

Frontiers in Child Care Research
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Moving Forward, Thinking Creatively
Plenary Panel Summary

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The two sessions this morning are intended to summarize across the themes, the plenaries, and the breakouts held over the last couple of days. Now we want to consider what we've heard and to think about next steps. What are the next frontiers? How can we move forward to meet new challenges?

To help us pull it all together, we have representatives from each of the major themes. We have Rick Brandon who is going to summarize what we've heard about linkages, Marty Zaslow who is going to summarize what we've heard about assessments and measures, and Bobbie Weber who will summarize the work-family issues.

We want this to be a dialogue - a full discussion - and this summary is only the first step. We really want you to discuss with us what we learned this week and the issues that were raised. What did we miss? Did we get it wrong? What are the next issues? We hope that you will continue this discussion with us and your other colleagues after you return home. And we expect that this ongoing dialogue will help frame the issues and themes for next year's meeting.

In our second session this morning, State child care administrators from around the country will join us by telephone. That discussion will explore what we can do about the issues we've been discussing and help ground our work in the issues that States are facing. We'll hear their views about the research that they need to help them in their work. Shannon Christian will welcome the State administrators by phone and give them a summary of this session. Then we'll have a panel that involves Rod Southwick and several other State child care administrators who will start the discussion about the issues from the State perspective. We'll engage with the people who are on the phone line as well. We hope that will be an interactive dialogue. Once again, we're pushing the frontiers and boundaries of what we know and where we're going. Everyone's ideas are needed in that discussion.

Rick Brandon

What I've tried to do is capture what we heard about linkages between child care and other programs that intersect with it. This has been a challenge, seeing that the sessions covered three different kinds of linkages. Our first theme includes linkages across different types of care in the early care and education programs such as CCDF, Head Start, and a whole variety of other programs. The second theme includes linkages to social and health services, particularly mental health services. And finally, we talked about linking financial structures for early care and education to program quality. To different degrees, the breakouts presented innovative State actions. We reviewed recent research findings, some of which were the basis of those State actions, some of which weren't. And in many cases we identified burning issues. I will highlight some of those burning issues that we can then pass on to the State administrators' panel next.

In the first session, which Diane Schilder convened and Jamie Gottesman and I participated in, we looked at how Ohio is linking across programs. This discussion honed in on the State's agility in maneuvering quality standards through the various departments. There was a very close collaboration between the Social and Health Services Department, the Child and Family Services Department, and the Education Department. There's a whole evolving set of relationships among Head Start and the other programs which are now being melded into an early learning initiative. Underlying all of this is a concept that Jamie Gottesman has been working on to develop common standards for process quality across programs. Other agencies are working on translating this into practice. At the University of Washington, Human Services Policy Center, we've been helping the State translate these standards into common cost levels by way of having common inputs. This underlies their ability to then provide common programs, with common assessments, and common policies. The agility comes in not having to redefine or restructure programs but in "simply" having everybody adopt common standards, common assessment tools, common reimbursement rates, and common eligibility policies.

- The first burning issue that seems to emerge in linking across programs is that you must add adequate funds for all these related services. Secondly, we see critical issues in identifying just what compensation and work conditions are necessary to recruit and retain well-qualified staff.
- A very interesting issue emerged as well about the value of part-time work versus full-time work. For example, many Head Start programs were less flexible in terms of adjusting their staffing as children came and went, and they had much higher cost structures that kept their staff employed full time. On the other hand, there were programs that met the needs of people to have part-time work and at the same time allowed savings in personnel costs. This is a burning issue that we feel needs more investigation.
- One of the other issues that emerged in this session was how to balance flexibility with accountability. Being able to have common standards and common reimbursement levels, means having to bend or reformulate a lot of the rules. This can give programs the flexibility needed to serve the children but they may run into some accountability problems on the financing side.
- Finally, we have to acknowledge that a lot of this has been worked out on a wonderful conceptual level and it looks great on paper, but it becomes much more challenging when you try to actually translate it operationally.

The second linkage theme has to do with how early care and education programs are linking to social and health services. Jane Knitzer made a wonderful opening presentation on the high priority of mental health linkages based upon the high prevalence of the problem and the critical need to deal with children's emotional as well as cognitive development. She made the point that so often the problems lie not with the child but with the provider. The burning issue that she placed on the table right from the start was avoiding the rush to the clinical and being able to deal with linking to different parts of supportive programs. We expect children to be ready for their educational experiences; but are the providers ready to give them what they need? In Breakout Session 2 related to mental health we had two State presentations from Connecticut and Vermont. I'm not going to go into these in any depth, just try and hit a couple of key points.

