

Examining the tensions between cultural models of care in family childcare and quality rating improvement systems ^[1]

Author: Garrity, S. M., Longstreth, S. L., Lazaravic, V., & Black, F.

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AVAILABILITY

Access online via Science Direct [fee] ^[2]

Excerpt from abstract

Although family child care (FCC) programs have been increasingly targeted by quality improvement efforts such as Quality Improvement Rating Systems, research suggests that these efforts often fail to align QRIS supports with the unique needs and interests of this population. The aim of this study was to examine the aspirations, strengths, challenges, and professional development needs of FCC providers who identify as immigrants or refugees living in a low-income, multi-ethnic urban community in California in order to design a professional development program that meets the criteria of our county's QRIS while at the same time honoring the community context. Results from focus groups indicate that providers described their work in terms that reflected cultural models of care that were often incongruent with definitions of quality embodied by our county's QRIS. Data provides empirical support for the continued examination of cultural models of care as a way to define quality in FCC settings and findings are presented via a multi-level theoretical frame that draws attention to the macrosystemic contexts of racism, poverty, the immigrant and refugee experience, and the universal standards of quality embodied by QRIS.

Examining the Tensions between Cultural Models of Care in Family Child Care and Quality Rating Improvement Systems

Examining the Tensions between Cultural Models of Care in Family Child Care and Quality Rating Improvement Systems Family Child Care (FCC) is defined as non-parental, paid child care that is regulated by the state and takes place in a provider's home to a mixed age group of children ranging from infants to school-age children (Morrissey & Banghart, 2007). FCC is often the most convenient form of regulated child care for many low- and middle-income families (U.S. Administration for Children and Families, 2007), and families often prefer FCC over more formal center-based child care because of FCC providers' perceived informality, more intimate and individualized care (Browne, 2009), and lower cost (Fiene & Isler, 2007; Gerstenblatt, Faulkner, Lee, Doan & Travis, 2014; Lanigan, 2011). Shivers, Sanders, Wishard Guerra and Howes (2007) have noted that parental choice in child care arrangements is an important way in which families can support the development of their children's competencies that are prioritized and valued by the family and community. Importantly, because providers interact with parents and oftentimes live in the same neighborhood, they often understand the meso- and macrosystemic challenges facing the families they serve (Fernandez, Mootoo, Romero & Rasmussen, 2018).

Ensuring that young children participate in high quality early childhood education (ECE) programs, including FCC, is an urgent national priority (Institute of Medicine & National Research Council, 2015). High-quality ECE programs have been found to have particularly large benefits for children growing up in low-income communities (Shonkoff & Phillips, 2000), and quality early education experiences may serve as a powerful protective factor against the toxic stressors associated with Adverse Childhood Experiences (ACES), many of which are experienced by children living in poverty (Metzler, Merrick, Klevens, Ports, & Ford, 2017). Although much of the quality improvement efforts in the U.S. have focused on center based care, improving quality in FCC has been targeted by recent federal and state policy initiatives (Bromer, McCabe, & Porter, 2013a; Porter et al., 2010). One example of these initiatives is the Quality Rating and Improvement System (QRIS). Developed and administered by individual states, QRIS is intended to support ECE programs to engage in continuous quality improvement and meet levelled standards demonstrating program quality. Data indicate that FCC participation in QRIS is much lower than in center-based programs in states in which participation in QRIS is voluntary (Hallam et al., 2017; Tout et al., 2011; The Build Initiative & Child Trends, 2015) and that programs that do participate in QRIS are likely to be rated at lower quality levels and are less likely to access the supports offered (Smith, Schneider, & Kreader, 2010; Tout, Starr, Soli, Moodie, Kirby, & Boller, 2010).

Recently, our county has begun to explore ways in which to include FCC providers in QRIS, and the purpose of this study is to describe how we, along with a local philanthropic organization and five ethnically-based community organizations (EBCOs), conducted focus groups with immigrant and refugee FCC providers living in a low-income, multi-ethnic, urban community. The aim of these focus groups was to learn more about provider's aspirations, strengths, challenges and professional development needs in order to inform our efforts to develop a professional development program that would support the quality indicators of our county's QRIS while being responsive to the community context. In the following sections, we first provide a brief overview of FCC, followed by a description of the immigrant and refugee experience in the United States. We then discuss the construct of quality in ECE and describe what QRIS looks like in our state and county. Next, we review the literature on FCC provider participation in QRIS and conclude with a presentation of our theoretical

orientation and description of the research context.

Region: United States ^[3]

Tags: family child care ^[4]

quality ^[5]

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