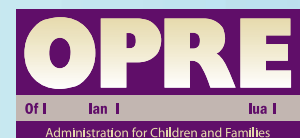


Quality Rating and Improvement Systems (QRIS) and Family-Sensitive Caregiving in Early Care and Education Arrangements: Promising Directions and Challenges



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Authors' Note

Work on this brief began in December 2009, when the authors proposed to conduct a small study of the alignment between QRIS family partnership standards and the conceptual model of family-sensitive care articulated in a chapter in a new volume of measurement of quality in early care and education.⁴ During Winter 2010, the Family-Sensitive Care Working Group, a group of researchers including the authors, engaged in a series of conversations with representatives from OPRE and the Office of Head Start about a meeting that would focus on the issue of the relationship between the concepts of family-sensitive care and family engagement as a first step toward developing measures for these constructs. The meeting was held in June 2010.⁸ This brief reflects some of the discussion at the meeting. Interest in this issue from policy makers, researchers, and administrators continues to evolve.

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Introduction

More than half of states now have Quality Rating and Improvement Systems (QRIS) in some stage of development—operational, recently launched, or piloted.³⁹ These systems have two primary goals. One goal is to improve child outcomes across a range of early care and education settings (center-based including Head Start and pre-kindergarten as well as family child care, including licensed family child care and legally-exempt family, friend, and neighbor care¹) by encouraging providers² to meet higher standards related to higher quality. Another primary goal is to help parents choose arrangements that meet their needs based on the quality ratings that programs have achieved. QRIS offer a variety of financial incentives such as tiered reimbursement or awards for providers to achieve higher standards.

Most QRIS include standards related to the environment, curriculum, professional development and staff qualifications, and program administration.³⁹ Many also include standards for family partnerships, sometimes identified as “family involvement” or “families and community.” Of the 26 states with QRIS reviewed in a recent Compendium, 24 include family partnership standards for centers, and 21 include these standards for family child care homes.³⁹

¹ Only two of the 26 QRIS include family, friend and neighbor care.

² We use the term “providers” throughout the brief to refer to individual providers and teachers as well as programs. We recognize that program policies can facilitate or impede relationships with families and that, in some cases, individual providers may engage in practices that conflict with program policies.

QRIS standards are expected to be based on research about early care and education quality and its relationship to child outcomes.²⁹ There is a wide body of knowledge about the relationship between quality and several of the areas addressed in the QRIS standards including the caregiving environment, staff qualifications, and compliance with licensing regulations for group size.^{5,9,14} This evidence has been used to inform the development of indicators on which programs are rated.

There is less research on the relationship between early childhood quality and family partnerships or family engagement/family involvement. Much of the research on outcomes has focused on children from kindergarten through 12th grade in school settings.^{18,19,41} A limited number of studies have examined family involvement and outcomes for children in early care and education. Some Head Start and Early Head Start evaluations of parent involvement initiatives, for example, have found an association between parent involvement and improved cognitive, language and social-emotional development.^{15,28} Other studies indicate that family engagement is associated with improved school readiness and better social skills.^{12,16,20,35}

Given the limited research on family partnerships, one of the challenges for policy makers and researchers who are engaged in work on QRIS is how to develop and measure indicators that accurately capture this aspect of quality. Several conceptual models provide insights into possible directions for assessment. This brief aims to inform discussions about relevant and meaningful indicators by examining QRIS family partnership standards through the lens of one of these conceptual models, specifically, the model of family-sensitive caregiving.

