



child care

BRIEFing NOTES

Proposed changes to child care regulations - Ontario 2016

This BRIEFing NOTE updates a previous document titled **Proposed changes to child care regulations - Ontario 2014**. Like the previous version, this document is concerned with specific elements of child care regulations proposed by the Ontario government. These—like the 2014 proposals (which were withdrawn by the government following community objections)—would significantly affect provision of child care in Ontario. Although the government’s February 1 2016 posting includes a wide range of regulation changes, this document specifically covers only proposals for changes to age grouping, especially for the youngest children and elimination of home visitors’ caseloads in regulated home child care.

The BRIEFing NOTE first provides the context for the current regulation changes, then briefly summarizes points from the research literature on staff: child ratios, group sizes and other program features such as staff qualifications linked to these. A following section discusses some research on provision of quality regulated home child care. Table 1 shows the ON government’s proposed regulatory changes to ratios and group sizes in 2010, 2014, 2016 together with the current regulations and recommendations for ratios and group size regimes by several expert groups in the US, with a child care context similar to Canada’s. Table 2 shows Ontario’s current and proposed staff: child ratios and group sizes for 11 month olds, 13 month olds and 25 month olds in all provinces/territories.

Background and context

In 2011, the Ontario government made a commitment to “modernize Ontario’s child care system and support centres”. Following up on that commitment, in June of 2012 the Ministry of Education released *Modernizing Child Care in Ontario* which included the Ministry’s intent to propose legislative and regulatory amendments to *The Day Nurseries Act*. These documents highlighted the importance of high quality including a Guiding Principle of “Commitment to quality programs for all children” (2012).

In December 2013 the Ministry of Education tabled Bill 143: *A Bill to enact the Child Care and Early Years Act, 2013, to repeal the Day Nurseries Act, to amend the Early Childhood Educators Act, 2007 and the Education Act and to make consequential amendments to other Acts*.

Also in December 2013, the government released *A Proposal to Amend Regulation 262 under the Day Nurseries Act – Child Care*. This included proposed changes to age groupings, ratios, maximum group size, and a number of other changes (shown in Table 1). Some of these had already been circulated and then withdrawn in 2010.

Following community objections in the form of an Open Letter to the Minister of Education, the 2013 proposals

were also withdrawn in 2014. Table 1 shows the 2010, 2014 and 2016 proposals.

In the spring of 2014, a provincial election was called and following election of a Liberal majority government, Bill 143 was re-introduced as Bill 10 in July of 2014.

The Preamble to Bill 10 states that “a system of responsive, safe, high quality and accessible child care and early years programs and services will support parents and families, and will contribute to the healthy development of children”, that “research has indicated that the learning and development that occurs during a child’s early years is critical”. The first stated Purpose of the Act is “to foster the learning, development, health and well-being of children and to enhance their safety”.

With these intentions in mind, this BRIEFing NOTE focuses on the 2016 version of the age group/ratio/group size proposals and new proposals regarding caseloads for home visitors in regulated home child care.

Ratios in ECEC: What does the research say about these? What else is important?

Why is child care quality important? As the Preamble to Bill 10 suggests, child development research makes it clear that the importance of quality of early

childhood programs cannot be overstated. If children are to benefit from them, research shows that early childhood education and child care (ECEC) programs must be high quality; poor quality ECEC may be negative for children.

Many researchers suggest that child care quality—including specific ratios—must be seen within the context of culture and within the approach to child care taken by a particular jurisdiction. As a UK review of ratios, group sizes, staffing and other factors affecting quality notes:

Most of the relevant empirical research into childcare has been done in the US. While there are clearly some differences between early years sectors in the US and UK, there are important similarities. Both are heavily influenced by the same underlying philosophy, attachment theory, and both have a burgeoning private sector. Early years services in the US and the UK both have a structure of staffing based on a split system. Consequently, findings from US research are often relevant to the situation facing early years provision in the UK. In contrast, early years research and practice in mainland Europe is often based on different philosophies, and more relevant to countries with integrated services and little or no private provision (Munton et al, 2002).

This statement clearly applies to Canada too, as the private market and “split system” approach to early years and child care provision is consistent with that in the UK and the US.

While no one structural feature alone can predict quality, research shows that staff: child ratios (adults to children) are one of the most important elements of quality, especially for younger children (infants and toddlers).

