

Evaluation of Erikson Institute Family Child Care Specialist Training Program Phase II

Executive Summary

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Background

Approximately half of all young children spend some time in the care of home-based child care providers while their parents work or attend school. Home-based child care includes both regulated family child care providers (FCC) who offer group care to children in the provider's home, as well as unregulated family, friend, and neighbor child care (FFN)¹. Home-based child care providers have the potential to nurture young children's development and support low-income working families (Bromer & Henly, 2009; Porter et al., 2010). Moreover, many FCC homes are run as small businesses and may serve as economic and social assets to their communities (Bromer, 2006; Gilman, 2001). Increasing recognition of home-based child care as a viable early care and education (ECE) option is reflected in recent federal and state policy initiatives targeting quality improvement in this sector (Porter et al., 2010). FCC is now an official option of both Head Start and Early Head Start and is included in most states' Quality Rating and Improvement Systems (QRIS) (Morrissey, 2007; Tout et al., 2010). As a result of these trends, a variety of child care and social service agencies in communities across the country have developed programs to support home-based child care providers (Hershfield, Moeller, Cohen, & the Mills Consulting Group, 2005; Porter et al., 2010). Agency specialists deliver a range of services to home-based child care providers including training and support groups and visits to provider homes focused on monitoring compliance to standards, nutrition and healthy food consultation, and quality supports.

Despite the increased attention to family child care, there are relatively few evidence-based models designed to improve quality in these settings. A small body of research suggests that relationship-based services to providers such as coaching and consultation, visits to provider homes, and one-on-one technical assistance, may be promising strategies for improving care in home-based child care arrangements (Bromer, VanHaitsma, Daley, & Modigliani, 2009; Bryant et al, 2009; Ota & Austin, 2013; McCabe & Cochran, 2008; Ramey & Ramey, 2008). Bromer et al (2009) found that FCC providers affiliated with a community-based, agency-run support network that delivers services to providers (i.e., visits to provider homes and training through network staff with *specialized training*) offered significantly higher quality care than unaffiliated FCC providers or providers in networks without specially-trained staff. Unlike center-based child care providers who work under the guidance of a director or supervisor, most home-based providers work alone and may be more likely to benefit from support and guidance offered by a skilled agency specialist. Investing resources into developing a highly-qualified and skilled workforce of specialists who work with providers over time has the potential to improve and sustain the quality of care offered to children and families across a wide array of home-based child care programs.

The second phase of the *Family Child Care Specialist Training Program* was conducted with a diverse cohort of family child care specialists who deliver support services to home-based child care

¹ National studies estimate that up to 22% of children under age 5 in non-parental care spend some time each week in FCC settings (Capizzano, Adams, & Sonenstein, 2000; Laughlin, 2010), and close to half of all young children under age 5 spend time in the care of FFN providers, the majority of whom are grandmother caregivers (Laughlin, 2010). Moreover, one third of children receiving government-subsidized child care through the federal Child Care & Development Fund (CCDF) are cared for by home-based child care providers (U.S. Child Care Bureau, 2009).

providers through six agencies in the city of Chicago. This intensive, year-long program aimed to help specialists acquire relationship-based skills and developmental knowledge to improve their delivery of support services to providers. A process evaluation of the training program was conducted in order to 1) describe a variety of agency approaches to supporting home-based child care providers and agency specialists' experiences delivering support services to providers, and 2) examine how staff training helps agencies improve the quality of support services to providers.

Evaluation design, methods, and sample

A mixed-method approach was used for this evaluation including in-depth interviews, on-line surveys, and video observations of visits to provider homes by agency specialists. Data were collected from multiple sources including agency specialists who participated in the training, agency directors who supported their staff throughout the training, family child care providers who received services from the specialists participating in the training, and the program facilitator.

Eight agency specialists from six agencies participated in the evaluation. All six agencies were located in the city of Chicago and worked with family child care providers serving families and young children through a variety of federally-regulated programs such as Head Start, Early Head Start, and the federal child and adult food program, as well as privately-run programs. Ten home-based child care providers who received services from an agency specialist in the training program were interviewed including eight licensed family child care providers and two license-exempt family, friend and neighbor caregivers.