Conceptual Models for Family-Provider Partnerships

The interest in partnerships between families and early childhood education programs and providers is long-standing, extending at least as far back as the 1960's with the inception of Head Start, which required parents to be involved in programmatic and policy decisions.³³ The notion of equal partnerships between staff and families, and mutual efforts to support family development, was also central to the family support movement, which began in the early 1980s.²⁵ Head Start still includes strong parent-provider relationships in its quality standards as do other two-generation programs and the National Association for the Education of Young Children (NAEYC).^{18,21,30,31,36}

There are several conceptual models for family-provider partnerships in early childhood education. They include family engagement, family support and family-centered care, and family-sensitive care. Each assumes the importance of mutual relationships and two-way communication. Family engagement is based on the notion that parents are their children's first teachers, and that parents and teachers share a responsibility for children's learning by creating strong and reciprocal home-school partnerships.^{18,40,42} Family support principles articulate an empowerment approach which regards parents as equal partners with providers in achieving goals for children and moving families towards self-sufficiency.^{24,25} Family-centered care views the family unit as the focus of care, and sees parents as experts in making decisions about their own children's well-being.^{10,13}

Some evidence points to associations between strong family-provider relationships and positive child, parent, and provider outcomes. As noted earlier, studies suggest that strong family-provider relationships are associated with positive child outcomes in areas such as school readiness and social skills.^{12,37} Research also suggests that strong relationships are associated with positive parent outcomes such as improved mental health, enhanced parent-child relationships, and fewer work-family conflicts.^{12,17,22,26,38} Finally, strong family-provider relationships have been shown to be associated with more sensitive caregiving and higher quality care in early care and education settings.³²

The Conceptual Model of Family-Sensitive Care

In this brief, we focus on family-sensitive care because it is a conceptual model that has clearly articulated constructs for family-provider relationships in early care and education settings that could be compared to QRIS indicators. Articulated in a current volume on measurement of early childhood quality, the model proposes pathways through which early childhood education settings can support positive family and child outcomes.⁴ It hypothesizes that high-quality early care and education which is parent-focused (i.e., flexible and responsive to the work-family circumstances of families) *and* child-focused (i.e., responsive to children's developmental needs) will lead to better outcomes for children.⁴

Like the other conceptual models, family-sensitive care focuses on family-provider relationships as a pathway for improving family and child outcomes. It arose out of concern that the small, but positive, impact of early childhood quality on child outcomes suggests that current measurements of quality might be missing some important elements.^{6,9,14} Two features distinguish the model of family-sensitive care from the models of family engagement and family support/family-centered care. One is the emphasis on provider responsiveness regarding work-family balance for low-income working families. This focus is informed by research on child care as a work support^{2,3,23} and the broader literature on work-family issues.^{7,11,22} The other is the explicit articulation of attitudes, knowledge and practices as constructs of strong family-provider relationships.

The family-sensitive care model is based on two main assumptions. One is that parents have the primary influence on their children's development and that providers who are sensitive to family circumstances and needs may strengthen parents in their parenting roles and contribute to parents' positive impact on child outcomes. Another is that children may not benefit from early care and education arrangements that are safe, nurturing, and stimulating if they are not also convenient, affordable, and available during the days and hours in which their parents need it.

Bromer et al.⁴ hypothesize that family-sensitive care consists of three constructs: (1) positive provider *attitudes* toward families (respect and acceptance of diverse family traditions and cultures, child-rearing practices, and family circumstances); (2) provider *knowledge* about families (employment and economic situation including work or school schedules, family traditions and cultural beliefs, and awareness of parents' strengths and needs); and (3) provider *practices* with families (frequent and positive communication with families about a wide range of issues related to both the child's and the parent's needs; flexible programming such as varying hours of care to accommodate unpredictable job and payment schedules; and provision of resources and referrals about parenting, as well as other needs, and opportunities for social support with other parents).

Research on the proposed constructs of family-sensitive care is limited. There have been few studies on provider attitudes towards families and very little is known about the kinds of knowledge providers collect about families and how they use it. More research has been conducted on responsive provider practices with families.

The model hypothesizes both intermediate and long-term outcomes for families, children, and providers. (See Appendix 1.) Potential intermediate outcomes include congruence between the home and early care and education environments; greater continuity of care for families with fewer unanticipated disruptions; and improved transitions from home to care settings, from one arrangement to another, and from early care and education arrangements to school. Family-sensitive practices may also foster strong provider-parent relationships through enhanced communication and cultural understanding as well as increased trust and respect of parents for providers, providers' sense of self-efficacy, and satisfaction with their caregiving work.

