**Summary of the Meeting to Inform the Child Care Components of State Welfare Waiver Evaluations**
**February 7, 1997**

# Key Findings, Measurement and Design Issues, and Recommendations for Addressing Child Care in the State Welfare Waiver Evaluations

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A meeting of child care researchers, federal and state child care administrators, and participants in the studies of child outcomes in the context of state welfare waiver evaluations was convened on February 7, 1997. The purpose of this meeting was to ask for input as to the most important aspects of child care to cover in the state welfare waiver evaluations, and for advice on specific measures of child care for inclusion in these evaluations. A second purpose of the meeting was to discuss more broadly the key issues concerning child care in the new policy context that should be examined in future research.

This document summarizes (1) key *findings* from the research, as discussed at the meeting, that can help provide a context for the study of child care issues within the state welfare waiver evaluations; (2) *design and measurement issues* raised at the meeting that should be taken into account in the welfare waiver evaluation studies; (3) preliminary suggestions for what *aspects* of child care could be addressed in the evaluation studies, and what specific child care *measures* could be used in these studies. We are also providing, in a separate document, notes from a presentation given at the February 7th meeting summarizing the concerns and questions articulated by the states regarding child care in the context of state welfare policies.

A further document, which is in preparation, will summarize the broader discussion regarding future research beyond the welfare waiver evaluations.

## I. Key Findings From the Child Care Research, Presented at the February 7th Meeting, that are Pertinent to the Welfare Waiver Evaluations

We highlight here research findings presented at the February 7th meeting, that may be particularly important for understanding child care use and its implications in low income families.

**A. Quality of care and family income.** Income is associated with quality in family day care homes as well as in child care centers. For families using family day care, the evidence indicates that quality of care increases with family income. For families using center care the relationship is more complex. Rather than children from families with the lowest income receiving the poorest quality care, it is children just above the poverty line who appear to be the most likely to get low quality care.

**B. Child care doesn't only affect the child.** Researchers at the meeting noted repeatedly that child care has the potential to affect not only *children's development*, but also *mothers' ability to maintain employment and program participation*, and *family stress/stability*. **We need to consider simultaneously whether child care supports mothers' employment *and* children's development.**

**C. Child care quality and children's development.** Studies consistently find that child care quality is related to child outcomes in multiple domains of development.

A review of the evidence on how child care quality affects children's development *concurrently* found that outcomes most commonly associated with *higher quality care* include: more optimal peer interactions, more positive social skills, a higher complexity of play, higher levels of social problem-solving, and fewer and less serious behavior problems.

Patterns most consistently found in the research in association with *lower quality care* include children engaging more often in solitary play and wandering aimlessly, a lack of involvement in classroom activities, more crying and negativity, less sustained verbal interactions, and lower levels of language development.

*Longitudinal benefits (at preschool age) of higher quality of child care during the infancy period* include less distractibility and more task-orientation, more considerate social interaction, better academic progress and fewer academic problems.

While associations between child care quality and child outcomes are found quite consistently, in some research the magnitude of the relationship is modest.

**D. The importance of quality of child care for children in families at risk.** Quality of care matters to children's development across all income groups. However there is some evidence that the quality of care matters *more* for children from families at risk. For example, a study of children in center care found that care quality had larger effects for children from families with lower parental education.

**E. The importance of aspects of child care to mothers' ability to maintain employment and program participation.** Mothers appear to be attuned to aspects of care that are particularly important to making their employment and program participation viable: stability/reliability, and convenience/location.

**F. Aspects of child care that are related to mothers' discontinuing program participation.** Mothers' discontinuing their participation in a welfare-to-work program has been found to be related to concerns about the staff:child ratio, safety, and reliability of child care.

**G. Child care and family stress.** Several researchers at the meeting noted evidence that a breakdown in child care arrangements acts as a source of stress to mothers and families. Consistent child care can stabilize a family otherwise characterized by turbulence, such as homelessness.

