

**Frontiers in Child Care Research
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**Frontiers in Linkages of Child Care with Other Systems and Services
Plenary Panel Summary**

Moderator:

Shannon Christian
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Panelists:

Craig Ramey
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Jane Knitzer
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Peggy O'Brien Strain
Director of Social Policy
Sphere Institute

Karen Tvedt

It's my pleasure this afternoon to introduce my boss, the Associate Commissioner of the Child Care Bureau. Shannon Christian will be moderating this panel and introducing all of our panelists. But I just want to say so she can hear it that a number of you have come up to me after our opening panel and said Shannon should have heard what Gina Adams said about the Child Care Policy Research Consortium and how important this work is and how extraordinary this work is and I just want you all to know that this wouldn't be possible if we didn't have the whole-hearted support of Shannon Christian.

Shannon Christian, Moderator

Thank you, Karen, and good afternoon to all of you. I think before I start this panel I want to say thank you. I think it's incredible that we have this whole group. I also wanted to say I am also interested in research and always have been.

I think what I see happening here are three pressures coming together. And one is the President's Management Agenda which really is focusing on accountability and being able to explain how our programs make a difference and show it. And figuring out how to do that is extremely difficult because programs that can't show that they are making a difference are going to be the ones that get cut and we already see that in this year's budget. So it's important that we figure that piece out.

And then the second piece is an interest that I have in service integration. And not just so that client can be served more holistically or even pictured more holistically but also for the potential streamlining in savings that might be associated with it for the State. Because if we can serve people smarter there will be more money to do more for our population and that would be good.

The third piece I've already talked about a little bit but that's to make the research really relevant to the policymakers and the decisions makers and I think we've done a lot with that so far. So those are three things that I see coming together that push us forward. And they also create a lot of challenges and in a way that's what this panel that we have to talk with us here right now is about.

It's titled frontiers with linkages in child care with other systems and services. And the purpose of our panel is to try and give us that broader perspective in which some of these issues that we're dealing with occur. And so I think I'll introduce you all three together and then let you take your ten minutes. Then, if I have comments I'll make them but mostly we're going to open it up to the group.

Our first panelist is Dr. Craig Ramey, who is the co-author of two recent books -- *Right from Birth: Building Your Child's Foundation for Life and Going to School*, and *How to Help your Child Succeed* which is published by Goddard Press New York. He is a Georgetown University distinguished professor of health studies and a founding director of the Georgetown Center on Health and Education. Dr. Ramey is the author of more than two hundred twenty-five scientific and educational articles and five books and has made over five hundred scientific addresses. The American Psychology Association's award for exemplary prevention research is one of many that Dr. Ramey has received for his work in prevention of intellectual disabilities and for exemplary educational programs. Dr. Ramey frequently appears on television and radio concerning child, family and public policy issues. He also serves as a frequent advisor to the federal and State governments and private agencies concerning policies and programs. Currently Dr. Ramey serves on the Head Start research advisory panel and the National Academy of Science Panel on minority representation in special education.

Second, Dr. Jane Knitzer is Director of the National Center for Children in Poverty (NCCP) at the Mailman School of Public Health at Columbia University. She is a psychologist whose career

has been spent in policy research and analysis of issues affecting children and families, including mental health, child welfare and early childhood. She has been on the faculty at Cornell University and New York University and Bank Street College for Education. Prior to that, she worked for many years at the Children's Defense Fund. And currently her work is focusing on broad efforts to improve outcomes for low income and families. She's the author of the Initial Map and Track Series, a report that NCCP has developed to track state by state policies and practices affecting young children and families. She's provided leadership to and authored several issue briefs in NCCP's children and welfare reform series and is now directing an initiative to link school readiness and improved emotional support to the most vulnerable young children and families --called *Promoting the Emotional Well-Being of Children and Families*. The most recent publications in that series are *Ready to Enter* and *Making Dollars Follow Cents*. That's really cute. Dr. Knitzer is the recipient of the first distinguished contribution to child advocacy award from the American Psychological Association. She's a past president of Division 37 child, youth and family services of the American Psychology Association and the American Association of Ortho Psychology. Currently she serves on the New York state permanent committee on justice for children and is a member of the Family Support America board.

