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## ESSAY REVIEW

# Child Care in America: Research and Policy Directions

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**ABSTRACT** This essay reviews four books about work and care provision in the United States and other comparable countries: *An Equal Start: Providing Quality Early Education and Care for Disadvantaged Children*, edited by Ludovica Gambaro, Kitty Stewart, and Jane Waldfogel; *Work and Care under Pressure: Care Arrangements across Europe*, edited by Blanche Le Bihan, Claude Martin, and Trudie Knijn; *For Love and Money: Care Provision in the United States*, edited by Nancy Folbre; and *In Our Hands: The Struggle for U.S. Child Care Policy*, by Elizabeth Palley and Corey S. Shdaimah. The essay concludes that it is unlikely that early care and education will become a national priority in the United States without a major change in American attitudes toward the role of government. In the meanwhile, we can look to local efforts to create a comprehensive system of early education and child care as steps along a very long road to a national child-care system.

## INTRODUCTION

Consider the following scenario. In 2015, in a prominent US city, 39 percent of children under 6 years of age live in families below the federal poverty line, while another 24 percent live in families just above the poverty level. Yet this city has only half the spaces mandated by the federal Head Start program for 3- and 4-year olds in poverty and fewer than 2 percent of the slots mandated for infants and toddlers in Early Head Start. Evidence-based home-visiting programs reach only a few of the thousands of families who are potentially eligible for them. Only about one-fifth of the early learning programs available to all city residents are rated as good to high quality, and only about half of the low-income families eligible for child-care subsidies are receiving them. Parents who are interested in using high-quality private center care for their toddlers or preschoolers must pay annual full-time tuition of about \$15,500 per child; for infants, if quality center care can be found, it is not unusual for full-time care to cost more than \$21,000 a year.

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Families rich and poor in this city are faced with the dilemma of finding affordable high-quality care for their children while they are at work. Cities, states, and nations struggle with how to provide child-care services to families. Currently, there is no unified national strategy. Each family, city, and state is on its own.

Providing comprehensive child care can serve multifaceted goals. It supports the current workforce and prepares the future one, ameliorates poverty, fosters gender equity, integrates and acculturates disadvantaged and immigrant groups, and meets the needs of families in a caring society. Early childhood researchers have demonstrated time and time again that high-quality early childhood education can facilitate optimal child development and can prepare children for entry to kindergarten. Other researchers have demonstrated that providing early care can promote women's employment and success in the labor economy. But high-quality child care—care that prepares children for lifetime learning and citizenship—is expensive, and providing care requires a complicated balance between access, quality, and affordability.

In four recently published volumes—*An Equal Start: Providing Quality Early Education and Care for Disadvantaged Children*, edited by Ludovica Gambaro, Kitty Stewart, and Jane Waldfogel (Policy Press, 2014); *Work and Care under Pressure: Care Arrangements across Europe*, edited by Blanche Le Bihan, Claude Martin, and Trudie Knijn (Amsterdam University Press, 2014); *For Love and Money: Care Provision in the United States*, edited by Nancy Folbre (Russell Sage Foundation, 2012); and *In Our Hands: The Struggle for U.S. Child Care Policy*, by Elizabeth Palley and Corey Shdaimah (New York University Press, 2014)—leading researchers and policy experts describe in detail the complexities and trade-offs involved in providing high-quality early childhood education and care for children and families, the tensions between labor market constraints and the needs of families, the kinds of accommodations that different governments have reached, and the many challenges that they all share. After reading and reviewing these reports of child-care arrangements in eight European countries, the United Kingdom, New Zealand, Australia, Canada, and the United States, one thing becomes startlingly clear: decisions about child care are rooted in historical and cultural values and reflect national priorities. The authors and editors of these books prepare readers to address fundamental questions about what we are doing to support families, why we are doing these things, how

successful we have been, and what we can do to be more successful in achieving our stated goals.

