

Racial and Ethnic Differences in Welfare Leavers' Child Care Preferences: A Factorial Survey Analysis

EXECUTIVE SUMMARY

This study focuses on revealed preferences for child care by race and ethnicity. Employing the factorial survey technique, this research examines what a recent sample of welfare leavers want most from different child care settings.

The factorial survey technique is a method used to assess how people evaluate multidimensional phenomena free from real-world constraints (Rossi and Anderson, 1982). This method permits a simultaneous assessment of how respondents evaluate and make tradeoffs among multiple characteristics.

This research compares child care preference structures across Hispanic, White and African American samples. It also assesses whether parents' child care preferences correspond with contemporary public policy initiatives used to advertise and inform parents of the quality of particular child care settings.

Design and Methods

In the factorial survey approach, the vignette is the basic unit of analysis. A vignette is a written description of a multidimensional phenomenon – akin to short story. Factorial survey researchers assemble vignettes by randomly assigning characteristics to each vignette in a way that makes up a coherent description of the phenomenon under study. Then, the researcher analyzes the respondents' overall rating of each vignette as a function of each of the randomly assigned characteristics contained in the vignette. Thus, vignette characteristics are the *independent variables* that influence respondents' vignette ratings – the *dependent variable*.

Vignettes have both “dimensions” and “levels.” A dimension is a discrete variable associated with the phenomenon being studied. A level is the specific value within a dimension. So, for example, the type of child care situation would be a *dimension* of a child care, and family day care, center day care, relative care would each constitute individual *levels* of the dimension types of child care. The factorial survey researcher randomly assigns individual levels within each dimension to each vignette, ensuring that these individual characteristics are uncorrelated and independent of one another in the analyses.¹ Random assignment is a crucial feature of this technique, ensuring that vignette characteristics are uncorrelated with each other. Therefore, vignette descriptions often contain combinations of attributes not typically found within the real world.

The child care vignettes used in this study were constructed to represent the most salient child care dimensions from the perspective of parents and providers, the child care market, and public policy. The structure of the vignette sentences and paragraphs was designed by constructing a flow chart that put together levels within complete phrases, sentences, and paragraphs with appropriate punctuation and syntax.

¹ For a dimension with q levels, each level appears with a probability of 1/q.

One series of dimensions reflect regulatory and public policy dimensions of child care. These include whether a facility is licensed or not, participates in the Pennsylvania Keystone STARS Program, is accredited or not, accepts subsidized children, and whether it conforms to state regulations for child staff ratio. Another series of dimensions focus on activities and behaviors within the child care setting (provider acts like a teacher or parent, provider is warm or strict, the level of individual attention received by the children, level of planned activities and curriculum), the skill set and training of the provider (specialized training, level of experience), teacher characteristics (language spoken, race/ethnicity), amenities within the care facility (computers, cleanliness and safety), and cultural aspects (religious teaching, celebration of holidays). A final set of dimensions describes the racial, ethnic and economic characteristics of the children in the care facility.

Three questions were used to measure parents' child care preferences. The first question assessed parents' perception of child care desirability. The question asked specifically "How much would you like this child care for you and your family?" We assumed that this question about child care desirability also measured parents' definitions of child care quality. The rating scale associated with this question was anchored on a nine-point scale where -4 equaled "dislike very much," 0 equaled "neutral," and 4 equaled "like very much." We refer to this scale as the "desirability rating scale."

The second question addressed what parents considered to be a fair weekly price for the given child care arrangement without regard to its affordability. It specifically asked, "In your view, what would be a fair weekly price for this child care? Please disregard whether or not you could afford the price."

The third question addressed parents' expressions of willingness to pay given their income constraints. This question asked specifically "How much would you be willing to pay per week for this child care?" We asked this question in order to determine the dollar value parents would be willing to pay for varying child care characteristics within income constraints. The rating scale used for the willingness to pay and fair price questions ranged from \$0 to \$200 per week, at \$20 intervals, anchored around a mean of \$100 per week. This reflected the range in the cost of care within the low-income child care market.

We completed the factorial survey with 93 respondents. These included 17 White, 28 Hispanic and 48 African American respondents. Each parent completed a total of 30 vignettes.

We estimated two different types of model specifications using ordinary least squares regression. The first model examined the contribution of each level to the variation in the rating associated with each vignette. For example, it assessed whether family day care is preferred compared to center care, whether licensed care is preferred compared to unlicensed care. This analysis compared the impact of varying levels on child care preferences within each dimension.

A second model specification examined the contribution of each dimension to vignette rating. Using a type of analysis called "coding proportional to effect (Rossi & Anderson, 1982), the standardized coefficients (β) provided an index of the relative importance of each dimension compared to all others.

Findings

Similarities

The findings of this investigation show many commonalities in preferences across parents from different racial and ethnic groups, suggesting much more of a core understanding of what constitutes quality care among different racial and ethnic groups. Although different groups may use different forms of child care, the aspects of child care that parents want appear to be more similar than different.

The primary area of agreement is safety of the care situation. Although White respondents placed less emphasis on safety than African American and Hispanic respondents, they all evaluated care situations negatively that did not guarantee the safety of children. Safety weighed in so heavily in respondents' evaluations that its emphasis may have forced other less important, but salient, child care characteristics to be overlooked. In other words, if we took safety out of the factorial survey descriptions, we might find additional emphasis on other aspects of child care.

Taking safety out of the child care equation, however, is not reasonable, particularly for low-income families. The respondents' emphasis on safety reflects the consensus that no parent would knowingly put their child at risk of being in an unsafe child care setting. Safety remains a crucial child care issue but is particularly salient for low-income families for whom the health and safety of their children is an ongoing child care concern.