Our third panelist is Peggy O'Brien Strain, the Director of Social Policy at the Sphere Institute, which is a non-profit firm in the Bay Area. She is also an adjunct fellow at the Public Policy Institute of California and staff economist for the Gardner Center for Youth and their Communities at Stanford University School of Education. She was principle investigator for the Child Care Bureau funded Child Care Price Dynamics project in California and is currently helping plan and evaluate a county specific child care subsidy in San Mateo California. Her research covers a broad range of topics of social service delivery performance measurement and welfare reform in California. She received her Ph.D. in economics from Stanford in 1999 specializing in labor economics. So that should be really unique and interesting perspective for us.

Craig Ramey

Those introductions were longer than some of these papers. We're supposed to talk for ten minutes. It's no secret to anyone in this room when we try to grapple with child care and pre-k programs and all the other ways we try to support young children and their families we're dealing with a pretty complicated system. Or set of systems to which some degree interact and to some degree compete. There are all kinds of dynamics that vary from state to state.

And as we try to bring say the 4% quality set-aside services to bear as one instrument to improve quality those of us who have been involved with that find it's a real challenge to try and put your mind around all the different kinds of issues that come into play. So my task this morning is to lay out some of the big issues, the way my wife Sharon and I see them. We've put some materials on your chairs or on your tables. One is a brief summary chapter from a forthcoming book for which Ivelisse is an editor that elaborates some of the things that I'll say in this talk. Another is a book that summarizes some empirical research that really I think shows that we can have a profound immediate end while lasting impact particularly on disadvantaged kids. The kind of kids that we provide subsidized child care for, and I would add if and only if we provide

those services at a level of quality that is commensurate with what it is we've seen offered in usually smaller scale programs that have had positive impacts.

This PowerPoint slide is a representation of what is in your hands. This is something that has evolved since 1998, when Sharon and I were given the opportunity and the responsibility to coordinate all the quality enhancement efforts for the state of Alabama. Then we had I think it was fifteen million dollars to invest in various things. And it became clear that we needed a kind of a road map that would allow us to understand the magnitude both of the knowledge base as it then existed. To understand what different groups were doing and to allow us to figure out where to put efforts in a leveraging kind of way that would when combined with research and appropriate information systems would allow us to capture changes that were intended and/or to contextualize efforts by understanding sources of constraints.

I know that this is a little bit busy but it is the simplest diagram that we have been able to get away with and being intellectually respectful of the diversity that's out there. Let me orient you to this by saying that as in a like mixture, yellow plus blue equals green. And what we are trying to say with this color coding here is the darker the yellow the more proximal the events are that we believe shape the intellectual trajectories of children. And this helps guide us into ways to think about, when we're thinking from a governmental perspective and changing regulations or when we're in a classroom or a family day care home trying to work with children a way to begin to understand where we fit into this complicated system.

So around the outside here to the left, this favorable political economic climate we have everything from economic forces to the quality of leadership. And it's no surprise that in states where there have been really major strides in governors have typically played a key role -- whether it's in Georgia, North Carolina, Oklahoma, Louisiana. It doesn't have to be a governor but interestingly for this group, for this meeting governors are the only people as with the President that has the ability to bring people to the table who control vast resources and say boys and girls I really want you to play together. And in the absence of that we continue to do the kind of coordination which means when you go to the table and you talk about inter-agency coordination you better go home with at least the number of dollars you walked in with or your staff will think you are a weak inept leader. Therefore we don't have much of an incentive unless someone in a super-ordinate level provides that.

But that kind of leadership, as crucial as it is, doesn't really get close to what affects the child. We really need centers and homes that are managed well. We need decent physical facilities. We need professional staff that know what they're doing, understand child development, and understand that child development, child care, and education are really absolutely integrally related. And even that awareness especially for young children has no functional meaning until the intention of adults gets translated into the specific behaviors that adults display in the presence of children. Because children, very young children, have quite limited conceptual systems and talking about love isn't the same thing as having someone curl up in your lap while you read a book. The abstract wishes, while nice are not very sufficient.

Sharon Ramey and I, in reviewing the scientific literature beginning almost ten years ago and continuing to update it, have identified classes of variable in behaviors that seem to be proximal

in regulating children's rate of development. And we have called those the seven essentials. And in this diagram they are sort of faded in at the center of what we call diamonds. They are pervasive to these diamonds but they're not synonymous with it.