## THE LITERATURE

Observers in the United States often point to European countries as shining examples of governmental support for women and children. How well are these countries faring at meeting the challenge of providing affordable high-quality care to their citizens? In their 2014 book *An Equal Start? Providing Quality Early Education and Care for Disadvantaged Children*, editors Ludovica Gambaro, Kitty Stewart, and Jane Waldfogel address this important question. First, they make the case that when children have high-quality care from sensitive, available, and responsive caregivers, they flourish. Second, they argue that providing high-quality early education and care not only provides an effective intervention for children from disadvantaged backgrounds but also provides much-needed support for working mothers. They go on to demonstrate that delivering high-quality early care poses a number of challenges and that countries have met these challenges in different ways. To examine how different countries have met these challenges, the editors brought together researchers from eight countries (Australia, France, Germany, the Netherlands, New Zealand, Norway, the United Kingdom, and the United States) to identify common themes and policy lessons. The editors selected these countries because their residents have similar income levels, they all provide a range of care options, and they all have either undergone recent reforms to child care or are actively grappling with complex early childhood education and care policy questions.

Across the eight countries surveyed in *An Equal Start*, in 2007, maternal employment rates for mothers with children under the age of 3 ranged from 36 percent in Germany to 81 percent in Norway. The United States was smack in the middle, with about 54 percent employment. Because some of the variance in child-care usage may be accounted for by differences in maternity leave practices, it is valuable to examine employment rates of mothers with children between 3 and 5 years of age. There, again, the United States is midrange at 63 percent, with Norway at 88 percent, and Germany at 55 percent. Given these similarities in rates of maternal employment, it is interesting to examine how governments in each of these countries provide child care for families with employed mothers and, in particular, how they

address the problem of educating children from disadvantaged families. Gambaro, Stewart, and Waldfogel, *An Equal Start's* editors, asked researchers from each country, "How does your country ensure access to high-quality early childhood education and care for disadvantaged children?" The answers that emerged provide a rich and detailed picture of the many varieties of early childhood education and care and a deeper understanding of the many decisions and trade-offs governments make in providing support for families.

No one would be surprised to learn that enrollment rates in early education services are lower in the United States than in many of the European countries. Across the United States, in 2008, only 31 percent of children under 3 years of age were enrolled in early childhood education and care, compared to 56 percent in the Netherlands and 42 percent in France. These differences become more pronounced when the authors examined services provided for children 3 years of age and older. In France, 99 percent of children are enrolled in early education, while only 36 percent of US children are enrolled in early education. By 5 years of age, nearly 100 percent of children in the other countries included in the book were enrolled in early education; in the United States, only 73 percent were enrolled.

Maternity and parental leave policies reveal even more dramatic differences between the United States and other countries. Only the United States provides no national policy of paid parental leave. In the United States, parents employed in companies with more than 50 employees are provided only 6 weeks of unpaid leave; other countries provide much more family leave, and a lot of it is paid. Saddest of all are the differences in public spending on child care, early education, and other benefits. While spending ranges from .65 percent of GDP in Australia to 1.66 percent of gross domestic product (GDP) in France, the United States comes in at a mere .55 percent of GDP.

These figures and the nuances that they involve are explored in great depth in each of *An Equal Start's* eight chapters. Four countries stand out as extreme examples, showing how cultural and political forces have shaped the quality, access, and availability of care: the United Kingdom, Norway, France, and Germany. Gambaro, Stewart, and Waldfogel report that in the United Kingdom, early childhood education has had an important place on the political agenda since only the mid-1990s. Under the Labour government, from 1997 to 2010, child care was seen as a way to address child poverty. Spending on services for children under age 5 increased between

1997 and 2007, faster than spending on any other policy area. When the Conservative–Liberal Democratic coalition government took office in 2010, support for child-care subsidies was reduced, but the government remained committed to early education as part of its social mobility agenda. Currently the United Kingdom ensures that all children ages 3 and up are entitled to at least 10–15 hours per week of free early childhood education. About 90 percent of 3-year-olds and 98 percent of 4-year-olds take up this option. For more hours, and for younger children, there is a partial (30 percent) subsidy, available only for those who are employed. Private settings, which provide most of the care and which the government relies upon for the free entitlements and for care for working parents, have staff with low qualifications and low pay, and very little has been done to improve the quality or raise staff qualifications. In the United Kingdom, as in other countries, low-quality care disproportionately affects children from disadvantaged families.

