

2008 CCPRC Meeting
Session 14 (Breakout C-1)
Friday, August 1, 10:45-12:00 noon

Provider Practices That Support Parents and Families: Implications for Policy, Concepts of Quality, and Research

Description

Recent research has shown there are a variety of ways that child care providers support parents and families beyond providing early care and education for their children. These include assistance navigating the subsidy system and other financial supports, logistical supports with work-family challenges such as flexibility around non-standard and unpredictable work hours and transportation help, and help dealing with daily family chores and family issues. After presenting their findings about provider activities and needs in these areas, panelists initiated a dialogue about the implications of their research for policy; for how we think about, define, and measure quality; and for future research in these areas.

Moderator

Diane Paulsell, Mathematica Policy Research, Inc.

Panel Members

Gina Adams, Urban Institute
Juliet Bromer, Erickson Institute
Toni Porter, Bank Street College of Education

Scribe

Barbara Saunders, Communications Management Center

Documents in Session Folder

- Provider Practices that Support Parents and Families: Implications for Policy, Concepts of Quality, and Research (Bromer, Adams & Porter)
- Provider Practices that Support Families: Findings and Insights from Research on Providers and the Voucher System (Adams)
- Provider Practices that Support Families: Findings from a Review of the Literature on Home-based Child Care (Porter)

Discussion Notes

Recent research suggests that child care providers support families beyond just their child-caregiving tasks. This session focused on raising issues and providing discussion on the topic.

Juliet Bromer—Work-Child Care Fit Provider Substudy

This study looked at providers who serve children with parents in low-wage jobs and included 16 family, friend, and neighbor (FFN) care providers; 6 child care providers;

2008 CCPRC Meeting
Session 14 (Breakout C-1)
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and 7 center-based teachers. The study asked the following question: To what extent does the provider role extend beyond the care of children? The following types of supports were examined:

- Childrearing and parenting support
- Logistical and economic support
- Personal and neighborhood support.

Findings

- FFN providers offered most logistical, economic, and personal supports; reported on the burden from support activities; helped mothers become economically self-sufficient; and viewed support as a family obligation.
- Licensed family child care (LFCC) providers offered limited logistical and economic support, such as waiving copayments sliding-fee scales, offering flexible hours, and providing mostly personal advice; these providers expressed ambivalence about their roles as business women vs. nurturer to families.
- Center teachers. Limited work-family support; there were no flexible fees; provided informal support despite formal support programs; provided monetary and personal advice; and were constrained by center policies and schedules.

Gina Adams—Provider Practices That Support Families: Findings and Insights From Research on Providers and the Voucher System

The presentation focused on the challenges that providers faced in wanting to give support to parents, but not being able to do so, depending on a variety of factors.

Key Findings

Provider actions that helped families pay for care included the following:

- Accepting families with vouchers
- Helping families with vouchers navigate the subsidy system
- Waiving the copayments.

Provider actions that supported families in other ways included the following:

- Responding to parents' needs for flexible schedules
- Providing logistical support
- Educating and mentoring parents.

The degree of a provider's ability to meet parents' needs could affect parent choice. The decision involves weighing the tradeoffs; provider thoughts about whom they serve and why they serve them were a major part of the conversation. Patterns existed across

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various homes and centers—providers with a mission or personal connection to the families and/or children, providers with the ability to be flexible or with resources, and providers who needed to keep slots filled.

Toni Porter—Provider Practices That Support Families: Findings From a Review of the Literature on Home-Based Child Care

The literature review focused on strategies that were most significant in improving the quality of care in home-based providers—a 2-year project funded by the Office of Planning, Research and Evaluation. The review’s goals included assessing the literature and refining or developing one or more specific initiatives and evaluations.

What information from the provider would help parents in their role, and what information from parents would help the providers in their role? We need to know more about parents and review what their needs are; an improved relationship between the provider and parent could help a child’s developmental growth.

Patterns of use included the following:

- Characteristics of home-based caregivers
- Quality
- Initiatives
- Related literature on family support and home-visiting
- Research on the family context.

Findings

The literature indicates some differences in motivation and some similarities and overlaps.

- The four common challenges were as follows:
 - Conflicts with families (e.g., depending on the motivation, a lack of professional respect)
 - Differences in childrearing styles
 - Work-related stress (depending on the type of care, long hours and little pay)
 - Physical exhaustion and a second job.
- Common interest in services, such as communication with parents—providers want to be able to tackle these conflicts.
- If you are providing care to earn money, research indicates that the conflicts take the form of a lack of respect; in FFN care, the conflicts concern childrearing practices. Late payments are an issue for both groups as well as a feeling of being taken advantage of.
- Child care initiatives: Content does not often include parent-caregiver communication.

