

Family-Sensitive Caregiving and Quality in Early Care and Education Arrangements

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Background

- Developing the Next Wave of Quality Measures for Early Childhood and School-Age Programs, a meeting hosted by the Office of Planning, Research and Evaluation (OPRE) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services.
- Workgroup focused on role of families in quality measurement
- Chapter: Bromer, J., Paulsell, D., Porter, T., Weber, R., Henly, J., & Ramsburg, D. (forthcoming). Family-sensitive caregiving: A key component of quality in early care and education. In M. Zaslow, K. Tout, T. Halle, & I. Martinez-Beck (Eds.), *Next steps in the measurement of quality in early childhood settings*. Baltimore: Brookes Publishing

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Framing the discussion about families and quality

- Home-based settings (including family child care and family, friend and neighbor care) and center-based settings have different strengths that may contribute to high-quality care and education
 - home-based providers may have particular strengths working with parents
- Both child-centered *and* parent-focused aspects of arrangements should contribute to high-quality care and education

Rationale for considering families in quality measurement

- Parents have greatest influence on child outcomes
- Changes in how providers work with parents may lead to better outcomes for families and children
 - Sensitivity to families may strengthen parents' abilities to care for/ nurture positive outcomes for their children

Rationale, continued

- Parents' child care choices constrained by available resources, schedules, transportation
- Low-income parents may not have access to child-centered arrangements
- Arrangements that are both child-centered and responsive to the daily lives of families may have greater potential to impact child and parent outcomes



Constructs of family-sensitive caregiving (Box A)

- **Attitudes** are respectful toward families, especially regarding parental choices, circumstances and traditions.
- **Knowledge** about the lives of families includes:
 - Work and school schedules
 - Cultural traditions/ household structure/economic circumstance
 - Strengths
- **Practices** with families (informed by knowledge) are responsive to a range of family needs, strengths, and circumstances:
 - Communication / listening
 - Flexibility around hours and fees
 - Provision of resources and referrals

Potential outcomes: Child care arrangements (Box B)

- **Continuity**

- Families remain in care over time
- Low turnover due to provider constraints

- **Transitions and collaborations**

- Multiple child care arrangements are managed well

- **Strong and mutual provider-parent relationships**

Potential parent outcomes (Box C)

- **Satisfaction** with care
- **Trust and respect**
- **Parenting skills**
- **Social and peer support**
- **Stress reduction** regarding work-family management
- **Employment** outcomes

Potential child outcomes (Box D)

■ **Social-emotional**

- Positive provider-parent relationships may foster positive self-concept, emotion regulation, and comfort and trust in caregivers (social referencing)

■ **Cognitive**

- Understanding language skills of families may inform how provider promotes literacy skills for children

■ **Health**

- Comprehensive services or referrals may reduce child abuse;
- Flexible schedules may reduce incidents of children home alone or in unsafe arrangements

Research review: Attitudes

- Few studies on provider attitudes toward families;
- Most studies focus on teachers of preschool or elementary-age children
- Some studies find negative attitudes of teachers toward low-income parents

Research review: Knowledge

- Lack of descriptive data on kinds of knowledge gathered by providers/ programs and how this knowledge is used

Research review: Practices

- Home-based providers may be more responsive to work-family and economic needs of parents than center-based programs (e.g. Bromer & Henly, 2009; Adams, Rohacek, & Snyder, 2008)
- Positive provider-parent relationships related to more nurturing care for children (e.g. Porter, Rice, & Rivera, 2006)
- Social support from providers benefits parents, and may, indirectly, benefit children (e.g. Henly, Danziger, & Offer, 2005)
- Formal family support programs (e.g. Head Start) may indirectly benefit children through helping parents (parenting, social support, stress reduction, work) (Layzer, Goodson, Bernstein, & Price, 2001)

Review of quality standards

- **Attitudes** not a focus in standards, although some mention of “respect”
- All mention importance of provider **knowledge** about families but little attention to work-family matters or how knowledge is gathered and used
- All include responsive **practices** and most require some professional development related to working with parents/ families

Review of quality measurement assessments

- 5 program assessments; 3 parent assessments that include family-sensitive constructs
- **Attitudes** covered in parental assessments more than program tools
- **Knowledge** is one-way (parents' knowledge about program/ child development)
- **Practices** are well-articulated but none examine how attitudes and knowledge translate into and/or inform practices
- Methods used: Documentation, provider/ parent interviews and surveys

Considerations for quality measurement

- Domain-specific or integrative measures;
- Measuring levels of family-sensitive care, given individual differences/ needs of families and of providers;
- Program and parent assessment to measure goodness of fit;
- Alternative methods to consider: Observational assessments, in-depth provider interviews about knowledge, vignette studies,

Discussion questions

- How can future research on constructs of family-sensitive care inform measurement development as well as current policy and program initiatives that emphasize provider-parent partnerships (e.g. QRIS)?
- What kinds of supports and/or professional development would providers across settings need in order to offer family-sensitive caregiving?

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