

Can Home-Based Care Offer High Quality Early Childhood Education?

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Abstract The nature of quality within home-based early childhood education (HBECE) services is important, since all children have the right to access high quality ECE whether it is centre or home-based. HBECE services are increasing more rapidly than other EC services in New Zealand, and their flexible hours, local contexts, and favourable ratios and group size, are attractive to many parents. Yet recently the Early Childhood Taskforce was critical of the quality of education and care provided in HBECE, especially the lack of educator training. Research suggests that the following are critical components of quality in HBECE: educators' general education, specialized EC training (especially recent), professional development opportunities, supervision by visiting teachers, networking opportunities and professional attitudes and practices. HBECE services can be of high quality, provided that there are opportunities and incentives for educator training and networking, and visiting teachers have frequent contact with educators, offering support and monitoring.

Keywords Home-based · Early childhood education · Quality

Home-based Education and Care services are defined in the 1989 Education Act as those that provide “education and care, for gain or reward, to fewer than 5 children under the age of 6” either in their own home or another home (Ministry of Education 2014). Licensed home-based services are eligible for government funding but in order to do so must comply with standards of quality. Home-based services (also known as family day care services) usually employ co-ordinators or visiting

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teachers, whose role it is to monitor and support a network of educators, who are directly responsible for the care and education of children at home.

The quality of home-based early childhood education (HBECE) in New Zealand is an important issue, according to the ECE Taskforce Report (2011), which compared the quality of the service unfavourably with other parts of the sector, and cited an Education Review Office report (2009) suggesting low rates of compliance in home-based care to quality standards. In this paper I ask whether home-based early childhood education and care (HBECE) can be of high quality, briefly outlining the history of HBECE in New Zealand, children's rights to quality ECE in whatever settings, and the nature of quality in HBECE settings, concluding with a discussion of the policies necessary to promote high quality.

HBECE services are increasing more rapidly than any other part of the EC sector. For example, since 2003 there has been a 92.1 % increase in enrolments in HBECE compared to a 49.1 % increase in enrolments in education and care centres (Education Counts 2013). Enrolments in HBECE continue to increase while enrolments in other services like kindergartens, playcentres, and kohanga reo are dropping. It is likely that the continuing growth of HBECE is related to the fact that it is associated with few capital costs, and that for parents it is flexible and locally available, offering hours that are convenient for working parents. From the point of the view of educators, offering HBECE allows them to look after their own child(ren) at home, as well as catering for other children.

I have been involved in HBECE since the late seventies, when a group of Dunedin people got together to create a high quality, affordable, accessible ECE service for children and their families, and this became the Dunedin Community Childcare Association (Smith 1980). Our community committee saw both centre-based and home-based services as able to offer a high quality service, and knew that at times HBECE (sometimes in combination with centre-based care), was a popular choice for parents for a variety of reasons, especially its favourable ratios, flexibility and the opportunity for close relationships to develop between home-based educators, children and families. In 1988 my colleague, David Swain and I, saw the relationship between the educator and families as a key component of good quality HBECE.

A good family daycare programme will provide more than a caring family-like environment for children. It provides a whanau-like network for adults as well. Parents and caregivers frequently develop friendships which reach beyond family day-care hours and roles, and can involve both spouses as well. Reciprocal visiting, shared outings and trips, and the exchange of baby-sitting can develop. Family daycare caregivers quite often visit each other's homes with their children, thus bringing their family daycare children into another home environment. Social networks are built up which extend the initial creation of a carefully selected 'additional family' for the child in family daycare. (Smith and Swain 1988, p. 97).

On the other hand we felt that there were potential disadvantages associated with HBECE. These included instability of care when there was low commitment of educators to their role, isolation of educators, lack of public scrutiny, lack of

training for educators, educators' constant responsibility for children for long hours without relief, and low pay and status. From children's perspectives there was concern that children could be in a situation where: "Everything belongs to someone else, often to another child whom he... must appease" and that the rules were different than in their own homes (Bryant, Harris and Newton 1980, p. 212, cited by Smith and Swain 1988, p. 98).