**H. Findings on family day care.** Many low income families rely on family day care rather than formal care. A study of family day care found that much of that care is of poor quality. There is also evidence of much turnover of providers/ instability in family day care (noted by several researchers at the meeting). Findings on the quality of care in family day care settings noted at the meeting include the following points:

1. Quality of family day care was higher when the provider was licensed.

2. The caregiver's reasons for providing child care were important. The quality of care was higher when the caregiver reported that this was her chosen profession. It was lower when she noted that she worked primarily for the money, or that she cared for other children primarily as a way to stay with her own children.

3. Quality of care was higher when the education of the provider was higher.

4.Group size and ratio for older children did not seem to be very important in family day

care, (though these are consistently found to be important in center day care), perhaps because group sizes in family day care are typically small and children are more likely to vary in age.

5. However for infants, there seems to be an important distinction between care that is provided 1:1 (for example, a grandmother caring for one infant), and care that involves 2 or more children per caregiver.

**I. Findings on infant care.** Studies are showing widespread use of child care for infants. The NICHD Study of Early Child Care has found that 72% of children in their sample had experienced child care (by a caregiver other than mother or father) by their first birthday, and that those children averaged 29 hours per week in care. Most of this care was in informal arrangements. With the number of babies in care so high, quality of care for infants is important.

1. The particular features of care that matter to infants' development vary depending on what aspect of development (for example, peer relations, attachment relationships with adults, curiosity) is being considered. However, overall, infants fare better when:

group sizes were smaller and there were fewer children per adult, the physical setting was rated as safer and more stimulating, caregivers had more education, caregivers had less authoritarian attitudes about child rearing, and there was greater stability of care.

2. But the importance of these different quality features for children's development differed somewhat for care in a home as opposed to child care center.

In home settings, going from one to two (or more) children per adult reduced quality, and authoritarian child rearing attitudes were associated with lower quality.

In center care for infants, caregiver training and education, group size, and ratio were important.

**J. Findings on state child care regulations.** A study carried out in Florida found that when state regulations changed, requiring ratios of 1:4, instead of 1:6, and increasing requirements for staff training, child outcomes improved. The study of Cost Quality and Child Outcomes in Child Care Centers also found higher quality center child care in states with tighter regulations.

**K. Findings on availability of care.** Participants at the meeting pointed to evidence of

substantial variation across communities in how many center slots there are for children.

1. Even across low income communities with similar demographic characteristics, the availability of center slots can differ dramatically.

2. A new study is looking at how the supply and cost of care vary by community characteristics, such as the percent of children who are poor and the percent of female-headed households. Preliminary findings from this study will be available soon.

3. At the meeting it was stressed that mothers' choice of type of care is related to the availability of different types of care in a community. It is important to collect information about the type of care used by low income families, but this information needs to be placed in the context of care available within the community.

**L. Choice of type of care in relation to family race/ethnicity.** There is evidence of differences in the type of care chosen by families of different race/ethnicity. Hispanic mothers are less likely to choose formal child care. This appears to be related both to the relative availability (lack of availability) of center care in neighborhoods with high concentrations of Hispanic families, but also to beliefs about child rearing. Latino mothers believe that in center care their children will become more independent and individualistic. This is not in accord with their socialization goals. In general, research needs to consider the issue of child care use (type and extent) in relation to culture and beliefs about child rearing.

**M. Child health in center and family day care settings.** The accumulated evidence is usually summarized as showing that children in center day care have more absences than children in family day care homes, who in turn have more absences than children cared for at home. However, when illnesses are examined instead of absences, children in day care homes exceed those in centers.

Parent recall is an issue here. Children in centers are more likely to be excluded when they are ill. Parents with children in centers may be more likely to remember days involving absences.

**N. Use of child care subsidies.** Findings show that a substantial proportion of families transitioning off of AFDC in the past were paying for child care, and not using subsidies This may reflect a lack of information about eligibility for subsidies. It may also reflect difficulty getting the subsidies.

