

Millennium Cohort Study Briefing 8

Childcare in the pre-school years

Based on Chapter 8 of *Children of the 21st century (Volume 2): The first five years*

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About these briefings

This Briefing is one of 14 that distil the key findings of the first three surveys of the Millennium Cohort Study, as collected in *Children of the 21st century (Volume 2): The first five years*.

The study has been tracking the Millennium children through their early childhood and plans to follow them into adulthood. It covers such diverse topics as parenting; childcare; school choice; child behaviour and cognitive development; child and parental health; parents' employment and education; income; housing; and neighbourhood.

It is the first of the nationwide cohort studies to over-sample areas with high densities of ethnic minorities and large numbers of disadvantaged families.

For the first survey, in 2001–2, interviewers visited the families of nearly 19,000 children aged 9 months throughout the United Kingdom. It established the circumstances of pregnancy and birth, as well as the families' social background. The second survey recorded how nearly 16,000 cohort children were developing at age 3. The third survey, when they were age 5, involved almost 15,500 children and provided a uniquely

detailed account of their physical, cognitive and social development in the year they entered school.

The study is housed at the Centre for Longitudinal Studies at the Institute of Education, University of London. It was commissioned by the Economic and Social Research Council, whose funding has been supplemented by a consortium of government departments.

Children of the 21st century (Volume 2): The first five years, edited by Kirstine Hansen, Heather Joshi and Shirley Dex, The Policy Press, 2010, can be ordered via www.policypress.co.uk

Briefing 8: Childcare in the pre-school years

Introduction

This Briefing looks at the Millennium cohort's experience of care from people other than the mother, particularly in group childcare settings. It reports the findings of a study of 301 settings in England, compares the Millennium Cohort Study (MCS) families who did and did not use centre-based care, and assesses the quality of care offered. It also describes the characteristics of centres providing high-quality care as they may offer guidance for good practice. Finally, it discusses the study's results in terms of government policy, and makes recommendations that could improve the quality of childcare.

Recent history of childcare in the UK

For most of the last decades of the 20th century, childcare in the UK attracted little public debate or public expenditure. The increasing number of 'working mothers' during the 1980s and 1990s had to make private childcare arrangements. These were predominantly informal ones with neighbours or family members, especially the child's father or grandparents. Other arrangements involved nannies, childminders and group settings such as day nurseries, playgroups and nursery schools.

However, from 1998 the UK government dedicated increased resources to childcare and no longer focused exclusively on promoting mothers' employment but also on enhancing the experiences of all young children (see HM Treasury 2003).

Developments in England²

Free nursery education for all four-year-olds in England was introduced in late 2002 and was extended in April 2004 to include all three-year-olds. This coincided with the second survey of the MCS at age 3, from September 2003 to December 2004.

In 2008, the Early Years Foundation Stage (DCSF 2008) replaced the Curriculum Guidance for the Foundation Stage and the Birth to Three Matters framework. It incorporates both previous frameworks into one set of guidance for the care, learning and development of all children attending registered early-years settings from birth to age 5.

The largest initiative for disadvantaged children has been Sure Start, which, from 1999 to 2005, set up more than 500 local programmes for under four-year-olds and their families. Another key programme for disadvantaged children is the Neighbourhood Nurseries Initiative. Children's Centres were launched in 2003 to build on these programmes.

The MCS cohort was, of course, affected by these initiatives. When the children attended childcare as three- and four-year-olds, integration of early education and care was already well-advanced. However, only a small minority were born early enough and in the right places to reap the full benefit of Sure Start from birth.