Among the potential long-term outcomes from the model are improved parental work outcomes such as decreased absenteeism; reduced psychological stress associated with the demands of work and family life; enhanced parenting knowledge and skills; and improved sense of social support.^{7,11,22,34} Family-sensitive care may also be associated with lower turnover rates among providers and increased provider longevity in the field. Long-term child outcomes may be enhanced indirectly through these effects on parents and providers. In addition to specific academic outcomes, optimal family-sensitive care will likely have an indirect impact on social and emotional dimensions of children’s development, such as self-concept, self-control, social skills, and the development of social relationships through social referencing processes, which includes how children gather cues and information about social situations from adults in their lives.¹

Family-Sensitive Care and QRIS

Translating the concepts of family-provider partnerships in general—and family-sensitive care in particular—into quality standards is a challenging issue for QRIS. With limited research, what kinds of standards and indicators can QRIS develop to assess family-sensitive care? What are the expectations for the ways in which early care and education providers should interact with families to meet their needs? What constitutes higher quality in this area? How can it be measured? These are important issues for QRIS, because ratings have serious implications for early care and education programs and providers. Ratings carry with them the promise of rewards for providers and they are also intended to influence parents’ child care choices.

This brief seeks to explore some of these issues by examining QRIS family partnership indicators in the context of the three dimensions of family-sensitive care: attitudes, knowledge and practice. The brief aims to address the following two questions:

- How do QRIS indicators for family partnerships align with the constructs of family-sensitive care?
- What are future directions for content of QRIS family partnership standards?

First, the process used to examine QRIS family partnership indicators in the context of family-sensitive care is described. Then some examples of promising QRIS indicators that relate to the family-sensitive care dimensions of attitudes, knowledge and practice are presented. The brief concludes with a discussion of some of the challenges for state QRIS and researchers related to measurement issues and professional development around family partnership indicators as well as recommendations for future directions for research and policy.

Examining QRIS Family Partnership Standards

To understand how QRIS define family partnerships, the authors first reviewed family partnership indicators in existing QRIS using *the Compendium of Quality Rating Systems and Evaluations*, the first product of the Child Care Quality Rating Assessment project supported by the Administration for Children and Families Office of Planning, Research, and Evaluation (OPRE).³⁹ *The Compendium* provides detailed descriptive information on 26 QRIS as well as cross-QRIS comparisons. Among other data elements, it includes information on goals, quality standards, rating structure and process, use of observational measurement tools, and evaluation. The category of family partnership standards provides a cross-QRIS comparison of 8 common family partnership indicators for both center-based care and family child care, and the extent to which they are included in the 26 QRIS examined.

- The use of bulletin boards
- Written communication between the program or the provider and parents
- Parent-teacher conferences during the program year
- Activities for families whose children are enrolled in the program
- Lists of resources in the community
- Opportunities for parent participation in the program
- The existence of a parent advisory board
- The use of surveys to elicit information and feedback from parents

An examination of how all the QRIS family partnership indicators align with the dimensions of family-sensitive care or family engagement practices was beyond the scope of this brief. Rather, we were interested in those indicators that address how providers are responsive or sensitive to the needs and strengths of families. We identified four indicators-- written communication, parent surveys, activities with families, and community resource lists--which we felt had the greatest potential for alignment with the dimensions of the family-sensitive caregiving conceptual model. The four indicator categories we selected have the potential to describe reciprocal provider-parent relationships, whereas the four indicators we excluded (bulletin boards, parent-teacher conferences, parent participation in the program, and parent advisory boards) seem to relate to how parents engage in programs and how providers educate parents about their programs.

