

Linking Quality Measures and Outcomes: The Case of Family Child Care

*State Administrators' Institute and Child Care Policy
Research Consortium Meeting*

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Solving problems, guiding decisions – worldwide



Questions, questions, questions...

- **Where are we now?**
- **Where do we want to go?**
- **What's the best way to get there?**

- Where are we now = do we know what aspects of quality that link to child outcomes at each age in the age band of interest?
- Where do we want to go = what are the research questions researchers/state administrators/policy-makers want to be able to answer?
- What's the best way to get there = what research and what measures are needed to establish the link?

Where do we want to go?

- **What are the questions that the field (policy makers, providers, researchers) wants to be able to answer?**
 - a. What are the child outcomes of concern? (This question cuts across all care settings)?
 - b. What are the components of quality home-based care? (counting only those that have been linked to child outcomes?) [different from large group care]
 - c. Should the definition of quality vary by type of home-based care and/or by age of child?

Where are we now-- what do we know about the answers to these questions?

a. What are the child outcomes of concern? (This question cuts across all care settings)

- Interest in comprehensive set of outcomes, across domains
- Highest concern with ***strong predictors of long-term school/life success***
 - Cognitive and language development
 - Early literacy/early math
 - Approaches to learning
 - Social-emotional
 - Health

Child Outcomes

Cognitive and language development

- General concepts
- Vocabulary, syntax, semantics

Early literacy/early math

- Print knowledge, PA
- Problem solving
- Computation, shapes, size

Child Outcomes

Approaches to learning

- Curiosity, initiative, engagement

Social-emotional

- Social skills
- Self-regulation

Health/motor

- Fine and gross motor coordination
- Weight and height (obesity, malnutrition)

Child Outcomes—what level is good?

Eliminate the gap

Readiness for school

- Academic
- Social
- Emotional

Where are we now-- what do we know about the answers to these questions?

b. Quality/qualities of home-based care

- Descriptive studies of family child care—strengths and weaknesses
 - Sample, generalizability
 - How to interpret levels/frequencies of behavior or activities
- **Scant** research linking outcomes to variation in home-based settings
- **Pending first generation** of research on effects of curriculum interventions in family child care

Where are we now?

Data on components of family child care environments linked to child outcomes

For family child care, look to two bodies of research:

- **What we know about effective parenting/home environments**
- **What we know about effective group care (typically, center-based care)**

Quality home environments for children

- **Parent/home variables linked with child outcomes, after SES accounted for:**
 - Structure, roles and expectations may be important for development of self-regulation
 - Responsiveness, individual attention may be related to development of emotional maturity
 - Modeling of positive social interactions, problem-solving may be related to development of social skills
 - Support/encouragement of achievement may be related to learning and academic achievement

Quality center environments for children

- **Teacher behavior linked to child outcomes:**
 - Cognitive development/early math and literacy skills
 - Focused, intentional activities (effects of curricula)
 - Exposure to vocabulary with comprehension supports (through reading aloud)
 - Introduction to functions of writing and print
 - Social-emotional development
 - Teaching children to recognize/distinguish emotions in self and others
 - Teaching children social problem-solving skills
 - Practice in self-regulation

Critical practices

- **Support for language and literacy (evidence = PCER, CCB subsidy study, individual intervention tests)**
 - Oral language (scaffolding, amount, type of adult/child language)
 - Vocabulary, concepts
 - Print knowledge (letters, letter-word, word-text)
 - Phonological sensitivity (sounds)
- **Training in self-regulation (evidence = NIEER, individual intervention tests)**
 - High-level, systematic organized role play with planning
 - Rule- driven activities
 - Explicit practice in impulse control

Critical practices (2)