Child care in Norway, as described by *An Equal Start* chapter author Anne Lee Ellingsaeter, presents a very different situation. In Norway, early childhood education has been considered part of normal childhood and parenting for many decades. Norway’s Day Care Institution Act of 1975 established child care as “a service for all parents who wanted it” (54). Seen as an “investment in future productive citizens” (55), high-quality child care is viewed as critical for reducing social inequality, and universal access is seen as a social right for children ages 1–5. In Norway, there is no division between care for children under 3 years of age and preschool-aged children, as there is in other European countries. As in the United Kingdom, child-care services are often provided by the private sector but are financed by state and municipal grants, with 15 percent user fees, and there are attempts to provide income-graded or reduced fees for low-income parents. Although it has taken nearly three decades to ensure full coverage, today 90 percent of Norwegian children ages 1–5 are enrolled in services, and parents appear generally satisfied with the child care provided. Nevertheless, fees are still considered too high by many and serve as a barrier to some families. Also, even with a highly skilled teaching cadre, concerns about quality have been raised. In Norway, as in most other countries, educating skilled caregivers remains a challenge.

Like the Nordic countries, France leads the European Union in providing early childhood education and care and benefits aimed at reducing costs for families. According to the chapter of *An Equal Start* written by Jeanne Fagnani, France’s well-established and longstanding early childhood educa-

tion and care system dates back to the nineteenth century. Today, almost all children ages 3–6 are enrolled in free early childhood education and care, and services are part of the national education school system. However, services for children under age 3 are more varied and are under the aegis of several different, poorly coordinated institutional players. The majority of children under age 3 are cared for by one of their parents, which is made possible by a limited parental leave program. Most working parents of children younger than 3 years of age rely on child-minders who have no or few educational qualifications. Early childhood education and care for children under age 3 from low-income homes is becoming increasingly hard to find; when it is available, it is usually restricted to half days. With increased birthrates in the last two decades and increases in women's employment, France is having the same challenges with quality, affordability, and accessibility as other nations in providing early childhood education and care for children under age 3. As a result, some of France's recent decisions to expand accessibility to children in this age range are being made at the expense of quality.

Early child education and care in Germany has been fueled by four main agendas: gender equity, concerns about student underperformance, desired increases in the historically low German fertility rate, and efforts toward the social inclusion of "people with a migration background" (123), who make up 20 percent of the population. To address these different agendas, starting in 1996, all children aged 3–5 years were entitled to a place in a center-based setting or family day care; more recently, in 2007, this legal entitlement was extended to all 1- and 2-year-olds. In 2013, a controversial child-care allowance was started that gives parents the choice of using early childhood education and care or caring for their children at home. While accessibility is expanding, concerns about quality are high. A large-scale observational study completed in 2012 deemed fewer than 10 percent of settings as good-quality, 10 percent as low-quality, and 80 percent as mediocre. Chapter author Pamela Oberhuemer reports that, while there are high accessibility rates for children 3 years and older, there are wide regional disparities, socioeconomic factors still influence uptake of child care, and children with a migration background are still less likely to receive early childhood education and care, especially if they are under the age of 3. The most immediate policy challenge in Germany is the recruitment and retention of qualified staff in the face of fast-paced expansion.

In their review of how the United States is doing in regard to providing high-quality care to low-income children, *An Equal Start* chapter authors Katherine Magnuson and Jane Waldfogel adopt the metaphor of the “‘child-care triangle’ reflecting the connection, and tension, between the goals of advancing access, quality, and affordability” (193). Most of the efforts to measure quality of child care have sprung from the United States, but clearly the United States is no further along, and is possibly further behind, in financing high-quality care and making it available to families with low income. Magnuson and Waldfogel quote a deputy assistant secretary of early childhood at the Administration for Children and Families, who sums up the situation when she says, “What we have done is pretty much financed the system on the backs of parents. But the costs of doing it right is more than families can afford to pay—even middle income families are struggling to find quality at a rate they can pay” (210).

