

Child Care Policy Researchers Day

Title: Processing the 2007 Joint SAMI/CCPRC Sessions

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SUMMARY OF PRESENTATION

Marty Zaslow

- thinking about quality as segments on a ladder
- how to measure these different pieces better

- things we thought were working smoothly are not working as expected
- theme: what makes good technical assistance?

- quality of care is typically measured as *point* in time
- should actually be measured *over* time
- also, dosage of high quality care and continuity of care

Rick Brandon

- parent values in selecting care, decisions are complex, and we don't fully understand the dynamics of the decision process
- factors include cost, expense, values, hours

- subsidy access – “customer service”
- focus not just on getting things right, but on integrating funding streams, to make them seamless, and easier for families
- emphasis on meeting needs of language learners
- how to inform parents about providers

- emphasis on family care, neighbor and friend care
- predominance in using family care
- what does “family care” mean?
- issue of trust in caregiver, parent values

- quality rating systems, bring together concerns about finance
- shift in focus from quantity to quality
- affect of subsidies on market prices
- issue of affordability – how to determine affordability

SUMMARY OF DISCUSSION

- No workshops make use of registries in states. That's a data source that could be tapped into, provides picture of who's doing the work.
 - Kathy: Pilot in 4 states to develop core set of data elements, and many states now use it. Can be used for understanding workforce, and for use by researchers.
- Home-based care: distinction between relative-only and relative-and-other care. Grandma with only own grandkids, and Grandma with own kids and other (unrelated) kids
 - different kinds of care, rich area for investigation
- Researchers want to know what policy-makers want to know. In fact, the concerns and needs of policy makers define research questions, inform the research process from the beginning.
- What needs to be looked at further for infant care? How to measure responsive caregiving for infants?
 - Fear that psychometrics drive our theory. We need to rely on theory. Issue of multicollinearity: for example, quality of equipment/physical environment is highly correlated with responsiveness of caregiver. Worried that we're focused too much on literacy and group time. We can't ignore physical infrastructure which, if not specified on the psychometrics, then it won't be valued – even though it is important (it just doesn't look important because of multicollinearity)
- “paradigm shift: need to move to child outcomes and school readiness when thinking about quality.” What is the research telling us about where we need to be heading? To build on measures, we need to build on ones we already have. Donna Bryant: “teacher-child ratio mattered.” What does all this mean for us policy makers?
- what is high quality inclusion? identifying children with learning difficulties, meeting their needs, in an integrated way.
 - families who have children with special needs and their child care needs, how it affects parent work and employment
 - what kind of measures to measure high quality inclusion?
 - child care provider is the one that links parent to pediatrician/mental health expert, so they play a crucial role that way too – a lot responsibility
 - 45% of children under 5 live in families that speak another language (not English)
- disappointed to hear that we can't put quality with outcomes, yet. But, outcomes are important, and we need to move towards thinking about quality and outcomes together.
- Child assessments have benefits but also negative effects. Need to think more about our goals.
- Measures of quality were not originally designed for the purpose of looking at outcomes.
- need to track the predictors of school readiness, which includes **social-emotional outcomes** in infants (language/literacy become more important later)

- early child care settings are only ONE of the many factors that influence child development; others include home, parent interactions, etc.
 - administrator: yes, I understand, but in front of the state legislature, they care about the child care centers because that's where they've spent a lot of money
 - family involvement also matters
- shouldn't use a market approach to think about child care
- concern about performance measures being imposed on infants and toddlers – they need to play and be nurtured
- what about parent outcomes? employment, self-sustenance
- what are the things providers are doing for families, things such as driving parents to interviews? Parents' perception of quality is influenced by how much it works with parents' work schedules. Appreciate discussion of nonstandard work hours.
- We talk about the provider as the person who doesn't know what they're doing, and we tell them what to do. We should look at provider as a customer too, and think about what we can do for them, what they need. They have something to teach us.
- After-school activities, school-age kids.
- We should track services and referrals provided by child care.

KEY POINTS

- how do we measure quality? what kinds of outcomes should we look at in relation to quality?
- inclusion of special populations?
- family care, relative care, non-relative family care
- parents with non-standard work hours