

# **Good practice in the care of very young children**

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## **Introduction**

Day care for children under four has expanded in recent years. Traditionally a source of support for families in need, provision has become a potential tool for tackling social exclusion by enabling parents of very young children to seek work or training. Recent expansion has been accompanied by a debate about the function of provision for very young children: should services offer care or education? These changes have put the issue of good practice in the care of very young children very much to the forefront of the policy agenda.

This research was commissioned by the Scottish Office Education and Industry Department and was carried out between April and November 1999 by members of the Thomas Coram Research Unit, the Scottish Council for Research in Education and an independent researcher. It had three aims: to review the national and international research literature for evidence-based models of good practice, to establish what local authorities in Scotland have produced in the way of guidelines on good practice, and to establish what has informed those guidelines where they exist.

## **Background**

Care provision for very young children (aged 0-3 years) has changed in recent years. Historically, its main function was to support families unable, for whatever reason, to provide care for their own children. However, the demand for childcare for very young children has grown. Several factors account for this growth, including:

- the number of working mothers with young children has doubled since 1984
- one in every five dependent children in the UK lives in a lone-parent family

- 80% of jobless mothers say they would work if childcare were available.

Provision for very young children now serves two purposes: it still provides support for families and children who need additional help, but it also provides care for young children whose parents or carers need, or choose, to seek training or work.

As the demand for provision for very young children has grown, a debate has emerged about whether it should be providing education or care. Traditionally, care has been defined in terms of a child's physical and emotional needs, and education in terms of their intellectual needs.

Within the former Scottish Office the job of providing care and education was split between different departments.

Responsibility for education lay with the Education and Industry Department, and responsibility for care with the Social Work Services Department. The new Scottish Executive Education Department not only has responsibility for education, children and young people; it also has a Minister for Children and Education. The effects of having responsibility for children's services split between different departments have been crucial:

- public funding for education has far outstripped funding for day care
- training, and so the professional status, of care workers has fallen well short of that enjoyed by teachers
- lack of training and central planning has created a fragmented service offering variable standards of care.

The Scottish Executive's policies, expressed in its *Child Care Strategy*, aim to address these issues. Policies include planned expansion of early-years services and initiatives aimed at improving standards. High quality services, education and care (if there is a distinction) need to be planned, organised and managed in an integrated fashion.

### **Methodology**

The research was carried out in three phases. The purpose of Phase 1 was to review recent research concerning good practice in the care of very young children. Phase 2 consisted of a telephone survey of all Scottish local authorities. The main aim of the survey was to establish what local authorities had implemented in the way of quality assurance initiatives, with

particular emphasis on the production of good practice guidelines. Phase 3 was a series of interviews conducted with personnel from four local authorities to identify what they were doing to address issues of good practice in the care of very young children in their area.

### **A review of the research literature concerning good practice in the care of very young children**

The following bibliographic databases were used in the review of research literature:

- the Scottish Education Bibliography, 1970-1990
- ERSDAT, a database of educational research in Scotland
- the British Educational Index
- the Australian Education Index
- the Canadian Education Index
- ERIC, the major US indexing service for education
- the International Bibliography of the Social Sciences
- the Social Sciences Citation Index.

Research has shown that children can benefit socially, emotionally and intellectually from experiences in good quality childcare. But what is good quality care, and how can evidence on good quality be used to develop models of good practice? Several features of childcare settings are significant predictors of outcomes for children. They include:

- adult/child ratios and group size
- caregiver education and training
- working conditions for staff
- the physical environment
- stability and continuity of care.

Most discussions about good quality childcare include reference to the elements listed above. They can provide a framework on which models of good practice can be built. Addressing this

People have different views about quality in early years provision.

Is it possible, or desirable to formulate universally applicable definitions of quality?

combination of quality predictors enables good quality services to offer sensitive and responsive care. Research has shown conclusively that sensitive and responsive care giving is crucial for healthy child development (e.g. Rutter, 1995).

Definitions of quality are likely to be based, at least in part, on subjective values. The same can be said of models of good practice. While based on common principles, specific models of good practice are likely to vary depending on the values, beliefs and interests of the people who construct them. This idea of subjectivity has some positive benefits. If nothing else it promotes a sense of ownership among those responsible for delivering childcare services according to the principles enshrined in whatever model of good practice they have chosen to develop.