In trying to draw together the policy implications of these diverse case studies, *An Equal Start* makes some very specific recommendations that are worthy of careful study. They also draw some obvious conclusions: (1) free and universal provision of early education and care is the most effective way to achieve high enrollment rates; (2) overall standards need to be raised and strong minimum regulations need to be in place to ensure high-quality care for disadvantaged children; (3) state subsidies, when available, should be linked to quality standards (tiered reimbursements); and (4) countries need to be prepared to invest more in early childhood education and care. The editors’ observation that local governments can support small providers better than large centralized systems but that large centralized systems are more likely to have the necessary funding is well taken, as is their observation that programs targeted toward the disadvantaged lack social diversity, have low take-up levels, require difficult outreach, and often saddle early childhood education and care programs with stigma. One less obvious but important observation comes directly from the case studies: competition between private and public providers in a mixed economy does not increase the quality of care overall, because consumers are generally poor judges of what constitutes good quality. Public rating systems of the quality of care, advertised widely, may help make parents more educated consumers. *An Equal Start* includes other, more specific recommendations, but notably lacks any discussion of gender equity issues, parental leave, the role of labor unions in advocating for better quality child care, or what citizens or advo-



cates can do to advocate for high-quality early education and care. The book's bottom line appears to be that trade-offs between quality, accessibility, and availability are often necessary and that these depend on national preferences, cultural differences, and perhaps ultimately political leadership.

Several issues not addressed in *An Equal Start* are examined in detail in *Work and Care under Pressure: Care Arrangements across Europe*, edited by Blanche Le Bihan, Claude Martin, and Trudie Knijn. This book examines the ways in which six different European countries provide, facilitate, and subsidize care not only for dependent children but also for elderly, dependent family members. Within each of these countries, how do adult caregivers, mostly women, combine their unpaid efforts supporting older and younger family members with employment, and how does it affect their performance on the job and their work-life balance? The authors in this book take a more theoretically grounded approach to understanding care, examining the effects of a wide variety of care packages, including paid and unpaid care for children and the elderly, on workers in a rapidly changing labor market with increasing job insecurity and increasingly variable work hours.

The semi-standardized interviews in *Work and Care under Pressure* provide rich detail on the accommodations families and individuals use to provide care that is not always satisfactory, even when provided by caring professionals. In many of the countries included in the book, it is not government employment policy that makes for successful accommodations but flexible employers who are willing to cooperate with women on an individual basis. Each woman is responsible for negotiating her own arrangement. Dutch women, for instance, are much less likely to hold high-level careers compared to women in other European countries because higher-level positions do not offer the flexibility that they need to keep up with their care responsibilities. In Sweden, even when publicly provided care is available, family members, usually women again, need to monitor and ensure that the care provided for their loved ones is delivered as contracted. Across all countries, care responsibilities for family members fall more heavily on women's shoulders, especially care for the elderly, where publicly provided care options lag compared to child-care options. Income disparities in access to care for the young and old are pervasive, and government cutbacks affect lower-income families more than other families. In Germany, as in other countries, women often take leave from full-time jobs or depart for part-time jobs to deal with the stress of caring for family mem-

bers. This results in fewer financial resources for the family and weaker professional advancement, with women having to give up on aspiring to managerial positions. With the limited public support available in countries like Germany, work-family balance is elusive for most families. Even in France, which offers a wide range of services, work-life conflicts are high.

Family leaves, whether to care for the young, the elderly, or the sick, are clearly necessary to guarantee employment, but they are rare and often very limited in duration. As the interviews with people across Europe show, parental leave comes with costs. In Italy, where parental leave has been available since 2000, the take-up rate by mothers is 76 percent; for fathers, it is only 7 percent. Parental leave policies are not available to all workers, they can lead women to be marginalized and even laid off, and they interfere with job advancement. Even in France, where paid parental leave was introduced in the mid-1980s, the amount of replacement wage is low, and so it is used mostly by low-income families. These observations are surprising in light of the push for increased family leave policies in the United States today. Family leave policies may be desirable, especially for low-income workers, but these case studies show that they may be a short-term fix to a lifetime of child-care or elderly-care situations. Family leave options appear to be necessary but insufficient.

