Unpacking Comprehensive Services and Supports in Family Child Care: The Role of Networks

Erikson Institute

Home-Based Child Care Research

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One of the primary goals of early care and education (ECE) is to ensure that children are healthy and thriving. The fallout from the COVID-19 pandemic has made clear that we need to renew our focus on the health and well-being of children, in part by addressing the social inequities that many families face when accessing services in their communities. Head Start's two-generation approach has proved beneficial for supporting young children and their families through the delivery of comprehensive services and supports (CSS) that promote child and family health, mental health, economic stability, development, and social–emotional well-being (see Box 1).[1,2] However, this important approach is understudied in other settings such as home-based child care (HBCC). HBCC providers are trusted sources of holistic support for families from diverse backgrounds, yet the responsibility for CSS delivery cannot fall on providers alone.[3] It is critical to better understand how state and local policies can help HBCC providers, families, and children access the CSS they may need to thrive. One possible strategy is to invest in HBCC networks, which are organizations that bring centralized services to groups of HBCC providers and the families they care for. **While facilitating CSS is not traditionally a core focus of HBCC networks, they are well-positioned to support children and families both directly and indirectly.**

This brief presents an analysis of national data[4] exploring how HBCC networks support the delivery of CSS to children and families in HBCC settings, as well as recommendations for HBCC networks and cross-sector policy changes. We find that:

1 **Networks primarily offer CSS focused on children's health and development, with fewer services focused on family well-being.**

2 **Many networks offer information about CSS, but fewer offer direct services or assistance.**

3 **Networks use data collection, staffing, and relationship-building strategies to implement CSS for children and families.**

4 **Networks that do not prioritize family support and engagement as part of their mission may face additional barriers to CSS delivery.**

CSS in HBCC settings

HBCC, which includes care provided by regulated (licensed, certified, or registered) family child care providers and legally exempt family, friend, and neighbor caregivers, is a primary care arrangement for more than 12 million children in the U.S.[5] HBCC is especially common in communities of color, communities with high concentrations of families experiencing poverty, families from immigrant backgrounds, and in rural areas.[6,7,8] Families with infants and toddlers who receive child care subsidies or who work nonstandard hours are also more likely to rely on HBCC than other types of child care settings.[6,7,8] Research suggests that families who use HBCC have less access to CSS than those enrolled in center-based programs.[9,10]

Questions about HBCC participation in delivery of CSS are understudied,[6] although prior research suggests some possible factors behind disparities in CSS in HBCC settings:

- HBCC providers may want to support families but have limited capacity to provide or refer children and families to more formal CSS. This may be especially true for providers who work alone or are not affiliated with a larger organization or ECE system that supports or requires CSS, such as an HBCC network.[4,10]
- It is well-documented that many HBCC providers have close, familial relationships with the children and families in their care. Providers may focus on more informal approaches to meeting children's and families' holistic needs (see Box 2).[11,12,13] This may be especially true in times of crisis, such as during the COVID-19 pandemic.[14,15] These informal supports are often undocumented or unrewarded in research, policy, and practice.
- Particularly in communities that have been marginalized and systematically disinvested,[16] it may be challenging for HBCC providers to find CSS partners for referrals, to navigate cultural perceptions and experiences of health and mental health supports, and to build sufficient trust to facilitate resource sharing.[17]

BOX 1.

DEFINING COMPREHENSIVE SERVICES AND SUPPORTS (CSS)

Comprehensive services and supports (CSS) are formal and informal services that support whole-child and whole-family outcomes, including but not limited to: [1]

CSS FOR YOUNG CHILDREN (PRENATAL TO AGE 5)

- Health and developmental screenings
- Preventative health care and nutrition support
- Access to diapers, wipes, and formula at home
- Early intervention services for children with disabilities and developmental delays
- Parenting education to support child development and well-being

CSS FOR FAMILIES

- Family member health and mental health
- Economic stability, including employment and education supports, food, housing, and social safety net programs
- Social–emotional well-being

BOX 2.