MCS experience of childcare from first to fifth year

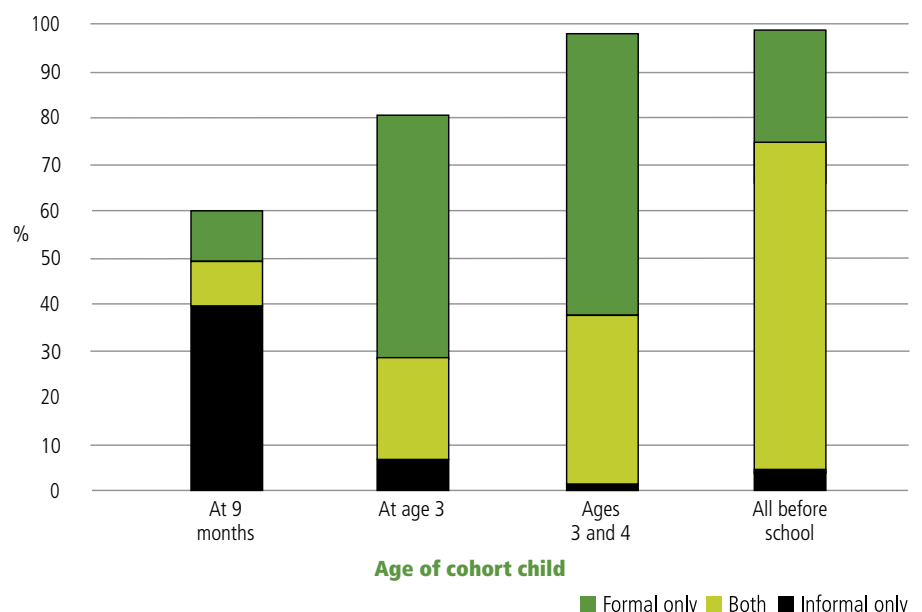
When MCS children were 9 months old nearly half the mothers had a job, mostly part-time. Two-thirds of the childcare arrangements reported were linked to mothers' working and most were exclusively informal (see Figure 1). At 9 months, 60 per cent of children received some non-maternal care. Grandparents (often maternal grandmothers) provided much of this care, whether the mother was working or not. The formal arrangements reported in 2001/2 – day nurseries and

childminders – were virtually all paid for by the children's parents, although some may have been subsidised.

At age 3 the MCS children were old enough to benefit from the new early-years policies. By this stage of their lives there had also been a shift from predominantly informal childcare at 9 months to predominantly formal and educational arrangements. Most three-year-olds (76%) experienced some type of formal care: 54 per cent received such care exclusively. The formal arrangements were mainly group-care settings with an educational curriculum. Thirty-one per cent of children attended a nursery school or nursery class in a primary school (mostly in the state sector). Almost as many (25%) attended playgroups, and 15 per cent pre-schools. A further 19 per cent attended day nurseries while 7 per cent had childminders. Grandparents were still the most important source of informal care (16%), usually as part of a combination of arrangements.

From age 3 until the child went to primary school at around age 5, 96 per cent of the cohort attended some formal setting, with only 1 per cent receiving informal care exclusively and 36 per cent getting a combination. Most families used more than one broad type of care, informal in the child's first three years, followed by at least

Figure 1
Combinations of childcare used



Note: Based on respondents present at all of the first three sweeps. Percentages are weighted to adjust for disproportionate sampling and differences in the survey drop-out rates. Observations are unweighted.

some contact with formal early education in the last two pre-school years, in accordance with the new policies. Children from poorer homes were less likely to have formal care arrangements at 9 months than those from more advantaged families,³ and at ages 3–4 they were more likely to be in state nursery schools than other types of setting.

The use of centre-based care

The remainder of this Briefing summarises the research into the quality of childcare settings in the MCS (Mathers et al. 2007) funded by the Department for Children, Schools and Families. A sample of 301 childcare settings in England attended by 632 MCS children was observed. Families using centre-based care tended to be more advantaged (measured by household employment and income), have better-educated mothers and have at least one parent in a professional occupation. Mothers with children in group care were more likely than average to have jobs. Families with only one child were more likely to use some form of care, while families with two or more siblings were less likely to be in any form of childcare.

Information collected in the centres

Childcare settings were visited between March and October 2005. Observations were conducted in one of the rooms catering for children aged 3 to 5. Two checklists were used to measure aspects of the quality of provision, such as physical environment, 'learning' activities, sensitivity of staff and social interactions.

Information was also collected about each centre through an interview with its manager. This covered such characteristics as:

- Sector (local authority maintained, private, voluntary);
- Programme participation (links with Sure Start, Children's Centre status, Neighbourhood Nursery status);
- Centre size (total children enrolled);
- Staff–child ratios in room observed;
- Qualifications of centre manager;
- Qualifications of staff (working at least 10 hours a week) in the room observed.