Like the aforementioned book, *An Equal Start, Work and Care under Pressure* shows the wide range in child-care packages across European countries, but it goes beyond child care to look at family-care options for the elderly as well. While incorporating reports of elderly-care packages can be confusing because public policy for elderly care is so different and lags so far behind child care, combining provisions for these two sets of caring demands shows the debilitating effects providing unpaid care for their family members has on women in general and on employed women in particular. More importantly, by considering child-care and elderly-care arrangements together, *Work and Care under Pressure's* authors are able to address the shift from what they term “familialised” care, or paid or unpaid informal home care characteristic of the “Ozzie and Harriet” male breadwinner/female home caregiver model pre-1970, to what they term “defamilialisation,” a system that permits greater gender equity. Discussing both child care and elderly care together also allows the authors to address the variations among models between these two extremes.

*Work and Care under Pressure's* conclusions are not surprising. The mix of formal, semi-formal, and informal care, and between public and private

resources, lends a much-needed flexibility that allows families to choose how they combine time, cash, and services. However, for families with limited time or cash, choice is constrained, and the reader wonders why municipalities do not step in to provide more options than are currently available. For example, in the case of child care, there are simply not enough high-quality publicly provided centers to care for young children, and not enough private providers have the capital to invest in creating these. Rather than providing normative information on what is available to families, it would be helpful for policy students to see models in which the government has either seeded these providers or created them *de novo*. One rare example of the government creating a child-care program, of course, is the US military's development of child-care programs for families on military bases, which was established by the Military Child Care Act of 1989, but these efforts often go unmentioned in *Work and Care under Pressure*. That governments have left the care industry to be run by private corporations raises many ethical and financial dilemmas.

In her edited volume, *For Love and Money: Care Provision in the United States*, Nancy Folbre provides a thoughtful, deeply theoretically based and empirically supported definition, description, and analysis of care work, both paid and unpaid, for children, people with disabilities, and the frail elderly. The chapter by Paula England, Nancy Folbre, and Carrie Leana engages the issue of love and money reflected in the book's title by examining the extrinsic and intrinsic motivations for giving care, both paid and unpaid. These authors' analysis of why women tend to specialize in providing care, ranging from extrinsic factors such as discrimination to intrinsic factors such as biological and early socialization influences, is thorough; their exploration of how prosocial motivations often penalize workers and what can be done to ameliorate that penalty is particularly searing. In another chapter of *For Love and Money*, Suzanne Bianchi, Nancy Folbre, and Douglas Wolf explore more deeply the economic benefits and costs of providing unpaid care and the disproportionate burden that women and low-income families bear for this care. The rapid growth in paid care work is explained by Candace Howes, Carrie Leana, and Kristin Smith as a direct result of the increase in women's labor market participation and increased longevity of the elderly. Because women have gone into the labor market, family-care services that were once provided free of charge are now only available through paid labor. At the same time, the availability of low-wage, often-immigrant workers to provide care for family members has made it possi-

ble for educated women to engage in paid employment while still ensuring their families' well-being. The authors ask: Who are these paid caregivers, where do they work, and how much are they paid? Why the high turnover rates? In another chapter of *For Love and Money*, Folbre makes the case that both paid and unpaid care work develop human capital in valuable ways, with beneficial spillover to taxpayers and future generations. She explains why greater public support for unpaid child rearing is justified.

Clearly, it seems unfair, especially to these predominantly women authors, that the burden of family care is borne predominately by women and low-wage workers. In the last chapter of *For Love and Money*, Nancy Folbre, Candace Howes, and Carrie Leana examine how the United States can “improve the economic efficiency, sustainability, and fairness of our larger care system” (185). They recommend policies to facilitate, expand, and support family care and early childhood education and care: expanded in-home and community services for adults needing care and increased wages, benefits, and training and improved working conditions for care workers. Among these policies, the authors consider the values of unionization, minimum wage policies, and immigration reform. Folbre and her colleagues also offer a number of research questions; most importantly, they ask which education, job training, and job enhancement efforts have proved most successful in reducing job turnover and increasing job performance among paid caregivers.