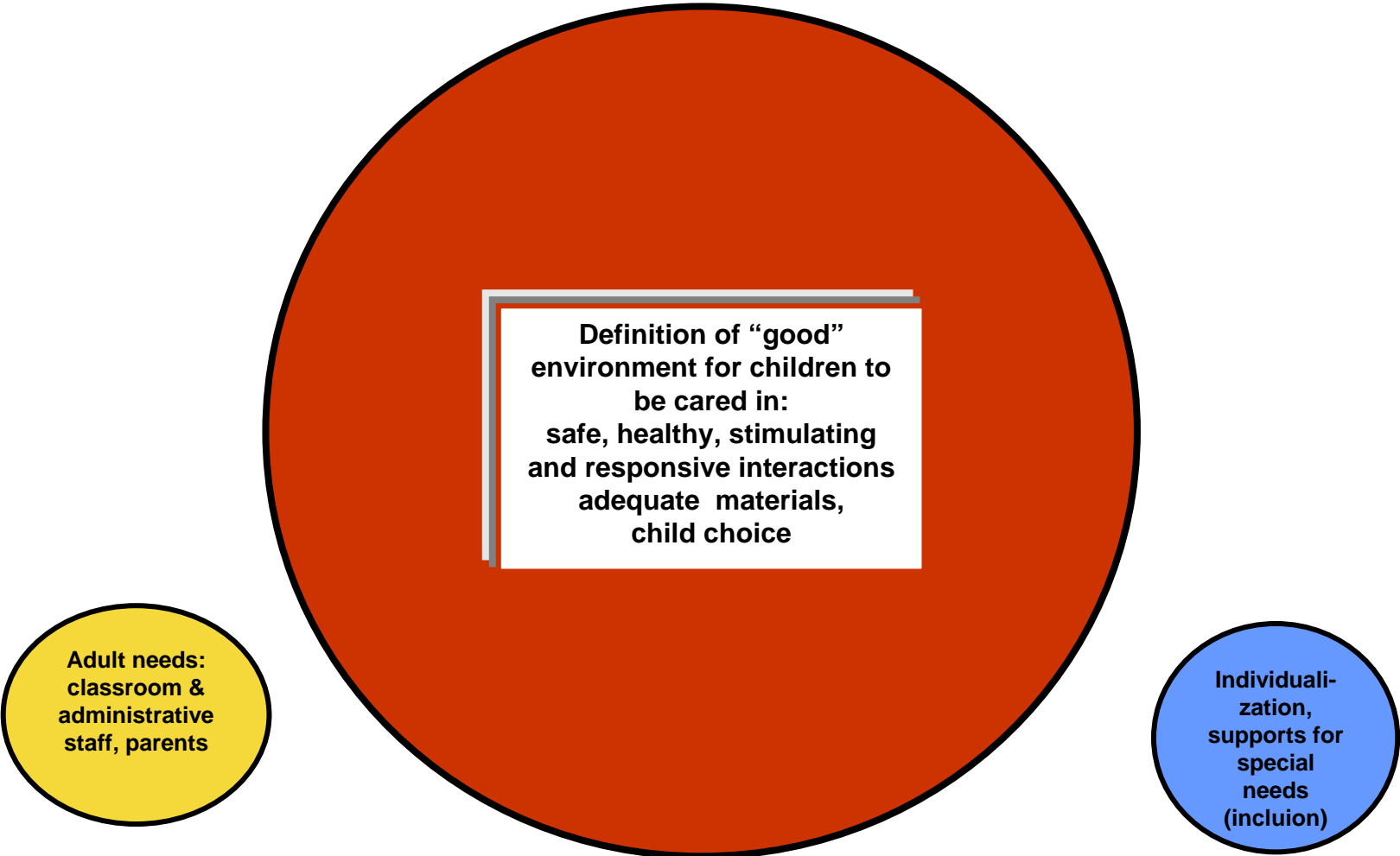
- **Math concepts**
 - Concepts of distance, measurement, quantity, estimation
 - Scaffolding of math knowledge
- **Practices with ELL students**
 - Contextualized instruction
 - Grounding instruction, experiences in child's own experiences
 - Integration of home language and English in materials, activities
 - Integration of ELL and English-language children
- **Responsiveness**

Critical elements (3)

- **Responsiveness**

- **Sensitivity to cues**
- **Individualized response to child**
- **Contingent response**

Definition of “excellent” group care, as defined by Clifford and Harms



**Definition of “good”
environment for children to
be cared in:
safe, healthy, stimulating
and responsive interactions
adequate materials,
child choice**