## II. Design and Measurement Issues Raised at the Meeting Pertinent to the State Welfare Waiver Evaluations

Participants at the meeting had been asked to comment on design and measurement issues pertinent to the state welfare evaluation studies. A summary of key issues raised at the meeting follows:

### A. Age of children focused on in the state studies

1. The role of child care will be different if the state evaluation is focusing on 5-12 year old children as opposed to younger children. The meeting did not focus specifically on after-school arrangements, care during the summer, self-care, or care during non-standard hours at length, but these may play a large role in the state studies.

2. In states focusing on 5-12 year old children, we can still ask some key questions retrospectively, for example about stability of care. We can also ask concurrently about after-school care, care during non-standard work hours, care used during the summer, and self-care.

### B. Timing of the survey in relation to random assignment

1. In states that choose to field a survey to augment their evaluations, the role of child care will also vary depending on the number of years after random assignment that the survey is administered. For example, the role of child care soon after random assignment may differ from the role it plays 3 or 4 years after random assignment.

2. It is still important to study child care even 3-4 years after random assignment especially among respondents who are employed. It will still be important to know about type of care used, reliance on self-care by the child, handling of nontraditional hours and summer, and stability of care.

### C. Use of administrative data: challenges and opportunities

We are at a turning point in terms of the use of administrative data to study child care issues in the states.

1. A new set of projects launched by the Child Care Bureau involves collaborations by researchers, state child care administrators and resource and referral agencies to examine such issues as cost and availability of child care in relation to community characteristics.

Preliminary findings from these studies will be available soon.

2. It was noted at the meeting that there is drastic variation across locales in terms of how child care administrative data are collected and summarized, from pencil and paper tallies, to more sophisticated on-line systems.

3. In addition to variation in the quality of administrative data, participants at the meeting noted that these data are also generally available only for those receiving services and subsidies. Therefore, using only administrative data produces a biased sample, excluding those no longer receiving services and funds and those not currently utilizing services or subsidies that they are entitled to. A survey may be necessary to get information for a broader sample, including those who received services and subsidies in the past and those eligible but not receiving services or funds.

4. There may be important changes in administrative data collection regarding child care in the future. While data were collected and summarized at the aggregate level in the past, states will now be append information that will make it possible to look at individual recipients, and relate child care use and use of subsidies to other data.

5. We need to think about the extent to which these changes in administrative data collection can benefit the state evaluations, and the extent to which the changes will not be fully realized soon enough to build on in these evaluations but could be critical in further work.

**D. What can mothers report on? When should the state studies turn to other respondents and data collection strategies?**

1. **Concerns about maternal report.** There was much discussion at the meeting about maternal report. There was agreement that mothers are good sources of information on some aspects of child care, but not very good sources at all regarding other aspects of child care.

2. **When are mothers good sources of information about child care?** The researchers at the meeting felt that mothers *could* be turned to for information about the following aspects of child care.

For a particular child (focal child):

Number of different child care arrangements used regularly for focal child at

present; type of care setting (center care, family day care, etc.) for primary arrangement or all arrangements; hours per week child participates; number of children present in group; ages of children present; number of care providers in group; relation of mother to care provider (is provider a relative or nonrelative); whether the care setting is licensed; how much household pays for primary arrangement or all arrangements for child; assistance in paying for child care; location of care/convenience of getting to care.

For all children in the family:

How many different care situations the mother relies on for all of her children currently; whether any one care setting provides care for more than one of her children; how much household pays for child care for all children in family; assistance in paying for child care for all children; whether any of children in family cares for self on own on a regular basis; whether any of children in family cares for younger siblings on a regular basis.

For all children or for focal child:

How often a child care arrangement has broken down over the past (month, 6 months, year, other interval); number of different arrangements mother has had to rely on over the past (month, 6 months, year, other interval) for focal child or all children; whether mother has access to care when child or children are sick; how often mother has had to miss work/school/training because a child was sick and could not go to child care; how often mother has had to miss work/school/training because of any other child care issues; reliance on care for children during nontraditional hours; difficulty in arranging such care; if mother were entirely free to choose, would she change child care provider for focal child/any of her children; extent to which concerns about child care are a source of stress to mother; whether mother sometimes works hours that are not covered by child care arrangements for her child(ren).