- Mary Ann Dayton-Fitzgerald spoke about the Connecticut consultation model in which they focus on the relationships of all of significant adults involved with the children. They have community-based programs for children with disabilities that cooperate in a team approach to working with families, providers and staff. There are multiple entry points into that system. The Connecticut approach is certainly very valuable in terms of research linkages. They do pre- and post-assessments and have a Statewide database which they utilize with legislators and other State policymakers to maintain support for the system. Just recently, they've begun a randomized intervention outcome study.
- Brenda Bean reported on the Vermont Children's Upstream Services program known as CUPS that focuses on linking emotionally disturbed children to early care and education services with the primary goal of reducing special education placement and strengthening the behavior of healthy families. Vermont uses Medicaid funds to sustain this program and work through regional plans. They have found in working across child development programs, early care and education programs, and mental health programs, that they encounter different language, different training, and different expectations. I don't think any of us is surprised to

hear that, but it's clearly a big challenge and a burning issue that they're going to have to address as they continue to build cross-program linkages. Like Connecticut, Vermont uses a consultation model to build mental health expertise within early care and education and to do cross training. They found that this approach is expensive, causes increased program costs, and increased requests for help from the specialists.

- Connecticut and Vermont are in the forefront of efforts to link early care and education with mental health services. But there are different models in several other States.

The Mental Health group came up with pages and pages of burning issues, which I tried to consolidate and then pick out the highest flames.

- Running through all of it was a lack of training for child mental health specialists and a need for train-the-trainers programs to get beyond that tremendous lack. This links both the services and research world in a lack of reliable mental assessments for children of different ages and the co-occurrence of physical and mental issues.
- More effort is needed to find methods to serve but not blame young children. Good Start, Grow Smart should be expanded to include social and emotional development. There is a special need to emphasize communication between mental health specialists and families.
- Families were most concerned with concrete survival issues and practical day-to-day challenges. Workers found that they had to consider family stress, empowerment, substance abuse, depression, and resource issues in their dealings with parents. Programs were also concerned with mental health problems such as depression among their early care and education workers. So in painting this picture, we see that it's not just the mental health of the kids; it's the mental health of the kids, of the parents and other family members, and the staff. We are dealing with a very complex set of mental health issues.
- Another issue highlighted by this group is that funding leads to diagnosis of problems in young children; however, the real issue is not diagnosis but risk factors. We need longitudinal studies of the long-term costs and effects of these different approaches.
- There is also an urgent need for many more linkages across the many services, a need to engage the business and faith communities, and a need for a cross-discipline clearinghouse and cross-agency indicators.

Another theme focused on linking financing to quality, and there were some wonderful presentations here as well. I attended a session on quality ratings and tiered-reimbursement systems in several States. Kim Townley presented about Kentucky, Deborah Neill about Tennessee, and Judy Collins about Oklahoma. Carolyn Drugge facilitated that session.

- The first key distinction drawn was between systems that have voluntary participation and those that make participation mandatory. Kentucky's voluntary system resulted in

only 25% of centers and 10% of homes participating, as opposed to mandatory programs in Tennessee and Oklahoma which produced full participation in rating systems.

- They've noted some drop in over-all rating levels over the years. They're not sure if that's a real drop in quality or simply the enforcement getting tougher as things go on. There are back-and-forth cross-pressures that I think require a lot more study. On the one hand, the enforcement gets tougher, creating downward pressure. On the other hand, simply being rated causes a lot of people to raise their quality because they're angling for the rating.
- A very compelling point made by all participants was that quality ratings systems don't function well by themselves. They are the center of an entire support system involving assessment, professional development, regulation, and parenting education along with the various efforts to continually nurture that system.
- The States all pointed to the need for research-based criteria to provide credibility for the system and allow them to conduct evaluations of their system's impact, both to learn and to sustain support among the policy community. They also talked about the impact of publishing the results and having centers work to protect their reputation.
- Tennessee reported very interestingly that the total cost - with all the supports put in and using all of their quality funds and MOE money - adds up to 13% of their total CCDF funding. That's significant but not massive, so it's a very valuable increment there. I just want to be clear: it's not 13% of the assessment cost, it's 13% of the whole support system, including the quality improvement activities.
- All of the presenting States - and this is a very interesting point for those of us who are economically inclined - said that they paid bonuses to avoid raising rates. They see some increased demand and some increased private pay rates as a result of the quality rating systems, but there is some resistance to higher parent payments. This poses a real challenge because the underlying theory is that if you give parents a higher-rated service they'll pay more, and if you're just doing it through the reimbursement system you're only sending revenues on behalf of lower- and moderate-income children. So that's going to require a lot more research and explanation.
- They all noted the need for qualified staff and staff improvement to meet the standards of quality ratings. Another complexity is that across the different States there were varying degrees to which the quality rating system was automated - whether they used standard indicators or relied more on professional judgments.

The final session that I'm reporting on was that of linking State data systems. David Patterson reported on the data system in South Carolina, Alan Sweet talked about Wisconsin, and Mairead Reidy discussed research on State data being carried out at Chapin Hall.

- South Carolina maintains a centralized data system at the State Budget Control Board Office of Research and Statistics. The agencies contribute the data and funding but

maintain control of their own data. They've been doing this since 1995 and have unique identifiers of kids, so they have a strong longitudinal data base of children in the system. I'm also aware from my work with South Carolina that they've been developing an integrated provider system where the licensor will gather the market rate data as well as data about characteristics of staff. So, they'll be building an integrated database into their system on providers.

