3-4 year old children who had been in day care since infancy were more aggressive (physically and verbally) towards adults and peers as well as less compliant with adults. Haskins (1985) noted that disadvantaged children who had been in cognitively enriched programs since infancy were more aggressive in the first year of public school than all other day care groups studied. In contrast, Macrae & Herbert-Jackson (1976), with a sample of 2 year olds who had been in care from one to sixteen months, found longer care was associated with a greater ability to get along with peers. Similarly, McCutcheon & Calhoun (1976) found infants (5-30 months of age) increased positive behaviours in observations of initial month after enrollment in a centre.

The consistent contradictions in research results suggest higher-order interactions. For example, Haskins (1985) speculated that the aggressiveness found in his sample may have been the result of the children adjusting to a normative school environment. A study by Howes & Olenick (1986) found higher-order interactions played a significant role in their research results. Toddlers in three types of

care were studied; high quality⁹ centre care, low quality centre care and home-reared. Not only did the study reveal that children in high quality centres evidenced more compliant behaviours than did children in low quality centres, the families of the children evidenced qualitative differences. Families using low quality centres had more complex lives at home and were less involved and invested in their children's compliance than the other two groups. In fact, "both the parents and the day care teachers were less involved and invested in the child's compliance" (p.212).

Studies which compared social development in centre care with family day care also offer some contradictory results. A study by Tyler & Dittman (1980) indicated that toddlers in FDC exchanged more verbal interactions with caregivers and evidenced fewer behaviours such as thumb sucking than did centre care infants. However, the sample was very small and FDC infants were grouped with other home care infants, including mother care. Howes & Rubenstein (1981), with a sample size of 40, found "toddler peer interaction and complexity of peer play were largely similar in the two types of care despite differences in social setting variables" (p.393). The New York City Infant Day Care Study (n=151) found that toddlers in family day care obtained

⁹Indices of quality were adult:child ratio, caregiver training, and continuity of caregiver.

"significantly higher scores" on the Social Interaction Index than did the centre care toddlers (Golden, Rosenbluth, Grossi, Policare, Freeman, & Brownlee, 1978, p.164) and that overall, "whenever there were differences between the two types of infant day care programs in the social aspects of the program, they consistently favored family over group day care" (p.181). The National Day Care Study (Ruopp, Travers, Glantz & Coelen, 1979) did find that infants in centre settings, placed in too large groups with too few adults cried more or became withdrawn and apathetic. As group size appears to be an empirically supported indicator of quality, the inference may be drawn that large group size in a family day care setting would produce similar results.

Cognitive Consequences

Research results in this area are less contradictory, with more consistent findings across studies, especially with regard to the cognitive effects of day care on disadvantaged children. A number of studies using cognitive measure have indicated that infants from economically or culturally deprived backgrounds can be "differentiated from normal middle-class infants at about 18-24 months of age" (O'Connell & Farran, 1982, p.22; Bayley, 1965; Golden, Birns, Bridger, & Moss, 1971; Ramey & Campbell, 1979a&b; Heber, Garber, Harrington, Hoffman & Falender, 1972). As there is a strong relationship between early language acquisition and cognitive development (Carew, 1980), the

increased opportunity for positive adult-child interactions in day care settings is thought to "prevent declines in measured intelligence during early childhood" (Ramey & Farren, 1983, p.1). In fact, interactiveness on the part of the caregiver in the National Day Care Study bore the "strongest relationship to a measure of cognitive gain of any variable examined in the process" (Travers & Goodson, 1979, p.236).

The major hypothesis of the O'Connell & Farran (1982) study was that day care programs offered positive intervention for high risk infants by increasing their communicative behaviours. The hypothesis was confirmed in a comparison of high-risk infants in care with home reared high-risk infants. The centre care children initiated communicative behaviours to their mothers more often than did the home reared group. Carew's study (1980) supported the importance of the interactive nature of language acquisition in a study of home care and group day care: "the critical importance of intellectually stimulating interaction with caregivers was highlighted by the finding that...[of] experiences that proved predictive of test score...four referred to experiences occurring in interactive situations which the child and caregiver jointly created" (p.62). In contrast, intellectual experiences generated by the child alone in solitary play explained little variance in test scores. The results of these studies

are similar to and supported by many others (Ramey, Yeates & Short, 1984; Rescorla, Provence & Naylor, 1982; Trickett, Apfel, Rosenbaum & Zigler, 1982).

In terms of normative development, most studies have found little or no difference between the cognitive development of children in FDC, CDC or home care (Carew, 1980; Doyle & Somers, 1978; Stith & Davis, 1984). Some studies have evidenced greater cognitive development in infants in CDC as compared to home-reared infants (Doyle, 1975; Golden, et.al., 1978; Fowler, 1978; Kagan, Kearsley & Zelazo, 1978; Rubenstein, Howes & Boyle, 1981). In the New York City Infant Day Care Study, by 36 months of age CDC children were outperforming FDC and home-reared children on cognitive measures. However, the sample was drawn from low socio-economic families in New York City and such results are no doubt more fitting to the previous research cited on disadvantaged children in care. The care settings were not, however, enriched experimental programs but community based day care settings. Caregiver training did evidence a strong relationship in this case.

Interestingly, in the final report of The National Day Care Study (Travers & Goodson, 1979), caregiver training and group size were indicated as having the strongest and most significant relationship to child outcome measures in centres serving children from low income families. This

finding supports the notion that experiences in day care effect the test performance of these children more than children from middle or upper class. However, the trend in these research results indicated that these variables did impact to some degree in all the settings.

An early longitudinal study by Saunders & Keister (1972) did note losses in cognitive, social, and motor development over a two year period in a FDC sample while the CDC sample evidenced an increase in scores. However, no tests of statistical significance between the groups were reported, SES was not controlled and the FDC sample experienced considerable discontinuity in care arrangements.

Physical Consequences

The most significant research as to the physical consequences of extrafamilial care of infants has been research regarding the health of infants and toddlers in care settings. The weight of the evidence suggests an increased risk to infants in centre settings with regard to certain communicable diseases. None of the major studies in this area examined FDC settings.

The spread of hepatitis in centres has evidenced real concern in the literature. Children with Series A Hepatitis can be asymptomatic but the disease can cause serious illness in adults. Because it is possible for young

children with relatively mild symptoms to go unrecognized, they continue to attend day care while spreading the infection (Benenson, Takafuji, Bancroft, Lemon, Callahan & Leach, 1980).

In a two year study of 279 licensed centres in Phoenix, Arizona, Hadler, Erben, Francis, Webster & Maynard (1982) found a significant relationship between age of youngest children enrolled, and Hepatitis A outbreaks due to the non-toilet trained status of infants and toddlers. In centres enrolling infants younger than one year of age, 63% had outbreaks. In centres with children aged 1-2 years, 32% had outbreaks and in centres with children 2 years of age or older, 25% had outbreaks. Silva (1980), in a review of 3 epidemiological studies concerning infectious hepatitis in day care centres supports the Hadler, et al. finding. Further, when the minimum entry-age of the children at the centres was cross tabulated by the size of the centre, the number of hepatitis outbreaks evidenced a strong positive correlation (see Table 9). Centres enrolling children under one year of age showed no outbreaks with group size of 0-20, a rate of 62% with group size of 21-50 and a rate of 69% with group size of 51+. When minimum entry age was 1-2 years these figures became 13%, 38%, and 56% respectively. In the Hadler et al. study, of the centres with outbreaks, 3% had enrollments of < 20 while 53% had enrollments of 51+.

Hadler et al. note that day care in large centres for children in diapers is concentrated, with few exceptions, in the belt of states running from North Carolina south to Florida and west to Oklahoma, Texas, New Mexico, and Arizona. Generally more than 25% of these states enroll children younger than 2 years of age whereas in northern states 0-8% of centres accept children in this age group. To date, "both large serious outbreaks, as well as most isolated outbreaks reported have occurred in southern and southwestern sections of the United States" (p.260).

Based on a national study in 20 locations in the United States, the Center for Disease Control unofficially estimated that 20% of all Series A Hepatitis outbreaks could be linked to child care centres and where centres are large and children enrolled are under two years of age, the percentage may be as high as 45% (Richmond & Janis, 1982). Based on data from the Phoenix study, Kendall (1983) states that the link between Hepatitis A and child care centres is 10 times the national average.

Outbreaks of diarrhea are also associated with having young children in diapers in care. While children not in centre care usually have one to two attacks a year, children in centre care average four attacks per year (Black, Dykes, Anderson, Wells, Sinclair, Gay, Hatch & Gangarosa, 1981). Weissman, Gangarosa, Schmerler, Marier, Lewis (1975) found

that the attack rate for children under 2 years of age to be 85% compared to 41-52% for older children. These results are supported in a study by Sullivan, Woodward, Pickering & Dupont (1984) which evidenced an attack rate seventeen times higher for those children under 36 months of age than for the older day care children. Keystone, Krajden & Warren, (1978) found the lowest rate in infants confined to cribs and the highest rate in mobile non-toilet trained one year olds. Interestingly, in the Black et al. study, handwashing (for children and staff) was found to be a significant predictor of lower incidences of outbreaks. In reviewing the work of Benenson, et al. (1980), Black, et al., (1980) and Weissman et al. (1975), Highberger & Boynton (1983) suggests that many outbreaks of diarrhea in communities can be traced to child care centres.

Haemophilis Influenzae Type B (H-Flu) is an infecting organism considered responsible for much of the middle ear infections common to infants and toddlers (Snow, 1983). It is also the leading cause of meningitis in this age group. Between 1980 and 1981 in the United States, a 69% increase was seen in cases of meningoccal disease in all age groups. Before 1981 no major epidemic of meningitis had occurred in the U.S. in 34 years. The high risk group "appeared to be those with child care contacts" (Kendall, 1983, p.73).

Discussion

An examination of the research as it pertains to infant care in either CDC or FDC reveals few differences. As with the results of the New York City Infant Day Care Project (Golden, et al., 1978) some of the evidence suggests that FDC effects positive social competence to a greater degree than CDC and CDC is more facilitative of increased cognitive functioning than is FDC, but the results are not conclusive.

The two factors which appeared to account for the most variance in the research findings were the quality of the care environment based on indices identified in a number of the studies (e.g. group size, physical environment, and caregiver training) and family background. For example, with regard to quality, Howes & Olenick (1986) found that children in high quality CDC were more demanding, more skillful negotiators over compliance issues at home and resisted temptation better in the laboratory while low quality centre attendance predicted more child noncompliance at home. Interestingly, Howes (1983) found that "definitive indices of quality" differ between FDC and CDC (p.92). In FDC the indices appear to be the extent to which the caregiver has the physical environment safe and appropriate for children and the smaller the number of children in care. In CDC, Howes notes the most important indices of quality appear to be the adult-child ratio and training of

caregivers. Such clear differences were not readily evident in the rest of literature.