- Family support literature: Small but statistically significant effects in five parent domains:
 - Parenting knowledge
 - Behavior
 - Family functioning
 - Adult mental health and health risks
 - Family economic self-sufficiency.

Other Literature

Three-city study—when the provider was interested in the child, there were higher scores in relationship-building and parents’ satisfaction with the care.

Discussion Questions—Panelists

What Are the Implications for Parent Choice?

We know that flexibility is important for family jobs, as are one’s communication and relationship with parents. There are providers who may want to have close relationships with families, and there are those that do not. Sometimes the information that providers give (advise) can be detrimental to the parent and child. Some providers feel burdened by the support—holding down a full-time job. Does it take away from the children? The choice of care may be dependent on these “extra services” that a caregiver can provide.

What Are the Implications for Parent Outcomes?

There are many nuances there, and we do not know the extent of the situation with the providers and parents. Provider relationships with parents are going to have work-related outcomes for those parents. A flexible schedule to accommodate work hours would allow a parent to miss work less often, thereby affecting the outcomes for children. Sharing information relates to positive outcomes.

What Are the Implications for Child Outcomes?

One of the studies that we have not produced addresses making the system more useful for providers and making it easier for providers to serve parents. Some providers who are opting out are the same providers who you want to stay on; they are conscious to the costs of serving the children. The quality of the voucher system directly affects parent choice. Try to differentiate among the different kinds of providers and the process of how families choose them.

What Are the Implications for Policy and Research?

- Strengthening families and children when providers support parents and families.

- Parent outcomes based on the ways providers assist them in staying in a subsidy care program.
- Child outcomes: Providers can encourage health issues, such as bathing, physical activity, and the choice of doctor.
- Costs and benefits of providers doing these activities.
- TANF families—work and health issues.
- How do providers receive assistance if they have a subsidy or TANF family to use existing systems to connect them to resources? Need to help providers assist families.

We need descriptive research; we do not know much about the key strategies to support caregivers in these roles; we do not know how to help them negotiate conflicts with the families; we do not know how to measure this; and we have not figured out how to integrate the results of family and provider relationship studies in quality rating systems. These issues have to be a part of the equation for quality. These unrecognized services sometimes go unacknowledged, and many parents have the same background as caregivers. One example would involve increased collaboration in informal settings, such as a resource list to be given to providers for parents who can supplement the “home-remedy” advice.

Questions and Comments

- Did the age of the children and the number of families that the caregiver has in her service make a difference? What is the average number of children in care and their ages?

Providers need to figure out what they can do—one child can be taken to the doctor, whereas multiple families can get turned away. In the Hawaii study, the child in care was a relative, and it was common that the child had seamless services. The challenge lies that with more families, services are not as interconnected.

- Did you identify the characteristics of providers who collected the copay? What was the support for providers who collected the copay?

Some providers collect the copay as part of the business and are willing to take the risk that a family will leave, others are not going to do anything to jeopardize the loss of a child. The decision rests on a mixed set of motives and could be a combination of these. The concern rests with the idea that the provider is only “filling the slots” and that the child is not receiving the care. The one site that has a strong set of penalties comprises the smallest set of providers who said that they did not collect the copay. For the parent, State, and provider, whose job is it to collect the copay?

- What did providers say would be helpful to them to better support parents?

In speaking to parents, the need to work with them was important. Trying to understand this from the provider's perspective should be on the research agenda. Providers would like an assistant to help them, and the agencies could help providers manage the paperwork to reduce their burden. Agencies should do more to help providers inform parents of the need to bring children on time, provide parent education, and make the State voucher system easier for parents to navigate.

- What was the makeup of the cultures and language of the providers? Was the communication based on the culture, values, and language, and how did that affect parent choice?

In the studies there was a match of the culture, values, and language of the family and providers. Most of the African-American families selected African-American providers (i.e., care from those who had similar values and culture). Families use neighborhood care, and providers select families who look like them. Caregivers had pretty much the same income levels. There is an element of "expectation," for example, for FFN care—my family expects me to take care of my grandchild, niece, and/or neighbor. The Latina grandmothers offered much support for the grandchild, but the mother was economically stable and provided more support for the grandmother, whereas the African-American grandmother was the more economically stable, and supported the daughter.

- What is the relationship of the motivation to provide care and the quality of care?

Looking at motivation would be important in looking at the pathway to quality. Our approach for working with these issues is that one strategy will not serve all situations. It is important to look at the complete spectrum of quality; when one looks at providers, they do not recognize the cost of providing additional services for children. They need know when to draw the line, the cost of what they are doing, and who is checking on them to provide the proper support so that the children are not reaping the cost.