

*Prepared for "Innovations in Child Care Consumer Education"
Leadership Forum, Child Care Bureau, Washington, D.C., February 19, 1977*

**Quality of Care From a Parent's Point of View:
A Place at the Policy Table for Child-Care Consumers**

**Arthur Emlen
Oregon Child Care Research Partnership**

Oregon is setting a place at the table for the child-care consumer. In designing childcare and family policy, everyone speaks for the child and for the parent except perhaps the parents themselves. Oregon is trying to help parents find their voice and articulate their vital interests in public policy through a coordinated effort at many levels:

- Collecting, analyzing, and using data on family and child-care demographics to drive policy and planning.
- An ongoing research project measuring quality of care from a parent's point of view and studying its policy correlates.
- A 20-member Achieving Quality for Children Policy Council that is beginning to engage in the legislative process along with other groups and, drawing on results from the research, is helping to prepare a brochure on quality of child care "in a parent's voice."
- A network of groups, task forces, research projects, and agencies cooperating in a loosely coordinated way to pursue common goals, in affiliation with the Oregon Child Care Research Partnership. See auspices and funding.

Working closely with the Oregon Progress Board, the state has, since 1990, pursued a data-driven approach to community and statewide planning by establishing benchmarks for measuring progress towards priority goals. Included are child-care benchmarks addressing the accessibility of child care resources and their affordability. Indicators of quality of care were added for the first time in the 1996 Oregon Population Survey:

- » My child feels safe and secure in care.
- » My child gets a lot of individual attention.
- » My caregiver is open to new information and learning.

The effort is large in scope. It is to understand what is happening to all of Oregon's children, with special but not exclusive attention to those entering the market for paid care. To learn how to support consumers in a market-system of care even in inequality, we want to know who uses family resources and who turns to the child-care market and why, with what success and encountering what barriers. Acquiring the needed information is made possible biennially by combining in one set of data the marital and employment status of parents, types of child care, age of child, family expenditures for childcare, household income, and now also the quality of care from the parent's point of view. Analysis makes it possible to compare the patterns of child care of different types of families. Based on a representative sample of Oregon households, the findings provide a description and understanding of the basic socioeconomic condition and outcomes for child-care consumers. These are consumer data, the findings provide consumer profiles,

and their implications provide guidance for policy and consumer education.

The research on measurement of quality of care was initiated by a survey called "Quality of Care From a Parent's Point of View: A Questionnaire About Child Care." Based on the complete pretest sample, N= 862 questionnaires returned by the end of July 1996, followed by data cleaning and file construction, factor analysis and scale construction, reliability and validity testing, we now have some initial findings to report on the ability of parents to assess their child care. See section on findings. However, since this is the first time the project could report findings based on the full survey sample, it may be worth taking a moment to frame the issues we are grappling with in this research.

Research issues related to quality of care.

Scientific research on the validity of self report has documented myriad frailties in human ability to report accurate observations, memories, or assessments of events. In the research on child care, the number of studies of parental evaluation of their care has been sparse, most of it drawing skeptical conclusions about parental accuracy. Five kinds of research have encouraged this skepticism:

€ Studies have indirectly raised question about parental judgments simply from discovery that parents frequently use care of low quality as judged by research or professional criteria independent of parental report, usually without accompanying discovery of the conditions that explain why it happens. But arranging poor-quality care does not mean that parents are not aware of what they felt obliged to do.

€ Other studies have recognized that under the pressures of life, an absence of income or care resources, and a lack of desirable choices, parents make arrangements for care they are uncomfortable about. Researchers suggest, especially supported by anecdotal evidence, that for many parents this is too painful a situation to let themselves be fully aware of; so they hide, deny, or minimize the reality of it to themselves and others. Some observers appear to dismiss parent evaluations of their care, theorizing it as cognitive dissonance resolved in socially desirable terms. The extent to which this happens is not adequately known. In a longitudinal study, retrospective evaluations of care after termination of the arrangement were found somewhat lower than concurrent evaluations during the arrangement; but reasons may have surfaced to account for this. Some opinions expressed, however, so exaggerate a belief in defensive distortion of reality as to imply that parents are in complete denial about their child care.

€ Studies have linked parental inability to discriminate care of known levels of quality to lack of knowledge and understanding of the ingredients of quality or to lack of access and ability to observe it, further reducing the variance in parental judgments of quality. Clearly there are differences in parental ability to observe and assess what goes on in care. Perhaps the best evidence for this is that parents learn and get better at it.

€ Many measures of parental satisfaction with, or evaluations of the quality of, their child care deploy a single global rating that probably does elicit some response bias in a socially desirable direction.

€ Pioneering studies have directly compared parent assessments of their care to independent assessments based on careful observation of classroom behavior made by trained observers. Although these studies documented the "inaccuracy" of parent assessments, the researchers asked parents to emulate professional judgments without giving parents comparable measurement tools, observational access, time, or training in observing.

