RESEARCH HIGHLIGHT

Defining and Measuring Access to Child Care and Early Education with Families in Mind

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Key Findings

- Child care and early education[a] (CCEE) access is multi-dimensional and best understood from the perspective of families. The four dimensions of CCEE access are: 1) reasonable effort to find care, 2) affordability of care, 3) care that supports the child's development, and 4) care that meets parents' needs.
- CCEE leaders who use a multi-dimensional definition of access that is centered on families may be better able to develop policies that support a variety of CCEE programs to meet the needs, preferences, and constraints of local families.

Introduction

What does access to child care and early education mean? Access is often measured in terms of supply (i.e., capacity) of licensed child care and early education (CCEE) centers and family child care (FCC) homes. Sometimes it is measured by counting the number of families who use different types of CCEE. In other cases, calculations are made based on the number of CCEE slots relative to the number of children in a given area. These metrics assume that a large supply of or high use of CCEE means it is accessible to families.

Recent research[1] shows that these types of calculations overestimate families' access to CCEE because they do not account for what families search for, prefer, and need. For example, some families prefer providers who speak Spanish or another language spoken at home, and some need care during the evenings. The Access Guidebook[2] introduced a definition of access that is centered on families[b] and acknowledges four dimensions that families consider when choosing CCEE:

[a] We use the term child care and early education to acknowledge both the care and education aspects of programs for young children, birth to five, as well as programs providing before- or after-school services for school-age children, birth through age 13.

[b] The access definition refers only to parents, but this publication uses the term families to reflect a more inclusive view of household CCEE needs and decision making.

The information in this publication was drawn from two sources:

Defining and Measuring Access to High-Quality Early Care and Education (ECE): A Guidebook for Policymakers and Researchers

Referred to as the Access Guidebook, this report details the four dimensions of the access definition and indicators and data sources for each dimension.

Measuring and Comparing Multiple Dimensions of Early Care and Education Access

This report details the first application of the access definition to national data. Findings suggested that traditional methods of estimating access, including number of children for every available child care slot, underestimate the challenges families face finding care that meets their needs; this was especially true for low-income families and families with infants and toddlers.