General characteristics of the settings

More than three-quarters of the observed settings were in the private (167) or voluntary (68) sectors. Sixty centres were maintained by local authorities.

Centre managers and staff were generally adequately qualified. Fourteen per cent of staff were unqualified, while 70 per cent were qualified to Level 3 (A-level) or above. Of the 301 settings, 106 (35%) had a staff member with a Level 4 or 5 qualification (degree or higher degree) in the room observed, while 78 (26%) had a qualified teacher either in the room or as centre manager.

What information on quality was collected?

Systematic observations were made of activities during a full day. Settings were assessed using ratings on the internationally-recognised Early Childhood Environment Rating Scales (ECERS). The ECERS-Revised (ECERS-R) is a 'global' measure of quality, focusing equally on 'care' and 'education'. The ECERS-Extension (ECERS-E) is concerned with pre-school curriculum and measures the 'pedagogical' quality of children's learning.

Findings on the quality of group care

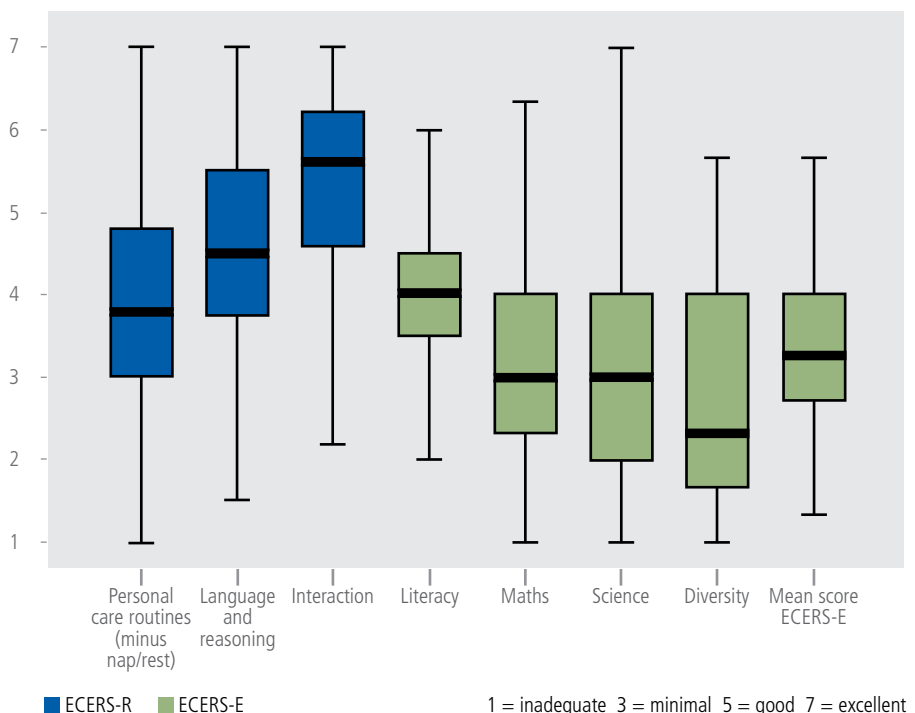
Scores on ECERS-R tended to be higher than those on ECERS-E, although there was considerable variation in all subscales. The finding that scores on ECERS-E are relatively low is mirrored in similar studies and is worrying.

ECERS-R

Most scores were in the range 3–4 out of 7 (see Figure 2). This equated to 'minimal' (or just above). Scores were highest for *interaction* (mean of 5.3). This indicates that, on average, MCS children experienced good quality interactions in these settings. This score also reflects the good supervision of activities and the positive way in which discipline is practised.

Language and reasoning had a mean score of 4.6, indicating that verbal communication between staff and children fell short of 'good', as did books and pictures in the room (and how they were used). The mean of 4.0 for *personal care routines* was the lowest of the ECERS-R scores. This reflects the settings' management of children's arrivals and departures as well as health and safety

Figure 2
The range of ECERS-R and ECERS-E scores achieved by the 301 settings*



*The band near the middle of the box is the median, while the bottom and top of the box represent the 25th and 75th percentiles respectively. The lines extending from the top and bottom of the box represent the 5th and 95th percentiles.

issues. Health and hygiene items were particularly low-scoring.

