

# Quality in Home-Based Child Care: A Review of Selected Literature

## Executive Summary



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# QUALITY IN HOME-BASED CHILD CARE: A REVIEW OF SELECTED LITERATURE

## EXECUTIVE SUMMARY

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## EXECUTIVE SUMMARY

### Introduction

Millions of American families rely on home-based child care (HBCC), which is child care offered in a provider's home or the child's home. It is the most common form of nonparental child care for infants and toddlers and for children living in poverty (National Survey of Early Care and Education [NSECE] Project Team 2016).

HBCC encompasses providers who offer regulated family child care (FCC) and those who offer unregulated family, friend, and neighbor care (FFN). Many HBCC providers face substantial challenges in providing high quality and sustainable care and in accessing resources and supports (Porter et al. 2010). Yet the research literature on the quality of child care focuses on center-based care.

This report summarizes findings from a review of existing literature on the features of quality in HBCC settings and the provider and neighborhood characteristics that may influence these features.

### Primary research questions

The literature review addressed five broad research questions:

1. How is HBCC defined in the research literature?
2. What are the features of quality in HBCC? In what ways do quality features in HBCC differ from quality features in other early care and education (ECE) settings?
3. In what ways do quality features vary by type of HBCC setting?
4. How do quality features of HBCC support positive provider, child, and family outcomes? What are the mechanisms that link quality to outcomes?
5. How do provider and neighborhood characteristics influence quality features in HBCC?

### Purpose

This review is one component of the HBCC Supply and Quality project. The Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF) contracted with Mathematica, Erikson Institute, and Toni Porter to conduct the project. The findings from this review will guide how the project team understands and approaches quality in its work on other project components, including a conceptual framework for HBCC quality, a review of quality measures in HBCC, development of new quality measures, and a research agenda.

#### The HBCC Supply and Quality project is:

- Summarizing what is known about HBCC supply and quality
- Analyzing existing data on HBCC supply and quality
- Developing a research agenda to fill gaps in what we know about HBCC supply and quality
- Conducting new research and developing measures to answer important questions

### Methods

The review includes 29 literature reviews and 59 primary research articles, including peer-reviewed articles and grey literature. With a few exceptions, they were published after a 2010 review on HBCC quality (Porter et al. 2010). The review documents the types of evidence and types of HBCC settings described in these publications, along with evidence of the mechanisms that link features of quality to provider, child, and family outcomes.

The review unfolded in two stages: (1) reviewing existing literature reviews and (2) reviewing primary research articles. Before reviewing existing reviews or articles, the project team started with an initial set of quality features that had been hypothesized in a draft conceptual framework based on a previous conceptual framework for HBCC quality (Blasberg et al. 2019) and the team's knowledge of existing research and practice. If existing reviews had limited evidence about quality features, the team prioritized the identification of primary research on those features.

### Key findings and highlights

#### *1. How is HBCC defined in the research literature?*

The literature revealed wide variation in and a lack of consensus on descriptions and definitions of HBCC. The research broadly defined HBCC as nonparental child care that takes place in the provider's home or the child's home. Some research defined HBCC according to its regulatory status—that is, whether providers were licensed, registered, or listed (FCC) or unregulated or unlisted (FFN). Other research focused more narrowly on relative caregivers, most commonly grandparents. Throughout the literature review we describe the type of HBCC setting (FCC, FFN, or relative care only) that we found evidence on, and how evidence for quality features might differ across HBCC settings. We use the broader term HBCC when the research does not specify the type of setting.

#### *2. What are the features of quality in HBCC? In what ways do quality features in HBCC differ from quality features in other ECE settings?*

The review identified four broad components of quality in HBCC: (1) home setting and learning environments; (2) provider-child relationships; (3) provider-family relationships and family supports; and (4) conditions for operations and sustainability. Each of these four components has several quality features (Exhibit 1). The review also explored two broad contextual factors that may influence quality features in HBCC: provider and neighborhood characteristics (Exhibit 2).

**Exhibit 1. Components, subcomponents, and quality features in HBCC**

Components	Home setting and learning environments	Provider-child relationships	Provider-family relationships and family supports	Conditions for operations and sustainability
Subcomponents	Physical environment and setting	Provider support for children's development	Relational supports	Working conditions
<b>Quality features</b>	<ul style="list-style-type: none"> <li>• Group size and adult-child ratios</li> <li>• Indoor and outdoor space</li> <li>• Use of community spaces as extension of child care</li> <li>• Health and safety</li> <li>• Family-like settings</li> <li>• Care offered during nontraditional hours</li> </ul>	<ul style="list-style-type: none"> <li>• Support for children's emotional development</li> <li>• Support for children's language, literacy, and cognitive development</li> <li>• Support for children's social development</li> <li>• Support for children's physical development</li> </ul>	<ul style="list-style-type: none"> <li>• Family-like relationships and connections among families</li> <li>• Trust</li> <li>• Reciprocal communication</li> <li>• Facilitation of family engagement in children's learning</li> </ul>	<ul style="list-style-type: none"> <li>• Working alone</li> <li>• Work-family balance</li> <li>• Management of multiple roles</li> </ul>
Subcomponents	Learning environment and routines	Family-like relationships with children	Logistical supports	Business practices and caregiving resources
<b>Quality features</b>	<ul style="list-style-type: none"> <li>• Materials and organized environment</li> <li>• Curricula</li> <li>• Intentional learning activities</li> <li>• Opportunities for informal learning</li> </ul>	<ul style="list-style-type: none"> <li>• Close provider-child relationships</li> <li>• Support for mixed-age peer interactions</li> <li>• Continuity of care</li> <li>• Cultural congruence</li> </ul>	<ul style="list-style-type: none"> <li>• Flexibility</li> <li>• Resources and referrals for families</li> <li>• Help with non-child-care tasks</li> </ul>	<ul style="list-style-type: none"> <li>• Business practices</li> <li>• Program policies</li> <li>• Access to business supports</li> <li>• Access to and participation in support communities</li> </ul>