**Adult needs:
classroom &
administrative
staff, parents**

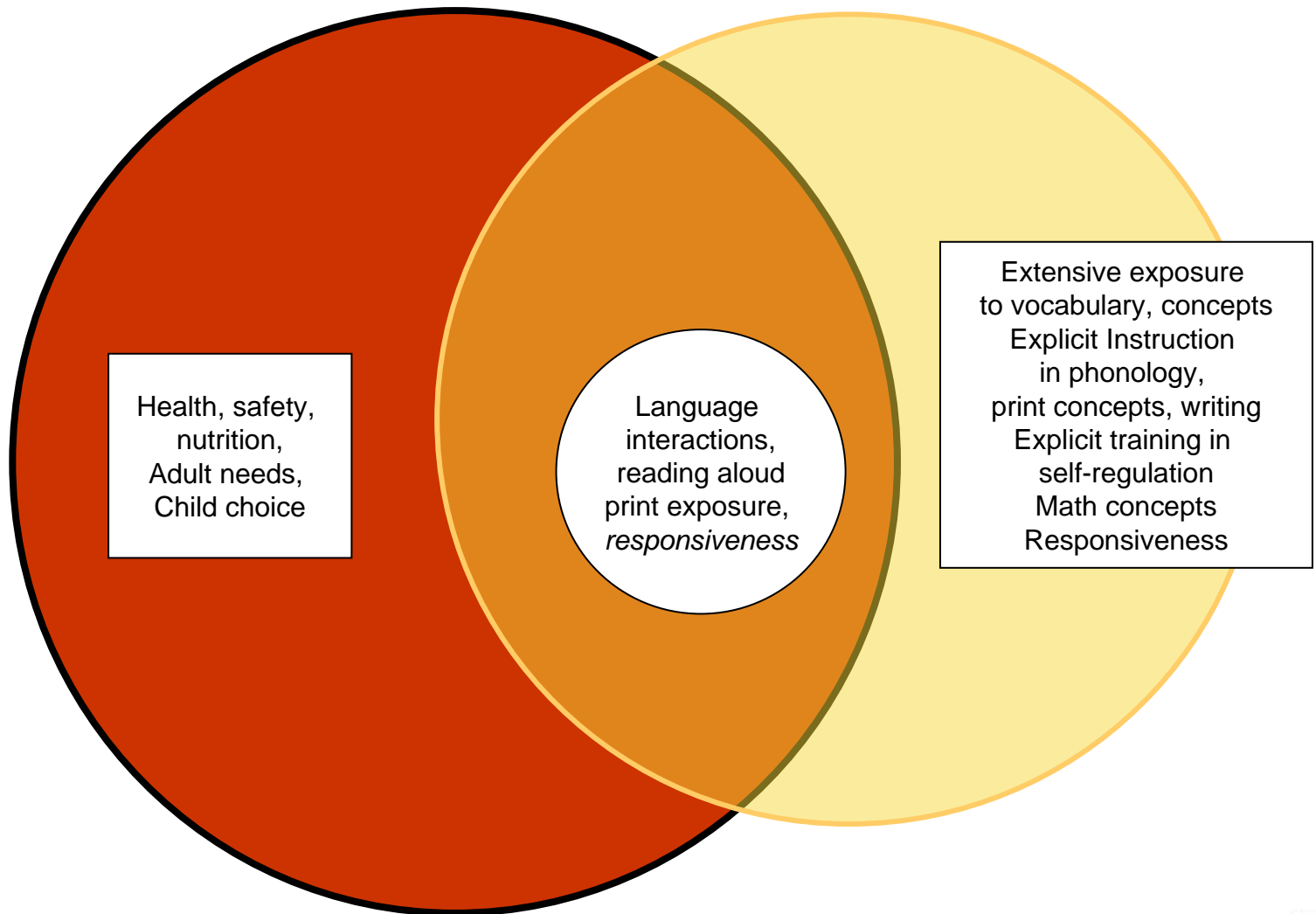
**Individuali-
zation,
supports for
special
needs
(inclusion)**

Early childhood interventions to promote school readiness, early literacy, self-regulation

Effective practices:

Exposure to vocabulary,
concepts, semantics
Supports for oral language,
print knowledge, sounds
Supports for ELL students
Training in self-regulation
Adult responsiveness to children
Support for math concepts

Overlap of definition of “excellent” care and effective intervention practices



Health and safety in family child care

- Currently, on assessments such as the FDCER, home-based care held to virtually same high standards as group care
- Need a database on transmission of illness in home-based care, similar to data on center care
- Some have argued that home-based care should be judged more like a home—fewer children could mean that “shared” germ pool is appropriate

Variation by types of settings

- Whether or not we choose to hold family-based care to the same standards, we have virtually no evidence to date about successful interventions in family-based settings
- If we still support choice as first priority, may be children in settings that do not support development (although safe)
- If we choose to think of home-based care as a developmental intervention, need to take concepts underlying effective practices and translating them into appropriate practices in home-based care

Variation by age of child

- We have paid less attention to the youngest children, despite the fact that effects of environment (relationships, stimulation) may have longest-lasting sequelae
- Family child care modal choice for children under 3 years, based on our emotional preference for “home-like” setting as best for babies
 - Underlying shared belief that smaller, home settings provide babies with intimate, warm, responsive relationship with adult
 - All of our research tells us that we systematically underestimate learning possibilities of very young children
 - In absence of research, we may be missing critical inputs in areas of language/exposure to sounds/emotional regulation

How do we get where we want to go?

- **Descriptive research on family child care—strengths and limitations**
- **If we are learning what environmental inputs link to learning in center-based care, do same links hold for home-based environments? Do we need to replicate findings in family child care?**
- **Do we need setting-specific quality measures?**