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Choice of Care Among Immigrant Families: Symposium Synergies

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- 1. The power of well crafted and executed quantitative and qualitative studies to illuminate subjects of inquiry.
 - This is not a new lesson, but one worth being reminded about.
 - Quantitative studies show trends accessible through more complex statistical analyses, especially when there is sufficient sample to thoughtful examine model components.
 - Qualitative studies allow depth of inquiry to provide additional, novel views.
 - This is especially important for studies of immigrant families, which often do not present themselves in very large sample.



- 2. Reiteration of the diversity of families described as immigrant.
 - Illuminated by both qualitative and quantitative papers in the symposium
 - Analytically, we struggle with disentangling immigration status, refugee status, language minority use, and country of origin
 - Qualitative analysis presents this as a phenomena-related issue, not just an analytic and statistical issue



- 2. Reiteration of the diversity of families described as immigrant.
 - Some areas of consideration raised by symposium papers:
 - Immigration status (legal status)
 - Immigration generation and enculturation
 - Legal and practical considerations due to refugee v. immigrant status
 - Language use in the home
 - Expectations for early care and education of young children
 - Discrimination due to race/ethnicity, immigration status, and/or country of origin



- 3. Must consider immigration-related factors in relation to other sociodemographic factors
 - Disentangling general sociodemographics from each other, and from cultural and linguistic factors
 - Construct models that consider complex inter-relations
 - For example U.S. born children of immigrant families experience a complex interplay between legal status, enculturation, economic security, language use at home and out of home, and cultural considerations that may vary by country of origin and other factors.



- 4. How are findings on choice of care to be used?
 - Immigrant families tend not to choose center-based care, and they can identify some barriers (or there are some implicated variables) to their use
 - Do we use these findings to address barriers, and support and encourage use of center-based care?

And/or

– Do we consider the choice patterns of families and seek to support the preferred settings to emulate best practices we have learned from early childhood center-based and other programs?