We currently regulate child care mainly using structural indicators of quality as opposed to dynamic indicators of what is actually happening in the places that children are being cared for. We strongly advocate in addition to the structural regulators -- the fire alarm systems, square footage and so on, that we need to look more carefully at:

- the health and safety practices,
- the caregiver-family relationships,
- what kind of information is being exchanged,
- what are the specific language and learning activities that are taking place where children are being cared for, and:
- how specifically do adults interact with children.

We need to know that both in the child's out-of-home care situation and we need to know it in the in home situation. As best literature directs us, yes, as we were saying to one another a decade ago, quality counts. But quality delivered in quantity counts even more. And so three hours in a great center and twenty-one hours in a mediocre other environment is not nearly as good as twenty-four hours in two great environments.

We believe we can map the density of these essentials and we believe that the outcomes we'll be concerned with, whether children are healthy and safe, whether they are socially and emotionally well adjusted. And Jane is going to talk about that in a mental health context in a much greater detail. And whether the children have good communication skills and whether the children are securely attached and have a positive sense of self.

All of these I think can be viewed through the lens of school readiness, if you take school readiness in the broadest context. So from this we derive a set of questions that I think form an agenda for us as researchers and program developers. They're listed on the back of the handout. I will not spend any time with them as I think I have one minute left. So I'm just going to hit the underlying portions of this.

I do believe we should have a conversation nationwide and in each State about having common standards that cut across each of the different types of programming that now exists. And I believe if there's ever a chance for the president's *Good Start, Grow Smart* initiative in five to eight states that would be a key component to focus on. Why it is that Head Start has different standards from pre-K and there are different standards for subsidized child care. You can understand it historically but if we're in agreement that functionally those are educational settings then having those different standards are arbitrary and not useful.

We also need to pull our information together in a business-like and scientific fashion so that we can really analyze what commonalities and differences and relate those to quality of care. We need various ways to measure quality of care. We have a variety of ones on the table. Those

either by themselves or in an amalgamation of course would be a good starting point for us to proceed from.

In that context I think we need at least yearly measurements so we can track from the perspective of parents, caregivers and children themselves their development. If we don't measure, it's not important. I'm not arguing that measurement is sufficient but I believe it's a key piece just as it is in industry.

Professional development, professional development, professional development. We have a highly variable work force in terms of this preparation to be active supporters of young children and we need to find ways.

We are woefully short of good assessments for children. We have what I would call a make-do set of things that we pull off the shelf. I'm very happy to see that NICHD is investing in the development of additional measures. But maybe the measures that we now have be they tests of cognitive development, social/emotional development were developed not for this particular kind of problem. We really need down-to-earth practical measures that can be used to give us an indication of how individual children are doing so that good caregivers can alter but that also so we can amalgamate that up to understand how programs are doing. I believe that all of these things are accomplishable. I believe that the fact that we are in this room having this discussion in this administration says that this is a priority. I believe we have three and half years to do this and I think it can be done. So I thank you allowing us this forum.

Shannon Christian response

I just want to make one clarification when Craig says *Good Start, Grow Smart* launch he's talking about the piece that's part of the strengthening Head Start component of *Good Start, Grow Smart*. See we have a whole bunch of *Good Start, Grow Smart* that we've been out there preaching for two years and we have all the work going on -- all kinds of things about early learning standards and everything else. But when the president first announced *Good Start, Grow Smart* besides this partnering with the states to improve early learning which is what we all have been working on there was this piece about strengthening Head Start and that besides there national reporting system was also this idea about giving a group of States the option to be the administrator of Head Start. So that's what you're talking about right?

Jane Knitzer

Okay how many of your wrote down Ortho Psychiatry has something to do with straightening backs. Ortho Psychiatry is a mental health organization that years ago brought together with multiple perspectives. When I was president we struggled for a year and so have other presidents with what kind of name would work and then we gave up because branding was too expensive.

My task is to talk about early childhood mental health -- social/emotional competence, healthy relationships all in the arena of the context that Craig said. What happens to real children in real families in real context is what affects their mental health and everything else that they do. So in many ways this is a perfect follow up to Craig's setting that frame.

I first want to thank the Child Care Bureau and the planners of this conference for asking legitimating this issue. When I started, when I learned, I don't know may be eight years ago I was at a conference and people were saying "Jane, do you know children are being kicked out of child care settings?" I confessed to being shocked the first time I heard it and I would try it out in conversations and people would look down.