In view of the importance of the parent's role as a child-care consumer, the field is badly in need of research that more fully explores parental observations and evaluations of their child care. This study has tried to do that in an individualized, humanistic way that gives expression to the parent's perception and assessment of their experience in very specific observational and personal terms rather than through ratings that require a high degree of abstraction and generalization. The content covers the same facets of quality of care that parents, professionals, and research have agreed are critical, so that the result would be, as the title suggests, quality of care from a parent's point of view. In the analysis, we have sought not to prejudge nor to second-guess the validity of parent judgments, but to use them in an analysis of the conditions of life and the child-care market under which parents do or do not succeed in making highly valued child-care arrangements. We shall keep the validity issues in mind, but not give them center stage. We shall take parent observations, perceptions, and assessments of their situation as important in their own right for what they say. We want to study and understand parents' reported judgments in the context of their lives.

Nevertheless, this analysis would not be possible and systematic relationships could not be found unless parents do have some capacity to make different judgments reflecting their particular situations, thus resulting in statistical variance in the quality of care they report. We did make two important assumptions. One assumption was that, just as parents tend to make realistic child-care choices adaptive to their circumstances, they also have the capacity to make realistic assessments of the choices they have made. The other assumption was that parents have the capacity not only to improve their choices, but to improve their understanding and ability to assess the care they choose. Not all parents have the same quality of care, and our analysis is complicated by the likelihood that they don't have the same ability to assess their care. Many parents expressed the idea that filling out the questionnaire gave them a new perspective on quality of child care. A primary purpose of the research was to increase parent and public understanding of child-care quality. As a legitimate voice expressing parent interests and as an instrument of policy and planning, the field needs parent self-report on the quality of their child care. Perhaps the research will provide useful data about family circumstances and choices, and perhaps the findings will improve our knowledge about the validity of parent judgments. In the process, we hope that the quality-of-care measurement will contribute to improved parent understanding of quality and will help to empower parents in acting in their own

and their children's behalf.

Findings and conclusions. So far, what are the findings we can report?

€ Parents did distinguish important aspects of quality of care in ways similar to the dimensions of child-care quality that experts, research, and parents have agreed are critical. Based on parent responses to 55 specific questionnaire items, reasonably reliable scales resulted (based on Cronbach's alpha as a measure of internal consistency), using 41 items and representing these facets of quality of care as distinguishable factors:

<u>Scale</u>	<u># of items</u>	<u>Alpha</u>
Warmth and interest in my child	10	.93
Rich environment	5	.87
Skilled caregiver	8	.88
Talk and share information	3	.72
Caregiver accepting and supportive	4	.70
Child feels safe and secure	8	.86
Child getting along well socially	2	.80
High risk care	11	.73

These scales were based on confirming factor analyses of the entire sample (N=862) and of the two major forms of market care: family day care (N=314) and centers (N=292), making the scales widely applicable. Parents responded regarding their youngest child, median age: 3, and the middle 50% between ages 2 and 5; range from 0 to 14. In effect, the factor analyses confirm the ability of parents to distinguish conceptually distinct facets of quality of care, adding to the face validity of the scales.

The lesson for consumer education here is that quality of care is not a unitary concept but a many-faceted matter, the dimensions of which parents appreciate having recognized as legitimate. In written comments on the questionnaire and in verbal comments in focus groups, parents repeatedly expressed the view that filling out the questionnaire made them recognize aspects of quality that either they hadn't thought of or in a private way felt were important. Despite expressing apprehensions, parents felt that their own interests were confirmed. It would appear that measuring quality of care from a parent's point of view is both educational and confirming of what matters to parents.

€ Additional usable scales measuring underlying conditions for quality of care:

Continuity of care

Child's special needs (also variables for types of disability)

Flexibility

Difficult work schedule
Work flexibility
Caregiver flexibility
Family flexibility
Accessibility
Found caregiver who shares my values
Had good options for child care
Transportation a problem

Affordability
Difficulty paying for child care
Have some choices about how much to work
Would pay more

Other affordability variables: Household income
Child-care expenditures
Child-care subsidies
Age of child
Family size

These additional scales bring out major factors that can be barriers to having better quality child care. They are part of the reality of economic circumstances, work requirements, community resources, and family life that affect the choices parents make. Parents appreciate the recognition of what they're up against.

€ Parents also demonstrated that they do have some ability to report negatively about current care arrangements:

» On a global rating of their care's quality, 54 parents (6%) rated it only fair and 8 (1%) rated it poor, bad, or awful. (Good 24%, excellent 48%, and perfect 21%).

» On somewhat more focused global items, 84% said yes, if they had it to do over, they would choose this care again; while 68% said yes, the care I have is just what my child needs, which is 32% who couldn't say that and didn't.