By way of an illustration, we conclude our review with examples taken from one particular model of good practice in the care of very young children. The National Association for the Education of Young Children (NAEYC) developed the model in the USA (Bredekamp & Copple, 1997). We have chosen it as an illustration for two reasons. First, it is one of the few systematic descriptions of appropriate, and inappropriate, practice in early years settings. Second, it is firmly based on research evidence concerning children's development, and indicators of quality in early years settings. Because it is an evidence-based model of good practice, the principles outlined in it will be broadly applicable across a range of western cultures. However, it is not intended as a prescriptive formula for the delivery of early years services. As with most useful tools of this type, it has been designed to encourage providers to reflect on all areas of their practice. It lists elements of good practice for two age groups: *infants* (aged up to 18 months) and *toddlers* (aged 18 months to three years). Each list is itself divided into sections, with up to 15 detailed descriptions of good practice in each section.

**Infants:**

*Relationships among caregivers and children*

- continuity of care ensures every infant is able to form a relationship with a primary caregiver
- adults engage in many one-to-one interactions with infants
- all interactions are characterised by gentle, supportive responses.

#### *Environment and experiences*

- walls and floors are easy to clean
- auditory environment is not over-stimulating or distracting
- space is arranged so children can enjoy moments of quiet play by themselves.

#### *Health and safety*

- adults follow health and safety procedures
- health records on each infant are filed confidentially
- adults are aware of the symptoms of common illnesses.

#### *Reciprocal relationships with families*

- caregivers work in partnership with parents
- caregivers help parents feel good about their children and their own parenting

#### *Policies*

- staff have had training specific to infant development and care giving
- group size and ratio of adults to infants is limited to allow for one-to-one interaction, intimate knowledge of individual babies, and consistent care giving.

#### **Toddlers:**

#### *Relationships among caregivers and children*

- an adult initiating a conversation with a toddler gives the child ample time to respond
- caregivers ask parents what sounds and words their toddler uses so that the caregiver will understand what the child is saying
- adults recognise that children constantly test limits and expressing opposition (No!) to adults is one way in which a child develops a healthy sense of self as a separate, autonomous individual.

#### *Living and learning with toddlers*

- time schedules are flexible and smooth, dictated more by children's needs than by adults
- adults engage in reciprocal play with toddlers, modelling for children how to play imaginatively
- adults respect toddlers' solitary and parallel play.

#### *Environment*

- caregivers organise the space into interest or activity areas
- the environment contains private spaces with room for no more than two children, which are easily supervised by adults
- children have many opportunities for active, large-muscle play both indoors and outdoors.

#### *Health and safety*

- nappy-changing areas are routinely disinfected after each change
- there are clearly written sanitation procedures specific to each area
- caregivers directly supervise toddlers by sight and sound, even when they are sleeping.

#### *Reciprocal relationships with families*

- caregivers listen carefully to what parents say about their children, seek to understand parents' goals and preferences, and are respectful of cultural and family differences
- caregivers communicate that they view parents as the child's primary source of affection and care.

#### *Policies*

- staff have training in child development/early education specific to the toddler age group
- the group size and ratio of adults to children are limited to allow for the intimate, interpersonal atmosphere and high level of supervision that toddlers require.

Models of good practice can encourage providers to reflect on their practices.

What kind of help and support might providers need when undertaking self-reflection of this kind?

## A telephone survey of local authorities

The research team conducted a telephone survey of all 32 Scottish local authorities. In each authority, the survey aimed to establish the extent to which initiatives to ensure provision is of good quality had been implemented, including the introduction of good practice guidelines. The job titles and responsibilities of those interviewed varied between authorities, but included:

- Principal Officer, Early Years;
- Children's Services Co-ordinator
- Head of Lifelong Learning
- Assistant Chief Social Work Officer
- Head of Educational Services.

Responses to two specific questions are particularly relevant:

1. Does your local authority have guidelines for providers of care for children aged 0-3?
2. Any other comments you would like to make regarding good practice in the care of very young children?
  1. *Does your local authority have guidelines for providers of care for children aged 0-3?*

Of the 32 local authorities, nineteen had some form of guidance on good practice. Four authorities did not have any, while seven had guidance either in the planning or production stage. One local authority respondent did not know if any guidance was in place, and one other did not answer the question.

