

Herr Research Center for Children and Social Policy at Erikson Institute

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The Family Child Care Network Impact Study: Promising Strategies for Improving Family Child Care Quality

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Family Child Care and Children's Well-Being

Family child care—or child care offered in a non-relative provider's own home—continues to be a widely-used arrangement among working parents despite the growth of regulated child care centers over the last century. Although estimates vary, national surveys find that 1 in 10 to nearly a quarter of children receive care in family child care homes.¹ Many parents choose family child care for their young children because of its convenience, flexibility, and intimate family setting. The quality of care provided in these settings, however, is often reported to be low, especially for those serving children from low-income families.² Because this group of children also tends to benefit even more from high-quality early care and education experiences than do their more advantaged peers, improving the quality of care in family child care homes is imperative for their healthy development and well-being.³

This study finds that affiliation with a staffed support network is associated with higher quality among licensed family child care providers. It also identifies network characteristics and services closely associated with higher quality care and some that are not associated at all. This brief reviews findings and offers recommendations for policy makers and family child care networks seeking to ensure the highest quality care in family child care homes.

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Staffed Networks as a Strategy for Improving Quality of Care

Staffed networks that offer ongoing support and training to family child care providers have the potential to improve the quality of care young children receive. Staffed networks employ a designated staff person who coordinates and delivers direct support services to family child care providers. They differ from provider-led associations, which typically depend on volunteer efforts and focus on professional advocacy and peer support.

The *Family Child Care Network Impact Study* finds that provider affiliation with a staffed network—particularly one with a specially-trained coordinator* and supportive services to providers—is associated with higher quality care. Lower quality ratings, on average, are found for providers in networks without a specially-trained coordinator and supportive services, providers in associations, and unaffiliated providers. The study also identifies network services related to higher quality (see Table 1) and makes recommendations below based on those findings.

What Can Government and Other Early Childhood Policy Stakeholders Do to Improve the Quality of Family Child Care?

Government and other stakeholders should consider investing in staffed networks as a potentially effective quality improvement strategy for family child care in low-income, urban communities. Because children from low-income families are more likely to receive care from family child care providers and benefit more from high-quality care, improving quality in these settings may be an especially useful strategy for ensuring the well-being of this particularly vulnerable segment of our population.

Government and other stakeholders should consider investing in specialized graduate-level training for network support staff who work directly with family child care providers. The highest quality care is offered by providers who are affiliated with networks that have a specially-trained coordinator who delivers direct services to providers. Some key aspects of a network coordinator certificate program

*Specially-trained coordinators are defined here as having participated in a post-BA certificate program in infant studies customized for network support staff working directly with family child care providers.

Table 1: Effectiveness of network characteristics and services for family child care (FCC) quality

Highly effective	<ul style="list-style-type: none">• Specially-trained coordinator AND direct services to providers (on-site training; visits to FCC homes; low coordinator to provider ratios; and/or supportive staff-provider relationships)• Opportunities for supportive relationships between network staff and providers (regular meetings, telephone help, and feedback opportunities)
Moderately effective	<ul style="list-style-type: none">• Coordinator's prior experience with children• Coordinator has specialized training• Use of formal quality assessment tool• High-frequency visits (10 times in 6 months) to FCC homes focused on working with children• On-site training at the network for providers
Ineffective	<ul style="list-style-type: none">• Monthly visits to FCC homes focused on health/safety compliance• Referrals to external training• Peer mentoring• Material resources (e.g. lending libraries, free equipment)• Business services (e.g. tax preparation, enrollment of children, administration of subsidies)

may contribute to its effectiveness in helping coordinators work with and support providers:

- graduate-level academic course work and supervised internship
- a focus on infant-toddler care
- a curriculum adapted for family child care network coordinators
- a relationship-based curriculum
- funding and endorsement by local and federal government.

Government and other stakeholders should consider creating a set of quality standards for staffed networks. Some features of staffed networks may be easily regulated, such as specialized coordinator training, frequency of visits to family child care homes, and coordinator-to-provider ratios. Additional investments should also be considered, such as assuring that visits to family child care homes are focused on helping providers work with children and parents and implementing programs and practices that lead to strong network staff-provider

The Family Child Care Network Impact Study

This study took place during the years 2002-2004 and is the first to examine the relationship between affiliation with a family child care staffed network and quality of care provided. Data are based on a sample of 150 licensed family child care providers in the city of Chicago. The study sample included:

- 80 staffed network-affiliated providers,
- 40 unaffiliated providers, matched to the network providers
- 30 provider-led association-affiliated providers (unmatched)

Data for the study included in-depth interviews with network staff and providers and observations to assess quality of care in provider homes.

More information about the study is available online at hercenter.erikson.edu.

offered in these family child care homes. Other state-level incentives might include tiered reimbursement rates, with network-affiliated providers receiving higher reimbursements than unaffiliated providers.

How Can Networks Improve Quality Among Affiliated Family Child Care Providers?

Staffed networks should invest resources in hiring coordinators with a bachelor's degree and encourage coordinators to enroll in graduate-level training focused on working with providers, children, and families. Findings from the study indicate that having specially-trained coordinators who participated in a post-baccalaureate credit-granting program in infant studies offered at an institution of higher education enhanced the effectiveness of networks' direct services to providers, including training for providers, visits to family child care homes, and staff-provider interactions.