- Alan Sweet reported on the Wisconsin system, which was built with a capacity grant. Wisconsin has a multi-agency system bringing together licensing, accreditation, adult and child care feeding program, and the staff registry that they have developed. Wisconsin will be linking those systems into NACCRRAware. They've been developing a public access work site for the rating system and negotiating a common identifier with the agencies. They did note the challenge of lining up different technologies across the agencies and continually raising the issue of privacy concerns.
- Mairead Reidy from Chapin Hall talked about their 30-year experience in linking administrative data. I think all of us in the field know that Chapin Hall is certainly the gold standard in linking administrative data systems and that they've been using this expertise to study early care and education subsidy and employment issues. They have an exciting new project in collaboration with the Census Bureau for linking administrative data with individual census level data (I'd like to know how they pull that off) to analyze eligibility and participation rates and employment along with information from the Census.

Key issues noted in this session were that data matching is always complicated and is never fully reliable depending on compatibility. Confidentiality is always difficult and always an issue. Cooperative relationships are essential to pulling this off. Chapin Hall uses probabilistic matching to overcome these concerns. Privacy, technology compatibility, and identifiers are also key issues for linking administrative data.

Karen Tvedt:

I think it would be good to hear from some of you who participated in those sessions. Please let us know if you think we missed anything or if this presentation stimulated some thinking on your part about something that we should be thinking about.

Audience member: I think it's easy in looking at the work to skip over the issue of children's physical health and forget that organizations and State agencies responsible for that should also be included in linked data systems. That's particularly telling in both rural areas and what one of my colleagues calls "urban hot spots" that have a very different demography from the rest of the United States.

Audience member: Also, as a sequel to that comment, I found the sessions were extremely intriguing but there was once again a critical piece missing that is so significant here in the United States, and that's the cultural relevancy of all the research. As we know demographers are

indicating that by the year 2010 the culture of the United States is going to be completely different. And I think we do ourselves a disservice if we do not infuse the issue of cultural relevancy in all our work with children and families.

Audience member: I was in the session that reported on the quality rating systems in Kentucky, Tennessee, and Oklahoma. As Rick mentioned, Tennessee calculates that about 13% of their total CCDF funds go into the quality rating system and the supports around it. He said that amount was significant but not massive. In conversations afterward with Judy Collins, who reported on the Oklahoma system, I heard more about costs and I think that's an area that we need to explore a little more. Tennessee's costs include doing the Early Childhood Environmental Rating Scale (ECERS) in every classroom once a year. Oklahoma initially had something comparable, but as the costs became apparent they backed off of annual or very frequent use of ECERS. So I think the cost-benefit question needs additional investigation and research.

Rick Brandon: Are you suggesting, Lee, that - from the research prospective and probably from the policy perspective - the burning issue is really to identify how often you need to do assessments in quality rating systems? How often do you need to go in and look and do you need to go into every classroom or can you do a sample?

Lee Kreader: Yes, that was among the questions in addressing the costs and benefits.

Rick Brandon: I think that's right. We really need to highlight that for the administrators.

Audience member: I'm working with Rick Brandon on the cost issue in relation to the many health services and was in the mental health session, but there was very little discussion about the cost of different models for delivering services and the ways in which agencies can collaborate to combine funds and provide services to children in different settings.

Audience Member: It would be nice if Ann Witte were here to discuss her work in Miami-Dade County on the use of ECERS or other measures in rating systems.

Audience member: I think that there is a need to help families move between the child care subsidy, Early Head Start, and Head Start programs. We also need to know more about which families are not using any of these services as well as those families that actually manage to access all of them.

Rick Brandon: That's an excellent point. What we've been doing in Ohio is looking at how the programs can combine money on behalf of children, but we need to balance those two different perspectives and bring those two research perspectives together - what is happening with children and families as well as what is happening with providers and programs. These two perspectives need to be more integrated into a full picture.

Karen Tvedt: As I was I was hearing several people talk about cost issues and cost of assessment. I was thinking, wow! You spent 13% of the dollars and a lot of that's on assessment but also on actual quality improvement activities to make the system better. I was also thinking about the

cultural issue and other issues around costs and benefits. I think that's a very important point as is the issue around rural and urban hot spots and which families take up which services. Now we'll move on to Marty Zaslow, who is going to summarize what we've learned in discussions about measurement, assessment and outcomes.

Martha Zaslow

I think you provided a wonderful segue to the issue of measurement, definition of measurement and talking about quality rating systems and their application. I want to start with just a general observation about the nature of this meeting that adds a unique dimension to the issue of measurement, which is that we're not talking here about.

An important feature of the Child Care Policy Research Consortium is that the research that is presented is grounded in child care delivery systems and child care policy. Research questions and hypotheses often have a theoretical basis and orientation, but they are not purely theoretical; they also derive from the reality of policy and practice as these are occurring at the local, State and federal levels and are tested within these contexts.