ECERS-E

Turning to educational provision, the settings scored highest on *literacy*, although the mean score of 4.0 is well below 'good'. This reflects only moderate quality of environmental print, adults reading with children, talking, listening and emergent writing. Both *mathematics* and *science and environment* had means of 3.2 – just above minimal. The development of children's counting skills and early understanding of shape and space, for example, was therefore not particularly good. Similarly, the range of natural materials and science resources available were only of minimal quality.

The *diversity* score (2.6) was weakest, rated as 'below minimal'. Planning for individual learning needs (e.g. special educational needs) and awareness and equality of gender and race were particularly poor in most settings.

Differential experiences of children in group childcare settings

Although the children of socially disadvantaged families were less likely to be in centre-based care, the centres they did attend tended to be of higher quality than those used by more advantaged families (measured by ECERS-E). Children with individual disadvantage (such as health problems) also received higher quality care in terms of ECERS-R scores.

Which settings had higher quality?

The following factors were associated with higher quality (in ranked order) in the 301 centres:

- Maintained (by the local authority) rather than private or voluntary status (apart from personal care routines);
- Larger groups of children (with commensurate numbers of staff in the room observed);
- Higher proportion of trained staff, especially with teacher qualifications;

Key statistics

96 per cent of the cohort attended a formal childcare setting between the ages of 3 and 5, and only 1 per cent received informal care exclusively.

35 per cent of the nursery centre rooms observed had a staff member educated to degree level.

4 (out of a possible 7) – the score that researchers awarded for the literacy activities in the childcare settings. Maths and science scores were even lower at 3.2.

- Children's Centre status;
- Older children present in the room alongside younger ones;
- Higher staff–child ratios;
- Not being linked with a Sure Start local programme;
- Smaller centres, i.e. total enrolment;
- Higher-level nursery-manager qualifications.

The contrast between the positive impacts of Children's Centre status and a negative association with Sure Start related specifically to provision for mathematics and for language and reasoning. Sure Start programmes at that time may have had a wider range of services, including child health and parenting, while Children's Centres were more focused on learning.

Messages for policy-makers

The study reported here indicates that early-years initiatives to support disadvantaged children appear to have hit at least some of their targets. Less privileged children attending centres were experiencing significantly higher quality care than their more advantaged peers. However, less advantaged children were less likely to be in such centres, and therefore steps might be taken to encourage their use.

Centres in the maintained sector and those with highly qualified staff were more likely to provide a high quality service. Equally, for children over the age of 3, larger centres tended to offer higher quality care and education. Less positively, very few centres provided the highest quality of care. Although most were adequate, there was much room for improvement.

Since this Quality of Childcare survey was conducted in 2005, there have been considerable changes in the childcare sector, partly in response to research such as this study. The government has taken steps to improve the quality of day care and the qualifications of early-years staff. It has, for example, introduced the Childcare Act 2006, and in 2008 introduced the Early Years Foundation Stage and a new Ofsted inspection framework. It has also supported many professional development programmes for early-years staff and introduced the Graduate Leader Fund to support the training and employment of graduates in private, voluntary and independent settings. The new century has seen a revolution in the quality of services available to supplement the care that young children receive beyond the home. Time will tell how far this investment has improved the prospects for both poor and privileged children.

References

DCSF (2008) *Early Years Foundation Stage, Research Report*. Nottingham: Department for Children, Schools and Families Publications.

HM Treasury (2003) *Every Child Matters* (Cm5860). London: HMSO.

Mathers, S., Sylva, K. and Joshi, H. (2007) *Quality of Childcare Settings in the Millennium Cohort Study*. London: DfES.

1 Fiona Roberts, Sandra Mathers, Kathy Sylva: University of Oxford; Heather Joshi and Elizabeth Jones: Institute of Education, University of London. This text has been adapted and shortened to suit the format of these Briefings. Responsibility for any errors therefore rests with the Centre for Longitudinal Studies rather than the chapter authors.

2 Since educational policy is devolved across England, Scotland, Wales and Northern Ireland, most of our discussion of childcare policies concentrates on England.

3 The measure of advantage is owner-occupation at the age 9 months survey.