For each of the selected indicators, the three authors reviewed the specific language used in individual QRIS. Thirteen states had indicators for written communication for centers, and 14 for family child care homes; 12 had indicators for parent surveys in centers, and 13 for parent surveys in family child care (Table 1). Of the QRIS with indicators for community resource lists, nine included indicators for centers, and seven for family child care. Eleven QRIS had indicators for activities for families within centers, and nine included such indicators for family child care.

Table 1: QRIS with Selected Family Partnership Indicators

Indicator	Centers	Family Child Care
Written Communication*	CA (LA County), CO, DE, DC, ME,MS,NH, NM, NC,OK, PA,TN	CA (LA County), CO, DE,DC, FL (Palm Beach), KY, ME, MS, NH, NM, NC, OK, PA, TN
Parent Survey*	CO, DE, DC, FL (Miami-Dade), FL (Palm Beach), IN, KY, ME, MN, NH, TN, VT	CO, DE, DC, FL (Miami-Dade), IN, KY, ME, MN, NH, OK, PA, TN, VT
Activities with Families*	CA (LA County), CO, FL (Miami-Dade), FL (Palm Beach), KY, ME, MO, NM, OK, PA, TN	CA (LA County), CO, KY, ME, MO, NM, OK, PA, TN
Community Resources*	CA (LA County), CO, DE, DC, ME, OK,PA, TN	CA (LA County), CO, DC, ME, OK, PA, TN

*Some QRIS have other indicators in these categories.

Source: Tout, K., Starr, R., Soli, M., Moodie, S., Kirby, G., & Boller, K. (2010). *Compendium on quality rating systems and evaluations*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families (ACF), Office of Planning, Research and Evaluation (OPRE).

In the first phase of data analysis, the three authors independently coded and compared the language and examples in each of the four QRIS indicators identified above to the attitudes, knowledge, and practice dimensions in the family-sensitive caregiving model. Consensus was reached among the three authors on 18 QRIS that contained the most promising examples of these four indicators. Criteria used for promising examples included indicators that described positive provider attitudes towards families, examples of providers having to gather knowledge about families' needs and strengths, and examples of responsive practices with families. Then, the three authors independently identified QRIS with the largest number of examples of language related to the dimensions of family-sensitive care from the list identified in the first phase of data analysis. Again, the three authors reached consensus and together agreed on five out of 18 QRIS as the focus of the brief described in detail in Table 2. These five QRIS were located in: (1) Los Angeles County, CA; (2) Missouri; (3) New Mexico; (4) Palm Beach County, FL; and (5) Vermont.

Which Family Partnership Indicators in QRIS Align with Family-Sensitive Care?

Table 2 presents examples of the four QRIS indicators (written communication, parent surveys, activities with families, and community resources) that we identified as most promising for alignment with the dimensions of family-sensitive care (attitudes, knowledge and practices). In some cases, a promising family partnership example (i.e., preferred communication with families) aligns with all three family-sensitive dimensions. In others, such as helping parents to navigate community resources, the promising example applies to only one dimension (practices, in this instance). In the following sections, the examples and their relationship to family-sensitive care are discussed in detail.

Communication

Among the examples of QRIS communication indicators, we identified several that seemed to have close alignment with family-sensitive care (Table 2). Underlying all of these examples is the notion that communication between providers and families is an essential element of quality, and that both providers and families will benefit if the communication is bi-directional rather than simply from provider to family. These examples also assume that the reciprocity of these relationships—learning about families' needs as well as informing families about the provider's needs—can contribute to a higher quality early care and education arrangement.

Examples of communication indicators range from providing family handbooks and distributing newsletters, to conducting home visits and having staff available to discuss daily concerns of parents. Each of these examples represents a mechanism for sharing information about the arrangement with families. They also have the potential for aligning with family-sensitive care if providers use these practices to acquire knowledge that helps them understand families' needs, and they use this information when they communicate with families. For example, materials will be responsive to families if they are written in the families' home language or in the language that families prefer to use. This presumes that providers have some knowledge of families' needs and/or a respect for their choices. Using newsletters can also be sensitive to families by reflecting topics that families care about or information that families say they would like to receive. Newsletters can include articles on child development if families express an interest in this topic. Again, these practices assume that providers are aware of the interests and needs of families, and that they tailor information to reflect these interests and needs. Another example of a communication indicator that aligns with family-sensitive caregiving is "using families' preferred communication means." The wording here is explicit about responsiveness to families: to meet the standard, providers must learn how families want to communicate with the provider (or staff) and use the information in their practice. Implicit here is the notion that providers may need to move beyond traditional conversations at drop-off or pick-up and be flexible about other means of communication such as e-mail or voice mail that may be more convenient for families who are pressed for time in their work or school commitments.