The possible effects of the family are well exemplified in the Stanford Study (Everson, Sarnat & Ambron, 1984) which examined the effects of CDC and FDC on early social development of one to two year old children, and particularly highlighted the possible role of maternal attitude toward day care in mediating the impact of day care on children:

"We observed less cooperation, compliance, persistence, and prosocial behaviour among children whose mothers' had initially expressed no reluctance to use day care - just as other investigators have found less cooperation among children with extensive day care histories. This similarity raises the question of whether at least some of the inappropriate socialization behaviour thought to result from day care may actually be related to the differences in maternal attitudes (or the mother-child relationship) that predates day care entry. Presumably, mothers who have the fewest concerns about day care are precisely the ones who are likely to enroll their children in group care, at an early age, for extended periods" (p.94).

In sum, it would appear that the quality of care (as identified in the introduction to this chapter) and the home environments of infants and toddlers are the critical mediating variables in infant/toddler care rather than type of care per se.

Preschool-age Care: Research on Effects

Social/Emotional Consequences

While not as prodigious as research on attachment for infants/toddlers in care, a limited amount of such research does exist with a preschool age focus. In specifically examining attachment patterns in children of this age cohort, separate studies over the years have found no significant differences between home-reared and day care groups (Maccoby & Feldman, 1972; Lippman & Grote, 1974; Moskowitz, Schwarz, & Corsini, 1977; Cornelius & Denny, 1975; Portney & Simmons, 1978; Roopnarine & Lamb, 1978; Ragozin, 1980). As with the infant/toddler studies, a number of these studies employed the "strange situation" technique (Moskowitz, Schwarz & Corsini, 1977; Portney & Simmons, 1978; Roopnarine & Lamb, 1978; Ragozin, 1980), while others employed batteries of tests which included some measure of attachment (Lippman & Grote, 1974; Schiller, 1980). When differences were found, they most often appeared in children new to the day care settings. The differences proved transient in nature, disappearing as the children adjusted to the new settings (Roopnarine & Lamb, 1978). The importance of accounting for an adjustment period is supported by Squibb (1981) who found a low incidence of stress in the mother-child affiliative bond after children, three to six years of age, spent an average of 20 weeks in

non-maternal care. These findings are indicated as important across all age groups. McCutcheon & Calhoun (1976) found rapid adjustment to the day care setting through decreased crying and increased play in children five to thirty months of age in their first month of attendance in a day care setting. Portnoy & Simmons (1978) identified a transition stress syndrome which suggests that once children understand that separation need not imply loss, the anxiety and stress inherent in the separation is attenuated.

As with the infant/toddler research, Blehar's (1974) is the one study which indicates negative effects on attachment through day care attendance. As her study included children under three years of age and over three years of age, her study is cited in reviews for both categories. However, as previously noted, her study has yet to be replicated and a major flaw suggested is the short time in care of her sample before assessment (Kagan, Kearsley, & Zelazo, 1978). It is interesting to note that Moskowitz, Schwarz & Corsini (1977) found that home reared children were more apt to display anxious attachment behaviours upon separation from mother than were the day care sample. As noted in the review of effects of care on infants/toddlers, home-reared children often display the negative behaviours or effects research has searched for in day care children.

Age of entry has been suggested as evidencing a differential impact on attachment although not always with clarity nor consistency. Klein (1980) in an analysis by age found a relationship between age and adjustment at initial entry into day care but later testing did not detect a difference. Wyatt (1976) associated early entry with increased neediness behaviour and, supporting Schwarz, et al. (1974) and Largman (1976), questions the desirability of early entry as it effects the child's emotional well being. However, Macrae & Herbert-Jackson (1976) and Schiller (1980) have suggested that early entry increases adaptability. Rich (1978) could discern no significant differences when comparing entry at two years of age and entry at three years of age. In a review of attachment literature O'Connell (1983) notes that an important feature of the eight studies which found no significant differences in attachment behaviours between home-reared and day care children was the age of entry varied from two months to four years (Doyle, 1975; Caldwell, et.al., 1970; Cochran, 1977; Hock, 1980; Kagan, Kearsley, & Zelaso, 1978; Moskowitz, Schwartz & Corsini, 1977; Portney & Simmons, 1978; Rubenstein, 1979).

In reviewing many of the studies, no consistent pattern of sex differences have emerged but there is a suggestion that males may be more affected than females (Wyatt, 1976; Cornelius & Denny, 1975; Portney & Simmons, 1978; Moskowitz, Schwarz, & Corsini, 1977; Schiller, 1980).

In sum, the emotional well being of children in day care settings does not appear to be negatively affected by the day care experience, although, age of entry and sex differences may encourage differential effects. No doubt the most significant influence is best described by Clarke-Stewart (1973) who suggests the quality of attachment is determined more by what transpires in the home than in the day care milieu.

Effects on social behaviour and development have been researched most specifically with regard to the day care child's peer relations and later adaptability to social expectations of the school system. General social skills and behaviours such as assertiveness, co-operativeness and aggression have received considerable research attention. Comparisons have generally been made between day care children and their home-reared counterparts although increased attention is being given to the effects of different models of care delivery with regard to social competence.

A limited number of studies have indicated that day care children may be more aggressive and less co-operative than their home-reared counterparts (Schwarz, Strickland & Krolick, 1974; Vlietstra, 1981; Rubenstein, Howes & Boyle, 1981). A number of these studies suggest that age of entry into care may have a significant effect as children who

began care as infants tended to be more physically and verbally aggressive with peers and adults and were less compliant or co-operative with adults (Schwarz, Strickland, & Krolick, 1974; Rubenstein, Howes, & Boyle, 1981). Largman (1976) found early entrants tended to be more aggressive and had more trouble relating to peers than did the later entry group. Children entering care at age two and three did not vary significantly from the later entry group.

Belsky & Steinberg (1979) suggest an interesting interpretation to the aggression attributed to day care children:¹⁰

"In evaluating the significance of our findings, we feel it is essential to emphasize the important point that such social consequences of day care are more likely to be functions of particular socialization values - individualism vs. the group and competition vs. cooperation - than of day care in general. This conclusion is based on...evidence from other countries (Russia, China and Israel) indicating that group care results in outcomes very different from those summarized above (Bronfenbrenner, 1970)" (p.23).

Gunnerson's (1983) study in Sweden also evidenced outcomes of group care very different than the negative findings suggested. Belsky and Steinberg (1978) cite their earlier review of day care research where they propose that as in all social or educational efforts, day care programmes

¹⁰The interpretation of aggressiveness in day care children offered here is related to the research findings which suggest that the day care experience per se precipitates aggressive behaviour in children. It does not speak to the issue of age of entry as a possible variable.

reflect, and to a degree achieve, the values held implicitly or explicitly by the community and society at large.

A differing explanation has already been offered by Everson, Sarnat, & Ambron (1984) in the Stanford Study as cited in the previous section; e.g. "inappropriate socialization behaviour thought to result from day care may actually be related to the differences in maternal attitudes (or the mother-child relationship) that predates day care entry" (p.94).

Findings of negative effects of day care on social competence are not consistent across studies and there is evidence that type of care may have a differential influence on children. Clarke-Stewart (1986), in a study of 150 intact families with two to four year old children in four main types of care arrangements (centre care, family day care home, sitter in child's home, mother at home) found that children in centre care were higher in all measures of social competence, which included interactions with parents, with strangers, with unfamiliar peers and in tests of social knowledge. Overall, the study found that children generally did better if the caregiver was better educated and had a background knowledge of child development. In addition, positive relations were found between children's social competence as previously described, and the frequency of one-to-one interactions with caregivers, including reading,

giving directions, and offering choices to children as well as making demands, giving affection and so forth. Despite the larger adult-child ratios in centres than in day care homes, children experienced one-to-one interaction with caregivers equivalent to that experienced in family day care homes. There was no difference found in the appropriateness of caregiver response in FDC vs. CDC but there was a difference in the "educational opportunities in structured programme/curriculum offered at CDC" (p.39). As such, it appears that the combination of caregiver training and at least equal opportunity for one-to-one interaction in day care centres supports a more facilitative environment for enhancing the development of social competence in children.

It should be noted that the ratio of children to adults did not affect children's performance in general, but children did better if they spent less time alone, interacting with, imitating or simply observing other children. These findings are supported in the National Day Care Study (Ruopp et al. 1979) as noted in the section on quality which introduced this chapter. Such findings produce an interesting picture when juxtaposed with recent findings of the Victoria Day Care Research Project regarding the percentage of time children in the three care environments spent in various activities (Goelman & Pence, in press-a, in press-b). Significant differences were found in:

Solitary play - UFDC 10.6% vs. CDC 6.6%

Parallel play - UFDC 47.3%, LFDC 51% vs. CDC 37.7%

Play w/only one other child - LFDC 35.7%, UFDC
28.5% vs. CDC 16.5%

These findings suggest that licensed care environments are more facilitative of social competence in children than unlicensed settings.

Of further interest in the Clarke-Stewart study is the finding in FDC homes that children's performance was greater if there were neither too few (0) nor too many (>5) children present. This may offer some explanation as to why children in FDC settings were generally more socially competent than children at home with mother or sitter.

In a comparison of CDC and FDC settings, Floody & Weiberg (1982) were surprised by the lack of significant differences on 13 of 16 comparisons (including prosocial behaviour and aggression). The three significant differences were in the number of children per caregiver (not surprising as centres enroll considerable more children than family day care homes), structure, and positive interactions with adults (each favoring CDC). The positive find in significant differences in structure and positive interactions with adults supports the findings of Clarke-Stewart previously noted. However, Innes, Woodman, Banspach, Thompson & Inwald (1982) found greater structure (38% of indoor time in FDC

settings vs. 16% in CDC), and higher quality adult-child interaction, social-emotional climate, and social participation in FDC rather than CDC. An important differentiator in this study is the makeup of the FDC homes which were FDC group homes, that is, these homes had an average of 12 children rather than the traditional 4-7 in usual FDC settings.

The CDC settings in the Innes, et al. (1982) study were characterized by less sensitive responsiveness on the part of caregivers during structured periods and lower levels of social participation among peers. There was greater incidence of caregiver - custodial interaction in centres because of greater amount of time spent in transition periods in such activities as lining up to move from one activity to another. As the sample did not include smaller FDC settings, it is not possible to conclude if CDC settings in this sample were in the middle or on the low end of a continuum of positive care environments, i.e. would CDC still outperform traditional FDC settings or were the centres in this study of generally poor quality.