New Zealand was ahead of its time in its reforms to early childhood education, and policy initiatives in the eighties enabled the breakdown of barriers between education and care, and the move towards an integrated early childhood sector administered by the Education Department. The Meade Report had a dramatic effect on funding for HBECE because it highlighted the need for more equitable funding across the early childhood sector, and for a quality assurance system linked to higher levels of funding (Everiss and Dalli 2003).

The impact of these two policies on family day care was remarkable. From an underfunded poor relation within a poorly funded sector, family day care, with its high enrolment of under-two-year-olds, suddenly found itself at the wealthier end of the spectrum of early childhood services. At the same time, it became subject to a similar quality assurance system as other early childhood services. This positioning established family day care as an integral part of the 'professional' early childhood sector. (Everiss and Dalli 2003, p. 64).

These reforms resulted in the transformation of HBECE in New Zealand, from a charitable welfare provision to a formally-organized service with a professional workforce, putting New Zealand at the forefront of improvements in HBECE in the international arena (Moss 2003). In 2003, however, Liz Everiss and Carmen Dalli described challenges that needed to be urgently addressed by HBECE, because despite the rapid increase in the quantity of provision, this had not been matched by an increase in quality. There had been a failure in particular, they said, to address the issue of educator training, and they argued that if this was not addressed it would challenge the status of the sector as an emerging professional service. Their prediction was confirmed when the Early Childhood Taskforce (ECTF) in its report to government in 2011 was critical of the quality of home-based services.

The ECTF¹ report had a lot to say about HBECE. It implied that it did not compare favourably in quality to centre-based ECE, and recommended that there was a need for quality improvement. Research on HBECE (both New Zealand and overseas) is quite sparse, and this is illustrated by the fact that the ECTF's judgement about quality in HBECE in New Zealand was largely based on a 2009 ERO monograph. There are many unanswered questions about HBECE, and a huge gap in research addressing these questions. It was difficult for the ECTF to argue that having qualified staff working with children was important in a centre context, but not in a home-based context. While acknowledging that HBECE provided for some of the elements of structural quality, the Taskforce report pointed out that few of the educators who work directly with children have recognised qualifications.

¹ While I was a member of that taskforce, I did not necessarily agree with all of its recommendations.

There is some evidence to suggest that HBECE can be of high quality. But two factors have led us to consider the extent to which this type of service is meeting this goal. First, structurally, children in home-based services enjoy some of the best regulated adult:child ratios in early childhood education, that is 1:4. But they have much more limited access to adults with higher level early childhood education teaching qualifications. In general, home-based services are structured so that a qualified educator supervises a number of unqualified educators, who in turn directly engage with children in their care. One teacher can be responsible for educators in charge of 80 children in total. Despite this, home-based services are funded as teacher-led services in the existing funding system. This is unacceptable. (Early Childhood Taskforce 2011, p. 57).

The 2009 ERO monograph about the quality of HBECE suggested that about a third of home-based services had issues of non-compliance. It suggested that there was a need for a more planned, systematic and documented approach to self review, more rigorous reflection on practice, better staff appraisal, more curriculum review, and more consultation by co-ordinators with educators and parents about review. The report commented on the lack of self-review processes in three quarters of the services, that few used a bicultural perspective or incorporated Te Reo Māori, that there was a lack of programme planning and professional development, and little leadership focused on extending children's learning. Some of the more positive parts of the report were not highlighted by the ECTF, such as ERO's view that HBECE could provide good quality and opportunities for children to engage in a wide range of activities and experiences in the home and beyond, that two thirds of services complied with quality standards, and that "home-based services were increasingly focusing on how to promote and extend children's learning" (Education Review Office 2009, p. 4).

One of the recommendations of the ECTF, was that the quality of HBECE should be reviewed in terms of whether licensing criteria and quality measures provide sufficient regulation (Recommendation 36, p. 134). The implication was that funding mechanisms would be adjusted accordingly. While it appears that this recommendation has been shelved for the time being, it seems likely that the Ministry intends to use accountability measures to reward quality in HBECE in the future.