**Exhibit 2. Provider and neighborhood characteristics that may influence quality features in HBCC**

Provider characteristics	Neighborhood characteristics
<p><b>Provider background in ECE</b></p> <ul style="list-style-type: none"> <li>• Sources of knowledge about children and caregiving</li> <li>• Professional development</li> <li>• Years of experience</li> </ul> <p><b>Provider attitudes</b></p> <ul style="list-style-type: none"> <li>• Motivations</li> <li>• Professional identity</li> <li>• Caregiving beliefs, cultural values, and racial identity</li> </ul> <p><b>Provider health and well-being</b></p> <ul style="list-style-type: none"> <li>• Provider psychological health</li> <li>• Provider physical health</li> <li>• Provider financial and economic well-being</li> </ul>	<p><b>Neighborhood structural characteristics</b> (such as crime; disadvantage)</p> <p><b>Neighborhood social processes</b> (such as collective efficacy; social cohesion; neighborhood engagement)</p>

Several quality features may be more likely to occur in HBCC settings, or may be implemented differently there than in other ECE settings such as center-based care. For example, HBCC providers are more likely to care for children of mixed ages (NSECE Project Team 2013) and to offer care during nontraditional hours like evenings and weekends (NSECE Project Team 2013). Many qualitative studies in our review described continuity of care, close-knit relationships, and logistical supports to families as common in HBCC settings. These studies hypothesized that these features are important aspects of HBCC that may support children's social and emotional development as well as parents' well-being. Yet the literature review found little or no evidence of correlational or causal links between these quality features and provider, child, or family outcomes.

### *3. In what ways do quality features vary by type of HBCC setting?*

Across components of quality and provider and neighborhood characteristics, most of the research concentrated on FCC providers. Few studies examined quality components and related features in FFN settings, although we found more research on care by relatives (mostly grandparents) than on care from friends or neighbors.

### *4. How do quality features of HBCC support positive provider, child, and family outcomes? What are the mechanisms that link quality to outcomes?*

Understanding how quality features support positive outcomes is necessary to design interventions and supports that build the supply of high quality HBCC, including FCC and FFN settings. For example, provider outcomes such as health and well-being are important for stability of the HBCC workforce. Child outcomes such as language and social-emotional development are important for future school success. Parental outcomes such as employment and reduced stress are important for family economic sustainability and positive parent-child relationships.

We found more evidence in the research literature on quality features that are found across ECE settings than on quality features that may be more likely to occur or to be implemented differently in HBCC settings. These gaps in evidence are critical because they might explain results from prior research that had found lower quality of care in HBCC than in other ECE settings.

Across studies, we found more evidence of links between quality features and child outcomes than evidence of links to family or provider outcomes. The most evidence of a link between quality features and child outcomes was found for features within the components (and subcomponents) of home setting and operations and provider-child interactions, as listed in Exhibit 1. The limited evidence for family outcomes was in the provider-family relationships and family supports component, and evidence for associations with provider outcomes was found for features within the component of conditions for operations and sustainability.

### 5. *How do provider and neighborhood characteristics influence quality features in HBCC?*

Ample evidence detailed how provider characteristics interact with quality components and features in HBCC. Literature described the importance of neighborhood context in parenting and children's developmental outcomes. Although the literature on neighborhood context did not specifically examine HBCC settings, findings about how it contributes to parenting practices have implications for HBCC caregiving practices.

### Recommendations

Several gaps in the literature suggest directions for future research. There is a relative lack of studies on HBCC that are based on samples of Black, Latinx, and Indigenous providers, families, and children, or those from other historically marginalized groups. This suggests that future research needs to more explicitly center on these groups. How HBCC settings contribute to equitable outcomes for children, including racial and ethnic identity and resilience for children of color and other marginalized groups, is critical to understanding the strengths of these settings. Other gaps include the lack of research on school-age children and children with disabilities in HBCC settings. In addition, more research is needed on quality features in FFN settings.

Future research is needed to examine how features of quality that may be implemented differently or more likely to occur in HBCC are associated with child, family, and provider outcomes. Prior research on HBCC is limited by the measures used and the features of quality examined, which largely are features common in center-based ECE settings (Doran et al. forthcoming).

Moreover, there is a need for research that uses mixed methods like observation and qualitative interviews. Most research is cross-sectional, with few studies examining provider practices and outcomes over time. There is also a need for experimental research designs that investigate HBCC quality features and how they directly and indirectly shape child and family outcomes.

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