This grounding in the reality of policy and practice was a consistent feature of the discussions at the Child Care Policy Research Consortium meeting that focused on issues of measurement. Measurement was viewed in the context of service delivery systems, and as actually implemented within them. Indeed, rather than a focus on individual measures, the focus at the meeting was on systems of data collection, and on the ways in which data collection needs to keep up with evolving service delivery systems. Rather than looking in a "decontextualized" way at the features of measures of quality or measures of child outcomes, the discussions at the meeting focused on how measures were affected by the contexts in which they were implemented, and in turn could affect these contexts.

Within this framework, I saw three underlying questions as running through many of the discussions and presentations at the meeting concerning measurement:

- (1) We are changing our systems of data collection. Do these changes have the potential to affect our service delivery?
- (2) Our systems of service delivery are changing. What do we need to do within our data collection to reflect these changes appropriately; to keep up with these changes?
- (3) How does the context in which a research tool is implemented affect the data derived from it?

I'm going to briefly summarize some of the discussions from the meeting that focused on each of these questions.

We are changing our systems of data collection. Do these changes have the potential to affect our service delivery?

- **Defining and measuring the content of training.** Important new steps are being taken in attempting to measure the *content* of community-based training as a facet of early childhood professional development. This is in part a response to discussions at previous

Child Care Bureau sponsored meetings. As examples, the National Association of Child Care Resource and Referral Agencies (NACCRRA) is collecting data in a national survey of CCR&R directors regarding the content of training delivered through CCR&Rs. There is a longer-term goal of introducing into NACCRRAware (NACCRRA's software for data collection) a system for recording the content of training completed by individual child care providers. In addition, the National Registry Alliance, a consortium of State child care registries, has launched a new effort to collect data on the content of training using common terminology across registries in different States. These are changes to data collection that will affect whole data collection systems. Is it possible that collecting data on the content of training in a systematic manner, something that has not been done before, has the potential to alter the training that child care providers actually complete? For example, will it become clear for the first time that training tends to be concentrated in particular areas (such as children's cognitive development), with fewer providers completing training in other areas (such as perhaps child health issues in child care)? Might ongoing documentation of training result in the introduction of a requirement that individual child care providers complete training across differing content areas (a kind of distribution requirement)?

- **Documenting the qualification of trainers.** A change in our systems of ongoing data collection that was also discussed at the meeting was the collection of data regarding the qualifications of those who provide training in community-based settings. We are beginning to see a requirement that training will only be recognized if it is conducted by trainers with certain qualifications. Does the collection of data about trainer qualifications have the potential to affect the quality of training? Will trainers themselves complete further professional development, or will there be more careful selection of trainers?
- **Use of a common identifier for child care providers.** There was much discussion at the meeting regarding use of a common identifier for individual child care providers, using the common identifier to link data across multiple administrative data systems and potentially making it possible for data on professional development to follow individual providers across State lines if they move. Is it possible that individual providers will be better able to progress up a career ladder in early childhood if their professional development records can follow them when they move across States? Again, will changed and improved systems of data collection potentially affect quality?
- **Articulation.** At the meeting we heard about States (for example, Maryland), that are working on articulation between community-based training experiences and college credit in early childhood. Here again we need to ask if the improvement in a system of measurement (here of the way in which community-based training and experience translate into or accumulate into college credit) has the potential to alter our service delivery systems. In particular, is it possible that clarifying the rungs on the ladder of professional development in this way can foster progress up the ladder?

Our systems of service delivery are changing. What do we need to do within our data collection to reflect these changes appropriately?

- **The introduction of quality rating systems in many States.** One noteworthy change in the delivery of child care services is the development of quality rating systems in multiple States to help inform consumers about differing levels of child care quality. This change in service delivery in turn is creating challenges in terms of data collection and measurement. What should be the defining features of differing levels of quality? What are appropriate gradations, supported by the research, that are also important for consumers? There are discussions occurring in multiple States about meaningful distinctions between levels of quality. As one example, in Wisconsin, a particular challenge to measurement growing out of creation of a quality rating system is the need to come up with a reliable and valid way of distinguishing between the first two levels in the system. The second level is for facilities in compliance with licensing requirements, while the first level is for those with some problem with compliance. But what should the dividing line be? Should a minor issue with compliance that is readily addressed and corrected be grouped in the same level with a serious or recurrent problem with compliance? What should qualify as being out of compliance?
- **On-site consultation approaches to improving child care quality.** We are seeing the emergence in multiple States of on-site consultation approaches to improving child care quality. The underlying theory for this approach is the view that practice changes more readily when information is provided in the situation it is relevant to, and when behaviors are modeled and practiced with feedback, rather than only discussed. However the emergence of this approach to supporting child care quality is creating a challenge to measurement. What are the important features of this type of intervention that should be measured? What beyond number of visits is important to document? What are the features of on-site consultation that are important to its effectiveness?
- **Partnerships.** Another change in practice that was discussed at the consortium meeting was the greater reliance on partnerships across child care, Head Start and pre-kindergarten. An interesting challenge associated with this change in service delivery is that each type of early care and education has its own measurement tradition. For example, in terms of the quality of the early care and education environment, child care has tended to rely on the environmental rating scales (the Early Childhood Rating Scale (ECERS), Family Daycare Rating Scale (FDCRS) and Infant-Toddler Rating Scale (ITERS)); while pre-kindergarten has tended to rely on the Early Language and Literacy Classroom Observation (ELLCO) to measure early language and literacy practices. An interesting challenge associated with the spread of partnerships is the question of how to develop or select measures of quality that will be respected within all traditions.