Some studies have evidenced little difference between settings. Lippman & Grote (1974), in a study of social-emotional effects of day care on a large sample of predominantly caucasian children in CDC, FDC, and home-reared care situations (66 children per group), found

"overwhelming similarity of the four year olds in the three settings" (p.290).

Cognitive Consequences

Research results in the area of cognitive consequences closely mirror the effects discussed in infant/toddler section. Major reviews of the research overwhelmingly support the conclusion that the day care experience in high quality day care settings, such as those noted in the second generation of day care research, does not adversely affect cognitive development in preschool age children (Snow, 1983; Brock, 1980; Heist, 1980; Belsky, Steinberg & Walker, 1980; Etaugh, 1978; Belsky & Steinberg, 1978; Bronfenbrenner, Belsky, & Steinberg, 1976). Similarly, the research supports the positive effects quality care can have on disadvantaged children. Such care may attenuate the decline in test scores frequently experienced by these children (Bronfenbrenner, 1977; Heist, 1980). It would appear that these positive benefits help to increase these children's ability to meet the educational demands of primary school (Lazar, Darlington, Murray, Royce, & Snipper, 1982; Lazar & Darlington, 1982; Schweinhart & Weikart, 1980). It is suggested that quality day care can reduce frequency of assignments to special education programs and grade retention (Lazar, et.al., 1977; Lazar & Darlington, 1982; Weber, Foster & Weikart, 1978; Schweinhart & Weikart, 1980; Palmer, Siegel, & Persons, 1979).

While the evidence is generally clear that day care experience does not adversely affect the intellectual development of low risk typically middle class children, there is some emerging evidence to suggest that it may have more than a neutral effect on the cognitive development of these children related to type of care. Clarke-Stewart's (1986) study of 150 children from intact families found that children in centre care scored higher in measures of cognitive development than did children in FDC or own-home settings. However, Robertson (1982) found that middle-class, home-reared children had higher achievement in reading and arithmetic than did children with at least 2 years prior experience in CDC; however, 63% of the home-care sample (n=64) had some kind of preschool or play school experience. In consequence, the differences found by Robertson cannot be solely attributed to home-care.

An interesting connection may be made between Robertson's study and a study by Winnet, Fuchs, Moffatt & Nerviano (1977) in which the sample consisted of children in CDC, FDC, mixed care (partial centre or sitter care and home care by parent) and exclusive home care. This study found that children in the mixed group tended to score higher than the other groups on measures of intellectual ability. However, the mixed group also had a higher SES background so it is difficult to determine if the higher scores are attributable to the mixed care or the family background. The full day

care and exclusive home care groups were well matched on SES and did not differ significantly on the child outcome measures. Lower SES was significantly related to lower scores and "more time spent in child care outside the home" (p.149). It would appear that day care experience did not evidence a positive effect on these disadvantaged children. The centres involved were community based rather than the high quality demonstration centres which support much of the research on the positive effects of day care on children from disadvantaged backgrounds and this may have been a critical factor.

Pence & Goelman (in press-a, in press-b) did not find that quality of day care centres had an effect on children's test scores, although the quality of the FDC environment did have an effect. Children in UFDC, which evidenced fewer quality variables, scored significantly lower on tests of language development than children in licensed FDC and CDC. These findings are consistent with the findings of Goodman & Andrews (1981). The sample consisted of children in CDC, FDC and an enriched FDC (FDCE) setting (after intervention). The post-test (pre-intervention) evidenced slightly lower functioning in the FDCE setting, however, this sample demonstrated a greater enhancement of cognitive performance on every single dependent measure when compared to the FDC and CDC groups, with the differences being significant in the post-test. In 19 of 21 comparisons there was a slight

difference between the FDC and CDC groups with CDC functioning slightly higher, which was consistent with pre-test results.

In sum, it would appear that day care experience has a great potential for supporting improved cognitive competence in children from disadvantaged backgrounds and possible potential for supporting improved cognitive competence in typically middle-class children. However, quality of care (as discussed in the introduction to this chapter) may significantly mediate the potential effects. Of particular note, unregulated family day care evidences greater potential for poor quality care settings, and when interacting with children from disadvantaged or at-risk backgrounds, appears to have a significant effect on the cognitive competence of the children involved.

Of relevant interest is the long term effects of positive benefits. Research is limited in its ability to suggest long term benefits as few of the studies have been longitudinal in design. However, there is limited indication of potential positive long term effects. Weikart (1984) notes that longitudinal studies at the Ypsilanti Perry Preschool Project indicate that by age 19 years, individuals from disadvantaged backgrounds who had attended high quality programmes made greater gains in education, employment, and social responsibilities than did a similar

group of individuals who had not attended such programmes.

To summarize:

- *Fewer classified mentally retarded (15% vs. 35%)
- *More completed High School (67% vs. 49%)
- *More attended college or job training (38% vs. 21%)
- *More support self by own or spouse's earning (45% vs. 25%)
- *Fewer arrested (31% vs. 51%)
- *Fewer on public assistance (18% vs. 32%)

Naturally, these findings cannot be generalized to day care in the many modalities in which it presently exists, but they do suggest a possibility of long term positive effects of enriched programmes.

Physical Consequences

There is a paucity of research which relates to the physical consequences of day care experience for preschool age children. Research on the spread of Hepatitis A, Influenza type B, and diarrhea shows age of children in care to be a significant factor, and focusses on care which includes infants and toddlers. While the New York Infant Day Care Study (Golden, et al., 1978) suggests that CDC's offer improved nutritional and safety programmes than do FDC settings for infants/toddler care, they acknowledge that this may be due, in large part, to the active role New York city maintains in supporting nutrition and safety programs in centres but not FDC settings. Whether any of these

findings have implications for preschool age children is difficult to determine as there appear to be no corroborating studies for this age group.

Reviewers Heist (1980), Kilmer (1977) and Snow (1983) briefly discuss research related to possible physical effects for children in care, however, the literature cited is with respect to infant and toddler care.¹¹ This literature is again reviewed by Esbensen (1985) with the addition of some discussion regarding the potential danger of injury to children in care using indoor or outdoor climbing and play equipment. However, the research cited is focussed on accidents in schoolyards, recreation and sports locations. It is not possible to infer increased physical danger to children in care based on the statistics presented because the environments in which the studies took place are quite different from any day care milieu. For example, the child - staff ratio is much greater in CDC and FDC settings than it is on school grounds, in parks, playgrounds and so forth. What the Esbensen review does highlight is the need for some research in this area to determine if there currently exists extra-ordinary risks for children in care with regard to the use of play equipment.

¹¹This literature is presented and discussed in the previous section on infant/toddler care; ~~the~~ physical consequences.

The lack of attention given the potential physical effects of various care modalities (including issues of health, safety, and nutrition) may present real difficulties as increasing numbers of children enter care earlier in life (this trend is evidenced in the previous section discussing the changing family and women in the labour force). With a significant number of Canadian children spending a considerable period of their early developmental years in care, information regarding the potential effects of that care on social, emotional, cognitive, and physical development should be considered with foresight rather than hindsight as the negative consequences may be costly in both human and monetary terms.

Discussion

An examination of the research on the effects of day care on preschool age children highlights once again the important influences of quality of care and family background on the day care experience. While care of high quality in either a CDC or FDC setting does not appear to have deleterious effects on the social, emotional or cognitive development of this age group, research on care in low quality settings indicates a negative impact on children, particularly children from disadvantaged backgrounds.

As with the research on the effects of care on infants and toddlers, there is an indication that CDC, in some cases, has a more positive effect on children than FDC. However, this may be due to the predominance of trained caregivers in CDC. Caregiver training has been strongly associated with higher child outcome measures as noted by Goelman (1986) who states that "caregiver training was...found to be a significant predictor of performances" on the outcome measures used in the Victoria Day Care Research Project (p.43). It may be suggested that increased training of FDC providers would create care environments of similar developmental impact. In a study by Clarke-Stewart (1985) of children in FDC and CDC, she found that in both settings "children generally did better if caregivers were better educated [and] knew more about child development..." (p.10). The suggestion is further supported by the Goodman & Andrews (1981) study cited previously which demonstrated significant gains in test scores for children in FDC homes in which an enriched programme was introduced as compared to control groups in regular FDC and CDC settings. To summarize; based on the current research findings: "the results suggest that FDC can provide a rich and stimulating environment" facilitated, in part, by training caregivers" (Wandersman, 1981, p.99).

Summary and discussion of effects by type of care

Much of the early day care research addressed the issue of whether day care experience was detrimental to the healthy growth and development of children in care. As such, the early literature compares and contrasts "day care" to "mother care" and generally finds there to be little difference if care is of high quality. Within the past 10 years, more research has begun to focus on CDC and FDC and exclusive home care, recognizing that CDC represents a minority of care arrangements used by families. Again, there appears to be more similarities than differences in the effects of each care type. However, the differences that do occur appear to have an interactive relationship with variables of quality and family situation.

It can be suggested that "quality", when used to describe levels of care, is part of the same construct which encompasses the effects of family background on the growth and development of the children within that family setting. Poor quality care, i.e. care with high child-caregiver ratio's, untrained caregivers, and insufficient materials mirrors a disadvantaged family, i.e possibly many children, parents with little education, and few resources. In other words, "quality of day care" and "family background" can both describe the overall care environment of children, and similar features in each have similar positive or negative

developmental effects on children, although it must be argued that the family has the more powerful effect of the two.

If these two critical components of the care environment are reasonably balanced (recognizing the greater "weight" of family influence), positive growth and development is fostered. Should the family be functioning on the "light-weight" side, i.e. disadvantaged or deficient in some way, high quality day care provides additional "weight" and to a degree re-establishes the necessary balance, thus offsetting developmental decline for the children involved. This point is well illustrated in a study by Ramey, Dorval, & Baker-Ward (1981). In a longitudinal study beginning in infancy, two groups of children from disadvantaged backgrounds were compared. One group consisted of children from disadvantaged backgrounds enrolled in a high quality, cognitively enriched day care programme. The second group was a home-reared control group well matched to the experimental group. By 18 months, performance on the mental development subscale of the Bayley Infant Test declined for the control group (104 to 86) while remaining stable for the experimental group (near 104). At age five, 35% of the control group were scoring in the range of cognitive-educational handicapped (which is an IQ of less than 85) compared to 11% of the experimental group. Belsky (1985) notes, "it would appear that an enriching day care

experience may reduce some of the adverse affects typically associated with high-risk environments (p.55).

If the quality of care is also deficient, an even greater imbalance is created for the children as illustrated in the study by Pence & Goelman (in press-a, in press-b) which evidenced a somewhat synergistic negative relationship between child outcome measures and quality of day care environment in children from low resource families in poor quality care settings. Conversely, the literature suggests that children from middle-class or high SES backgrounds are less affected by lower quality care, although in general the quality of the care environment does evidence a relationship to outcome scores, however, there does appear to be a differential effect depending on the family background.