Children's Rights

In this paper I will argue that HBECE can be an extremely high quality service, provided that resources, support and monitoring is available, and that it must be high quality in order to implement children's rights. Since Anne Meade's *Education to be More* report (Early Childhood Education and Care Working Group 1988), the idea of children's rights has been part of our philosophy and discourse in ECE in New Zealand. Rights were also an important influence on the development of *Te Whāriki*, and *Ngā Huarahi Arataki* (the Early Childhood Strategic Plan) (Dalli and Te One 2003). The Meade report drew on children's rights adopted during the Declaration of the International Year of the Child, including such rights as the right

to free care and education, the right to play and recreation and the right of access to a natural environment. An underlying theme of forums in the late seventies and early eighties was the emphasis on *the right of a child to a quality early childhood education* regardless of their mother's work status, the child's age, or what kind of early childhood education they participated in (Smith and May 2006). Since those times we have a much more comprehensive document about children's rights, the United Nations Convention on the Rights of the Child (United Nations 1989), a document that every centre and every home with children should have a copy of.

UNCRC says that children should have access to early childhood education that will promote their chances of meeting their potential (Article 29), and that within early childhood centres children should be protected from harmful, neglectful or abusive treatment (Article 19). There must not be any discrimination on the basis of characteristics like gender, class, socioeconomic status, ethnicity or disability (Article 2) (United Nations 1989). Participation rights for young children are also important because they remind us that children are resourceful as well as vulnerable, and that they have agency and can contribute to their own well-being (Smith 2007a, b, 2013). Linking participation rights to early childhood education policy suggests that children should be viewed and treated as citizens in early childhood settings, and this means respecting their views, feelings and dignity and giving them a voice, and space to make choices, take responsibility and care for others (Articles 12 and 13). It also has implications for children having access to an early childhood curriculum that strengthens dispositions towards resilience and reciprocity. These obligations mean, not just enabling children to access any early childhood education centre, but enabling all children to be able to access a high quality service, regardless of whether it is provided in a group centre-based setting or in a home-based service.

General Comment Number 7 (UN Committee on the Rights of the Child 2006) emphasises that young children are rights holders and that early childhood is a critical time for the realization of children's rights, so governments have an obligation to create a positive agenda for children's rights in early childhood, including a responsibility to provide resources to enable HBECE settings to provide the best possible quality settings for young children. We should therefore be asking ourselves whether the funding and regulatory provisions for HBECE in New Zealand are meeting the criteria set out in the UNCRC to enhance quality.

What is Quality and Why is It Important?

Quality is a concept that is frequently mentioned and discussed in early childhood circles but we often mean different things by the concept. One definition is as follows:

Quality is defined here as *the essential components of early childhood environments that are valued in our society, and which support the well-being, development and rights of children, and support effective family functioning* (Smith et al. 2000, p. 44).

An important aspect of this definition is that quality is not entirely an objective matter of what has a demonstrable impact on children's development, but it is also subjective or "in the eyes of the beholder" (Dalli et al. 2011), and includes what we value in our society and culture, what we want for our children and for our country's future. The definition incorporates objective and subjective aspects, although the two may be related. So for example in an Aotearoa New Zealand setting, the inclusion of indigenous language and culture is an important aspect of quality ECE, because it is something we value and have an obligation to preserve (according to the Treaty of Waitangi). Inclusion of Māori language and culture also supports a secure and strong cultural identity and a respect for indigenous culture, however, it also promotes children's well-being and rights. Article 30 of the UNCRC says that children have the right to enjoy their own culture and language.

The other important aspect of the definition is that quality can also be defined according to its impact on children, on families, and on society. The Meade report (1988) suggested that all early childhood care and education settings needed to support the interests of the child, the interests of the caregivers, and the interests of cultural survival and transmission to succeeding generations. While I agree that there are cultural variations in what can be considered quality and that quality is a process of continually evolving practice in the context of current community contexts (Dalli et al. 2011), I do not believe that we cannot be totally relativistic in our vision of quality, because this would mean that "anything goes". For example it is possible that to coerce, humiliate or physically punish children might be acceptable in some cultural settings, but such approaches are clearly morally and ethically wrong, disrespectful of children's rights, and lead to negative outcomes for children.