» The scales are composed of specific items such as "The caregiver needs more help with the children." This item is from an 11-item scale measuring High Risk Care, covering health and safety, too many children in care, children out of control, caregiver irritation with my child, and other potential indicators of high-risk care. Reasonably good variation in scores was obtained. A good spread of scores resulted across the percentiles, even though the distribution is somewhat skewed, not normal. With a possible scale range of from 11 to 44, the 90th percentile score was 20, which on the average would mean saying "sometimes" to the negative items, not "often" or "always". In interpreting these scores, one should remember that they are from samples of current arrangements. Had we sampled past arrangements parents had terminated for one reason or another, the distribution of scores would show more discontent.

» An interesting finding was that the number of times a parent responded "don't know" to the 55 quality-of-care questions was significantly correlated with lower scores on quality of care, although the correlations were low; the highest was $r = -.30$ with the scale "Talk and share information". At the low-quality extreme on overall judgments like, "The care I have is just what my child needs.", the mean number of "don't know" was 4.8 (about 10% of the quality items on average, with a large standard deviation) versus .8 at the high-quality extreme. This tells us two things. Parents who are less observant, less conversant with the caregiver, and less able to say what goes on in their child's care probably do make arrangements that are not as good, from the parent's point of view. Since these are the parents themselves who responded to the items that make up the quality scores on each scale, it tells us something about the ability of these parents to report negatively about the care arrangements they have made. It may also provide us with a lesson for consumer education. Knowing what to look for and learning how to do it may hold some promise for improved choices.

€ By means of the several quality-of-care scales, parents demonstrated that they can observe, describe, assess, distinguish, and discriminate between different levels of quality.

» Among tests of the validity of parent judgments and the quality-of-care scales are two based on independent criteria. Scale scores were significantly higher for parents who were using a child-care center of known outstanding quality and lower for all other center users in the study. A similar discriminating pattern was found for users of a family day care home known to be outstanding as compared to all users of family day care from samples collected through urban resource and referral agencies. There were income differences between the compared groups, but there is no correlation between household income and the measures of quality of care.

This is a classic test of validity. Just because these findings are not surprising, doesn't mean that they are not important. They are. The parents in this comparative analysis appropriately observed and discriminated the level of quality of the program their child was experiencing. In making detailed assessments of their care, those in an outstanding program did indeed identify the specific characteristics of its quality, while parents using the other centers realistically did assess their care lower on the major dimensions of quality. The findings validate the scales and the ability of parents to make the specific judgments that add up to quality of care. These were judgments about relationships, atmosphere, resources, and social interaction, and about how their child feels.

€ The ultimate test of the scales will be their explanatory usefulness in accounting for other outcomes and for the generally coherent way that they have understandable relationships to the other issues of concern to parents such as the accessibility of child care in the community. For example, one early study just completed was of those parents in the composite sample who were Oregonians belonging to the International Association of Flight Attendants AFL-CIO. Among flight attendants who were parents ($N = 22$), quality of care was not correlated with absenteeism; but, despite the small sample, it was significantly correlated with other family and workplace outcomes:

- » having a caregiver the parent could rely on
- » flying for a regional airline, as opposed to an international or transnational airline
- » reporting work-family flexibility
- » being able to report not having a hectic life in both work and family
- » reported ease in performing well on the job
- » not having considered quitting
- » reporting that morale was not interfering with job performance *
- » reporting low job stress* (* closely approached significance at the 5% level)

The correlations were moderately strong, and the findings illustrate that a reliable parent measure of quality of care can contribute to understanding how families manage nontraditional work schedules. Again, there is a lesson in this for consumer education, with the possibility that consultative support for parents in a work force could help them to make better arrangements, which would improve their life and their work.

€ Another finding illustrating the resourceful behavior of parents came from those who were receiving child-care assistance from a state agency in comparison with the rest of the sample. The assistance sample scored lower on family flexibility, which makes sense because they were significantly less likely to have a spouse with whom to share carer responsibilities; but they scored significantly higher on caregiver flexibility. In other words, to compensate for lack of flexibility at home, they went out and found the kind of caregivers who could provide the flexibility they needed. These comparisons were made separately for those using family day care and those using centers, since they are different markets. Despite sharp differences in household income, the comparison groups did not differ on the scales measuring quality of care. The lesson here probably is to have some respect for the adaptive behavior of these "welfare" parents who made child-care choices to meet their needs, without sacrifice in quality, in their view, compared to other parents.

References and Reports of Findings.

€ Emlen, Arthur C. and Paul E. Koren. "Estimating Child-Care Demand for Statewide Planning." 1993 Proceedings of the American Statistical Association, Government Statistics Section, pp. 77-82.