The researchers and experts who wrote and edited the aforementioned books, *An Equal Start*, *Work and Care under Pressure*, and *For Love and Money*, note the large number of single, employed mothers and the incredible rise in dual-career families that have necessitated increased interest in providing additional care for children, the elderly, and disabled family members. Nationwide, it is estimated that 71 percent of children live in families with either two employed parents or a single parent. The authors also all note that when economic pressures increase, as they did in the economic recession of 2008–9, spending for programs for children, the disabled, and the elderly are cut. Yet, Folbre reminds us, in *For Love and Money*, that “our cultural tradition and political history reveal a pattern of increased public support for care needs over time, from the expansion of public education to the more recent growth of state-funded early education for 4-year-olds, from the advent of Medicare and Medicaid to the 1999 Olmstead Act nudging public agencies to provide services to the disabled in home-and community-based settings” (189). She notes two important

points. First, in a 2007 poll, paid family and medical leave had little opposition in the United States. Only 11 percent of Democrats, 17 percent of Independents, and 23 percent of Republicans reported being opposed to providing family or medical leave. Folbre notes that the percentage of parents who described child care as an economic necessity grew from 49 percent of parents interviewed in 2006 to 57 percent in 2010. Even President Barack Obama said during his January 2015 State of the Union address, “It’s time we stop treating child care as a side issue, or a women’s issue, and treat it like the national economic priority that it is for all of us.” So, why do we not have these much needed services, particularly as we move into a new period of economic stability?

According to Elizabeth Palley and Corey S. Shdaimah, the answer to the struggle for US child-care policy is in our hands (which is reflected in the title of their book: *In Our Hands: The Struggle for U.S. Child Care Policy*). The struggle is not economic, nor is it one of public will. Rather, Palley and Shdaimah point to the failure of advocates to come together in an effective way to create political will. They attempt to move the issue of providing child care to families from a personal, individual family issue to an issue of national concern. By addressing child care as a stigmatized poverty issue rather than a more universal family problem, they argue, “we have a patchwork of policies that provide temporary assistance to some people in certain circumstances and leave others to address child care as an individual concern” (9).

Palley and Shdaimah provide a rich historical overview, exploring the history of child-care debates in the United States and analyzing the political and social history of federal child-care legislation of the last 40 years. While this history and a description of the current policies toward child care have been covered in the other volumes reviewed here, by examining the arguments of the proponents and opponents of the legislation, Palley and Shdaimah provide a sense of the thinking that has influenced these policies over time. Even more interesting is their attempt to understand the role of advocacy organizations working in the area of child care. They answer an important question: Why has the women’s movement not aligned itself with the interests of caring for children? They examine the roles of labor unions, child advocacy organizations, and campaign funders, and they capture how the conservative movement, starting with the Nixon Administration, has attempted to curtail the role of government in child-care and social policy

more generally. Their review makes it clear that US child-care policy is not driven by research or data but by ideology.

*In Our Hands'* greatest contribution lies in the rich interview data Palley and Shdaimah collected from advocates, opponents, researchers, and funders to explain why there is no national role for child care in the United States, how the issues of class conflict worked to separate issues of women's rights from issues of comprehensive child care, and how union activity regarding child-care advocacy has depended on the locale, the type of union, and the union leadership. The problem with child-care policy today, they argue, is that there is no agreement on a unitary agenda. In their view, this is because the advocates have different organizations with different goals and objectives and a lack of consensus over which issues to prioritize. Another problem is that the multiple child-care programs that exist have varied funding streams, none of which have adequate, reliable funding, and this creates uncertainty, fear, and divisiveness.

The issue of child care may be even more complex than that of national health care. At least most people can agree that health care, while incredibly expensive, is a positive good. Child care, in contrast, still has its opponents. Palley and Shdaimah leave the reader with a sense of how complex an issue child care is and how nearly impossible it has been for advocates to frame it in a way that could galvanize public policy. Undeterred by these challenges, Palley and Shdaimah call for a broad social movement that would recognize the public value of children, families, and universal care and that would expand the role of the government in supporting families and children and create a universal child-care policy. The authors give short shrift to the immense magnitude of the costs presented by universal care, and they are not deterred by strong conservative anti-spending and anti-family sentiments. They also do not take into account the widespread dissatisfaction with existing public schools and the rise of the charter school movement. Yet their strong arguments in favor of universal child care and early education and their moral call to revolution demand our serious consideration.