It is common to divide aspects of quality into structural and process quality, with both aspects of quality being strongly linked to each other. Structural quality includes adult-child ratio, group size, staff training and education, staff wages and working conditions and staff stability, while process quality consists of the general environment, social relationships and interactions directly experienced by children and families (Smith et al. 2000). There is a great deal of evidence that structural conditions in early childhood settings like group size, ratio and training (the iron triangle) have a direct effect on process quality, because they influence the sensitivity and responsiveness of educators and teachers towards children (Dalli et al. 2011; Mitchell et al. 2008). Teachers are constrained in how well they can get to know children, develop warm relationships with them, engage with them in collaborative learning activities, and mediate peer conflicts and difficulties, when there are too many children in a group and not enough teachers. There is a fairly consistent body of evidence showing that higher levels of ECE teacher education are associated with higher process quality and better developmental outcomes. Initial education is important, but so is ongoing training and professional development. Training is just as or more important for infants and toddlers as it is for older children (Dalli et al. 2011; Carroll-Lind and Angus 2011; Mitchell et al. 2008; NICHD 2005; Sheridan 2007). Children in high quality ECE settings with favourable ratios, small group sizes and qualified staff, make greater cognitive gains in mathematics, literacy and in school performance. Participation in ECE settings where children are encouraged to

think and explore, and where they can share attention with responsive adults with whom they have warm relationships, in cognitively challenging and responsive contexts, is associated with better outcomes. Conversely the impact of participation in poor quality or mediocre quality early childhood settings is negative, particularly for children from low income backgrounds.

Research on Home-Based Early Childhood Education

It is difficult to find research on HBECE, since most of the published research seems to have focused on centre-based services. The research I have cited above mostly comes from centre-based settings so it is important to see whether these generalizations about quality apply also to home-based services. Unfortunately many home-based services lie under the radar and there is little information about what is going on between educators and children in individual homes. It is certainly true that it is more expensive and difficult to carry out research on HBECE, as access to observing the processes of interaction between children and educators at home, is often hard to achieve. (In contrast in centre-based care larger numbers of children are located in one setting.) I have found a few studies that are pertinent to the nature of quality in HBECE, although they have all been carried out overseas, mostly in North America. It is worth remembering that US family child care is generally of poor quality with only about 9 % achieving standards of good quality (Coley et al. 2001, cited by Raikes et al. 2005, p. 165), and that US home-based providers tend to be older, less educated and care for a wide age range of children (Phillips and Morse 2011). In the next section I discuss some research that focuses specifically on family childcare and its quality.

The Education Regulations (2008) in New Zealand require that the “person responsible” in an ECE service has a recognised qualification and does not specify any training requirements for home-based educators. The Education Review Office independently reviews and reports on the quality of education in all early childhood services (including home-based), with the timing of reviews depending on the outcome of a previous review. There are four options, so that if the service is judged to be “very well placed” “to promote positive learning outcomes for children” it will be 4 years before another review (Education Review Office 2013, p. 47). If the service is judge to be “well placed” it will be 3 years, if it “requires further development” 2 years, and the final option is “not performing adequately” (Education Review Office 2013), which results in intervention by the Ministry of Education.

Staff Training and Qualifications

While it is well established that the training and qualifications of staff makes a major contribution to quality in centre-based ECE, to what extent are these findings also true of HBECE? The NICHD Study of Early Child Care has followed a large sample of children (1364 in 2010) from nine US states from birth to adolescence. One part of the study focused on the children who were in family child-care homes

at 15, 24 and 36 months (Clarke-Stewart et al. 2002). Caregiver sensitivity (using the ORCE²) and caregiver education and training, and the quality of the learning environment (using the HOME³ scale) were measured. There was a huge range of educational backgrounds, with 19 % of the caregivers having bachelor's degrees or higher, and almost half with no specialized training, 17 % having a certificate in ECE. 39 % had received some training in the last year. The study showed that trained and educated caregivers provided richer learning environments and warmer and more sensitive caregiving. The education of the caregivers also influenced children's cognitive development, so that children with more highly educated caregivers did better on tests of language and cognition and were more co-operative. Training and education was as important for infants and toddlers as for older children. The authors conclude:

These results, we believe, underscore the importance of education and specialized training for child-care providers in all types of care settings. (Clarke-Stewart et al. 2002).