Do you know, I don't know if it's happening in this State, but it's happening in other States? People are no longer looking down and I think that we are at a very exciting point of framing both a policy and a research agenda. In a sense the topic of young children's social and emotional development both because of the kind of canary of the coal mine setting of kids being kicked out of child care settings and also the power of the *Neurons to Neighborhood* book. *Neurons to Neighborhood* kind of context sets the stage for all of us to engage in some serious policy research and policy development in the area. And it's a wide open field for state creativity. That's the bottom line.

Let me just talk very, very quickly and set a brief context. Why linked field-based concerns are high. Walter Gilliam has just done a study which shall be nameless and found 39% of child care providers reported asking a child to leave. In Chicago, the rate was 42% including centers serving infants and toddlers.

We have a situation where staff don't know how to deal with the children and sometimes the families. Prevalence data supports intervention. The Early Childhood Longitudinal Study suggests about 10% of kids are defined as having problematic behaviors. We know that in low-income samples the rates are twice as high and then we have data about children, "yes Virginia there are some seriously emotionally disturbed young children." And we have clinical rates for different kinds of problems.

Research evidence and this is the most powerful support for intervention. I don't really have to say this but I will. Social and emotional skills are foundational for everything that happens in life and young children are very much intertwined with early learning. You take Craig's example of the child sitting on the lap and reading and being loved. That's all about both learning to love to read and eventually learning phonics but also learning that there's a supportive world that will help me.

So it's all mashed together in young kids. And sometimes we try to artificially separate and that's no good. Poor quality child care is linked to more behavioral problems. We're getting a whole lot of research that makes that very clear. The mental health of child care providers matters.

And we now have research staying that child care providers who are depressed are more likely to be the ones to ask children to leave. There's no reason why we shouldn't think about this. Everybody knows that maternal depression rates are high in research samples, particularly low income samples. Child care providers come from those same worlds, so it's not really surprising but I think we haven't taken it as an opportunity for intervention and a way to think about quality. The mental health of parents matters. Matters more than I think than we have paid

attention to particularly in high risk kids, where there's substance abuse, domestic violence, maternal depression. We need to figure out to build strategies around that.

So how do we demystify early childhood mental health? The first problem is what to call it. If you say, early childhood mental health, you get the cartoon of the kid on the couch. But, it's not pullout therapy. It is not diagnosing young children, although there are indeed diagnostic categories and sometimes we have to use them reluctantly to access money for help. It is about promoting age-appropriate social and emotional and behavioral development and relationships. It fits squarely in the heart of the child care and early education agenda and indeed the one that Craig just laid out.

Some important questions as we think about policy strategies, intervention strategies and research strategies are whose problem is it. I want you to imagine that I was actually good at this kind of stuff and I could make the child to the end. The child is the least likely to be the problem. Okay? The problem is most likely to be in the lack of skills of the provider -- the provider needing more support and the fit between the child, provider, and the family.

For example, there are phone calls reporting that an early childhood mental health consultant had just gotten a call from somebody asking how you diagnose ADHD in 18 months old? Question: How do you know the child has ADHD Answer: The child doesn't sit still for the flash cards. (laughing) We laugh, but just think about the kids in that particular infant/toddler child care setting. It's serious. The first instinct would be to say "oh well there must be something wrong with the child." Okay? Not. And it's not that the provider is wrong, it's that we haven't supported the provider enough to be able to have the tools to know the different.

We have real examples of the importance of fit. A very smart child in a child care setting that was very structured, rigid. The child had been encouraged to ask questions all the time at home and it was perceived to be a problem in child care. In another, where a grandmother was raising the child, and the child care people saying to the grandmother "you've got to do discipline your child." And in the meantime it was squelching all the kind of enthusiasm and creativity and love of learning that this child was experiencing. The fit.

The family we all know. Serious, serious issues around families -- domestic violence, maternal depression. What can help in most instances, the best way to help, is to help those that are closest to them. And again, it is to surround improved relationships and to recognize that children have serious disorders. I'm going to have to go real quickly.

Goals. They fit right in. Promote school readiness. What do teachers really say when the kids are not ready for school? Can't follow directions, can't sit still, and doesn't listen to the teacher. Those are all social and emotional issues.