Table 2: Examples of Promising Indicators, with Family-Sensitive Care Constructs and Common Elements by Indicator

Family Partnership Standards	Examples of Promising QRIS Indicators	Constructs of Family-Sensitive Care			Common Elements of Family-Sensitive Care/Family Engagement		
		Attitudes	Knowledge	Practice	Mutually Respectful and Reciprocal Communication	Gathering and Using Knowledge about Families	Responsiveness to Individual Family Needs
Communication	Families' preferred communication means are used (LA County, CA)	X	X	X	X	X	X
	Resources available to communicate with families in primary language (LA County, CA; Palm Beach, FL)			X		X	X
	Staff schedules allow meaningful communication with parents (LA County, CA)			X	X	X	X
	Has a written philosophy about provider-parent relationships (VT)	X			X		
Parent Survey	Provider evaluations and/or surveys by parents (Palm Beach, FL; VT)	X	X			X	
	Documented family feedback procedures (VT)			X		X	
	Collects parent feedback and has written plan about how to use feedback (VT)			X		X	
	Family needs assessment (MO)		X			X	
Activities with Families	Activities that encourage male participation and acknowledge that fathers are equally knowledgeable about their children (NM)	X		X			X
	Group parent meetings based on needs and interests of parents (Palm Beach, FL)		X			X	X
	Parent group meetings (e.g., informational workshops, job workshops; educational meetings; parent training) (Palm Beach, FL; NM)			X			X
	Meetings and events determined by family schedules (LA County, CA)		X			X	X
	Events for parents to meet other parents (VT)			X			X
	Creative strategies to adapt programs to meet family needs (LA County, CA)		X			X	X
Community Resources	Helps families navigate resources; links families to resources; and provides direct advocacy (e.g. helps make phone calls for parents) (LA County, CA)			X			X
	Parent resource center includes parenting and community services information (MO)			X	X		X
	Relationships with public and community-based services e.g. health, education, social services (LA County, CA; VT)			X			X

Another related example is “staff schedules allow for meaningful communication with parents.” In this case, too, the indicator is explicit about provider responsiveness to families and mutually reciprocal relationships. It expects that providers will be able to make time for communication with families when it is convenient for the families rather than simply when it is convenient for staff. Like the indicator that addresses families’ preferences for communication, this standard suggests that stronger relationships with families will flow from explicit processes and routines for communication between providers and families.

Parent Survey

The parent surveys indicator includes a variety of examples about the ways a provider may collect information from parents, such as through parent satisfaction surveys, parent evaluations of providers, in-take and exit interviews, suggestion boxes and, in some instances, in-depth needs assessments of parents. These examples convey the importance of holding a positive attitude about parents’ experiences and opinions of the provider. Using parent satisfaction surveys, or even suggestion boxes, can also serve as a mechanism for encouraging providers to gather knowledge about parental experiences and needs, and, in some cases, may be used for planning responsive programming for parents. In addition, indicators that promote the collection of information through parent surveys may help providers change their attitudes, approach, and policies around working with parents. The activity of developing a survey may help providers take a different perspective with parents and think about the needs of parents in new ways. They may help providers move from simply asking parents about how the program is doing to also asking parents about their needs and experiences.