On this premise, just as there are a variety of models of high functioning families, so too are there different care modalities which can support healthy growth and development in children. It is not the type of care per se which is at issue, rather it is the quality of the care.

The types of care which most consistently evidence quality variables are the licensed or regulated models i.e. CDC and licensed FDC. The limited number of studies which have separated type of care by licensed or regulatory status consistently evidence lower quality care in unregulated or

unlicensed settings. In a major review of existing day care research, Belsky, Steinberg & Walker (1980) note:

Our own experience demonstrates that when FDC homes are both licensed and supervised...quality of care can be maintained. A recent study of 41 sponsored (i.e. supervised), 35 licensed, and 23 unlicensed FDC homes corroborates this point. On the basis of lengthy, naturalistic observations, Hawkins and her colleagues (Carew, 1979; Hawkins, Wilcox, Gillis, Porter, & Carew, 1979) found that sponsored caregivers were most involved with their children (e.g. teaching, helping, offering direction) whereas providers in unlicensed homes were least involved (p.83).

The National Day Care Home Study (Fosberg, 1981) had similar findings. When discussing the effects of regulatory status on caregiver behaviour, Fosberg states "caregivers in sponsored homes tended to engage in cognitive activities - teaching, language, structured fine motor - " more often than did caregivers in unregulated homes (p.86). These conclusions are also supported in the work of Pence & Goelman (in press-a, in press-b). Goelman (1986) noted that many aspect of the quality of FDC appeared to be closely associated with test score performance and had another look at the data by separating high and low quality care environments. Of the 15 high quality FDC homes identified, 13 were licensed. In the low quality group, 9 were unlicensed and 2 were licensed. Interestingly, a study in Winnipeg (Stevens, 1984) presented the following data on types of preschool care arrangements used by parents in the past year which provided best and worst quality of care:

| Type | Best | Worst | Odds of Providing Best/Worst |
|----------------------------------|-------|-------|---------------------------------|
| *Relative | 26.5% | 11.4% | 2:1 |
| *Sitter (unlicensed) | 30.5% | 78.6% | 4:10 |
| *FDC/CDC (licensed) | 36.4% | 8.6% | 4:1 |
| *Nursery School (licensed) | 6.6% | 1.4% | 5:1 |
| Total | 100% | 100% | |

Combining unlicensed settings produces a fairly grim statistic in terms of the possibilities for poor quality care in these settings (90% vs. 10%) even if the combined percentage for "best" quality care is somewhat higher than is the combined percentage for licensed care (57% vs. 43%)

To conclude, it appears that the focus should not be on the effects of care by type, rather the effects of care by type which is most facilitative of identified variables of quality. Licensed forms of care offer the appropriate structure through which to assure that quality is present in the care setting.

Parent preference for care type

Quality child care is care that meets the needs of both parents and children...quality child care is most likely to result when parents make an informed choice among child care options (Lero & Kyle, 1985, p.89).

As suggested by Haskins (1979), two types of information should condition federal decisions about child day care: the effects of day care on children's development and the data concerning supply and demand for day care services. While the data on effects of care and the current supply have already been discussed, the important aspect of "demand" has only been partially explored, specifically the potential for greater demand as women continue to enter the labour force in increasing number. However, what of the "demand" for the various models of care? Policy discussion on type(s) of care options to support or dissuade depending on the developmental consequences of care types to children cannot take place outside the context of parental needs and preferences for caregiving arrangements. The quality of care children ultimately receive is directly influenced by parental choice of a particular caregiving arrangements as noted by Ruopp and Travers who state: "Parents influence the quality of care received by their children primarily by their choice of a facility" (p.78).

Further, it is reasonable to suggest that parental support of any future child care policy will depend on the ability of the policy to reflect the preferences of the prime consumers of the service involved, the parents. Therefore, an examination of the developmental consequences of care types for the purpose of informing policy choice or direction must be discussed within the context of parental preference. However, given that the consumer "goods" under discussion are Canadian children, the issue is much more complex than determining the most "popular" type of day care arrangement. Our society bears the consequences or accrues the benefits of the effects of the care environment on the development of Canadian children.

Working parents "are rarely in a position to observe in depth and evaluate accurately the care given their children in any type of facility" (Campbell, 1983, p.39). While a study of day care users in P.E.I suggests that parental satisfaction with care cannot be easily dismissed because "most parents base their level of satisfaction on their child's level of satisfaction" (Rochon, 1983, p.39), there must be caution in relying too greatly on parental satisfaction with, or preference for, care type for at least two reasons:

1. Children cannot, due to age, ability, relationship with parent and so forth, always appropriately indicate the "quality" of care they are receiving.¹²

2. Parents' perception of, and thus preference for, a particular type of care is not always based on actual experience. Rather, it is based on what they have "heard" is an ideal type of care (e.g. FDC is best for infants and CDC is best for preschool age children).

For example, approximately two years before Howard Clifford, National Day Care Consultant for Canada (cited in Lero & Kyle, 1985) stated that, based on his experience, half of the day care centres in this country should be closed because they were unfit for children, 48.8% of parents in a Toronto study of day care users identified "day care centre" as the "ideal" care arrangement, although only 10% of the sample had actually ever utilized centre care (Johnson, 1977, p.224). Two years later, 56.6% of the parent sample in a Kitchner study identified "day care centre" as the first preference for care type (Lero, 1981, p.179). Similarly, a large study (n=1600) on day care needs and parent preferences in Saskatchewan identified centre care as first preference for care of non-school age children

¹²Witness some of the incidents of children abused while in the care of a babysitter, family day care provider, or day care centre for extended periods of time before the abuse was brought to light.

(Saskatchewan, 1980). It is impossible to determine if any of these parents had ever used the services of any of the day care centres that Dr. Clifford had assessed as unfit and had not realized the inadequacies of the centres. The point to be made is that parental preference for and/or satisfaction with particular modalities of care may not be an accurate indicator of the quality of care children are receiving. Therefore, it is not only important to discuss the developmental consequences of care within the context of parental preference, parental preference must be discussed within the context of developmental consequences. In other words, parental preference cannot disproportionately influence policy decisions regarding day care services.

In reviewing many of the Canadian studies which examined parental preferences, it is difficult to determine with surety if, in fact, centre-based care is the first preference. For example, Johson (1977), in the Toronto study, states:

As can be seen, the data indicate that centre care is the type most frequently mentioned in respondents' descriptions of ideal care. Care provided by a sitter in her home, the next most frequent response, was chosen by only a third of the respondents (48.8% vs. 15.7%) (p.224).

Kyle (1980) suggests that the claim that most parents in this sample prefer centre care is not supported by a closer analysis of the data and, in fact, most parents express a preference for some form of home-based arrangement.

Reframing the data by combining all forms of sitter care would allow a somewhat different interpretation: 30.5% of parents preferred some form of sitter care and 20% of parents preferred some form of relative care. In other words, slightly over 50% of parents preferred some form of home-based care.

This trend of almost equal preference is evident in a number of other Canadian studies. In a recent Montreal study (Pelletier, 1983), 26% of the parent sample felt that services offered by day care centres were of better quality than those offered by sitters in a home. 24% did not consider this to be true, while 37% felt they were of equal value. In a case study of 336 Canadian families (Lero, Pence, Brockman & Charlesworth, 1986), of the parents employed full-time with preschool age children, 32.1% preferred a day care centre while 32% preferred some form of home-based non-parental care. For children under two years of age 41.5% preferred centre care vs. 46.3% for some form of home-based non-parental care. A Winnipeg study (n=6769) identified centre care as the single most identified preference for parents of preschool age children but again, as with the other studies, some form of home-based care was the preference of an almost equal number of parents (22.7%) (Stevens, 1984). For children under two years of age the preference was overwhelmingly for home-based care (79.6% vs. 6.9%). The Saskatchewan study found that 22% of the parent

sample identified centre care as the first preference while 20% identified some form of sitter care as the preferred arrangement. Again the preference differential related to age of child is evidenced in this study: "care in a day care centre is...selected at an above average rate of 37.9% for children 3-5 years of age and at a marginally above average rate of 13.2% for children 19-20 months of age. In-home sitter is...an above average choice for children under 7 months" (p.181).

In light of the data presented in the section on the effects of care on infants and toddlers, it is interesting to note the preference of FDC for this age group. As indicated by Flamholz, (1984); "in reviewing the research on infant group day care, the conclusion can safely be drawn that day care does not have a negative effect if quality is provided" (p.7). The question, then, is why parents express different preferences for different age groups or, more to the point, why parents prefer one type of care over another.

The Saskatchewan study indicated that there were some relationships between age, education, income, number of other children in a family and parental choice of preferred type of care; although not in every category, every time, enough to indicate the complex nature of choice. While the literature does suggest some fairly straightforward answers, these must be balanced by an awareness of the complex arena

in which "preference" is but a factor in the complicated child care selection process, influenced by a wide variety of background variables. Figure 2 provides a graphic illustration of the extremely complex nature of choice and preference. Developed by Lero (1981), the schematic model of the child care selection process suggests that preference per se is one of many competing factors in determining the eventual day care placement, and preference itself is influenced by many intervening variables which also have highly interactive relationships with one another.

In sum, the straightforward suggestions from the literature are that: 1) parents who choose centre programmes do so because of the programme or curriculum offered in centre settings and 2) parents who choose family day care settings do so because they prefer a "home-like" environment with greater opportunity for individual attention for their children and evidence a greater interest in caregiver characteristics than programme characteristics (Pence & Goelman, in press-a, in press-b; Lero, 1981; Johnson, 1977; Lero, et al., 1986). These conclusions fit nicely with the pattern of preferring FDC for infants and CDC for preschool age children. It can be suggested that parents perceive it necessary for infants to experience home-like settings with nurturing caregivers while preschool age children are more developmentally ready to be cognitively stimulated in a more structured learning environment.

Parent use of the different types of care indicates that preference does translate, to a degree, into actual use. In 1985, of the 169,751 centre spaces available, 13.6% were used for children 0-35 months of age and 66.7% for children 3-5 years of age. Of the 22,623 licensed FDC spaces available, 47.1% were used for children 0-35 months old, and 30.9% for children 3-5 years of age (National Day Care Information Office, 1985).¹³ However, vacancy rates for existing licensed spaces is not an available statistic so it is impossible to determine if usage patterns are predicated on free or forced choice. However, satisfaction with much of existing care arrangements appears to be quite high. For example, a Statistic Canada (1982) survey indicated that of 1.1 million parents of preschool age children using child care services, only 15% indicated that they would like to change arrangements. In the Winnipeg study (Stevens, 1984) 97.4% of the parents with preschool age children rated the quality of their existing care arrangements as good-to-excellent. In the Pence & Goelman study (in press-a, in press-b) a majority of FDC users preferred FDC settings while a majority of CDC users preferred CDC settings. Lero (1981) noted in the Kitchener study that "a

¹³These figures represent children in licensed care only. The vast majority of Canadian children are in unlicensed care arrangements. As noted by the Federal Task Force on Child Care (1986) "over 80% of children receiving nonparental care are in unlicensed arrangements" (p.45).

vast majority of respondents reported they were quite satisfied with the choice they made..." (p.143).