Staffed networks should hire coordinators who have prior experience working with children either in family child care or center-based settings. Direct experience working with children helps coordinators understand the work of family child care providers and may enable them to develop trusting and supportive relationships with providers in their networks.

Staffed networks should find ways to develop supportive interactions between network staff and providers through regular meetings for providers, telephone help, and opportunities for providers to offer feedback to network staff. Networks that offer this specific combination of opportunities for staff-provider interactions have providers with some of the highest ratings on quality. Regular meetings should focus on topics identified by providers or on training topics related to working with young children and families. Networks should also provide some mode of regular communication between coordinators and providers in addition to scheduled visits to family child care homes, such as regular telephone access to network staff for technical assistance. Finally, networks should have in place some procedure for providers to give formal feedback about program services. Such feedback may help providers feel they have a professional voice in the network and foster positive and trusting relationships between staff and providers. Provider feedback also offers a source of program and service

relationships. Head Start may be a promising sponsor of networks, as some of the services associated with quality in this study are mandated by Head Start standards.

Government and other stakeholders should encourage collaborations between staffed networks and other organizations that serve family child care providers, including provider-led associations, unions that represent providers, and resource and referral agencies. Increased collaboration and partnership between support organizations could reduce redundancies in support systems and maximize the potential of different support groups to help providers. Services such as lending libraries and business help, for example, are not directly related to quality of care for children, but may be important for improving business and other provider-focused outcomes. Such services may be better delivered by organizations that focus on provider advocacy, peer support, and business stability. Packaging different types of services through collaborations may make it easier for providers to access the types of services they need for both quality improvement and business support.

Government and other stakeholders should consider financial incentives for family child care providers to join staffed networks and improve their quality of care. Providers in this study were attracted to joining networks in part because they could access higher-paying Early Head Start slots for children. Further collaboration between Head Start and family child care may be one way to bring providers into networks and consequently raise the quality of care

development for network directors and coordinators that is directly responsive to the needs of providers.

Staffed networks should focus their resources on developing training programs for providers at the network rather than making referrals to off-site programs or offering tuition reimbursement programs for providers. On-site training for providers at the network may enable coordinators to customize trainings and offer opportunities for providers to develop professional relationships with their peers as well as with network staff.

Staffed networks should invest their resources in visits to family child care homes. Networks should limit provider caseloads for coordinators to no more than 12 providers per coordinator in order to assure home visits occur with adequate frequency and intensity. The following characteristics of network staff visits to provider homes are significantly associated with higher quality care among affiliated providers:

- using a formal quality assessment tool
- specially-trained coordinator works directly with children
- specially-trained coordinator talks to providers about children and/or parents
- network staff visit provider homes at a frequency of at least 10 times in 6 months to help provider work with children and parents.

Staffed networks should differentiate their services depending on providers' experience levels. Individualized services, such as child-focused visits to family child care homes, may be more effective for experienced providers. Services that help providers understand quality, such as use of a formal quality assessment tool during a visit, may be most effective for newly-licensed providers.

Staffed networks may consider offering business services and/or material goods to providers as an incentive for providers to join the network. Such services, however, should not replace quality-focused services such as visits to family child care homes, direct training for providers, or opportunities for staff-provider interaction.

Staffed networks may encourage providers to join or form their own associations. Provider-led associations may be an additional support for providers in networks and dual affiliation may be beneficial to many providers. Associations offer different kinds of supports to

providers than networks do—mostly in the areas of advocacy and peer-networking. Association involvement may be a particularly effective quality improvement step for more experienced providers in a network.

Additional Resources

The executive summary and full report of this study are available for download at herrcenter.erikson.edu.

Endnotes

¹ Johnson, J.O. (2005). *Who's minding the kids? Child care arrangements: Winter 2002*. Current Population Reports P70-101. Washington, DC: U.S. Census Bureau; Morrissey, T.W. (2007) *Family child care in the United States*. Reviews of research literature. New York: Child Care & Early Education Research Connections. www.researchconnections.org

² Kontos, S., Howes, C., Shinn, M. & Galinsky, E. (1995) *Quality in family child care and relative care*. New York: Teachers College Press

³ Shonkoff, J. P. & Phillips, D.A. (Eds.) (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press; Votruba-Drzal, E., Coley, R. L., & Chase-Lansdale, P. L. (2004). Child Care Quality and low-income children's development: Direct and moderated effects. *Child Development*, 75, 296–312.

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About the Herr Research Center for Children and Social Policy

The Herr Research Center for Children and Social Policy informs, guides, and supports effective early childhood policy in the Great Lakes region. Unique in its regional approach, the center brings together perspectives from policy and research to promote the well-being of young children from birth to age 8 and their families.

This center builds on the work of an applied research center established at Erikson in 1997 with a generous gift from the Jeffrey Herr family. The center expanded its mission in 2005 with additional funding from the Herr family and from the McCormick, Joyce, and Spencer Foundations and the Children's Initiative, a project of the Pritzker Family Foundation.