Recent training was important, so that when educators had received professional development in the last year they provided more sensitive and high quality care, implying the importance and effectiveness of regular and ongoing professional development. Although general levels of education (higher education qualifications) were good predictors of quality, specialised training in ECE was also valuable, since it was associated with more sensitive educator interactions and better global quality. Length of training was also a factor—completion of a 1–2 years higher education course was more likely to improve quality than a brief 60–150 h training course.

Another US study, of 120 randomly selected family child care homes in the Midwestern states of the US (Raikes et al. 2005), assessed caregiver sensitivity (with the Caregiver Interaction scale) and global quality (using the FDCRS⁴), and confirmed a strong relationship between educators' training and quality. Although 70 % of the home providers had received more than 12 h of training in the past year, only 11 % had a university degree. Educators who had some training provided better quality learning environments. Providers who catered for more low-income children generally had less education and training, were less sensitive and provided environments of lower global quality. The study suggested that children from low-income families were particularly at risk of being adversely affected by being cared for by poorly trained educators.

A Canadian study of 231 licensed family child care providers from five provinces and one region, used interviews and FDCRS data to examine the link between education, training and process quality (Doherty et al. 2006). Ratings on the FDCRS suggested that most care was physically and emotionally safe, but almost two thirds of the homes did not provide enough stimulation to support cognitive and language skills. About a quarter of the sample had a university credential in ECE or a related discipline, but most did not have any training specifically for family day care. The

² Observational record of the caregiving environment.

³ Home Observation for the Measurement of the Environment.

⁴ Family Day Care Rating scale.

highest college or university credential in ECE or a related discipline was a significant predictor of process quality. The authors concluded that:

The more desirable outcome associated with completion of a 1 to 2-year college ECE credential suggests that the 60–150 h of family child care training received by our subjects is not long enough and/or that college ECE programs provide their students with greater depth and breadth of knowledge and skills. (Doherty et al. 2006, p. 310).

There are very few studies that establish a causal (as opposed to a correlational) link between caregiver training and quality. One such study, a randomized control trial, designed to see if HBECE quality could be improved through a short-term intervention, was carried out in the Netherlands (Groenveld et al. 2011). This intervention had a narrow focus and followed a fixed curriculum. It was offered to 25 providers in and compared to 25 in a control group. The intervention was a video feedback intervention to promote positive interactions with children, and sensitive discipline. During a pre-test visit caregivers were visited at home to measure their sensitivity and the global quality of the care provided. Caregivers in the intervention group were visited six times while those in the control group received six phone calls about general issues of concern. A post-test visit again measured global quality and caregiver sensitivity. The facilitators built rapport with the caregivers, and worked on improving caregiver sensitivity to children's signals, and empathy. Structured play sessions were videotaped and later the researchers returned and discussed the episodes from the previous visit. Caregiver attitudes towards sensitive caregiving and limit setting were assessed after the post-test through a questionnaire. The findings showed that global child care quality in the intervention group had improved compared to the control, and caregivers showed a more positive attitude towards sensitive caregiving and limit setting, though their observed sensitivity had not changed. The lack of change might have been due to a ceiling effect because the caregivers in the intervention group were already higher in sensitivity. The study showed that a short-term training programme focused on changing educators' behaviour could improve global quality. The study suggests that video-based monitoring could be part of a regular supervision and monitoring process (Rosenthal 2003), and used for self review purposes.

Supervision-Monitoring-Regulation

While many HBEC educators are unqualified, maintaining quality in HBECE in New Zealand is based on the premise that supervision and monitoring by qualified co-ordinators or visiting teachers will promote it. According to Miriam Rosenthal (2003, p. 105), there should be “weekly training/supervision of the caregiver in family day care by an expert in the field”. Doherty et al. (2006) found that two variables measuring use of support services (networking informally with other providers and using the library story hour) were both significant predictors of process quality. Visiting teachers can facilitate such networking and use of community resources, to encourage quality in HBECE.