#### **WHERE DO WE GO FROM HERE?**

These four books provide rich historical and contemporary detail concerning the state of child care in the United States and in comparable countries, and they point to the need for increased support for families struggling to

care for their family members. They lay bare the myth that enhanced paid family-leave policy would be anything more than a very small first step in addressing family needs, and they show the challenges of providing of access, quality, and accessibility. They note that even in countries much further along toward a child-care system, problems training sufficient staff to provide high-quality care loom large.

Clearly, there are questions worth addressing to further clarify the child-care landscape. First, researchers need to identify cost-effective techniques for increasing provider quality. While there is no doubt that developmental psychologists and early childhood researchers have devised effective methods of observing and measuring care, scaling it so that we can assess the quality of care offered across a geographic region and track changes over time in the quality of care available, we have been less effective in introducing methods to train individual staff members to provide measured levels of high-quality care. Generally, training programs include classes, seminars, and in-service activities; these approaches have met with only limited success. Care providers often have no model of what good care looks like or what to expect from children in these high-quality settings. Novel approaches, such as providing internships for novice caregivers to train at centers deemed excellent so that these less skilled individuals can see how skilled caregivers interact with children and how the children can be expected to respond, need to be developed and tested. Given opportunities to apprentice in high-quality settings for weeks or months at a time, novice caregivers can see and begin to model high-quality care in practice.

Second, parents need to be helped to assess variations in the quality of care provided. Research shows that parents value high-quality care and that most parents believe that their children are enrolled in high-quality care. This finding conflicts with research findings using trained observers, which show that very little of the care provided to parents is of high quality. How can parents be helped to identify characteristics of high-quality care? What highly visible cues can regulators provide that will help parents make educated choices? The Quality Rating and Improvement System (QRIS), which is currently used to assess the quality level of child-care facilities in the United States, may have limitations, but it provides a ready way of communicating variations in quality to consumers. Yet, QRIS ratings are rarely prominently displayed above the entrances to family day-care homes or centers. If parents saw four gold stars over the entranceways to some centers, and only two or three stars at other centers, would that affect their



enrollment rates and willingness to pay higher costs? Research from our lab (Shlay et al. 2005; Shlay 2010; Shlay, Weinraub, and Harmon 2010) suggests that it would, but more real-world evidence is needed to persuade municipalities to require that these ratings be prominently displayed as cleanliness, health, and safety ratings are displayed in restaurants, for example. We need more research to know whether posting child-care quality rating scores prominently outside the entrances to child-care settings affects parental choices of child care in the same way it affects restaurant goers choices in New York City. Additionally, it would be helpful to know whether such postings could, over time, help increase the overall quality of care available to parents in localities in which these postings become normative.

When high-quality child-care centers are not located where parents can access them, all the choice in the universe cannot provide parents with the opportunity to choose high-quality care for their children (Weinraub et al. 2005). What can be done to identify child-care deserts? What policies are effective at seeding public or public-private ventures to create a more equitable geographic distribution of high-quality child-care settings? Currently, there are few incentives for providing care to children whose parents work nonstandard hours or shifts. What provisions can be made to increase the availability of this much-needed form of care? Sadly, none of the country case studies in the books reviewed in this essay offered any examples of how high-quality care can be provided to families in which parents work nonstandard hours or unpredictable shifts.

As each of these volumes document, we know what works in early child care: a curriculum that focuses as much on social and emotional development as it does on foundational academic skills, professional teachers and staff with fair working conditions and wages, adequate funding, and K-12 schools that are committed to building upon the foundation of early learning. For now, investigating small variations in what works, such as looking at the effects of full-day care versus part-day care, exploring different types of curricula, or seeing whether part-time employment for parents really promotes work-family balance or just creates more unpredictability in family schedules and provides lower income, is nice, but it is not likely to advance a major change in our warped child-care system.