Overall, the research finds that fewer children per adult (better or higher, ratios) are associated with: higher global quality scores; more interaction between staff and children, more responsive care giving; and better academic, cognitive, and social outcomes and better behavioural outcomes such as more cooperative behaviour.

Ratios also have a direct impact on staff—on working conditions and key human resource factors such as staff morale, recruitment, retention and

turnover, which all, in turn, influence quality as experienced by children. Better ratios are associated with better working conditions and less stress. Research shows that staff are more supportive and have more positive verbal interactions when they are responsible for smaller groups of children.

The research also stresses that ratios do not operate alone in determining quality but must be considered together with other important factors such as group size, staff training/qualifications/working conditions/wages, pedagogical approach and physical environment.

Research, including that based on the landmark US NICHD study¹, also shows that whereas quality for older preschoolers is sensitive to staff ECE training, ratios and group sizes are particularly important for younger age groups – infants and toddlers—who have better outcomes when cared for in child care settings with better ratios and group sizes (Vandell and Wolfe, 2000).

It is also important to consider who—which adults—are included in the ratio. In Europe, ratios refer to ECE *trained* staff: children, while US research and policy statements—based in a child care environment where the level of staff training is considerably lower—recommend higher ratios of *adults*—that is, ECE trained or un-trained. As noted, Ontario’s (and Canada’s generally) child care situation is more like that of the US and the UK than Europe’s.

For a thorough review and analysis of this research and the relationships among variables, see Munton, Mooney, Moss, Petrie, Clark & Woolner, 2002.

While there has been extensive research on ratios (especially in centres), there is a range rather than a narrowly specific recommendation in individual research studies about exactly what ratios should be. (for example, ratios of 1:4 – 1:5, with group size of 9 to 10 are recommended for a 25 month old – see Table 1).

There are, however, a number of useful benchmarks and recommendations based on the empirical research and experience in specific contexts. These

¹ A major US study of the effects of early child care on child development conducted by the National Institutes of Child Health and Child Development

follow the general consensus that ratios and group sizes should be considered together. Table 1 presents some of the key US and Canadian ratio/group size recommendations (trained and untrained adults: children).

A final important factor that is relevant to consider is child care financing—its cost. Better ratios cost more; so do staff who are more highly trained and paid better wages and working conditions— all found to be predictors of quality.

Research on quality in regulated home child care

Research and recommendations vis-a-vis home child care is less abundant than for centre-based care. Bill 10 has already increased the number of children for whom a regulated home child care provider may care for in Ontario from five to six including the provider's own children. Ratios in home child care were included in the European Commission Childcare Network's *Quality Targets in Services for Young Children*, which summarizes: "Ratios in family day care should not be less than 1 adult: 4 places for children under compulsory school age, and the ratio should include the family day carer's own children".

As well, the 2014 proposed regulation changes which were withdrawn included a proposal to remove the longstanding "not more than three of the children may be under three years" Ontario home child care regulation. This regulation change, however, was made in August 2015.

Currently, the key (2016) proposed regulation change affecting home child care is one that did not feature in the 2010 or 2014 proposals. This relates to the caseload of home child care visitors, who are the agency personnel responsible for ensuring that provincial regulations are met by home child care providers and providing support to providers. . Specifically, the circular describing the proposed reg. changes states that:

The ministry is proposing to remove the caseload cap from the current regulation that prescribes a home visitor may oversee no more than 25 homes. This proposed change would provide flexibility to agencies' business practices and recognize that child care providers have a range of experiences and skills that may require varying degrees of support from a home visitor.

It goes on to note that

Licensed home child care agencies will continue to be subject to all ministry requirements and be responsible for inspecting and monitoring their contracted home providers through an initial inspection and quarterly unannounced home visits conducted by the agency's home visitors.

This proposal is of concern for two main reasons:

- a) Research shows that support for care providers is one of the main predictors of quality in home child care. Frequent home visiting by well-trained specialist visitors is specifically identified as key by Bromer, Van Haitma, Daley & Modigliani, 2009;
- b) Agency home visitors are the mechanism by which regulated home child care is monitored in Ontario. Reducing their capacity to monitor regulated homes by eliminating the specified caseload is *ipso facto* reducing public oversight of regulated home child care.