Evaluation Findings

Findings suggest that specialists who work with family child care providers face unique challenges including isolation of the work at the agency, resistant providers, and having to navigate diverse home environments. Specialists who worked in agencies where home-based child care services were not integrated into other services at the agency received less supervision, support, and recognition for their work with these providers compared to specialists in agencies in which the services were integrated. Additional challenges were reported around administrative and paperwork tasks related to monitoring federally-regulated programs. The focus on monitoring provider compliance may have eclipsed opportunities for facilitating positive provider-child interactions and other relational dimensions of quality such as provider-family relationships, social-emotional development of children, and facilitation of learning and development within mixed age groupings of children.

The *Family Child Care Specialist Training Program* offered specialists an opportunity to acquire and utilize new skills and knowledge to enhance their work with child care providers. Training helped specialists practice new strategies for developing partnerships, taking provider perspectives, and communicating more effectively, which allowed them to both monitor *and* support home-based child care providers in their care and education of children and families.

Training also created new opportunities for sharing and collaboration across agencies. This networking reduced the isolation that many specialists described in their work and may have also helped them to bring new resources and networks to the home-based child care providers in their caseloads. The new collaborations that specialists developed across agencies during the training motivated some to take on advocacy and leadership roles around family child care within their agencies. In addition to individual skill and knowledge acquisition, the training program may have shaped agencies' approaches to service delivery for home-based child care, particularly in agencies that were ready for change and could accommodate new practices and approaches to supporting quality.

Implications

Findings from this evaluation suggest that focusing on administrative tasks rather than the quality of interactions may limit the effectiveness of visits in improving the quality of home-based child care. Research on home visiting programs suggests that high quality home visiting has the potential to impact child outcomes when it involves facilitation of provider-child interactions and relationships (Roggman et al., 2008). A similar focus on provider-child relationships during visits to family child care homes could potentially shape positive outcomes for children in these settings.

Findings from this study point to the need for more specific guidelines and standards around best practices for supporting family child care providers. Prior research finds that visits to family child care homes is a promising strategy for improving quality and child outcomes (Bromer et al., 2009; McCabe & Cochran, 2008) yet the field lacks guidelines for implementing high-quality visiting in family child care homes across diverse home contexts as well as other strategies for supporting quality such as mentoring and coaching. The lack of supervision and support that many specialists reported in this current study may be partially due to the lack of knowledge and information that agencies and agency supervisors have about family child care and how to support these providers. Integrating home-based child care services into agency service delivery systems will require greater understanding among staff across the agency about the unique context of family child care, how family child care differs from center-based care, the potential for quality in these settings, and the key elements of effective support that improve outcomes for children in family child care homes.

The current study identified isolation of agency specialists who work with home-based providers as a possible barrier to the delivery of high-quality support services. The organizational context of agencies that support home-based child care may be an important element to consider in reducing isolation and improving quality support efforts. Delivery of high quality supports to providers may require a relationship-based organizational culture that values the development of partnerships with family child care providers and views home-based child care as a positive option for families and children. Future research should focus on dimensions of an agency's organizational culture and practice that are associated with high quality support practices and ultimately high quality care in affiliated provider homes.

Collaboration and sharing across agencies around family child care quality improvement initiatives and programs may further reduce the isolation of specialists and providers as well as create new communities of practice and learning around family child care and quality support. Networking among specialists who do this work may lead to enhanced advocacy on behalf of family child care. A majority of young children in non-parental child care are cared for in home-based child care settings, yet early education policy and research initiatives have largely focused on center-based care. Increasing understanding of the potential benefits of home-based child care for families and children and communicating these benefits to the public could help bring this sector of child care out of the shadows and into the broader public discussion about high-quality early childhood education. Specialists who understand the unique potential for quality and positive outcomes in family child care homes can communicate within their agencies and to the public, the value of these settings as a viable option for families and children.

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