How does the context in which a research tool is implemented affect the data that is collected using it?

A theme at the consortium meeting was that it is not just whether an appropriate tool has been developed for a particular purpose, but how it works under ongoing conditions in the field that will affect data quality.

- **Documenting ongoing training by child care providers: Goals for data collection in light of issues of feasibility and reliability.** As one example, we heard that for the QUINCE evaluation, a grid has been created for collecting detailed data about child care providers' ongoing training experiences. This grid was based closely on recommendations for data collection from the steering committee on defining and measuring professional development in the early childhood workforce. The grid seeks to collect data about multiple aspects of training. But experiences in the field in implementing the grid are raising the question of whether the data we are seeking to collect exceeds what child care providers can recall and report on accurately. We may need to take the "ideal" tool, and revise it in light of experiences with it in the field.
- **Training on the Environment Rating Scales when used as a tool for quality improvement.** We heard at the meeting that the usefulness of the environmental rating scales for improving child care quality is related to the extent of training in using them that child care providers have received. The tool does not exist apart from the circumstances of its implementation. We tend to think about improving reliability of observation for researchers, but the discussions at the meeting raised the issue of precision of observations when the environmental rating scales are completed by practitioners for purposes of improving quality.
- **High stakes data collection has the potential to undermine the validity of a measurement tool.** There were discussions at the meeting about the potential to change the characteristics of a measure according to how data from the measure would be used. The example given was the pattern of inter-correlations between certain features of child care quality according to whether there were high stakes consequences linked with the measure. Child care ratio might be linked significantly associated with observed quality under naturalistic circumstances. But if a quality rating system uses ratio but not observed quality to differentiate the number of stars or the level of quality presented to the public, the potential exists that child care centers may work to improve their ratios, perhaps even hiring less qualified people than they otherwise might to meet a goal quickly. If this is the case, the normal relationship between ratio and observed quality could be altered or distorted. The need to understand measures within their contexts of implementation was stressed at the meeting.
- **Use of child care registries.** The participants at the meeting also stressed that a strategy for data collection such as a child care registry would only be fully useful if it was implemented widely enough within a State. Similarly, a voluntary quality rating system might not affect consumer choice or eventually the child care market unless a

high enough proportion of child care facilities chose to participate. There was discussion at the meeting of strategies to increase the use and therefore utility of voluntary systems. For example, the use of voluntary child care registries could be increased by using the registry as the basis for public recognition of attainment of new qualifications (for example through announcements in the newspaper). Child care facilities could be encouraged to advertise using categories and levels from the child care registry.

Challenges and promising directions in measurement

Both challenges and promising directions in measurement were identified at the meeting.

Challenges included:

- Protection of privacy when using a unique identifier for child care providers.
- The issue of when it is appropriate to expect a change in a child outcome measure in the context of an intervention to affect child care quality. How long does a child need to be exposed to improved quality before a change in developmental status can reasonably be anticipated?
- The question of whether we are measuring child outcomes in program accountability efforts when we should instead be measuring specific practices in the classroom.
- The issue of building into measures of professional development, not only training participated in or classes completed, but also whether practice in the caregiving environment has changed.
- The need to acknowledge that the stability and precision of child assessments is not as great with younger as with older children.
- The need to continue the work towards better definition and measurement of early childhood professional development. A key next step is to work towards a common core of measures for inclusion in national and State level surveys focusing on the early childhood workforce.

Promising directions included:

- The expansion of data collection on early childhood professional development in market rate surveys, as in the work in Texas.
- A relatively new project focusing on measurement of child outcomes among children with disabilities. The work of this project may also serve as a resource for assessment of children more generally.
- The development of child assessment measures focusing on processes (such as the way a child approaches a problem) rather than outcomes (whether a child gets the “right” answer).
- Work focusing on the potential importance of child care stability, taking a careful look at ways to measure child care stability in more meaningful ways than in the past. As one example, leaving but then returning to care by a grandparent perhaps should not be included in measures of instability.

Karen Tvedt

I'm always in awe of the way you put it within a conceptual frame work. Before we turn to Bobbie, thought are there any thoughts, comments?

Audience member: I come from children's mental health and so I wanted to tell you of something happening in Vermont that might be useful around the common identifier issue. I'm sure the ideal situation would be that our databases would have common identifiers but because we have separate data systems we don't have that yet. Even within the agency of human services. We are using an approach, or mental health has developed an approach, to be able to coordinate existing data sets using a technique called probabilistic population estimation that relies on mathematical statistical procedures. As long as there is information about date of birth, gender, residence, program participation, it allows you to estimate overlaps from one data set to another. This allows for better use of databases to get other information about outcomes and so on.

Bobbie Weber: You know who does that really well are the folks who chase down the people who don't pay their bills. They are very sophisticated at probabilistic matching. So there are lessons to be learned from everybody, even bill collectors - a new linkage!