In our review, the parent survey indicators that most closely align with family-sensitive care emphasize the use of parent surveys to improve responsiveness toward family needs and strengths (Table 2). The indicators not only promote use of a parent survey or evaluation of providers but also promote the use of a written or documented plan for using parent feedback. For example, if a provider learns from a parent survey that parents need additional time for care of their children, a provider may look into ways of extending hours or collaborating with other providers to meet families’ needs.

Activities for Families

The indicator “activities with families” includes items that focus on group activities and social events for parents such as educational meetings, informational workshops, and events where parents can meet other parents. Examples in this area have the potential to help providers gain knowledge about families’ needs and experiences and to put into practice family-sensitive activities for families that provide opportunities for peer as well as social support.

There are several promising examples of indicators for activities with families. One is “regular parent meetings that are based on the interests of families and scheduled around family and parent schedules”(Table 2). In this case, an activity for parents might focus on job training and employment if parents in a program are job hunting. Another example is arranging meetings and events based on families’ schedules in order to make them more convenient to attend. Indicators in this area may also specify activities for parents based on ages of children; for example, parents of infants and toddlers may want parent workshops focused on baby care while parents of preschoolers may be looking for other types of information or activities related to school readiness. Indicators that focus on activities for families have the potential to move programs in the direction of family-sensitive caregiving if these indicators specify information-gathering to inform activity planning, and if activities are responsive to the specific interests and needs of families in that program.

Community Resources

Community resources indicators focus, to some degree or another, on providing families with supports that extend beyond the early care and education arrangement. They acknowledge that families may need services that are not available in the arrangement, and that early care and education providers can help by offering families information and referrals. These indicators correspond to dimensions of family-sensitive care when the type of information offered, and the ways in which this support is provided, correspond to families' circumstances and needs.

Several examples of this indicator emerged as particularly promising in terms of family-sensitive care (Table 2). One example is "helping families navigate resources and provide direct advocacy." In this case, the indicator carries the expectation that early care and education providers know the services that are available in their communities and have the capacity to make referrals. There is also an expectation that the provider will help the families obtain these services by following up with them to be sure that they have contacted the agency, and, if not, making the call with them.

Another example is "family resource centers are part of the facility." By establishing an expectation that the early care and education provider will have a specific entity to provide resources beyond early care and education, the indicator is explicit about the need for support for families and the necessity of responding to them. There is also an acknowledgement here that providing such resources can be a feature of early care and education that will attract families who may choose the arrangement not only because it meets their children's needs, but also because it fits with their own situations and interests in support. Although we identify resource centers as a promising example of a community resource indicator, we recognize that all providers may not have the capacity to establish a resource center and that this expectation may need to be modified in scope, especially for family child care providers. For example, family child care providers may be expected to provide families with referrals to community services because they will most likely not be able to offer these services on site.

Discussion

QRIS represent opportunities for states to encourage early care and education providers to improve the quality of care they offer to children and families. Rating systems are also intended to provide vital information about quality that parents can use to make decisions regarding providers. This brief examines selected indicators from one set of standards—partnerships with families—through the lens of family-sensitive care, a conceptual model for measuring quality that takes into account work/family balance issues.

This review of current QRIS family partnership indicators points to some future directions for research and policy. Specifically, these directions relate to the content of the standards and how states can use family partnership indicators to improve family-provider relationships; future research and measurement challenges; and providers' needs for support and professional development in this area.

Directions for Future Development of Family Partnership Standards Content

Interest in promoting “family-friendly” early care and education programs has stimulated discussion among researchers and policy makers about how to integrate the concepts of family-sensitive care and family engagement into policies and programs, including QRIS. The two concepts are closely related. Both draw from similar developmental ecological and family support frameworks; focus on improving child outcomes through enhancing reciprocal partnerships between parents and early childhood providers; and assume that providers will hold positive attitudes towards families, have an understanding of families’ needs, and engage in two-way communication.⁸

In June, 2010, OPRE, in conjunction with the Office of Head Start and the Office of Child Care, convened a meeting of researchers and policy makers to begin to identify some overarching principles that encompass both family-sensitive care and family engagement in order to work towards developing measures to assess the constructs embedded in these conceptual perspectives.⁸ Over the course of the meeting, three elements emerged as possible starting points for creating common standards and indicators: (1) mutually respectful and reciprocal communication; (2) gathering and use of knowledge about families; and (3) responsiveness to individual family needs.