Build capacity and competence in child care providers and teachers. I also, I already gave some. Early childhood mental health consultants can help the early childhood community be better of service to children. It's really true that early childhood, providers, teachers don't always observe what kids are doing. So they can't seize on the teachable moment. This can help with things like a classroom setting with lots of different cultures. How do you discipline children? How do you

deal with sleep issues from different cultural perspectives? How do you deal with crisis -- a murder in the child care setting? Domestic violence? The child self discloses, what happens? All these are issues that early child mental health consultants have been dealing with to support families and obviously to get help, specialized help to children who need it.

Risks? The huge risk in all of this is the rush to the clinical. That is very dangerous. We can create a whole new set of kids who've got a whole new set of labels. And that isn't going to improve school readiness and it certainly isn't going to improve child care.

Where we stand? Most linkages now, most early childhood mental health strategies have been with centers. A few reach out to family child care. There is almost nothing with informal child care providers which of course is where most of the children are. And it looks like not so much part of the pre-K conversation. Although there are some states and any of you who are intrigued come to the workshop in Connecticut and we'll talk about what they're doing.

On many different, mostly garden variety models, we really do need some serious kind of research about what intervention strategies work. We've got, basically lots of scattered and relatively poor research proving that whatever a particular program or community is doing is really affective but we're just at the beginning.

Early childhood mental health consultants are not the only strategy. Classroom assessments like the Devereux Early Childhood Assessment (DECA) are important strategies to help teachers improve quality. There are some new emerging curriculums that can be used. But again a lot of this is center-based. And the Child Care Bureau along with the Head Start Bureau has funded the Center for Social and Emotional Foundations for Early Learning (CSEFEL). And if you don't know CSEFEL, go onto their web site they're really doing some important things.

Implementation challenges. How to fund it? How to name it? How to recruit providers? We don't have a trained corps of early childhood mental health consultants and every state initiative will tell you they are hurting because they don't have, how to talk about this in ways that make sense to real people.

Research perspectives. I already gave away the bottom line. We're just at the beginning. We really need all of you to seriously engage and think about it. And build on the national things that are happening in your own states.

Despite some limitations we're seeing some patterns in findings. Through things for example the national *Starting Early Starting Smart* through Early Head Start we're seeing signs of language improvement. Social and emotional and language issues are very much intertwined. And in fact in Head Start traditionally young children with social and emotional problems are defined as having in speech and language disorders. Which is a real problem, it's a huge problem in the early childhood world because the kids and the families don't get the kind of support and interventions they need and usually for seriously disturbed kids they don't get it until probably around the 3rd, 4th or 5th grade.

We're seeing some decreases in aggression. You've had some of the pioneers doing research on this in this room and they can tell you that it is very hard to implement some of these interventions in the context of early childhood classrooms.

Some changes in parental expectations in parenting practices. I think the Early Head Start data are particularly important in that way. We haven't been able to track in our research real changes in either quality of child care, programs or in provider behavior but yet when you talk to people and they've got good early childhood mental health consultants they will tell you that things have changed.

Pay off for children for families. We need to; when you do your research you need to measure that. We need to understand more about effective strategies and we need to figure out what infrastructure is to promote, is useful in promoting the transfer of knowledge.

Thank you very much...

Peggy O'Brien Strain

So my job is, well I have a very different approach than my other two colleagues because it's very different training. But like them my job is to provide a framework for the breakout sessions. In this case, particularly the session looking at intersection of child care, labor markets, and related policies. Just as a little reminder we all know that labor force participation grew very rapidly in the 1990's. I thought this was interesting because I wasn't sure where it was now with the recession. It's still at pretty historic highs. This is labor force participation of mothers, married and not married.

You'll see both of them have turned down in recent years. For the married, it's a labor force participation issue. This is employment rates. Actually fewer married mothers are in the labor force then were a couple of years ago. For the not-married mothers this is an unemployment issue. So these are women that describe themselves as being in the labor force but are not currently employed.

I think one of the difference between economist and psychologist is we like boxes better. (laughing) I want to talk about sort of three different elements in the nexus here -- the parents, the employers and the child care placement. It's important to think of the employment relationship as being part of the labor market and the child care also fitting into the child care market. And the TANF and child care policies really mediate both of those. One of the issues I'm thinking about how to draw this is which comes first the job or the child care arrangement. For most parents this is a simultaneous decision at least at some point. Clearly those who were working before, having a birth and coming back, the employment decision may come first and then the child care decision. For those that may be changing jobs, the child care may be a place and the instability of either of these can really mean you're making the decisions back and forth between the two sides.