3. **When is maternal report questionable?** Mothers do not seem to be good reporters of *caregiver education or training.*

In addition, it appears to be very important *how* questions about *maternal satisfaction with child care* are worded. When asked about their overall satisfaction with child care, mothers consistently report high levels of satisfaction, and their ratings do not correspond closely with on-site observations of the quality of care. It is possible that mothers react to

global questions about satisfaction with child care on grounds that are different than what child care researchers are looking for when they are rating child care quality. In particular, mothers may complete such ratings from the perspective of the realistic constraints and demands of their lives (e.g., regarding employment, cost, other children's needs).

Yet when mothers are asked if they would choose to *change* child care providers *if they were free to*, mothers show much more variation in response. This may be a better way to approach the issue of maternal satisfaction with child care.

4. **What data could be obtained by contacting care providers?** It was noted that maternal permission can be obtained to call or send a survey to the child's child care provider. Providers can report on:

> Caregiver education and training; caregiver salaries; group size and ratio; ages of children; type of care; auspice of care; licensing and certification; hours and days care available; if in center, number of classrooms; ages of children who attend; proportion of children receiving subsidies; "intentionality," or reasons provider is working in this capacity (as a profession, primarily to earn money, primarily as a means to be with her own children while earning money); authoritarian child rearing attitudes.

5. **What kinds of information require on-site observations?** Certain aspects of quality require on-site direct observation for reliable measurement. These include observations of the quality and quantity of caregiver-child interaction, of child peer interactions, and of child task-orientation (as opposed to aimless wandering). On-site observations can also yield information about the physical characteristics of the setting and safety.

**E. Care instability and the value of collecting data about child care quality in the context of the state welfare waiver evaluations**

An important concern was voiced about collecting data (via maternal report, provider report or direct observation) about a child's current primary child care arrangement. There may be so much instability of care that attempting to measure the quality of care in any one setting may give us very little information about a particular child's cumulative experiences. If we attempt to document child care experiences at only one point in time, we may have a very narrow window on child care quality, and a very limited basis for examining child care experience as a predictor of child outcomes. In short, it may be more valuable to view the child care information as one factor in the mother's

employment and well-being, than as a mediator of the child's outcomes.

Thus, the possibility was raised that it may be more important in this sample to obtain measures of:

- convenience of care for parent
- stability/continuity
- cost
- relationship with provider
- degree to which care is a source of stress for the parent
- mother's perceptions of safety, reliability, trustworthiness of the provider

We note that a one-time profile of the child's current child care experience could serve as valuable *descriptive* information, helping us to document the kinds of child care children in families receiving or transitioning from public assistance experience. That is, even if we decide that a one-time measure of child care type and quality is of limited usefulness in predicting to child outcomes, we still may want to be able to describe the child care settings. In addition, it may be that arrangements are fairly similar, and that obtaining information on one setting reflects characteristics of other settings the child is in or has been in.

**F. Concerns about measures of caregiver sensitivity and the physical setting in direct observations of the quality of care**

It is important to be aware that many of the measures involving direct observation of the child care environment were designed using middle-class Caucasian samples. Within these measures of child care quality involving direct observation, the appropriateness of the ratings of caregiver sensitivity across different population groups has not been explicitly examined. "Sensitive" caregiving may not look the same across ethnic groups; the cultural context of the interaction between caregiver and child is critical to understand. It is important to review ratings of caregiver sensitivity from this perspective.

In addition, in some currently used measures of the quality of the child care environment, ratings of caregiver-child interaction are made *only if* the ratings of the physical environment indicate a sufficient level of physical safety and presence of materials. Because caregiver-child interactions have an intrinsic value, and because the material focus of the measures might preclude ratings of caregiver-child interactions in child care arrangements with limited resources, it may be important in the future to eliminate the linkage between carrying out ratings of the physical environment and of caregiver-child

interaction.