Audience Member: In listening to these presentations I was really struck by how the level of the water, if you will, has really risen with respect to what we now know about various data systems and how to go about integrating our delivery systems and our data systems more effectively. And I just want to remind us how much work has gone on in the consortium that has made this possible through cooperative ventures among the different projects and the different groups. For example, the five-State Child Care Subsidy Duration Study has really showed us something about change in different States and in different kinds of families. This has opened our minds to thinking about the need to better coordinate these administrative data sets and link them to original research, and so forth. I think this is an amazing group of people and that you all have the opportunity to network with each other within the various research projects - not only projects funded by the Child Care Bureau but other work as well. Think about informal partnerships to generate the next generation of measures and measurement questions. Psychometrics is really, really, really expensive and there hasn't been a lot of money spent on psychometrics for many years, but by acting collaboratively in doing studies, looking at the data, thinking about how to improve the measures and the linkages, getting common definitions together, and so forth, you are moving the field forward. I really do believe that the level of knowledge has risen in the past four to five years, and that you have an opportunity to think more consciously about how to use your work in a collaborative fashion to make the kinds of advances that Marty and Rick are talking about.

Karen Tvedt:

Yes, and certainly we're seeing that in the QUINCE project and it's linked to the Massachusetts subsidy evaluation.

Audience member: In the assessment workshop we talked about big challenges - the political and operational challenges - of trying to articulate to policymakers who are hell-bent on accountability, who are going to test our babies and to try to find out when they reach

kindergarten whether we have done everything wonderfully for those first five years. They are trying to put all of the accountability on the child care and early education programs to have accomplished all of those wonderful things that families are a part of as well. And so they look for easy measures and easy answers to very complex questions. We get caught up in trying to explain a very complex situation as a quick sound bite to convince them. It is an enormous challenge. I heard somebody earlier in the session talk about being bloodied from the battles, and this is one that we really are going to all have some blood on the floor over. It is measurement issues but it is also framing issues. It is trying to educate a large number of people in our field about these issues and as well as the policymakers.

Marty Zaslow: I'm just really grateful that you raise it. I wasn't able to attend that session but it sounded like the underlying question is what is it that we should be measuring? We measure the children and then inappropriately attribute the results only to their early care and education, whereas many factors are going to contribute to how well children are developing when they reach kindergarten. I agree completely. It's not just what we measure but how we communicate this more broadly that this information is only a piece of the picture. The underlying question is how are our early education and care settings contributing to school readiness? We need to be thinking about how to measure the program as opposed to the children. So it is very important to clarify what the question is and frame it appropriately. I don't think there could be a better example of where our measurement is happening within a broader context that's political, and applied, and systems oriented.

Bobbie Weber: I think that what we continue to learn about how long children stay in arrangements - including from representative samples of middle-income families like those in the NICHD study - should give us serious reason to question the wisdom of generalizing specific program effects to other programs or to the broader population. It appears that large numbers of children are in multiple settings. To whom or to what are we attributing outcomes for children? I think we need to be able to tell the world there is a very serious problem. So it's not just what the family and other parts of the community are contributing to development, which we know is much larger than even the finest early intervention, but also that the dosage in any one setting seems to be relatively short for most American children.

Audience member: And we can't brush them off. We have to answer the question. We have to re-frame the question perhaps but we need to be able to respond to it and to show that there are many factors and also be able to evaluate our good work or not so good work and show where resources need to be put into it. And maybe we need to take some pressure off of individual teachers who are trying to assess their own children and use those measures appropriately as well.

Rick Brandon: There are two techniques being used in K/12, one of which may be helpful here. The people in K/12 are starting to assess scores on the basis of expected values. This technique graphs actual scores against hypothetical scores based on what you would expect them to be so that you're judging people - judging performance - against expected value and you can also look at demographics features of the sample. The other thing

they're doing is looking at gain scores across time. The point that Bobbie was just making is whether the duration of an arrangement is long enough to have a valid gain score. This to me relates to Donna Bryant's earlier question about how long we should wait to measure kids and when should we raise assessment results as a policy or policy research issue. How much do we need in quality programming to achieve how much effect on child outcomes? It translates into very practical terms. Is a half day of high quality education enough, when it's combined with mediocre care otherwise? How long do children need to be in the program or care setting? How much stability do we need? I think this goes beyond measurement to very major policy issues.

Audience Member: I just wanted to make a comment about the advocacy community and the tension that I see. There is a political attempt to make the case for more funding for child care by exaggerating the potential impact and not complicating it with these other factors. But I think that probably the idea of managing expectations needs to be part of the advocacy; otherwise there isn't going to be openness to thinking about the kinds of issues that you all are raising. I'm thinking that we at the Child Care Bureau need to start talking about these issues in a way that will help people manage expectations around what early childhood settings by themselves can do. We do have to find a way to talk about it, to help you all out.

Karen Tvedt

Of course we deal with it when we're talking about our measures. If we're trying to set school readiness outcomes as a long term goal for CCDF, we know that we're only a tiny piece of what's happening to children. Bobbie we'll turn to you now.