Schiller (1980) raises an interesting point when suggesting that "high satisfaction with care arrangements could reflect a response set of working mothers that rationalizes that care is good because they have chosen to use it" (p.99). Taken a step further, these parents need to believe that the care in which they are leaving their children on a regular basis is, in fact, of good quality so as to assuage feelings of guilt or concern which would no doubt arise if poor quality care was acknowledged and for any reason must be accepted (e.g parent may have no choice re employment status or type of accessible care). Research is needed to indicate if the level of parent satisfaction is congruent with the level of quality in available models of day care.

A parental preference which is beginning to emerge in current research is "parent care". The Lero, et al. study (1986) compared actual employment status with preferred employment status. In two-parent families, 71.9% preferred their employment status of father working full-time and mother working part-time. For single-parent families, 66.7% of the parents preferred their status as full-time homemakers to working either part-time or full-time. When asked their "ideal" preference among employment options

(including full-time homemaker) overall, the two-parent families expressed a greater preference for father to work full-time and mother to work part-time. As well, the single parent families overall expressed preference was for part-time employment (Tables 17 & 18, p.98).

Pence & Goelman (in press-a, in press-b) found similar results in the Victoria study. Of the mothers using licensed FDC, 2.6% preferred full-time employment outside the home, 14.4% preferred to stay at home and 82.1% preferred part-time employment outside the home. In the unlicensed category, 15.2% preferred full-time employment, 78.8% part-time and 3% preferred to stay at home. 24.1% of mothers using centre care preferred full-time employment outside the home, 72.1% preferred part-time and 1.9% preferred to stay at home.

It may be that parents prefer more time at home because they do not believe that the day care system can offer the quality of care necessary for healthy growth and development in children. An alternative hypothesis, given that most parents appear satisfied with their present arrangements, may be a straightforward preference for more time with their children. In support of this notion, there is a great deal of activity on behalf of parents in the labour force to enjoy such benefits as extended parental leave options (Townson, 1984). If this is indeed a growing trend, it will

undoubtedly affect the future design of day care services which currently exists as part-time or flexible schedules in centre programs are not yet common.

Discussion

Certainly the issue of parental preference is multifaceted and exceedingly complex. Examining the research suggests that while certain trends in preferences may be evidenced, it is difficult to match the data on "preference" to the data on "effects", e.g. while parents in all types of care appear quite satisfied, including those using unlicensed settings, there is an indication in the existing research that unlicensed settings potentially provide less than optimal care. Conversely, while parents prefer FDC for infant care, there is no evidence that this type of care is any more facilitative of healthy development in infants than is CDC. It would appear that parents may initiate and maintain care arrangements based on criteria not well grounded in the reality of the potential effects. Policy cannot be built on "response sets". While it is important that there be opportunity for choice in care arrangements, this will be of little value unless there is also knowledge on the part of the parent as to the implications of the various options (Ontario Municipal Social Services Association, n.d.).

CHAPTER 5

SUMMARY AND GENERAL DISCUSSION

Though social science information is not the only consideration of concern to the analyst or policymaker, it is an essential aspect of policy analysis that defines the actual and delimits the possible (Haskins, 1979, p.3)

The purpose of this thesis was to provide a thoughtful analysis of existing child day care research to determine if "research" could be translated into "policy". More specifically, given the nascent state of direct policy development for this area, the data collection focused on providing information useful to the earliest or "initiation" step in the policy process in order to "sketch out the form and the texture of the situation", an effort undertaken during this early stage to appreciate the full complexity of the problem (Brewer, 1983, p.57). In providing a thorough investigation of the available data base, the contribution of the thesis is its ability to now support "a systematic investigation of the problem and thoughtful assessment of options and alternatives", the second step in the policy process. As these first two steps in the policy process are considered to be preventive in nature, it is suggested that attention to whether or not existing research can define the "actual and delimit the possible", with relation to child day care policies in Canada, may increase the prospect for "timely sensing of problems and efficiently allocating

resources for their solutions" (Brewer, 1983, p.61), suggested as the overriding value of preventive effort in policy development.

In response, then, to the question "can research translate into policies for child day care in Canada?", social science can, in fact, sketch out the form and the texture of the two areas Haskins (1973) suggests should condition federal decisions about child day care; the effects of day care on children's development and the supply and demand for child day care services. While recognizing the methodological problems and limitations inherent in the existing research, powerful patterns evident in the research results can, in fact, define the "actual" as it relates to the effects of CDC and FDC environments on the development of children 0-5 years of age, in addition to illuminating the needs and preferences of parents for child care. There is sufficient weight and consistency across findings to prescribe limits for possible policy direction.

In answer to the original thesis question, then, existing research in child day care can inform policy. To begin, the research suggests that non-maternal care can provide at least as healthy a care environment as exclusive home rearing (Belsky & Steinberg, 1978). Given the unrelenting migration of mothers into the paid labour force, the notion that non-maternal care can be healthy and developmentally

positive for children is, at once, encouraging and provides a policy imperative to support the care environments which produce such research findings, as research trends suggest that "women are in the work force to stay" (Zigler & Muenchow, 1983, p.94). In Canada there is an increasing and apparently irreversible trend toward the paid employment of women with children. Further, there is an indication that the mobility of the modern labour force means families are often separated from the extended family (Portal-Foster & Sherman, 1968), a trend which began with the industrial revolution and has not abated in the ensuing years as indicated by the following statement:

Families today function in isolation. Recent social, economic, and demographic changes have, in large part, contributed to the demise of the extended family. In the process of adapting to new societal and economic pressures which often require multiple moves, families lose access to the experience and wisdom of their elders and the support systems for child care...on which they could once depend (Zigler & Finn, 1981, p.32).

Moreover, there is a diminishing pool of potential informal caregivers because of the increased movement of such caregivers out of the home and into the paid labour force. Further, decreasing family size suggests fewer children will be cared for by older siblings, a trend which is particularly relevant to parents who work evenings or weekends, (a time when older siblings are most often available to "babysit"). In sum, there is likely to be continued pressure on the existing formal system of child

care services as informal arrangements become less available.

Conjointly, the existing informal or unlicensed system of non-parental child day care services appears to offer the potentially least stable and generally poorest quality of child day care. Although this finding is not consistent across all studies (e.g. Emlen, Donoghue, & Clarkson, 1980), certainly the trend in research results suggests strong support for this position (Pence & Goelman, in press; Goelman, 1986; Fosberg, 1981; Carew, 1979; Hawkins, Wilcox, Gillis, Porter, & Carew, 1979). Ruopp & Travers (1982) note that it is "significant that predictable differences do exist and that the quality of the child's experience is likely to be related to licensure and sponsorship..." (p.82). Overall, an imperative may thus exist for policy to support formal care modalities over informal care types. Specifically, the research evidences a relationship between conditions of quality and licensing status (Ruopp, et al., 1979; Goelman & Pence, in press-a, in press-b). Given this relationship, there are certain directions policy must not pursue in the traditional "best interests" of children (a common axiom for child welfare policies). However, it must be considered that licensing is not the only factor in determining quality. For example, indiscriminate licensing, a practice which is known as registration, to immediately increase the number of "formal" day care spaces available to

families, appears not to support conditions of quality in care settings.

Registration is a process whereby unlicensed child day care services can "register" with a central authority, presumably facilitating the tracking of such services and allowing for inspection at the discretion of the designated authorities. While generally perceived by providers as a less complex procedure to undertake than licensing, and seen as less expensive to initiate and maintain by government, it does not support an obligation to adhere to certain regulatable standards. Wattenberg (1981) notes that a demonstration project to register unlicensed family day care homes in the state of Michigan proved to not provide as much compliance with rules as licensing. It would appear that the commitment to see the process of licensing through for the benefit of children in care may also be indicative of a commitment to adhere to standards. In other words, the process of licensing itself not only provides a mechanism for monitoring care settings in order to ensure that regulatable characteristics of quality are supported in the setting, but also performs a gate-keeping function in screening potential caregivers. It is suggested that not only must government regulation be guided by what research shows to be significant differentiators of care (Morgan, Curry, Endsley, Bradford, & Rashid, 1985), it appears that

caregivers must evidence a commitment to supporting such regulations if the children are to benefit.

As noted, licensing alone does not create a quality care environment, one which supports the healthy growth and development of the children in care. As evidenced in the literature, there are identifiable conditions of "quality"; low quality settings, whether licensed or informal, appear to negatively affect various developmental outcome measures of children and directly influence the developmentally positive or negative activities of children in such care settings (Pence & Goelman, in press-a, in press-b; Kontos & Stevens, 1985; Vandell & Powers, 1983). In his review of child day care research, Snow (1983) states that "with few exceptions, the research reports which have revealed negative effects have been done in poor or unknown quality settings" (p.21). Existing research specifically supports the potentially significant influence of the following main areas in relation to child day care which may have developmental consequences for children in care (Fosberg, 1981; Ruopp & Travers, Glantz, & Coelen, 1979; Howes & Olenick, 1986):

-caregiver training,¹⁴

¹⁴Caregiver training should not be construed to mean rigorous post-secondary education. As previously noted on page 44, total years of formal education, degrees or
(Footnote Continued)

- licensing,
- group size,
- child/staff ratios, and
- physical environment (e.g. space and materials available).

Further, group size has appeared to be of particular importance with respect to infant care because of its apparent link to the spread of infectious disease in infant day care centres or mixed-age day care centres which accept children under the age of two years.

The research cited thus far can define quality and, in consequence, inform policy direction with regard to regulatable characteristics of a good quality care setting. While it has proven difficult to separate out the main effects of quality variables from effects of such factors as family ethnicity, SES, and family structure, the positive effect of the identified quality variables have been evidenced with consistency in findings across many studies

(Footnote Continued)

diplomas in unrelated disciplines to child care have shown to be systematically unassociated with caregiver or child behaviour or child outcome measure scores. The literature suggests that caregivers with education or training relevant to young children appear to deliver better care with somewhat superior developmental effects for children. Further research is necessary to better identify and define which caregiver education or training models are most facilitative of these superior developmental effects for Canadian children.

as was discussed in the earlier section related specifically to "quality", its definition and relation to care. While research, at present, can do no more than "define the actual" in less than precise terms with respect to the effects of the quality of the overall care environment on individual children, from a variety of family backgrounds, in different care settings due to the highly interactive relationship among these factors, it can "delimit the possible". That is, while it cannot precisely define what is best for all children in care under all circumstances, it can suggest which conditions of care should not be supported or promoted; i.e. care environments with large numbers of children, untrained caregivers, high staff/child ratios, and few materials or resources to support children's activities.