In terms of the labor market I want to talk about some of the characteristics that I think we should be looking at but let me for time, let me focus, the ones in red here are the ones that are

particularly a challenge for our low-wage families. The labor force characteristics, not just job skills and work attitudes but family structure and stability and the presence of a second income. Is the family in a stable situation and how does that relate to its labor force participation. And obviously geographic issues, especially isolation either for rural families or for the urban poor, are another challenge.

In terms of the employment side, we have to both the characteristics of the job and characteristics of the employer. One of the challenges for the low wage worker is the particular industries they're in and the particular kinds of jobs may be less likely to have benefits, and may have less commitment to families. And the geographic location is not necessarily a problem except for where it's different from where the family is so we have the commute issues that really complicate the situation.

One thing we need to think about in terms of policies is establishment size as well. There are a lot of policies we might want to promote from the employer side where we have a lot of low wages workers that are working in very small businesses or in small establishments where a lot of things you can get from economies of scale aren't really available.

In terms of job characteristics a lot of what we'll be talking about is job flexibility and schedule issues. But I also think it's very important to think about what the expected tenure of jobs is. Low wage workers are in jobs with high turnover and sometimes that's the characteristic of the job and sometimes it's the characteristic of the worker.

And then of course all of this takes place in terms of a larger labor market. One luxury we no longer have is the very heated job market we had of the late 1990's which really put the labor force in a much more powerful position relative to employers.

The items in blue here are the places where I think we have some policy levers and they are of different strengths and different directness ranging from the kinds of things we can do in terms of minimum wages, encouraging employers in having greater commitment to families, requiring more benefits. Some from a policy perspective this administration has been very devoted to the issue of family structure and stability trying to improve that and of course a lot of the welfare to work is focused on job skills and work.

On the child care market side we have the same set of characteristics or parallel set of characteristics and again a number of special issues for low-income families. The employment schedule and stability coming from the job side becomes a critical issue for the child care side. Income if it's from the work itself or from other sources really has a big determination on what child care options are available.

Again, family structure and stability has to do with how flexible the arrangement needs to be. How many hours it needs to cover and the geographic location again here is where the family is relative to where the child care is. Again, special issues for low wage workers is some of the stuff that Jane was talking about where there are sometimes specific issues that are more common with their children than for other families children. Especially health issues and special needs. We may also have stronger goals of developmental support for these families.

And then again the cost and the hours of care available are very critical given the kinds of jobs these people have. Because especially single mothers don't have the option of waiting to go into the labor force the infant and toddler care availability is really critical and of course always quality.

For this group we have a lot more flexibility in terms of policy levers around child care settings and less around some of the other pieces. Child care market is another case that's really critical some of which there are policy levers in terms of public funding slots and where they're placed some that we have much less control over.

These are just sort of an overview of some of the topics in up coming sessions. One of the things I wanted to point out is we are going to be talking about work place policies which is relatively new for this group. But I wanted to mention a couple of special concerns that I don't think we talk about.

In terms of the policy levers when we're talking about the policy levers when we're talking about the employment issues it's a lot harder to think of what the policy levers are for to have with employers. Economists have a fancy term called "general equilibrium" which basically means you push one place it pops out the other place. And that's really an issue if we try to impose policies on employers.

I think it's also critical to think of child care instability -- which is one of the big issues for the labor force linkages in the larger context of life and stability. There's family structure, housing instability, health and stability and employment stability and these are interacting with each other so the same things that make it hard to keep a child care placement make it hard to keep a job.

And then in turn we have challenges with child care subsidy policy in both the availability, the administrative difficulty for working mothers and access to those. One question that I'm interested in that I haven't seen much work on is the role of waiting lists in terms of how they promote instability. What happens for mothers who have been on waiting lists for a long time and what happens when they get off and what does that mean for their child care.

And then one of the areas that I'm working on particularly is when families hit income eligibility thresholds. So I just wanted to lay a ground work for some of the things we're going to be talking and thank you...

Audience Member: Jane, I think you pointed out very cogently in one of your slides about all the positive sides, recognizing the emotional needs of children and the great rush to the clinical and the danger of labeling. Could you talk about ways to avoid that risk while still meeting the positives?