Bobbie Weber

I am struck by how reports from the three theme groups complement one another. Before sharing what came out of the work and family plenary and breakout sessions I want to review where we ended the 2004 Consortium Research meeting. We ended with a consensus that we look at child care more holistically. For the work and family theme group this came from an agreement that our understanding of parent's child care decisions is incomplete without an understanding of the broader environment in which child care decisions are made. Looking at child care decisions out of context limits and may even skew understanding. Both work and TANF need to be seen as forces shaping child care experiences of children and their parents.

This year's planning group responded to last year's challenge by focusing on the characteristics and policies of the low-wage work force and other characteristics of the lives of low-income families and their children. One session focused on linkages of employment, work place policies, and child and family well being. Another looked at relationships among welfare-to-work, TANF, child care and employment. Child care issues overlap with labor force issues and extend into welfare policy. We examined the effects of a broad range of State policies on child care. Child care stability was another focus. We asked how employment, workforce, and TANF policies affect child care stability and how these factors can be included in studies that measure stability. Stability is a shared interest across disciplines; researchers study stability of housing, employment, jobs, and TANF participation as well as child care. It is likely that these types of

stability are related. Across the stability research literature there is little consistency in conceptualization, language, or measures of child care stability. This absence limits confidence in findings of child care stability of American children and makes comparisons of findings across studies difficult.

My overwhelming reaction to this year's meeting - and it became stronger after listening to Rick and Marty - is that our world got awfully big this year. New players came into the conversation. Some of them physically came and joined us, but a lot more are out there doing work that informs child care research and publishing studies in journals that we don't normally read. We are challenging ourselves to broaden our understanding of what we need to know and who we need in the conversation.

The work and family theme group focus on the broader context included learning about characteristics of low-wage workers. Harriet Presser helped us understand what the world of low-wage earners is like and gain perspective on what these workers get and don't get in relation to other workers. We learned that low-wage earners don't get flexibility in work schedules. They don't get to reschedule work when there are family crises. They don't get paid for any leave. They don't get reduced hours when they need them. They don't get to build a work life with rhythms and sequences that change with births, illnesses, deaths, the introduction of new members, or changes in family structure. Lucy Jordan helped us understand issues of subsidy in relationship to the workforce. She raised questions about how subsidies affect the timing of mothers' entry into the workforce and what effect subsidy policies like co-payments might be having. Here again, the issue of how to measure multiple variables in different but linked domains requires a broad focus. What should we be measuring and how can we capture the complexity? We can't forget the children. We learned from Wen-Jui Han how the stresses experienced by parents in the new 24/7 economy are spilling over and affecting children, both little ones and older children in school. There appear to be differential negative effects depending on children's ages. Young children are more affected in their cognitive development, older children in their behavior. Again, we don't have the best measures or research designs to answer these questions in great detail.

Characteristics of low-wage employment have major impacts on low-income families' child care needs and on what child care they can use. Their work schedules are drastically different from those of most of us. Harriet Presser's work shows differences in the lives of the 80% of us who work traditional hours and the lives of the 20% who work nonstandard and rotating shifts. Low-income families, families, who may or may not receive subsidies, look very different in their patterns of child care usage. Work schedules and other workplace policies are related to these differences. We need to explore further the child care research and policy implications related to work schedules and labor policies.

Moving an expanded research and policy agenda forward may require new alliances. In terms of work place policies a new paradigm may be needed. If work issues are having major impacts on families and their ability to care for their children, who needs to be involved in conversations, how do we engage them, and where does the conversation start?

Closer to home, how should child care subsidy policy take into account the realities of low-wage workers? What does it mean for a family who's trying to figure out how to raise their kids when Mom doesn't know until Friday night when she's going to work on Saturday? What could be done now? How can policies support families with unpredictable work schedules?

A point made many times this week is that we have to look at work and family in a gender-free framework. These are not just mother issues. Dads are major players. I'll make my own plea: I think calling fathers child care providers is very difficult. It puts a conceptual framework on families that I don't think is helpful. In the research on stability, father-care is often considered a child care arrangement. The researchers count as a change in child care when Dad is taking care of the kids instead of Mom. Why?

Following the presentation on the relationship among subsidy, welfare-to-work, child care, and employment patterns, there was discussion about the pressing need for more work on how policies match family values, how parents want to raise their children, and how they manage with unpredictable and non-traditional work schedules. The possible intersection of employment policy and child development remains relevant. What strategies will lead to better dialogue among the welfare-to-work, TANF and child care policymakers within our States? At times, these policymakers are in the same agency but that does not assure that they set policies together. What would it take to get the conversation to be one in which we all thought through the various policies collaboratively; taking each policy area in turn and finding policies that might best fit the lives of these families. Does it matter who is helping the family get a child care subsidy? Is there a difference whether it's a child care specialist or a TANF caseworker? Does it matter if the States are trying to coordinate intake for TANF, child care, and medical assistance? Does it help families to have only one set of eligibility requirements? Are there unintended consequences to coordinated intake and eligibility for multiple programs?