What the existing research cannot suggest is one model of licensed care (CDC vs. FDC) which is best structured to facilitate a healthy extrafamilial care environment. As illustrated by Snow's (1983) review of 16 comparative studies on CDC vs FDC, there have been few significant differences found between these care types and such differences have not been consistent across studies. However, there is an indication that CDC, in some cases, has a more positive cognitive effect on children. This may be due to the predominance of trained caregivers in CDC as caregiver training has been strongly associated with higher child outcome measures. It may be suggested that increased

training of FDC providers would create care environments of similar developmental impact as studies support increased child outcome measures with the increase of caregiver training (Clarke-Stewart, 1985; Goodman & Andrews, 1981). Thus, while day care centres are an important component in the child day care system, they are not the only way to provide quality child care services to families (Steinfels, 1973).

In consequence, it is reasonable to suggest that any forthcoming policy initiative be supportive of more organizational effort into a variety of forms of child care which can demonstrate an ability to support identified conditions of quality care. However, while the conditions of quality identified thus far in the research are definable and thus regulatable, policy initiatives must create an infrastructure of support systems which can ensure that all policy supported forms of child care have the ability to meet the stated quality criteria. For example, introducing stringent regulations regarding caregiver training would be inappropriate if caregiver training programs were not made widely available and accessible to current and potential caregivers. Therefore, not only does a policy imperative exist to regulate those aspects of the care environment known to have positive developmental effects on children in care, an imperative also exists to ensure that the quality criteria are attainable. In other words, research cannot

effectively translate into policy with respect to the quality of the care environment if there is not a policy commitment to ensure an infrastructure of monetary and educational systems which can support the needs of the criteria themselves.

Thus far, research has been cited which addresses Haskin's first criterion for information which should condition the federal government's decisions about child day care; specifically, the effects of day care on children's development. What of the data concerning supply and demand for child care services, Haskin's second stated criterion? With regard to supply, the data can only describe what we know to exist, specifically that 154,002 day care spaces are available in licensed CDC or FDC settings for children 0-5 years of age (National Day Care Information Office, 1985). With an estimated 1,133,777¹⁵ children age 0-5 years with mothers in the labour force, certainly there is a policy imperative to initiate research to better determine how child care needs are being met for a significant majority of Canadian families. The child day care research community has recognized the paucity of research in this area and a

¹⁵Statistics Canada calculated this number of children by using the March 1985 Labour Force Survey as a base. The parents are defined in terms of economic families rather than census families (National Day Care Information Office, 1985).

research proposal has been submitted to Health & Welfare Canada for a national research undertaking to answer the question "Where are the children?" (Lero, Pence, Goelman, & Brockman, 1984).

With regard to "demand", the research evidences some real problems: 1) as already noted, we do not know how much of the approximately 80% of care arrangements in the informal child care sector are freely chosen or forced choice arrangements due to lack of formal child day care settings, yet research suggests most parents are satisfied with their current child care arrangements; and 2) while the data from most studies which have examined parent preference suggest that there are specific trends in child care preference (e.g. home-based care for infants and centre-based care for preschoolers) there is no evidence to suggest that such preferences are grounded in the reality of potential developmental effects to children. In other words, we do not have a definitive picture, at present, of what parents really want nor why they prefer certain care modalities. As indicated in the schematic representation of parent choice (see Figure 2) by Lero (1981), there are a multitude of factors which impact on that choice and we are only beginning to identify the influence each factor may have on the final choice.

While the data on parent preference are extremely limited, there is one critical trend which is identifiable and thus can be addressed in future policy development; parents tend to make choices regarding the extrafamilial care of their children which do not reflect an understanding of the potential developmental consequences to their children of the care environment. Ultimately, parents determine the quality of their children's care environments by the facility or FDC home they choose; therefore, education of parents in order that they may make more "informed" choices would seem to be a crucial component in any policy package which would seek to address the issue of child day care.

The notion that considerations regarding child care reflect much more than potential developmental consequences to children casts a new perspective on the original thesis question regarding the ability of research to inform policy. A critical component in the relationship between research and policy, which has not been addressed thus far, involves factors, "including prevailing values, the political climate, and economic conditions which work in concert to set the broad parameters of policy debate" (Phillips, 1984, p.93). These factors also include parent preference or choice for care type, the "demand" component in Haskin's second criterion. Briefly stated, while social science research may "delimit the possible", it does not determine

the parameters of the debate, and such parameters can be said to "delimit the probable"; what data government chooses to support and receive in order to inform policy and what parents choose to use and support in the way of child care services, determine the final structure of the day care system--regardless of what research may indicate is the most effective system for quality care. Research can provide the information for effective action, but it is the values of society which provide the motive for action (Mayer & Greenwood, 1980). In other words, while research might indicate type(s) of care which have positive developmental consequences for children, government and parents may not choose the indicated care modalities. At this point, a more relevant question than "can we translate research into policy for child day care?"¹⁶ is one which asks "will we translate research into policy?"

As Zigler & Gordon (1982) note, "by far the thorniest issue in day care...is the fundamental issue of quality vs. cost. Mayer & Greenwood (1980) suggest that in a policy decision two elements are joined (p.41):

- 1) The values of the policy maker and of the collective

¹⁶As Ruopp & Travers (1982) point out, "After a decade of research, quality day care can to some degree be both defined and delivered. Given adequate resources, competent caregivers can be found or developed, facilities made stimulating and safe, and smaller rather than larger groups formed and maintained" (p.90).

on whose behalf he or she acts...the values define the goals of the policy as worthy of attainment.

2) The factual information which determines the most effective means for attaining those ends.

It is reasonable to suggest that we may be at the point where the "factual information" (e.g. research to date) and the prevailing "value" system of government meet (e.g. can child care be validated as a legitimate costly expenditure). While the Liberal appointed Federal Task Force on Child Care presented an 11 billion dollar program to remedy the present child day care "crisis" and build a Canadian day care system which could effectively meet the needs of families, the current Conservative government is left with the task of determining what Canada can afford. Notions of affordability, of course, are directly influenced by the prevailing values of government and society. If child day care services are seen as a necessary and vital component in the current fabric of our society, then government will have popular support in committing funds to build a child care system which can meet the overall needs of the collective on whose behalf the government acts. If child day care continues to be viewed essentially as a welfare service for poor or dysfunctional families, then funds will be limited to what the collective believes is a fair portion to commit to this select group.

In sum, research can provide the information necessary to fulfill the needs of the first two steps in the policy

process identified by Brewer (1983); specifically, data to "sketch out the form and the texture of the situation" (Brewer, 1983, p.57) as an initial step in the policy process and data to support a "systematic investigation of the problem and thoughtful assessment of options and alternatives" (Brewer, 1983, p.57) as required in the second stage, defined as the "estimation" step. There are weaknesses and holes in the current data base, particularly in relation to the needs and preferences of parents and the invisible, yet significantly large, informal child day care network. However, there is sufficient consistency and weight in the research findings to suggest "the actual and delimit the possible" as suggested by Haskins (1979, p.3). The third step, that of selection (described as the "political" step because competing agendas of various interest groups and key players will likely influence the selection of identified options) is the critical point at which the two elements identified by Mayer & Greenwood (1980) are joined and it is at this point that the child day care crisis in Canada can be placed.

This is not to say that the the first two steps in the process have been given the attention they require in order to be appropriately defined as the preventive activities described by Brewer (1983); rather, this draws attention to the fact that, once again, preventive steps may be minimized in favour of the more active steps of selection and

implementation because of the current "crisis", and the decisions may be more reflective of "values" than of "factual information". As noted by Brewer, "decisions reached in a crisis atmosphere are short-term, short-sighted, and unmindful of longer range consequences" (p.63).

In summary, existing research can be translated into policy for Canadian child day care, specifically in the regulatable areas of:

- caregiver training
- group size
- adult/child ratio and
- availability of materials and resources in the care setting.

Therefore, policy initiatives which support licensing of caregiving settings to ensure adherence to regulations reflective of known conditions of quality care, would find strong support in the research. However, policy initiatives which did not reflect known conditions of quality care, such as registration of informal care settings for the purpose of increasing the availability of day care spaces, could not find justification in the available research.

Further, it is recognized that parents directly influence the quality of the non-parental care their children receive through their initial choice and continued use of different

care types. Research indicates that, more often than not, parent choice or preference for a care type may have little relation to the actual quality of the setting or the potential developmental consequences to their children. Therefore, policy initiatives which are designed to support known conditions of quality care for children, must also seek to educate parents to support such conditions.

Moreover, while there is sufficient call, in the current literature on child day care, for research findings to be reflected in policy, the influence of prevailing governmental and societal values must be acknowledged. The task is not simply to translate what we know to be quality care into policies which support and promote quality care. At the "selection" step of the policy process, "competing agendas of the various interest groups and key players will likely influence the selection of identified options (Brewer, 1983, p.57). In essence, the question is not so much whether research can be translated into policy, rather, will research be translated into policy. It will be an expensive undertaking and it will depend on the value we place on the care of children in Canada as to whether or not sufficient funds are committed to incorporate what research identifies as quality care into what policy will determine is sufficient care. Hopefully, the thesis will prove useful in informing the policy debate, to help equalize the impact

of research and values on future child day care policy development.

The literature with regard to the history of child day care in Canada, juxtaposed with demographic statistics which evidence fundamental change to the family itself, suggests that we are experiencing yet another child day care crisis, generated again from a concern for the custodial care of children when the existing family structure is no longer sufficient to consistently meet this need. Steinfel's (1973) notes that:

Day care has until now been regarded as a limited and largely marginal child welfare service. Expanded in times of emergency...it has quickly been done away with once these crises pass. This improvisational attitude is no longer appropriate, if it ever was. Since WW II the number of working mothers of young children has grown even though there has been a minimum amount of quality care available. These numbers will continue to grow whether or not there is good day care. Changing expectations about women's roles combined with the economic needs of many families will continue to swell the numbers of mothers who work (p.6)

Steinfel's statement succinctly captures the dilemma of the current day care debate. It is difficult to ascertain if the focus is once again on remediation of the "crisis" at hand which would allow for temporary, improvisational measures to relieve the pressures of the current need or on the initial stage of real policy development, which would reflect a recognition of day care as an intrinsic public necessity and thus be subject to both short-term and long-range planning for the public good.