Jane Knitzer: Yea, I think that the way, well first of all for the really more vulnerable families I think we need to think about a two-generational family mental health system and not separating out the kids and the families. And I think in thinking about the best

ways to support parents is strengths-based approach, the same is true of caregivers, and the same is true for children.

It's a little more challenging with the vulnerable families because I think we also have to be honest about pathology which I don't think we always are and we have to really sort of focus, in the context of treatment. Say a person is getting, mom is getting treatment for clinical depression, may also need, the research from NICHD tells us that you will also need help with parent/child relationships. And that's where I think we've really fallen down as a field. Because most of the parenting stuff that we do is kind of didactic and not all that useful.

So I think one good way to do it is peer to peer and credible years kind of support strategies and the same is true of child care providers. I know that in Vermont for example job support groups among child care providers and directors have been really important strategies for helping people problem solve. Really in one sense mental health stuff is about problem solving around people issues.

Audience Member: I have a question for Craig Ramey. You had talked a little bit about common standards across early childhood settings and you brought up the point that what's happening in a pre-K program or a Head Start program or a center might be very different. Have you reflected or thought about what those common standards may mean or be interpreted for families and family child care homes or for the other kinds of care that happen that aren't in what we call the market or not the market but the parent is working and how do we start thinking about that.

Craig Ramey: That's a great question. I really meant to get to functional equivalent standards across those settings and one of the ways to get to that, that Sharon and I have been pursuing, is to look at the experience from the child's point of view. And on that diagram that we handed out, we did a survey of the literature and we said there were seven essentials. That comes from almost 2,000 studies recorded in the child development literature.

If we looked at what children who are developing well and use that as part of the strain gauge to look at what children in other settings are getting. I think that would be one way to start. As Sharon will talk about in the session following this, we'll be comparing different ways of trying to improve the quality of care in both family and center settings.

Family day care homes can be every bit as developmentally supportive as centers. And yet we've tended to operate as if there's a bias toward centers. If you look at it through the child's eyes, it's really a matter of what am I getting. Am I being encouraged to explore? Is my language being supported in this development and so forth? So the tools we currently have don't capture that and that's one way I think we need invest some dollars for investment, invest some dollars for assessment investments.

Audience Member: This is for any of the panel members. I was pleased that you spoke in each of your presentations about infants and toddlers but I think it becomes even more problematic when you're talking about cross-system linkages for both measures and assessments of very young

children. And if you had to choose one piece of work that we could do across our field to develop good infant/toddler care what kind of research would you want to do.

Jane Knitzer: I'd want to fund Early Head Start. And I think we're learning some lessons from that research. I think the linking of quality with implementation and standards I think really is a very important message to take from the Early Head Start work.

Craig Ramey: and on my wish list at its top a study that would examine the provision of high quality care beginning at different points in a child's life and that would look at the school readiness as a function of both the risks that children are exposed to what they receive and their outcomes. I know that's complicated but the reason I suggest that is I'm afraid we're going to look for a one size fits all solution which I believe is doomed to if not failure at least very limited success. So my guess is and our own studies would suggest that high quality programs have a disproportionately positive effect on children coming from the highest risk environments. But what we don't know and where I think there is no literature out there that is really helpful is how much do kids need of high quality and as Sharon already wrote in one of the papers, we think there is more commonality of what constitutes quality than what gets represented at professional meetings. But we don't know in a quantitative way if you get more for two years, more for three year, more for four. And all of those studies don't have to be randomized controlled trials. I mean you save those trials to when you really, really know the answer. We get an awful lot of modeling based on probably some data that already exists. So that's at the top of my list.

Peggy O'Brien-Strain: I'll get a chance. What I would plug is both of their ideas but really taken in the larger context of how parents make those first decision for placements for infants and toddlers. Because a lot of parents are thinking differently about that decision than about the pre-school decision and are choosing different providers and different settings based on that. So I think the kind of quality suggestions that we've just heard need to be thought about in that larger context.

Shannon Christian and Panelists, Final Comments

Oh well I could think about that until the closing comments but I haven't figured it out yet. I mean I think there are really attractive things about what each one of you is discussion. I love the way what you're talking about Craig transcends that discussion about standards that we've gotten caught up in that's mostly about process and the high quality of Head Start and how can anybody ever duplicate that ever without millions and zillions of dollars and you're transcending that and how do we achieve quality in every setting which I think is incredibly important.