We seem to be consistently lacking parent and provider perspectives on child care and other policies. How do we build their insights more concretely into our discussions? We need to broaden our research from the study of subsidies alone to the study of what low-income parents - TANF and non-TANF alike - are doing to get help in accessing and paying for care. We need a deeper understanding of how low-income families manage paying for care and education for young children—sometimes the payment is not in the form of money. Does a family care if help came through CCDF, Head Start, universal pre-K or some other local program? How do they think about assistance and what does that mean for how we should think about it? If we stand more in their shoes, how different does the world look? There was a discussion of how parents decide on their child care arrangement - on what we know about the decisions that families have made. We have lots of studies showing what families do, but fewer on why and how their options affect them.

Location matters. More exploration is needed of rural and inner-city urban areas. It appears that very rural and very urban inner city families share a lot of characteristics and a lot of the same problems. Transportation, housing, and access to services are problems in both areas. Concerns were raised about consistency in the application of regulations in inner urban and rural communities and the effects on children and families.

An insight that seemed to capture the week's work dealt with the value of research that focuses on a broad set of factors and their interactions. Specifically, future work needs to examine the factors simultaneously instead of separately in the hope that viewing them together will provide a more accurate understanding. For example, in studying parent child care decisions we need to look at proximity of families to centers and relatives and include description of parents' working schedules. Parent decisions can be studied in family and community context, including ages of children, number of slots, type of care, price of slots, State regulatory and subsidy policy, transportation, parent definitions or perception of quality, and cultural differences. It was suggested that children's ages be treated separately so that we get interactions of all the above with age. The recommendation coming out of this meeting is that instead of including one or more of these variables, researchers include as many as possible to determine if the simultaneous examination of factors and their interactions enhances understanding of child care usage patterns.

Sessions and posters about child care stability emerged at this meeting - Marty introduced the discussion in mentioning issues related to stability measurement methods. Other insights about the study of stability were introduced. Viewing change, which could be neutral-to-good-to-bad, on some kind of continuum, could provide an empirical basis for the threshold of instability that Marty talked about. At what point and under what conditions should we say that child care is unstable and not good for children? What kinds and amounts of change are viewed as beneficial? We need consistency in language. One possibility introduced was to define instability as a level of change that is not supportive of development, while reserving the term change to describe movement in a neutral way. The conference emphasis on the need to look holistically permeated the stability discussion. We need to view families, children, communities, child care, TANF and work place policies, and child care patterns through the same lens. We need more precise measures that take into account the context that changes the impact of change on the child.

We need to increase skills in research uses of administrative data sets, especially if we want to evaluate program effects - administrative data sets are key to program evaluations. Linking administrative data sets provides the context we have argued is needed and this linkage of data enhances understanding of findings. Chapin Hall, the University of Texas and others have developed administrative data analysis skills and we need ways to share this knowledge across States so that evaluating child care and related programs becomes standard practice; a part of ongoing accountability strategies. Administrative data researchers have learned a lot about how to link data sets and the kinds of agreements needed to protect subjects. They have figured out SAS code needed so that the research can be done in cost-effective ways and so that it is realistic for States to continuously evaluate their programs by analyzing administrative data. The Bureau's Data and Research Capacity grantees have built a body of knowledge about how States can integrate research and evaluation into their child care programs.

It is doubtful that we have identified all the areas in which more linkages are needed. We have talked about the relationships between type of care, quality of care, and stability. Are there other relationships that we should be studying? We need to identify people who have something more to say. It has been pointed out that perspectives of multiple ethnic communities are missing. We need to engage researchers, policy-makers, and practitioners from multiple disciplines and cultural perspectives in an on-going conversation about child care stability with a goal of

attaining common conceptual language, measures, and designs. Such a base will increase confidence in results and facilitate comparisons of results across populations.

We have acknowledged in many ways this week that we need to incorporate context into research. I think we could make it the banner for this meeting. We need to see children and their families within the community and within State policies. We need to see child care policies within the context of a set of policies including welfare to work, TANF, and work place policies. And we need new partners. Employers are major players. How can we engage them? What about associations of employers? What about major corporations? It may be unrealistic to think that employers could become partners. If engaging employers seems too challenging then, at least, we should be thinking about how to talk with the people who set labor policies.

Linking systems and measuring holistically are complementary approaches. Systems need to be able to work together. More holistic studies are likely to pick up effects of systems and system interactions on the family. We need to acknowledge that both systems linkage and more holistic research are a lot of work. We ended last year saying that we couldn't stay where we were. This year showed us that linkages and more holistic research may be more work than we thought, how do we make it manageable? How do we chunk what we need to do into units we can manage? Our world has expanded. We have mental health, physical health, social services, and Census. We have employers, labor policy, and labor market trends. We have a growing awareness that we can't improve child care without thinking about improving areas in family life that shape child care. Other players are central to our future because child care researchers and policymakers don't have all the expertise needed or access to all of the policies that influence the odds that parents will successfully raise children by finding appropriate, safe, and development-enhancing early care and education arrangements while they work and attend school.