The Education (Early Childhood Services) Regulations (2008) specify that the person responsible for a home-based service must visit each educator at least once a month, and “take all reasonable steps” (para 28 (2c)) to observe each child. The ECTF said that some visiting teachers could be responsible for up to 80 educators, so it is hard to see how it would be possible for them to be in monthly contact, let alone the more optimal weekly contact, given those ratios (ECTF 2011). Moreover the regulations specify only a monthly visit which is much less intensive than the level of monitoring (weekly) advocated by Rosenthal.

As well as internal monitoring and support, the extent to which there is external regulation and accountability, influences quality. In the US there are many unregulated services, so it is possible to compare regulated and unregulated HBECE. US research suggests that regulated services provide higher quality than unregulated services, (Raikes et al. 2005).

Regulation was a significant predictor of global quality. Regulation – and things that go with it such as specialized training requirements and visits by state licensing personnel–may help providers achieve higher global quality... [and] promoting higher education levels among family child care providers could lead to improved quality in child care homes (Raikes et al. 2005, p. 180–181).

That all licensed HBECE in New Zealand is regulated, is an important support for quality, but the ECTF were of the view that HBECE regulations are not sufficiently stringent, and recommended that they be reviewed. Regulation determines the extent to which the structural features of quality (group size, training, ratios) are required, but also makes judgements about process quality. The Education Review Office does not visit individual home settings, but interviews each home-based network’s administrators and visiting teachers (and sometimes others like parents) and examines documentation. Visiting the settings where children are actually being cared for and educated (as happens in centre-based ECE) would, in my view, provide a more robust assessment of quality. Since the regulations require monthly visits by visiting teachers, it is surprising that a recent document setting out ERO’s procedures does not specifically mention any focus on the frequency and regularity of visiting homes, or of observing children (Education Review Office 2013).

Professional Attitudes and Practices

An important determinant of quality in HBECE is the extent to which educators take a serious professional attitude to their work with children. One indicator of such attitudes is *intentionality*, which means that providers seek out opportunities to learn about child care and children’s development, network with other providers, plan and reflect on the curriculum, and have chosen HBECE as a long-term career rather than a temporary occupation. Three measures of intentionality were found to be predictive of quality in research by Doherty et al. (2006), showing that intentional educators were more sensitive, responsive and provided better quality ECE.

Intentionality was also identified as a key indicator of quality in a qualitative study of home-based educators perspectives on quality in Canada (Kyle 2003). Educators' subjective perspectives on quality are a valid way of reflecting on quality, because, quality is about people's perspectives not just about empirical relationships between variables. The participants were educators with a varied range of education and training, including seven who had trained in ECE at a community college, and 12 who had only high school education or less. This statement from one of the educators illustrates the pride she felt in her job, and the importance of being valued in this role.

I'd like to feel that the public knows that ... those of us who have decided that our choice in life is to be home day care providers, to look after these children and to help them with their foot in the future, is an important job. Because one of these children is going to be the next Prime Minister (Kyle 2003, p. 137).

The educators provided a thoughtful and multi-layered construction of their work, identifying six factors that contribute to quality home-based provision (and what happened when it was missing). Table 1 below identifies these factors.

Kyle's qualitative research adds richness to our understanding of professionalism within HBECE, outlining the importance of selecting educators who show intentionality, ethical behaviour, and capacity to have and promote caring relationships. Exposure to professional development should support such

Table 1 Factors identified as contributing to quality care

What quality is... a sense of	When its missing... a sense of
1. <i>Intentionality and choice</i> , made a conscious choice to care for children. Support from family	<i>Feeling trapped</i> , no other choice, in it for the money, lack of support
2. <i>Meaningfulness, satisfaction with work</i> , feeling of being respected, contributing to children's learning, pride in children's achievements	<i>Devaluation, dissatisfaction</i> , feeling not valued, respected, being taken advantage of
3. <i>Caring relationships, interdependence and social support</i> , caring relationships with children and families, other providers and support from community agencies	<i>Superficial relationships, isolation</i> high turnover of families, short transitory relationships, lack of support and feedback
4. <i>Personal integrity and ethicality</i> , trustworthiness and honesty, taking responsibility for own learning, preparation, setting clear expectations, resolving problems	<i>Provider feels that she is not trusted</i> , passive, does things because afraid of being caught rather than because she believes they are important. Avoids dealing with problems with parents
5. <i>Having control [power] over organizing own work</i> , flexible, creative, not rule-bound, altruistic, having a public voice (advocacy)	<i>Powerlessness and silencing</i> , little control over work, no say, no security, no public voice or visibility
6. <i>Appropriate sense of setting boundaries</i> , balances work and family responsibilities, makes time to meet personal needs	<i>Difficulty setting and keeping appropriate boundaries</i> , feels exploited, no personal time, no attention to own family