A crisis precipitated by the concern for custodial care is emphasized because it suggests a "temporary concern", one which will be alleviated once the "problem" causing the need is solved. As well evidenced in the literature, working mothers are not a problem in our society, but an integral and increasingly significant segment of the labour force. Therefore, policy perspective must be reframed so that policy response reflects a fundamental change to, rather than a temporary aberration from, societal norms.

The notion of a "state-of-crisis" is important to the discussion as Brewer (1983) suggests that decisions reached in a "crisis atmosphere" are short-term, short-sighted, and unmindful of longer range consequences" (p.63). Recognition of the tendency to react to crisis with short-term solutions should provide a cautionary note to forthcoming policy discussion. The long-term consequences of any policy initiative with respect to child day care must be carefully assessed, based on what we know to be good care for children. Provision of custodial care will not sufficiently meet the developmental needs of the growing number of children now spending their formative years in some form of non-maternal care setting on a regular basis. As child day care emerges as a powerful social institution with significant influence on the development of our children and thus the very fabric of our society, government response need not be grounded in the crisis mentality. Existing child

day care research can prescribe appropriate policy direction "in the best interest of children". Will the research be translated into policy is another question.

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TABLES

Table 1a
 Marriages, Marriage Rates, 1970-1982

| | Number of Marriages | Marriage Rates | |
|------|------------------------|----------------|------|
| | | Women | Men |
| 1970 | 188,428 | 69.5 | 71.8 |
| 1971 | 191,324 | 69.2 | 72.4 |
| 1972 | 200,470 | 70.6 | 74.3 |
| 1973 | 199,064 | 68.3 | 72.2 |
| 1974 | 198,824 | 66.3 | 70.4 |
| 1975 | 197,858 | 64.1 | 68.3 |
| 1976 | 193,343 | 61.0 | 65.4 |
| 1977 | 187,344 | 57.4 | 61.8 |
| 1978 | 185,523 | 55.3 | 59.7 |
| 1979 | 187,811 | 54.5 | 59.2 |
| 1980 | 191,069 | 54.0 | 58.9 |
| 1981 | 190,082 | 52.6 | 57.6 |
| 1982 | 188,360 | 50.7 | 55.6 |

Marriages per 1,000 single, widowed and divorced
 population 15 and over.

Source: Women in Canada: A Statistical Report, Statistics
 Canada, Catalogue 89-503E, 1985, p. 10.

Table 1b
Divorces and Divorce Rate, 1970-1983

| | Number of Divorces | Divorce Rate |
|------|-----------------------|-----------------|
| 1970 | 29,775 | 621.0 |
| 1971 | 29,685 | 607.2 |
| 1972 | 32,389 | 649.0 |
| 1973 | 36,704 | 719.7 |
| 1974 | 45,019 | 860.1 |
| 1975 | 50,611 | 942.4 |
| 1976 | 54,207 | 985.6 |
| 1977 | 55,370 | 988.9 |
| 1978 | 57,155 | 1004.0 |
| 1979 | 59,474 | 1028.7 |
| 1980 | 62,019 | 1053.7 |
| 1981 | 67,671 | 1129.2 |
| 1981 | 67,671 | 1129.2 |
| 1982 | 70,436 | 1164.4 |
| 1983 | 68,567 | 1125.2 |

Divorces per 100,000 married women aged 15 years and over.
Source: Women in Canada: A Statistical Report, Statistics
Canada, Catalogue 89-503E, 1985, p. 10.

Table 2
Labour Force Participation
of Women with Children, 1982

| | Canada | United States |
|------------------|--------|---------------|
| Infants/Toddlers | 45.6% | 42.0% |
| Preschoolers | 53.2% | 50.0% |
| School Age | 61.6% | 66.0% |

Sources: 1982 United States Census Report

Women in Canada: A Statistical Report, Statistics
Canada, Catalogue 89-503E, 1985.

Table 3a

Labour Force Participation of Women by Age of Youngest Child, 1975-1983

| | Labour Force Participation | | | | | | | | |
|-------------------|----------------------------|-------|-------|-------|-------|-------|-------|-------|-------|
| | 1975 | 1976 | 1977 | 1978 | 1979 | 1980 | 1981 | 1982 | 1983 |
| | 000's | 000's | 000's | 000's | 000's | 000's | 000's | 000's | 000's |
| Youngest child | | | | | | | | | |
| Less than 3 years | 279 | 282 | 315 | 340 | 369 | 387 | 415 | 434 | 460 |
| 3-5 years | 248 | 256 | 255 | 273 | 280 | 296 | 304 | 316 | 331 |
| | Participation Rate | | | | | | | | |
| | % | % | % | % | % | % | % | % | % |
| Youngest child | | | | | | | | | |
| Less than 3 years | 31.2 | 31.7 | 34.0 | 37.6 | 39.4 | 41.7 | 44.5 | 45.6 | 48.9 |
| 3-5 years | 40.0 | 40.9 | 42.5 | 46.1 | 47.8 | 50.1 | 52.4 | 53.2 | 55.6 |

Source: Women in Canada: A Statistical Report, Statistics Canada Catalogue 89-503E.

Table 3b
Number of Children under 6 years with
Mothers in Labour Force

| | |
|------|---------|
| 1975 | 562,000 |
| 1976 | 620,000 |
| 1977 | 656,000 |
| 1978 | 695,000 |
| 1979 | 721,000 |
| 1980 | 760,000 |
| 1983 | 955,753 |

Source: Status of Day Care Canada, 1975-1985

Table 4
Live Births and Fertility Rates 1970-1982

| | Total Live Births | General Fertility Rate |
|------|-------------------|------------------------|
| 1970 | 371,988 | 71.2 |
| 1971 | 362,187 | 67.7 |
| 1972 | 347,319 | 63.4 |
| 1973 | 343,373 | 61.5 |
| 1974 | 350,650 | 60.6 |
| 1975 | 359,323 | 61.2 |
| 1976 | 359,987 | 60.3 |
| 1977 | 361,400 | 59.4 |
| 1978 | 358,852 | 58.0 |
| 1979 | 366,064 | 58.2 |
| 1980 | 370,709 | 57.9 |
| 1981 | 371,346 | 56.7 |
| 1982 | 373,082 | 56.3 |

Represents the total number of live births per 1,000 women aged 15-49.

Sources: Vital Statistics Canada Catalogue 84-202
Vital Statistics Canada Catalogue 84-204

Table 5a

Average Family Size and Average Number of Children
in Husband-Wife and Lone-Parent Families. 1971 and 1981

| | Average Number of Persons per Family | | Average Number of Children per Family | |
|--------------|---|------|--|------|
| | 1971 | 1981 | 1971 | 1981 |
| Husband-wife | 3.8 | 3.3 | 1.7 | 1.3 |
| Lone-parent | 3.1 | 2.7 | 1.8 | 1.7 |

Note: Includes married and common-law couples.

Source: Women in Canada: A Statistical Report, Statistics
Canada, Catalogue 89-503E, 1985, p. 16.

Table 5b
 Population Characteristics of Women in Husband-Wife
 Families (and heads in other families) by Characteristics
 of the Husband and by Presence of Own Children

| Canada 1975 | 1975 and 1985 | | | |
|-----------------------|---------------|---------|----------|----------|
| | Labour | Partic. | Employed | Employed |
| | force | rate | f/t | p/t |
| | '000 | % | '000 | '000 |
| Husband employed | 1,918 | 45.9 | 1,380 | 399 |
| With children under 3 | 240 | 30.7 | 139 | 72 |
| With pre-schoolers | 445 | 34.1 | 270 | 127 |
| Husband unemployed | 194 | 21.2 | 138 | 30 |
| With children under 3 | 22 | 33.1 | 14 | - |
| With pre-schoolers | 37 | 34.4 | 23 | 6 |
| No husband present | 244 | 46.7 | 199 | 27 |
| With children under 3 | 17 | 38.1 | 11 | - |
| With pre-schoolers | 45 | 45.4 | 33 | 6 |
| All families | 22,460 | 42.7 | 1,812 | 458 |
| With children under 3 | 282 | 31.5 | 167 | 77 |
| With pre-schoolers | 534 | 53.1 | 333 | 139 |

(continued)

Table 5b (cont'd)

Canada 1985

| | | | | |
|-------------------------|-------|------|-------|-----|
| Husband employed | 2,804 | 63.7 | 1,865 | 688 |
| With children under 3 | 427 | 55.5 | 256 | 129 |
| With pre-schoolers | 723 | 57.2 | 424 | 216 |
| Husband unemployed | 394 | 27.5 | 248 | 79 |
| With children under 3 | 46 | 47.0 | 27 | 8 |
| With pre-schoolers | 77 | 49.8 | 45 | 15 |
| With No husband present | 435 | 55.9 | 315 | 58 |
| With children under 3 | 36 | 47.0 | 20 | 6 |
| With pre-schoolers | 84 | 53.4 | 51 | 13 |
| All families | 3,633 | 54.9 | 2,427 | 825 |
| With children under 3 | 520 | 53.9 | 303 | 143 |
| With pre-schoolers | 885 | 56.1 | 520 | 244 |

Source: Monica Townson, (1986). The costs and benefits of a national child care system for Canada, p. 48.

Ottawa: Canadian Day Care Advocacy Association.

Based on: Statistics Canada, Labour Force Survey Division unpublished data (1975); The Labour Force, December 1985, (1985) annual averages, Table 61A

Table 6
Day Care Spaces 1973-1985

| | Centre Spaces | Family Day Care Spaces | Total Spaces |
|------|------------------|---------------------------|-----------------|
| 1973 | 26,811 | 1,562 | 28,373 |
| 1974 | 50,996 | 4,185 | 55,181 |
| 1975 | 65,281 | 4,671 | 69,952 |
| 1976 | 78,153 | 5,367 | 83,520 |
| 1977 | 76,117 | 5,534 | 81,651 |
| 1978 | 74,516 | 7,763 | 82,279 |
| 1979 | 84,083 | 9,769 | 93,752 |
| 1980 | 98,238 | 10,903 | 109,141 |
| 1982 | 109,535 | 14,427 | 123,962 |
| 1983 | 123,292 | 15,778 | 139,070 |
| 1984 | 149,965 | 21,689 | 171,654 |
| 1985 | 169,751 | 22,623 | 192,374 |

Note: Figures for 1981 not available

Sources: Status of Day Care in Canada, 1973, 1975, 1976,
1977, 1978, 1979, 1980, 1983, 1984, 1985.

National Day Care Information Office.