**G. Measures of care type used, and child outcome measures, must be understood in cultural context.**

Culture and beliefs can affect whether child care is used (see summary of findings). In addition, parent-report measures of child outcomes (for example, a description of the child's behaviors) must also be seen in cultural context. For example, such measures might view independence and autonomy as positive, whereas these may go against socialization goals in some cultures. We need to be careful in our interpretation of parent-report child outcome measures.

## III. Recommendations for Aspects of Care to Measure and for Specific Measures to Use in State Welfare Waiver Evaluations

Researchers at the meeting stressed two main themes: the connection between child care and the mother's ability to participate in work, and the connection between child care and child outcomes. Below we summarize aspects of child care that could be addressed in the state studies concerning each of these. We summarize aspects of care that could be addressed separately according to different options that states might take in collecting data: relying on mother as a respondent in a survey, obtaining permission to contact child care providers, and assessing child care quality through direct observation.

### A. Mother as respondent in a survey

1. States may want to know how child care affects the ability of recipients to get and maintain employment. Relevant aspects of child care include:

a. the supply of child care (if through administrative data, then number of center slots and licensed family day care slots available per 1,000 children in recipients neighborhood)

b. mother's perception of difficulty in finding care for focal child/all children

c. reliance on care for non-traditional hours; difficulty in finding such care

d. the number of different arrangements the parent is having to use simultaneously for focal child/all children

e. the cost of care for focal child/all children

f. use of subsidies for care for focal child's care/all children

g. the convenience of care (location and transportation issues)--focal child/all children

h. availability of care for child(ren) when ill

I. frequency with which mother has had to miss work/school/training because of problems with child care (note nature of problem)

j. frequency with which work schedules/ demands have disrupted child care arrangements

k. rating of child care as a source of stress for the mother

l. if mother were free to choose, would she change care provider for focal child/any of her children?

m. if mother has access to a phone at work, so that she can touch base with child care provider and/or children, and receive emergency calls while children are in child care

2. States may want to know how child care or lack of child care affects the development of the child. In addition, (or instead), states may want to be able to describe the child care settings that children in the studies are experiencing. Here measures would pertain to the focal child, because we would be seeking to describe a particular child's experiences and relate these experiences to his/her development. Relevant aspects of care to measure for these purposes include:

a. type of care (primary arrangement/all current regular arrangements--number of concurrent arrangements)

b. hours per week in primary arrangement/all current regular arrangements

c. number of children in child's group

d. number of providers in child's group

e. licensed care or not

f. whether the child takes care of him/herself on an occasional or regular basis

g. whether the child is cared for by a sibling on an occasional or regular basis

h. how many caregivers child has had in the last year (or choose longer interval)

3. For older children (7-14), it would be very important to go beyond consideration of center care, family day care, and reliance on relatives and neighbors as forms of care. Types of care for older children should include also after-school child care, after-school activities, boys and girls clubs, and regularly scheduled lessons. It would continue to be important to ask about self-care and care by siblings. It would also become important to ask about whether child is in charge of siblings or other children on a regular basis.

**B. Permission obtained to contact child care provider**

An intermediate method of getting reliable information on characteristics of care that are related to child care quality is to call the provider of child care, or send the provider a survey. In this case, states could address:

a. number of children in child's group

b. number of caregivers in child's group

c. training and education of child's primary provider

d. "intentionality" (reasons for being a child care provider)

e. licensed or not

f. auspice of care

g. attitudes about caregiving (e.g., authoritarian)

h. hours and days care provided

I. cost of care

**C. Permission obtained to observe in care setting**

There is clear added value to doing direct observations of the physical environment in child care settings, *and* of interactive aspects of child care (caregiver-child interactions, and child's interactions with peers). Additional recommendations regarding measures for direct observation of the child care setting would be made according to the specific hypotheses and research designs being used by states deciding to pursue this approach.