Adapted from Table 8.1 (Kyle 2003, p. 135)

characteristics, and promote other aspects of professionalism such as respect from colleagues, parents and the community, and empowering educators to be invested in and take responsibility for their work.

To summarise the messages from research, many of the same factors that comprise quality in centre-based ECE are important in HBECE. The list below is not a comprehensive analysis of quality, but it is research-based showing that global high quality and educator sensitivity in HBECE is associated with the following characteristics:-

- *Educators' general level of education* (in any field)—is linked to the use of learning materials, responsiveness to children, acceptance of children, cognitive and language stimulation
- *Specialised ECE training*;
- *Recent training* or professional development;
- *Longer training*—completion of a longer institution-based course is more likely to improve quality than a brief 60–150 h training course (although the latter does make a difference);
- *Regulation of group size, ratios and training*;
- *Training-Supervision-Monitoring*. Visits by either external officials (such as ERO or the Ministry of Education) or internal staff (co-ordinators or visiting teachers);
- *Networking* between educators and use of community resources (like libraries and toy libraries);
- *Short-term interventions* focused on increasing educator sensitivity through videoed observations;
- *Professional Attitudes and Practices*—choosing to work with children and families, planning and reflection, and networking with others.

Conclusion

In New Zealand we have an early childhood education system to be proud of that is known about throughout the world, and HBECE is part of this highly respected system. HBECE can provide a uniquely accessible and high quality service for children and their families, allowing flexibility and close relationships between educators, children and families. Children have a right to participate in an early childhood education system that protects them from harmful treatment, helps them develop to their fullest potential, and respects their dignity and citizenship. HBECE in New Zealand starts from a high level compared to many other countries, but there is still a great deal of room for improvement.

Research suggests that HBEC educators are more sensitive and responsive, when they have been trained and educated. In New Zealand currently, HBECE relies on the training and education of co-ordinators or visiting teachers to maintain high standards of quality. Yet visiting teachers may have many educators to visit, so visiting can be infrequent and brief. It is unlikely that brief infrequent visits can

provide the level of support and education that is needed. Professional development is a vital component of maintaining quality for home-based educators, and short-term intensive training could greatly improve the quality of educators' interactions with children. Regulations need to be modified to enhance incentives and requirements for training. It is not just a question of modifying regulations, however, but of ensuring that present requirements (such as monthly visiting) are complied with.

Currently there are insufficient initial training opportunities and incentives to encourage educators to participate in field-based training. The intensity, frequency and availability of professional development programmes is not optimal. There are particular areas, such as biculturalism, implementation of *Te Whāriki*, planning, documentation, and self-review, where more education should be provided for educators. It is important that visiting teachers have sufficient time and caseloads to enable them to regularly visit educators to offer support, stimulation and opportunities for reflection. Opportunities to network with other educators and make connections with community services, such as recreational resources and libraries, are also essential.

The extreme paucity of research on HBECE in New Zealand is a particular limitation on efforts to improve quality. In my view there is an urgent need for more research (both qualitative and quantitative) in a New Zealand context to provide a firm basis for future policies in this area. Policy initiatives focusing on putting the supports and incentives in place to encourage quality improvement in HBECE services, are likely to be more effective if we know more about the nature of the current service. Quality improvement will increase the status of the service and give recognition to the important work and essential provision that occurs within educators' homes throughout the country. Such initiatives will benefit children and may have a lifelong effect on children's engagement with learning and success in later education.

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