Providing Information on Child Care to Parents: Preliminary Findings from Oregon

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Presented at the Child Care Policy Research Consortium
Washington D.C.
October, 2009
Preliminary Findings from Research in Oregon:

- Quality Indicators Project Evaluation (State-wide)
- Community Child Care Initiative Evaluation (City of Portland)
- Oregon Population Survey
- Market Rate Survey
Oregon Quality Indicators (QI)

- 7 structural indicators of quality.
- Measured on all certified centers and family providers in Oregon.
- Currently building website for parents, others.
  - Definitions and importance
  - National standards
  - State licensing minimums
  - Community averages
  - Individual Provider levels
Community Childcare Initiative (CCI)

- **Quality Enhancement Services**
  - Centers with need for improvement on Quality Indicators (QI)
  - Receive $ and support for improvement on QI

- **Affordability Services**
  - Subsidies for low-income families using “quality” providers (above standards on QI, FCCERS)
Parents Care about Quality

• CCI evaluation: 69 low-income parents using “quality” providers.
• Parents rate quality as significantly more important to them and their families than cost ($t (68) = 3.91, p < .01$).
• Parents rate the 7 QI as “very important” (3.95 out of 4.0).
Parents Want Information

• Parent focus group (QI process evaluation)
  – Want information about quality:
    • General guidelines of what to look for.
    • Specific, verified information on providers.
  – Prefer to interpret information on their own.
    • Requested information on each indicator.
    • Each family/child has different priorities/needs.
    • Do not want information aggregated into 1 score.
What is the impact of information on choices?

– Parents were skeptical about impact of QI information on their own decision-making.
  • Parents state that high quality care is expensive, unavailable, and inflexible.

– Choosing high quality care may require:
  • Generous subsidies for low-income families.
    – Parents reported that the CCI subsidy allowed them to stay with “quality” provider when income decreased.
    – Without CCI 55% were “likely” or “very likely” to leave (quality) child care provider for a less expensive one, or to miss work to take care of their children themselves.
  • Increased supply of higher quality care of all types.
Supply & Demand: Market Failure?

• Insufficient supply?
  • QI Parent focus group: demand for quality care won’t be sufficient to increase supply of quality care in their communities.
    • Waiting lists for marginal quality providers.

• Are costs prohibitive?
  • Demand: Families in QI focus group reported that they were unable to pay for higher quality care.
  • Supply: Providers cannot afford to increase quality.
Logic Models

(See handout for full Quality Indicators logic model)

Information and financial support to parents

Demand for Quality

Supply of Quality

Information and financial support to providers
What if the market succeeds?

- Increasing demand coupled with increasing supply of quality care → prices skyrocket?
  - Would a successful market further price low-income families out of high quality paid care?

- Oregon data shows similar pattern for paid care overall 2000-2008 (Weber, 2009):
  - Increased demand for paid care from 27 to 33% (Oregon Population Survey; Weber, 2009)
  - Increased price of care (Oregon Market Rate Survey; Grobe & Weber, 2009)
  - Low-income families are dropping out of the market (Oregon Population Survey; Weber, 2009)
    - As a proportion of all families using paid care low-income families decreased from 26% to 16%. 
Future Research Questions

• **Utilization of information on child care quality:**
  – To what extent do parents access the information?
  – To what extent does it impact their decision-making?
  – Does this vary depending on the type of information and the ways in which it is available?
  – Do parents who utilize information end up more satisfied with their providers? Do they stay with their providers longer?

• **Market forces:**
  – Does increased demand for quality care stimulate sufficient pressure to increase supply of quality care?
  – Are costs of increasing quality prohibitive?
  – If demand does increase supply, to what extent do the costs associated with improving quality increase the price of quality care?
    • What impact might this have on lower income families’ access to high quality care?
References