Most local authorities in Scotland do not have systematic, evidence-based descriptions of good practice.

How could local authorities be encouraged to develop models of best practice?

Among the 19 local authorities claiming to have guidelines on good practice in the care of very young children, most clearly did not mean detailed, systematic, evidence-based descriptions of good practice of the type developed by the NAEYC. The form and content of guidelines varied a great deal. Many were simply a summary of the legal requirements for registration under the 1989 Children Act. Others took the form of curriculum guidelines for children aged from 0-8 years. A third type had been distilled from local policy documents on provision. Researchers found only one example of systematic guidelines of a type similar to the NAEYC materials described in the previous section. Authorities that did not have their own good practice guidelines often relied instead on standards outlined in the Children Act and accompanying guidance.

2. *Any other comments you would like to make regarding good practice in the care of very young children?*

The range and depth of comments made in response to this question was impressive. Senior officers in Scottish local authorities had very clear opinions concerning best practice in the care of very young children. For the most part their views were consistent with evidence published in national and international research. Several themes emerged from responses to this question:

- education and care need to be seen holistically in the context of families

*We need to more people in education who understand that good care is more than the curriculum, but includes good links with health and social services*

- building links with parents is very important
- services need to work with parents as early as possible
- strengthening the educational component of family centres improves quality
- it is important to develop outreach work from Family Centres

*We are going to put social work into community education by including it into eleven linked centres which will act as satellite centres to the existing family centres*

- specific initiatives are valuable, e.g. Children & Families initiative, and Home Start initiative

*We see the ongoing development of these services as pivotal, and welcome additional resourcing*

- Childcare Strategy is promoting movement from Social Work to Education and acting as a catalyst for change
- there is value in encouraging people from different sectors to work together to promote parenting skills
- services need to be proactive
- recruiting more care staff and improving training are imperatives

Local authorities take different approaches to monitoring and improving quality in early years provision.

To what extent should local authorities in Scotland take a consistent approach to quality improvement?

*Improvements in staff training and qualifications are required to develop high quality care.*

### **In-depth interviews with local authority personnel personnel**

The research team selected local authorities for Phase 3 following the telephone survey. The team contacted four authorities to represent the large urban, small urban/rural hinterland and predominantly rural authorities throughout Scotland. They attempted to interview the Chair of the Childcare Partnership and lead officers in social work and education. (Under the terms of guidance issued by the former Scottish Office, Childcare Partnerships were established in each local authority. Partnerships have responsibility for assessing local demand for childcare, and planning how to meet that demand. They also have responsibility for monitoring and improving the quality of early years provision.).

The final sample comprised 11 respondents:

- three Childcare Partnership chairpersons, two of whom were elected members, and the other a parent
- three education officers who played a lead role in a Childcare Partnership
- three lead social work officers
- one Childcare Co-ordinator
- one senior community education officer.

Researchers conducted interviews by telephone using a semi-structured interview schedule. Interviews lasted for between 45-60 minutes.

**Local Authority A**, a large urban authority, was included on the grounds of its reputation for providing a high percentage of pre-school education places prior to the introduction of targets for three and four year olds. The authority had put a great deal of resources into developing effective early years services. They described good practice in relation to vulnerable children aged 0-3 as providing:

- a universal service, open to all but which ensured through outreach that vulnerable children received the service
- services which were identified by local people and tailored to meet their needs

- Services based in disadvantaged communities.

The authority did not see quality as an outstanding issue for them. They had done a great deal of work on curriculum requirements and registration and inspection standards since the introduction of the Children Act 1989.

**Local Authority B**, also an urban authority, was formerly part of Strathclyde Region. It was included because all its pre-five services are located within its Education Department (none with Social Work.) Additionally, it appeared to be developing some innovative initiatives in early-years provision. The authority had inherited well-developed quality standards, from Strathclyde Region. They were in the form of detailed curriculum guidance for children aged 0-5 years. Their curriculum guidance document cites the NAEYC standards described earlier in this report. The authority had appointed a Partnership Officer to provide support to providers and assist in the monitoring of quality within partnership arrangements. This officer was also responsible for providing pre and post inspection support to providers inspected under HMI's pre-school education inspection programmes.

