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
Acknowledgements

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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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