The Bromer et al study recommended a caseload of 12 providers per home visitor and 10 visits every six months while the Home Child Care Association of Ontario has noted that—based on their experience, a full time visitor can carry between 18-25 homes.

Trends

Historically, in Canada there have been very few instances of jurisdictions actually reducing their ratios or group sizes. Generally, over the years, recognition of the importance of quality for child development as well as the importance of ratios and group sizes has supporting to emphasis on quality. As part of that discussion, ratios have generally been maintained and—as it became clear that group size is also a key factor—to implementing and maintaining groups size regulations in most provinces/territories.

Canadian early childhood training requirements are considered to be quite low compared not only to research evidence but to countries with better ECEC provision such as those in Western Europe.

Generally, it is recommended that all staff have at least some ECE training and that some have more

than the maximums in most Canadian provinces/territories.

As the research has accumulated, internationally, the trend has also been to improve quality. The European Union has been engaged in a major exercise in considering and improving ECEC quality. This work includes a significant broadening of the conception and scope of the idea of quality. (For an analysis of this, see Vandenbroeck, 2015).

Generally, the importance of high quality is well recognized. A 2008 statement from the European

Commission noted that “it is increasingly clear that access without quality is of little merit.... More childcare places are not enough: services have to be high quality, and go beyond labour market considerations to consider children's and their families' wellbeing both in the present and the future”.

What do the proposed ratio/group size changes mean for young children concretely?

NOW: An infant of 13 months ... is unlikely to be walking or eating independently and is very likely to be in diapers. She is currently in an infant room with nine other babies and three adults/staff, (at least) one with ECE training.

PROPOSED: Under the new ratios/group sizes...she would be in a room with 11 other babies of 13 – 24 months, with three staff, two of whom are RECEs.

NOW: A toddler of 25 months ... is either in diapers or toilet training, walking but not yet cautious about danger and not yet comfortable with always “using words” to settle a dispute about a toy. He is now in a toddler room with 14 others with three staff, (at least) one with ECE training.

PROPOSED: Under the new ratios/group sizes...he could be in a room with 23 others ranging from 25 months to four years with three staff, two of whom are RECEs.

Table 1. Ratio, group size proposals for 11 months, 13 months, 25 months - 2016 2014 2010 and recommended

	FOR 11 MONTH OLD (Infant)		FOR 13 MONTH OLD (Now infant, proposed toddler)		FOR 25 MONTH OLD (Now toddler, proposed preschooler)	
	ratio	max grp size	ratio	max grp size	ratio	max grp size
ON Current	1:3	10	1:3	10	1:5	15
ON PROPOSED 2016	1:3	9	1:4	12	1:8	24
ON PROPOSED 2014	1:3	10	1:5	15	1:8	24
ON PROPOSED 2010	1:3	10	1:5	15	1:8	16
Recommended - US Dept HHS	1:3	6	1:3	6	1:4/1:5	8/10
Recommended - Can Ped Soc (from Amer Acad Ped/Amer Public Health Assoc)	1:3	6	1:4	8	1:4/1:5	8/10

Table 2. Ratio, group size proposals for 11 months, 13 months, 25 months. Provinces/territories 2016

	FOR 11 MONTH OLD (Proposed ON infant)		FOR 13 MONTH OLD (Proposed ON toddler)		FOR 25 MONTH OLD (Proposed ON preschooler)	
	ratio	group size	ratio	group size	ratio	group size
NL	1:3	6	1:3	6	1:5	10
PE	1:3	6	1:3	6	1:5	none
NS	1:4	10	1:4	10	1:6	18
NB	1:3	9	1:3	9	1:5	10
QC	1:5	none	1:5	none	1:8	none
ON (proposed)	1:3	9	1:4	12	1:8	24
MB	1:4	8	1:4	8	1:6	12
SK	1:3	6	1:3	6	1:5	10
AB	1:3	6	1:4	8	1:6	12
BC	1:4	12	1:4	12	1:4	12
NT	1:3	6	1:4	8	1:6	12
NU	1:3	6	1:4	8	1:6	12
YT	1:4	8	1:4	8	1:8	16

Either ratio or group size better than ON proposal

Both ratio and group size better than ON proposal

Same or poorer than Ontario proposal

Ontario proposed ratios and group

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