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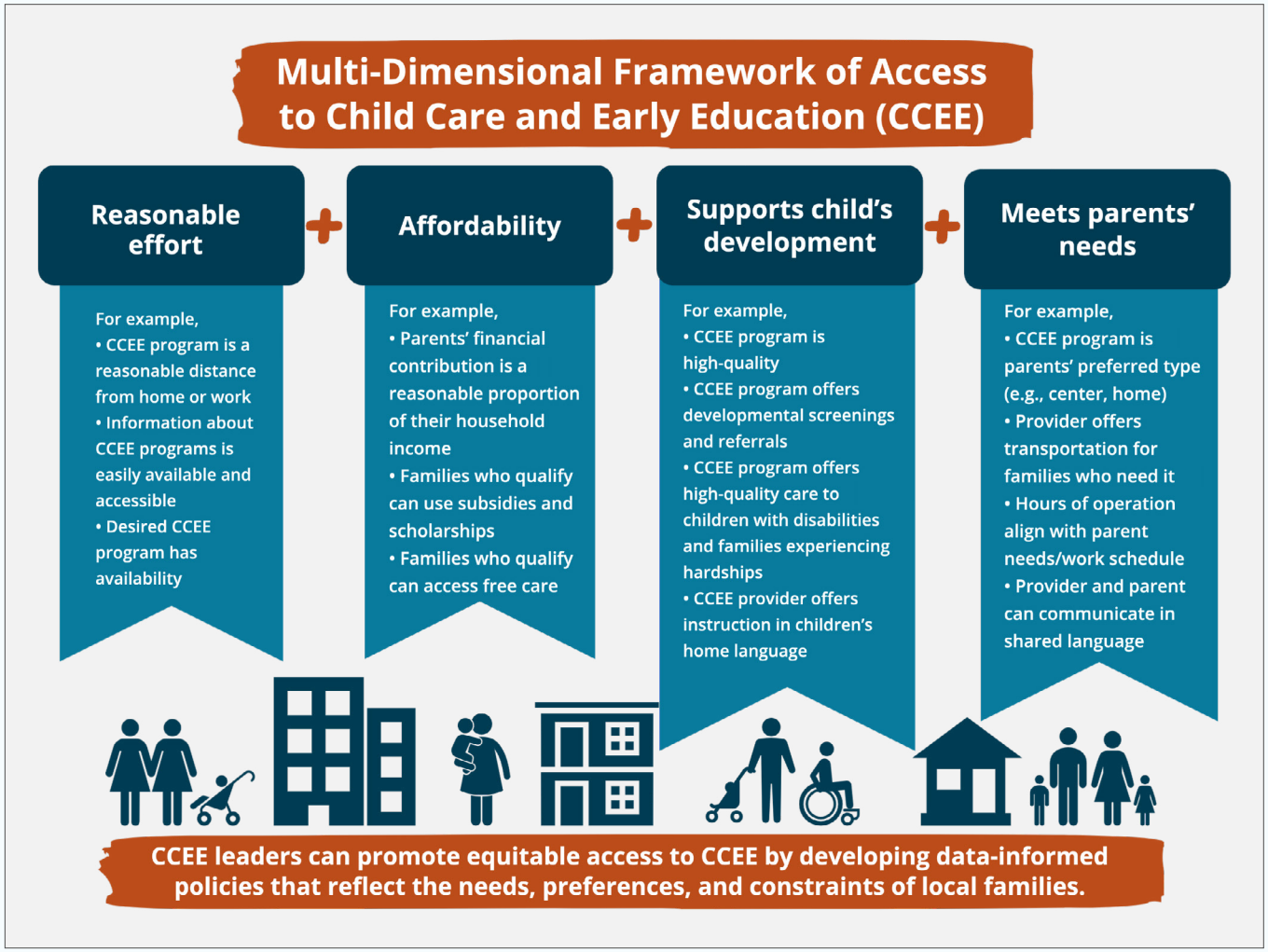
Access means that parents, with *reasonable effort* and *affordability*, can enroll their child in an arrangement that *supports the child's development* and *meets the parents' needs.*

The intersection between family needs and preferences and the characteristics of the available supply of CCEE represents families' experiences of CCEE access. Thinking more specifically about the CCEE available for families with certain needs or preferences can help policymakers develop a more accurate picture of access (compared to just examining available slots). It also highlights the need to increase the supply of various kinds of CCEE programs that families can find and afford and that meet their needs and preferences.

The figure below shows each of the four access dimensions, which are broad categories, and examples of indicators within each dimension. See the Access Guidebook for more details about the dimensions and indicators.

Figure 1. A multi-dimensional definition of child care and early education access that is centered on families



Questions that Reflect Multiple Dimensions of Access

When families search for CCEE, they weigh several factors at the same time. The access dimensions and indicators capture many of these factors. If policymakers consider access in terms of these multiple dimensions, they may be more likely to build the supply of CCEE and provide resources to families that meet their varying needs and preferences.

Table 1. Examples of policy-relevant questions that consider multiple dimensions of access

Policy Relevance	Example Question	Access Dimension
Understanding the extent to which cost is a barrier for families enrolling in high-quality CCEE could inform subsidy policies.	What is the cost of high-quality CCEE to families with infants and toddlers? Preschoolers?	• Meets the parents' needs (ages served by provider) • Affordability (cost to families) • Supports the child's development (high quality)
By understanding the location of particular types of CCEE relative to where families with lower incomes live, policymakers can begin to understand where there are gaps in access to affordable high-quality CCEE for families with lower incomes.	Where is high-quality CCEE that is free, accepts subsidies, or is lower cost relative to areas where families with lower incomes live?	• Reasonable effort (distance between home or work and CCEE) • Affordability (cost to families) • Supports the child's development (high quality)
Understanding the availability of high-quality overnight CCEE near employers and the preferences of families who work overnight shifts could help policymakers identify areas to invest in to build the supply of CCEE that meets the needs of families who work hours outside of the 9-5 day.	In communities with employers that require overnight shifts, is there high-quality CCEE at a price families can pay and that offers overnight care? What options and supports do families prefer?	• Reasonable effort (distance between home or work and CCEE) • Affordability (cost to families) • Supports the child's development (high quality) • Meets parents' needs (hours of operation, setting type)