**Local Authority C** was selected because it was thought to have developed interesting service links with Community Education and was representative of rural authorities.

The presence in the Corporate Children's Working Group of individuals from voluntary organisations with a history of providing for vulnerable communities is regarded as a means of ensuring quality of provision. Officers from the voluntary sector were described as experts in their field because they constantly bid for money and were experienced in examining and justifying their practice.

**Local Authority D** encompassed relatively prosperous small towns. It was chosen because it had a rural hinterland and took an holistic view of childcare services.

A Social Work officer and Education officer shared the chair at Childcare Partnership meetings. The authority had appointed a Co-ordinator to support the establishment and operation of the Childcare Strategy. A development officer and information officer were due to join the Co-ordinator. They would form a team to carry out work related to the Strategy, including chairing local groups. The Co-ordinator also had responsibility for developing a quality assurance strategy.

Responsibility for delivering good quality early years services lies with Childcare Partnerships, Education Departments, and Social Work Departments.

How important is it for these three bodies to work in close collaboration?

## Conclusions

Models of good practice in the care of very young children, while based on common principles are likely to vary depending on the values, beliefs and interests of those who construct them. Not only is this inevitable, it is also to some extent desirable. Providers of services for very children are more likely to deliver childcare services according to the principles enshrined in a model of good practice if they feel a sense of ownership of those principles.

The research team came across several documents outlining good practice either implicitly or explicitly. As might be expected, these documents varied a great deal in terms of their quality, depth, and intent. Local authorities clearly developed them for different purposes. Most could not be described as models of good practice in the way that the NAEYC model most certainly is. Many were simple summaries of the legal requirements for registration under the 1989 Children Act. Their purpose was to help providers prepare for registration and/or inspection. Some local authorities described curriculum guidelines for children aged from 0-8 years as guidance for providers of services for very young children. The research team found only one example of systematic evidence-based guidelines for good practice.

The one exception, the document *Learning for Living* produced by South Lanarkshire Council has many qualities associated with effective guidelines for good practice. Indeed, it specifies the NAEYC document as a source. *Learning for Living* encompasses many of the features identified by research as being important predictors of quality in the provision of care for very young children. At the same time, it has been adapted, through consultation with local providers and parents, to reflect local values, beliefs and interests. The document is described by the authors as a curriculum guideline that aims to provide ‘. . . an overview of what we believe represents a high quality curriculum for children aged 0-5 years’.

*Learning for Living* sets out four important curriculum principles:

- celebrate the unique individual potential of every child
- acknowledge that the whole child grows and learns
- recognise that early childhood is a distinctive and valuable period of life and learning

One Scottish local authority has developed systematic, evidence-based good practice guidelines.

Should other local authorities be encouraged to develop their own guidelines, or should the national government produce a model of good practice?

- acknowledge that parents and family are integral to the child's life.

It then goes on to describe developmental progress through three age groups: babies (0-18 months), toddlers (12 months to 3 years) and young children (2½ to 5 years). Finally, for each age group, the guidelines set out curriculum goals and curriculum content.

As an example of good practice guidelines developed in Scotland, the *Learning for Living* document is uniquely thorough and well developed. Other local authorities wanting to develop similarly systematic descriptions of good practice would be well advised to consult this particular document as a starting point.

### References

**Bredekamp, S. & Copple, C.** (1997). *Developmentally appropriate practice in early childhood programs*. Washington: NAEYC.

**Rutter, M.** (1995), 'Clinical implications of attachment concepts: retrospect and prospect', *Journal of Child Psychology and Psychiatry*, **36** (4), 549-571.

**South Lanarkshire Council** (1999). *Learning for Living: An Early Years Curriculum 0-5 in South Lanarkshire Council*.

### Footnote

The purpose of guidelines on good practice such as those produced by the NAEYC is to promote standards of care above the minimum required by law. The Scottish Executive is expecting to introduce new legislation outlining minimum standards for early education and daycare settings. Two recent publications, the White Paper 'Aiming for Excellence', and the consultation on 'Regulation of Early Education and Childcare' have set out proposals for new National Care Standards. As part of that consultation exercise, the Scottish Executive has recently collected in guidelines from local authorities to inform the development of new National Care Standards.

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