And then I think Jane what you've brought to this discussion about the mental health needs is very important too. And that one even though you're talking about everyone and getting around and sitting down and talking it out I think that in your arena that the costs systems and how things get paid for and how things get labeled different diagnosis and different ways of handling that gets you into whole different cost streams and so yours is super-complicated in a whole way that you didn't even get a chance to touch on that I think we still have a lot of work to do on the

policymakers end in addition to the kind of research your doing. I think that we're more sure what to do about funding in the early childhood area a little bit more. We can't get there but at least we know where we need to go.

And then for the workforce pieces I think we can't do anything unless we're thinking about the types of families these children live in and whether or not we're helping parents make the kind of choices that, that we hope they could make or we even let them know what their choices are. And that we try to teach employers how it might be in their best interest to help parents make some of these decisions. I think you are all touching on areas that are integral to all of our work. And I guess, if there aren't any more questions out there otherwise, I'll make one.

Craig Ramey: My comment is that in as much as child care is the providence of this sponsoring organization and improving the workforce is part of it's mandate I believe we want to be giving a lot of thought in your office also trying to reach parents in some systematic way that not only educates them about child care and how to choose child care but also more broadly what we know children need. So that in both the child care that they choose, as they choose they can look for it but they can also use this as a teaching opportunity, subtly and with grace and respect, to pass on to people who typically have a less well-developed knowledge base than the other people in this room of what it is that other people know who are managing to be of help to their children at home as well as choosing good quality places for them out of home. So it's not an either or choice even though this is labeled as child care we're prone to think of it in terms of paid child care. If we can pull the home and the child care into some closer harmony there might be economies to be realized there.

Shannon Christian: we've actually recognized that a little bit in our efforts to try to talk about parents who choose to try to be their own care provider as one choice along the spectrum. And that was sort of a change in our thinking that we started to try to work into materials about a year ago. We still have a long ways to go but that point is essential. And I think it would be comforting to parents to hear that too. And I think also the United Way is doing some interesting work with the Ad Council coming up where they're going to try to send a more consistent message out to parents about what children need. Because I think parents do hear so many different things from different directions and different kinds of vocabulary and here a middle class parent who's been reading all those books you hear that stuff real differently than someone else might. And sometimes people get very threatened by what they hear us talking about and I think if we had a more common vocabulary and people understood the needs of children I don't think we would have the dichotomies that we have right now.

And I think we also need to stay focused on the little children and not get all caught up in the grown up turf battles over how this thing unfolds too. And that's hard too but the fact that we keep at it and we all work together and we all set that aside but you had a comment Jane.

Jane Knitzer: I didn't say this and I should have when I was speaking but I think that one of the themes that really none of us have paid enough attention to is churning and discontinuity in the lives of young children. And that's a mental health issue. That's a

child care market issue, it's and you know your ideal question, Bobbie Weber has just you can see her fascinating poster.

But if we knew for example what difference does it make to say school readiness depending on the career trajectories and the number of times child care providers and child care settings have changed etc. it seems to me that, that is getting to an important developmental perspective on young children that I think our research only begins to tap.

It would be good to have a network of early childhood mental health consultants or infant/toddler consultants to work with child care Resource and referral agencies, to work with family child care homes. We used to have a school psychologist that worked with a network of programs I think that's probably, it's not cost effective for every agency, every child care program to get it's own kind of person. That doesn't work.

Peggy O'Brien Strain: I guess one of the things I would suggest for states is try to improve the linkages between the labor side of the picture and the child care side, and also social services. I know in California those are three very different agencies that don't talk very well to one another and I think improving the coordination across the three is really critical.

Shannon Christian: Is there a strategy that you would suggest?

Peggy O'Brien Strain: I've seen a lot more that hasn't worked.

Craig Ramey: It's hard for us to escape our own histories but I think we need to find ways through public and private means and in very simple clear language in telling people what they can do that will be of help to their children, in young children in general. In general, what do young kids need? And if people really knew that, and different people have taken different attempts at it -- it's ten things, it's seven things, I don't think that the particular wording matters but there is a limit to what you can communicate. What people can hang on to? And I think if we had some ways that people could say put it on the refrigerator -- here are the things that I really have to do to be sure that the children in my care, whether I'm a parent, a daycare provider, a big friendly day care home provider here's my mental check list. Am I doing this? I think that, that would be a very helpful and very low cost message to send.

Shannon Christian: if there are no other questions...I think we will close.