Measuring Equitable Access

At the heart of the access definition is the match between family needs and preferences and the characteristics of the available supply of CCEE. Is the type of care that families want available, easy to find and get to, affordable, and in alignment with the families' needs and desires for their child's CCEE environment? Equity is a lens through which we can further evaluate ***who*** has access to CCEE and ***why*** certain barriers and inequities exist. Examining access by key populations, such as families with lower incomes, families of color, families in rural areas, families of children with disabilities, and/or families whose primary language is not English, can reveal disparities in access for certain families. This is not an exhaustive list of populations and does not include when a family falls in more than one subgroup (e.g., families of color who have children with disabilities). Another equity consideration is that the ***preferences or needs*** of varied populations may differ. What is considered reasonable effort or affordable varies by and within populations. To advance equitable access, it is important to understand the preferences of families from various demographic groups and examine how policy changes impact families' use of and access to CCEE by subgroup.

Implementing the Multi-Dimensional, Family-Centric Access Definition

There are many ways local, state, or territory CCEE leaders can start applying the access definition to examine CCEE access. While it is ideal to consider as many dimensions of access as possible, data on certain dimensions may not be available. When data are limited, it is helpful to look at available data on aspects of family needs or preferences (e.g., need for overnight care) alongside data on availability of providers with characteristics that could meet those needs or preferences. The Access Guidebook suggests possible datasets to use, such as data from child care resource and referral agencies, licensing, Child Care and Development Fund lead agencies, and the Census Bureau. We recognize, though, that these data sources do not provide a complete picture of family needs or preferences, and policymakers may not have this information readily available. Despite limitations, the following steps can be taken to understand CCEE access more completely than previously understood:

- **Examine CCEE access dimensions by child age/ages served**: Research has shown it is critical to ***examine the availability of care separately by age group.*** Recent research suggests the affordability of high-quality care differs greatly between the age groups of birth to three and preschool.[3] Thus, it is helpful to think about the characteristics of the supply of care separately for infants and toddlers, preschoolers, and school-aged children.

- **Use maps to visualize access:** Maps can help illustrate multiple dimensions, especially the ***geographic location of providers with particular characteristics relative to the location of families and their needs***. For example, using licensing and Census data together, a map displaying the location of licensed providers overlaid with the percent of families in poverty could identify areas with the greatest or least needs for additional licensed providers and/or for free or subsidized CCEE.

- **Survey families:** Gathering information from families (e.g., surveys) may help ***identify local preferences, needs, and CCEE use that can inform efforts to improve equitable access***. Families from varied backgrounds may indicate different needs and preferences, including wanting affordable care from providers who speak their home language and/or high-quality, nearby care offered at hours that align with their work schedules.

- **Understand local industries and employers:** The ***types, hours, and locations of local employers*** will influence families' needs and preferences for care; in the absence of a family survey, consider the characteristics of the area's largest employers by using data from the Bureau of Labor Statistics and other available national surveys of employers.

References

[1] Paschall, K., Davis, E. E., & Tout, K. (2021). *Measuring and Comparing Multiple Dimensions of Early Care and Education Access.* OPRE Report #2021-08. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

[2] Friese, S., Lin, V., Forry, N. & Tout, K. (2017). *Defining and Measuring Access to High-Quality Early Care and Education: A Guidebook for Policymakers and Researchers.* OPRE Report #2017-08. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

[3] Paschall, K., Davis, E. E., & Tout, K. (2021). *Measuring and Comparing Multiple Dimensions of Early Care and Education Access.* OPRE Report #2021-08. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

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