Table 2 compares the promising indicators for communication, parent surveys, activities with families, and community resources identified in this brief that reflect the dimensions of family-sensitive care and the three common elements of family-sensitive care and family engagement identified at the June 2010 meeting. This comparison suggests that existing QRIS indicators of family-provider partnerships offer examples of how to operationalize the three common elements. For example, the promising communication indicator, “families’ preferred communication means are used,” applies across all three common elements.

While additional work is clearly needed to fully articulate the common elements, this initial comparison to existing QRIS indicators suggests that using the integrated framework of family-sensitive care and family engagement could help states develop more meaningful family partnership indicators. The development of indicators that describe family-sensitive and responsive family engagement practices may, in turn, encourage providers to develop relationships with families that are responsive to their circumstances, strengths, and needs. More sensitive and reciprocal provider-family relationships in early care and education arrangements may result in better outcomes for providers (e.g., improved job satisfaction), parents (e.g., improved work-family balance), and children (e.g., better cognitive and social-emotional outcomes).

Directions for Future Research and Measurement Challenges

Future Research. One recent study of a QRIS suggests that parent involvement might be an important yet overlooked indicator of early childhood quality, for which effective assessment measures are lacking.⁴³ In the absence of a large body of evidence about the relationship between family-sensitive care/family engagement and early care and education quality, QRIS can serve as laboratories to examine this issue through studies of how, if at all, high ratings on family partnership indicators relate to high ratings in other QRIS standards such as the environment, curriculum, or accreditation. In addition, QRIS can provide an opportunity to understand the relationship between strong family-provider relationships and positive provider, parent, and child outcomes.

Although there are some studies on relationships between providers and parents, research is lacking on how different types of providers, including providers from different cultures, define family-sensitive caregiving and their perceptions about the relative importance of different dimensions of family-sensitive care. There is also a dearth of research on parents' views of family-sensitive care. This kind of evidence could be used to guide decisions about indicators that more closely capture relevant and meaningful components of this aspect of early care and education quality across settings. In addition, such research may help states develop indicators that are meaningful as well as reasonable for providers to attain.

Measurement Challenges. Several challenges exist in creating measures to determine if providers have met family partnership indicators. QRIS use a variety of strategies to document the extent to which providers meet the quality standards. States may need to move beyond reliance on self-reports from providers concerning interactions with families. A recent study that compared different family involvement measures found little variation in provider and family self-report responses, with a strong positivity bias.⁴³ This suggests the need for innovative and realistic approaches to measuring the exchange of information between parents and providers. Moreover, an added challenge is how to measure provider sensitivity to families and efforts around family engagement in both center and home-based settings where levels and frequency of interactions, as well as capacity to offer resources to families, may vary.

Objective observation may be considered one approach to measurement, although this method is labor intensive and costly. If the indicators are articulated in concrete terms and include evidence of existence over time, then QRIS could consider developing more cost-efficient strategies such as record or portfolio review to document family-provider partnerships. Documentation could include: (1) the kind of information that is available about community resources and the ways in which it is provided to families; (2) documentation of changes in response to parent surveys; or (3) record reviews of staff responses to parent requests for services outside the arrangement.

Another option might involve development of a survey instrument or self-administered questionnaire that can measure the components of family-sensitive care and family engagement. Such a survey might include vignettes that assess providers' sensitivity toward families as well as their understanding and implementation of family engagement practices. Parent surveys might also be developed to validate provider responses and to assess goodness of fit between provider practices and parental needs and circumstances.