Table 7
Children in Licensed Care, 1984

| Age of Children | Estimate of Need | Number of Licensed Spaces | Percentage of Children Served |
|--------------------------------------|---------------------|---------------------------------|-------------------------------------|
| Children aged 0-17 mos. | 133,000 | 11,622 | 8.7 |
| Children aged 18-35 mos. | 166,000 | 22,981 | 13.8 |
| Children aged three and under six | <u>334,000</u> | <u>104,598</u> | <u>31.3</u> |
| Total Canada | 633,000 | 139,201 | 22.0 |

Note: These children have parents who either work or study at least 20 hours per week.

Source: Report of the Federal Task Force on Child Care, 1986, p. 51.

Table 8
Children in Licensed Care, 1985

| Age of Children | Estimate of Need | Number of Licensed Spaces | Percentage of Children Served |
|--------------------------------------|---------------------|---------------------------------|-------------------------------------|
| Children aged 0-17 mos. | 174,455 | 10,925 | 6.3 |
| Children aged 18-35 mos. | 179,295 | 22,901 | 12.8 |
| Children aged three and under six | <u>359,104</u> | <u>120,176</u> | <u>33.5</u> |
| Total Canada | 712,854 | 154,002 | 21.6 |

Note: Figures include children of parents working full time, part-time (20-29 hours a week), and parents are students.

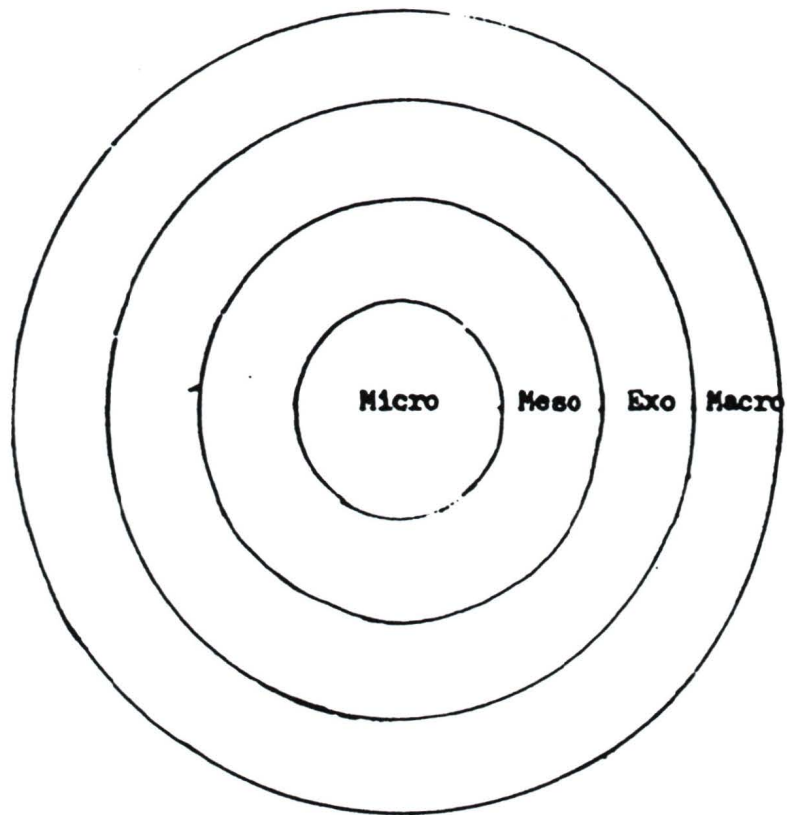
Source: Status of Day Care in Canada, 1985, p. 10-14.

Table 9
Hepatitis Outbreaks by Size of Day Care Centre
Enrolment and Age of Youngest Child

| Enrolment of Day Care Centre | | | |
|------------------------------|------|-------|-----|
| Age of Youngest Child | 0-20 | 21-50 | 51+ |
| 0 | 0% | 62% | 69% |
| 1 | 13% | 38% | 56% |
| 2 | 0% | 4% | 10% |
| 3 | 0% | 0% | 0% |

Source: Silva, R.J. (1980). Hepatitis and the need for adequate standards in Federally supported day care. Child Welfare, LIX (7), 387-400.

FIGURES



Microsystem: the individual and his/her environment.

Mesosystem: interaction of microsystems.

Exosystem: external factors affecting the individual.

Macrosystem: attitudes, beliefs, and value systems.

Figure 1 A representation of Bronfenbrenner's concept of the ecosystem.

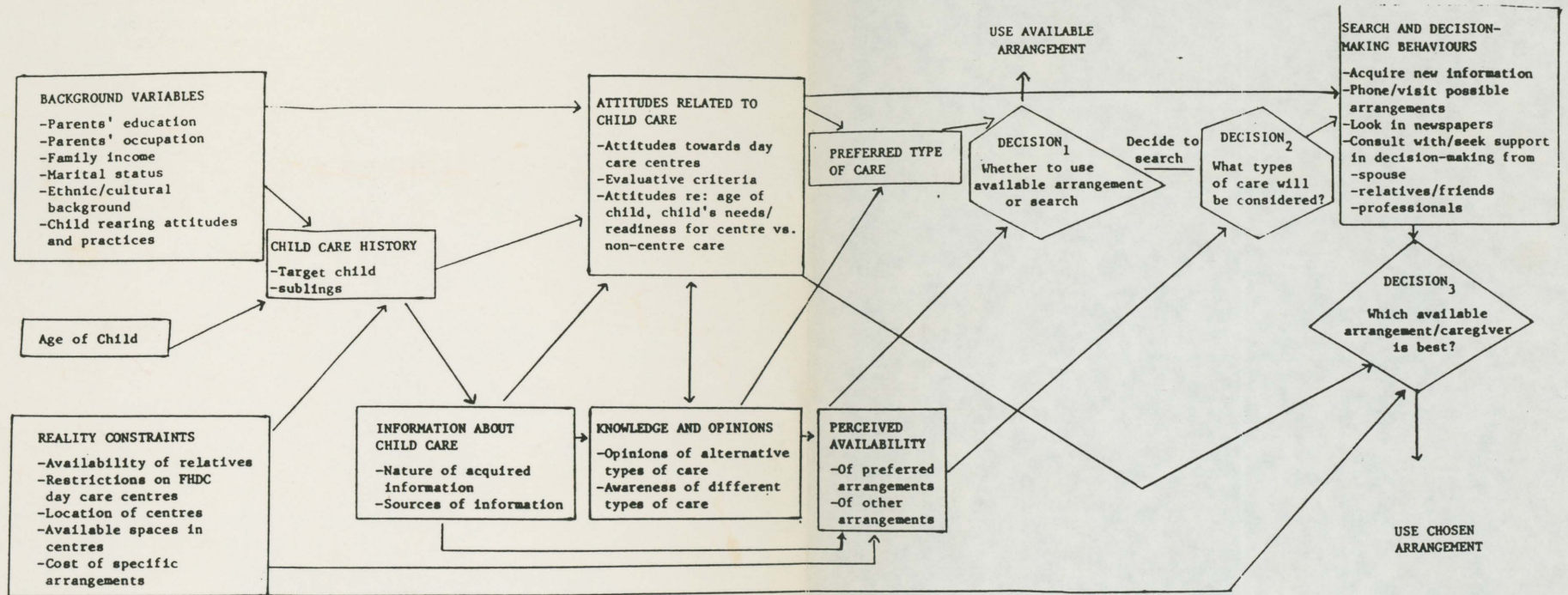


FIGURE 2: A Schematic Model of the Child Care Selection Process
 Source: D. Lero (1981) Factors influencing parents' preferences for and use of alternative child care arrangements for preschool age children: Final report p. 148

APPENDIX

Early Childhood Environment Rating Scale
(ECERS) items: 2, 7, 8, 9, 11,
15, 16, 21, 24,
37.

APPENDIX

Kontos & Feine (1985), p. 11 - 13:

1. ECERS item 2, Personal care routines: meals/snacks

Well balanced meals/snacks are provided on a regular schedule. Staff member sits with children and provides pleasant social environment during meals and when possible at snacks. Small group size permits conversation. Time planned as a learning experience, including: self-help skills; talking about children's interests, events of the day, and aspects of foods (colour and where foods come from).

2. ECERS item 7, Furnishings/display: furnishings (learning)

Basic learning activity furnishings plus woodwork bench and sand/water table. Easel or art table used daily; woodwork bench and sand/water table used weekly. Full range of learning activity furnishings regularly used plus provision for appropriate independent use by children.

3. ECERS item 8, Furnishings/display: furnishings (relaxation)

Planned cozy area regularly available to children. Cozy area may be used for reading, dramatic play, etc. Planned cozy area plus "softness" available in several other areas (examples, cushions in reading corner and doll house, several rugs, many soft toys).

4. ECERS item 9, Furnishings/display: room arrangement

Three or more interest centers defined and conveniently equipped. Quiet and noisy centers separated. Appropriate play space provided in each center. Easy visual supervision of centers. Arrangement of centers designed to promote independent use by children (example, labeled open shelves, convenient drying space for art work). Additional materials organized and available to add to or change centers.

5. ECERS item 11, Language/reasoning: understanding language

Many materials present for free choice and supervised use. At least one planned activity daily (example, reading books to children, story telling, flannel board stories, finger plays, etc.). Teacher provides good language model throughout the day (example, gives clear directions, uses words exactly in descriptions). Plans additional activities for children with special needs.

6. ECERS item 15, Fine/gross motor: fine motor

Variety of developmentally appropriate perceptual and fine motor materials in good repair used daily by children. Materials rotated to maintain interest; materials organized to encourage self-help; activities planned to enhance fine motor skills.

7. ECERS item 16, Fine/gross motor: supervision

Child given help and encouragement when needed. Teacher shows appreciation of children's work. Teacher guides children to materials on appropriate level for success. Teacher plans learning sequences to develop fine motor skills (example, provides children with puzzles of increasing difficulty, stringing of large beads before small beads).

8. ECERS item 21, Creative activities: art

Individual expression and free choice encouraged with art materials. Very few projects that are like an example are shown. Variety of materials available for free choice, including three dimensional materials (example, clay, art cough), Attempt to relate art activities to other experiences.

9. ECERS item 24, Creative activities: sand/water

Provision for sand and water play outdoors or indoors including toys (example, cups, spoons, funnels, shovels, pots and pans, trucks, etc.). Used at least weekly. Provisions for sand and water play outdoors and indoors with appropriate toys.

10. ECERS item 37, Adult needs: parent provisions

Parent/staff information exchanged at regular intervals (example, through parent conferences, newsletter, etc.). Parents welcomed to be a part of program (example, eat lunch with child, share a family custom with child's class). Provision of information on parenting, health care, etc. Parents' input regularly sought in planning and evaluation of program. Parents involved in decision making roles along with staff (example, parent representatives on board).

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Canadian Child Day Care: Translating Research into Policy

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SANDRA JEAN GRIFFIN

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