Instead, two things are needed. First, we need attitudinal change. For early care and education to become a national priority in the United States, a major change in American attitudes toward the role of government is needed. Until then, progress on family issues will be slow and piecemeal and



generations of children and women, in particular, will be disadvantaged. We also need attitudinal change surrounding the comparative benefits of having a stay-at-home parent versus receiving center-based child care. The public needs to be educated that children who grow up with stay-at-home mothers do not necessarily have significantly better outcomes than those who grow up in loving families that use high-quality center care (NICHD ECCRN 1997, 2003, 2005a). Some studies show that, for many child outcomes, being in a high-quality center with trained and supportive caregivers leads to more optimal development (NICHD ECCRN 2005b). Despite these research findings, slightly more than half of the American public still would prefer to have a parent at home with their child full-time. The business community needs to understand that their efforts toward gender diversity in the workplace will be thwarted so long as families do not have opportunities for protected family leave time and stable, reliable, affordable, high-quality care for their children while they are at work. Child care and family support needs to be recognized, as President Obama stated in his 2015 State of the Union address, as a national priority to support families in our nation. Researchers need to investigate how to best effect this attitude change.

Second, we need to look to local models of comprehensive child-care systems as a step toward one day developing a national system of child care. For the foreseeable future, we are not likely to see a proposal for a unified, comprehensive, national child-care system, nor are we likely to see many such programs at the state level, given the conservative nature of many state legislatures. However, we can look across the country and see cities and states developing what some people claim to be impossible—a comprehensive system of early education and child care. These models, nascent and imperfect, provide steps along the very long road to a national child-care system. Researchers need to examine them and identify their effects not just on children's academic performance but also on children's social and emotional outcomes, on municipal expenditures for social services, on city crime rates, and on adult labor market performance.

That city I described in the scenario at the opening of this essay is Philadelphia, a city that has a higher percentage of people living in poverty than any other large city in the United States. This year, with leadership from the commissioner of police, the mayor's office, the superintendent of public schools, and an emeritus head of a major investment corporation in the region, the city introduced Running Start, a citywide early learning plan to lay the foundation for a coherent and coordinated effort to provide high-quality

learning and care opportunities for all children from birth to age 5. According to this plan, this city will create a public-private organization to coordinate the plan with stakeholders, including parents; licensed child-care providers; charitable foundations; local, state and federal agencies; advocacy groups; business leaders; and providers of technical assistance and professional development. It will develop a shared early learning policy and an agenda for advocacy. The plan is intended to ensure that all infants, toddlers, and preschoolers have the opportunity to experience high-quality, full-day early learning in formal and informal settings; it will support and train care providers; and it will measure the results of these efforts. Philadelphia is not unique in this kind of effort. Other cities such as Boston and New York City have developed similar programs and are dedicating major resources to develop and expand early learning programs and infrastructure supports. Outcome data from these efforts will be available soon, and these findings will provide the scaffolding for research in the next decade.

## CONCLUSION

*An Equal Start: Providing Quality Early Education and Care for Disadvantaged Children, Work and Care under Pressure: Care Arrangements across Europe, For Love and Money: Care Provision in the United States, and In Our Hands: The Struggle for U.S. Child Care Policy* provide an invaluable service to researchers and policy makers by chronicling the ways in which early education and child care are provided across multiple countries and continents, documenting the challenges that are unique to each country and the challenges that are common to all. These authors show that historical and prevailing cultural attitudes toward children, families, and government determine how different nations address the challenge of providing care. Now that more women are increasingly employed outside the home and are no longer available to provide the care that they traditionally had provided free of cost, the need for governments to provide systems to support families is a greater challenge than ever. These volumes explain that experts know what high-quality child care looks like, and they also provide the evidence showing that high-quality care can improve the academic and social performance of preschool children while also making it possible for women to support their families and contribute to economic development. Although no country or municipality has figured out yet how to provide quality care to all children and families in need at a cost that families can afford, each has

made substantial progress toward meeting the increasing needs of families. Understanding these efforts, where they have been successful and where they have fallen short, is critical for readers who are interested in developing public policy for the twenty-first century.

## NOTE

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