New Directions for QRIS

Supporting Providers. Creating family partnership indicators that promote family-sensitive care and family engagement--and encourage providers to develop better family-provider relationships--may require QRIS to provide additional support to providers. Providers may not see working with families as part of their primary role nor may they have the necessary expertise to work effectively with families.^{2,27} As a result, there may be some resistance to strengthening family partnership indicators if providers see family-sensitive care/family engagement as burdensome or irrelevant to their work. QRIS can address this issue by enhancing staff preparation for working with families. This may mean including content about provider-family relationships, family-systems theory, and how to work with adults in training workshops and/or in coursework offered by professional development systems. Several of the QRIS with promising indicators already provide these kinds of supports.

At the same time, QRIS may need to provide options to enable providers to meet the indicators. We found that several of the QRIS with promising indicators offered this kind of support. For example, one QRIS encouraged providers to use someone from a community agency if no one on staff speaks a family's home language. Another QRIS provided technical assistance to help providers develop a parent survey, while other QRIS provided resources and training to help providers make referrals to community agencies.

Informing Families. So, what can QRIS do to help families choose early care and education arrangements that are sensitive to their needs if they are not yet prepared to rate providers on this type of care? One suggestion is that QRIS could provide information to parents concerning providers' family-sensitive practices (such as whether programs and providers offer flexible hours, allow them to use e-mail to communicate, offer workshops on job hunting, or provide support for obtaining resources in the community) without using this information to determine a rating. Such a strategy would provide opportunities to enhance parents' understanding of the importance of responsiveness to families as an aspect of quality in early care and education.

This brief points to some promising examples of QRIS indicators that emphasize the importance of positive family-provider relationships and strategies for further developing and refining existing QRIS indicators in this area. Rethinking QRIS family partnership standards will also require consideration about how to measure the indicators across both center-based and family child care arrangements, and how to prepare providers to meet these standards. As states move towards strengthening their QRIS in order to improve quality of care for children and families, the role of families in early care and education quality and measurement should be central in these discussions.

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Appendix 1.

Family-Sensitive Caregiving: A Conceptual Model of Child Care Quality

BOX A: Constructs of Family-Sensitive Caregiving

Attitude of program/ provider toward parents is positive and supportive of parental choices, circumstances, and traditions.

Knowledge of parents' lives is gathered by providers, including information about:

- Parents' work and school schedules
- Family /cultural traditions and practices, household structure and other aspects of family life/ parental needs relevant to child,
- Parental strengths and talents

Practices of program/ provider with parents are responsive and supportive. These include:

- Frequent *communication with parents* (e.g., offers different places and opportunities for parent-provider communication, empathic listening to parents' concerns)
- *Flexible programming around hours and fees* (e.g., provision of off-hours care and/or referrals to other programs offering flexible hours; acceptance of subsidies or other reduced-fee and flexible payment schedules; assistance with subsidy application and recertification)
- *Logistical supports* (e.g. transportation, meals)
- *Provision of resources and referrals* (e.g. direct services as well as referrals, community resources, informal resources/ advice, peer support)



Box B: Outcomes in Child Care Arrangements

Continuity: Families remain in the setting over time and there is low turnover of children due to program/ provider constraints.

Transitions and collaborations: Transitions between multiple arrangements work well for parents and for children.

Provider-parent relationships: Provider parent relationships are mutual and strong partnerships.



Box C: Parental Outcomes:

- Family engagement in child care & child's learning
- Satisfaction with care
- Trust and respect
- Parenting skills
- Social support and peer support
- Stress reduction around work family management
- Work and employment



Box D: Provider Outcomes:

- Sense of professionalism
- Self-efficacy
- Job longevity & turnover



Box E: Child Outcomes:

- Social- emotional: e.g. self-concept, emotion regulation;
- Cognitive
- Health

Adapted from Bromer, Paulsell, Porter, Weber, Henly, & Ramsburg (in press) Family-sensitive caregiving: A key component of quality in early care and education. In M. Zaslow, K. Tout, T. Halle, & I. Martinez-Beck (Eds.), *Next steps in the measurement of quality in early childhood settings*. Baltimore: Brookes Publishing