Respondents' emphases on the warmth and actions of the provider were a second area of convergence across groups. All three groups rated vignettes higher and would pay more for care if the vignette included a provider who exhibited a warm demeanor. All three groups rated vignettes lower and would pay less for care if the vignette included a provider who did not give the children individual attention.

All three groups viewed state regulations for staff child ratios as important. They also preferred care arrangements and would pay more for providers with experience and who provided planned activities for the children.

Thus, respondents' preferences converged around safety, state regulation about child staff ratios, the planning of activities, and provider warmth and experience.

Yet there were few systematic preferences for any particular type of care. For African American respondents, relative care was worth less than neighbor care but overall, vignettes were ranked neither higher nor lower if they described center care or any other particular type of care, net of the other characteristics described as part of the child care setting. Although previous researchers have suggested that African American families use center care more than other groups and Hispanic families use kith and kin care more than other groups, these type of care choices may reflect different understandings of what additional characteristics each type of care offers. That is, each group may believe that the type of care they use brings with it more safety, more planned activities, legally acceptable staff child ratios, and warm and experienced providers.

Almost uniformly, the race and ethnicity of the other children in care or the provider were not important. Only African American respondents were willing to pay more for care where the provider was also African American. Race and ethnicity were not revealed to be part of a core set of child care preferences for either Hispanic, African American or White respondents.

All three groups emphasized the importance of a Pennsylvania child care rating system named Keystone STARS, although in varying degrees. African American and Hispanic respondents placed the most emphasis on Keystone STARS, and White respondents placed the least emphasis on Keystone STARS. But for all three groups, the Keystone STARS dimension made it into the top ten most important dimensions evaluated. Without any prior explanation about the Keystone STARS program, African American and Hispanic respondents' systematically gave higher ratings for described child care setting that were assigned more stars by this government rating system.

It is important to remember that by design, the number of stars was deliberately not correlated with any other indicator of quality. Nevertheless, respondents tended to rank situations with more stars as more desirable, thought they were worth more, and were willing to pay more for care in child care settings with larger numbers of stars.

At the same time as respondents valued star ratings, respondents from each of the three groups exhibited total and complete indifference to whether a child care situation was accredited. Accredited child care situations were neither more desirable nor worth more, suggesting that accreditation, for this sample, may not appear to be an indicator of quality. Perhaps, our respondents were unfamiliar with how the term accreditation is used to convey the quality of care.

Differences

While there were many similarities in preferences across respondents from the three groups, there were also some differences between the group preferences. African American and Hispanic child care preference structures were more similar to each other than to White preference structures. Both African American and Hispanic respondents valued and would pay more for licensed care as well as for care rated higher by the Keystone STAR Rating System. They also wanted care situations to have computers available. White respondents exhibited overall indifference to the number of stars, to the care situation's licensing status, and to the availability of computers. Overall, African American and Hispanic respondents rated more highly the same child care dimensions suggesting greater commonality between these two groups than between these groups and White respondents

White respondents' preferences stood out from those of Hispanic and African American respondents in some areas. White respondents valued care offered by settings in which they had known the providers for a long time, children learned letters and numbers, and they celebrated holiday traditions of other groups. They were willing to pay more to have their children be in care situations among other low-income children. These characteristics were unimportant to African American and Hispanic respondents. White respondents shared with Hispanic respondents the desire to have their child care be close to where they worked and to have their

care provider accept subsidized children. White respondents shared with African American respondents concerns about what language was spoken to the children in care (not all Spanish).

Although many day care situations are in religious institutions, the teaching of religion in a child care setting was important to African Americans, but not important to Hispanic or White respondents. Only African American respondents ranked vignettes higher if they included religious teaching.

Overall, Hispanic and African American respondents seemed to be more tuned into child care as a system regulated by government than were White respondents. This is suggested by their preferences for care that follows state regulations for staff child ratios, licensing (Hispanic respondents only), and for care that is rated with the Keystone STARS Rating System. Hispanic and African American respondents paid attention to the role of agencies external to the child care environment to establish markers of quality. White respondents gave far less attention to child care characteristics associated with government or regulation.

Conclusion and Recommendations

This research does not support the conclusion that race and ethnicity are a major source of differences in preferences for child care. According to our findings, there is not an idealized Hispanic or Latino model of child care competing against either a White or African American idealized model of child care, at least among low-income welfare leavers. Rather there appears to more consensus around a large number of desired core care attributes.

The greatest commonalities in preferences were between African American and Hispanic respondents. In particular, African American and Hispanic respondents seemed more attentive to issues associated with the regulation of care; they appeared to believe that care associated with regulation or rated by government was more desirable care. They were for, not against, regulated care. Whites were not negative about regulated care, but they were more indifferent to child care dimensions associated with government regulation.

The low level of interest in the type of care (e.g., center care) combined with the strong interest in quality features indicates that people are concerned with quality independent of the type of child care facility. In the uncorrelated vignette world, quality and type of care are unrelated. But in the real world, quality and care type may be related. Parent education may be needed for parents to realize that these features can be separated from type of care and that some types of care – such as center care – can offer some of the qualities that they seek.

Of particular policy significance is the finding that the Keystone STARS Rating System operated as an indicator of quality for respondents. A recent evaluation of the Keystone STARS Rating System showed that it was a reliable indicator of quality (Barnard et al., 2006). The ability to have a government rating system that reliably measures child care quality conveys this information to the public, who then can use this information to make informed child care decisions, is critical because evaluating the quality of care is so difficult for parents. If people are aware of the rating of different care situations, families could more easily make better child care decisions. Our research suggests that a star based rating system represents established markers of quality that can be easily communicated to, and understood by, low-income communities varying by race and ethnicity. This research suggests that disseminating and

advertising star ratings for different child care settings may be used by parents to select higher quality care.