€ Childhood Care and Education Data Project. Child Care Works ... When We Work Together: Data for Community Planning. 1994 Oregon Population Estimates & Survey Findings. Salem: Oregon Employment Department, 1996.

€ Home page of the Oregon Child Care Research Partnership with reports of findings from the survey "Quality of Care From a Parent's Point of View": <http://www.teleport.com/~emlenart/plans.html>

€ The airline report is forthcoming early in February: Alyce Desrosiers and Arthur Emlen, Airlines, Flight Attendants, and Dependent Care. A work and family study of 113 Oregon flight attendants who belong to the Association of Flight Attendants AFL-CIO.

€ Detailed presentations of the findings so far are available in a series of reports. They have been addressed to members of the Partnership and to members of the National Research Consortium on Child Care Policy, but are made public through the home page of the Oregon Child Care Research Partnership (<http://www.teleport.com/~emlenart/plans/html>). Reports to date:

- Scale development; the scales and their reliability 10/21/96
- Sample description 11/13/96
- Short scales 11/21/96
- Parent's perception of caregiver's cultural sensitivity 12/2/96

Others are in the works, including tests of scale validity; comparison of parents who vs. do not receive child-care assistance; the role of flexibility from work, family, and caregiver; and the importance of accessibility and affordability in relation to quality of care.

€ Preliminary data from the 1996 Oregon Population Survey, which incorporated three or four quality-of-care items for a statewide representative response on quality issues, were compared with data from the quality-of-care survey, and the findings were reported in conjunction with description of the sample.

€ A study of Oregon employers who hire parents receiving child-care assistance was conducted and a preliminary report distributed for review by employers, agencies, policy groups, and research consortium members. Files from the Employment Related Day Care (ERDC) program administered by Adult & Family Services were matched with Employer Identification numbers from the Unemployment Insurance files of the Employment Department. These data were analyzed to examine the types of employment achieved by ERDC parents. The study replicated and built on the Florida Study conducted by Florida International University in collaboration with ACYF's national consortium of child-care research partnerships. The findings provide a heretofore unknown profile of the kinds of jobs and earnings of Oregon parents seeking financial independence.

Next steps.

€ The project's Policy Council, which is a vigorous parents group, undertook a serious study of quality-of-care issues. To become a force in articulating consumer interests, they are preparing for the 1997 legislative session. The Policy Council will continue to review the research findings on how parents view their child care and to incorporate findings, implications, and successful parent language into the brochure "In a Parent's Voice".

€ Among the continuing analyses of the quality-of-care survey will be comparisons with the small set of quality-of-care items from the 1996 Oregon Population Survey, providing perspective from that representative sample.

€ In addition to further analysis and reporting of findings, the project will create a shorten revision of the quality-of-care questionnaire for use by others. Versions of it will be adapted for different samples, including all consumers, resource and referral agencies, child-care centers, family day care, past arrangements, and telephone.

€ The Oregon Child Care Resource and Referral Network is exploring ways to use the quality-of-care scales in followup calls and surveys, using parental assessments in consumer education, program evaluation, and marketing for high-rated providers.

Acknowledgments.

I am especially indebted to my colleague Paul Koren at the Regional Research Institute for Human Services, Portland State University, for his assistance in the data analysis; and to Bobbie Weber of Linn-Benton Community College for her collaboration in the direction of the project; as well as to other members of the Data Committee who have met monthly since 1989. We are also grateful to the funders. See auspices and funding.

Arthur Emlen, January 27, 1997

Auspices and funding.

The Oregon Child Care Research Partnership which is jointly funded by a grant from the Child Care Bureau, Administration for Children and Families, US Department of Health and Human Services, to Portland State University, Regional Research Institute for Human Services; by a grant from AT&T through the Families and Work Institute to the Oregon Child Care Resource and Referral Network for a project called EQUIP (Early Childhood Quality Improvement Project); and by support from Portland State University, Linn-Benton Community College, and the Child Care Division, Oregon Department of Employment.

Oregon
Partners:

Employment Department

Child Care Bureau, Employment Department

Oregon Child Care Resource and Referral
Network

Child Care and Education Data Group

Linn-Benton Community College

Portland State University

Oregon Progress Board

Office of Economic Analysis, Dept. of Admin.
Services

Adult and Family Services, Dept. of Human
Resources

Oregon Commission for Child Care

Oregon Commission on Children and Families

Oregon Association for the Education of Young
Children

Oregon Child Development Fund

Oregon State University

University of Oregon

Oregon Health Plan Administration

The Oregon Option

Providers Resource Organization

Oregon Head Start Association

National Partners: AT&T, Early Childhood Quality Improvement
Project (EQUIP)

Families and Work Institute

National Assn of Child Care Resource and Referral
Agencies

Child Care Bureau, Administration for Children and Families, US Department of
Health and Human Services