UNRECOGNIZED CSS OFFERED BY HBCC EDUCATORS

Research focused on HBCC program practices has highlighted the informal ways that HBCC educators holistically support children and families, including: [11-15]

- Economic stability supports (e.g., financial gifts/loans, waived co-pays or discounted rates, flexible payment schedules)
- Material resources (e.g., clothing, shoes, groceries, meals, diapers, formula for children in or outside care)
- Social–emotional support (e.g., marital relationship and parenting support, religious and spiritual guidance, shared lived experience).
- Parenting guidance (e.g., child-rearing advice, passing down community wisdom)

CSS in HBCC networks

HBCC networks ("networks") that offer a variety of supports to providers (see Box 3) may be well positioned to supplement the ways their affiliated providers already meet families' needs and ultimately to help ensure equitable access to CSS for children and families who use HBCC. Prior research suggests that networks may directly provide services and referrals to families or may indirectly support CSS access through provider workshops and training about relevant topics.[4,18] Limited research has unpacked the different ways that networks support families' access to CSS, including the successes and barriers to CSS delivery within HBCC settings. As part of their work building and supporting comprehensive HBCC networks, Home Grown has conceptualized three primary roles for networks with regard to CSS: (a) supporting families via trusted relationships, (b) assessing child and family needs, and (c) engaging families in services.[3]

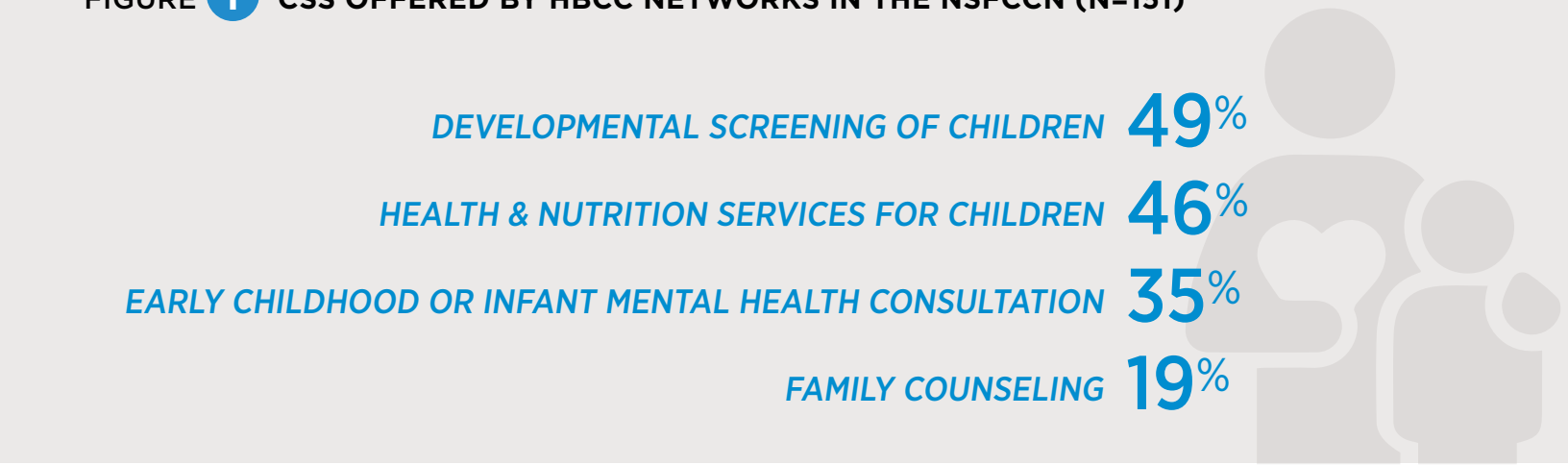
BOX 3.

HBCC NETWORKS

HBCC networks are organizations that typically offer a menu of centralized supports tailored for HBCC providers at all career stages, such as visits to provider homes, coaching, training, and peer support. Networks may be independently operated entities or affiliated with an early childhood organization, such as a Child Care Resource and Referral (CCR&R) agency or an Early Head Start–Child Care (EHS-CC) Partnership.[4] In addition to supporting HBCC providers, networks can work directly with parents, for example by helping them with child care subsidy eligibility determination and payments, finding child care programs, and accessing comprehensive services and supports.

In the National Study of Family Child Care Networks (NSFCCN), fewer than half of surveyed staffed HBCC networks directly offered any CSS for children or families, including developmental screenings, health and nutrition services, early childhood mental health consultation, or family counseling (Figure 1). Slightly higher proportions reported linkages or referrals to other organizations in the community. Head Start-affiliated networks that were often part of larger social services agencies were more likely than other types of staffed networks to directly offer CSS, while the opposite was true for referring or linking families to external sources of CSS.

FIGURE 1 CSS OFFERED BY HBCC NETWORKS IN THE NSFCCN (N=151)



Note: Reproduced from Bromer & Porter, 2019[4]

FINDINGS FROM HBCC NETWORK DIRECTOR INTERVIEWS

This brief presents data from 39 staffed HBCC network directors from the NSFCCN who reported working with families directly or providing families help accessing CSS.

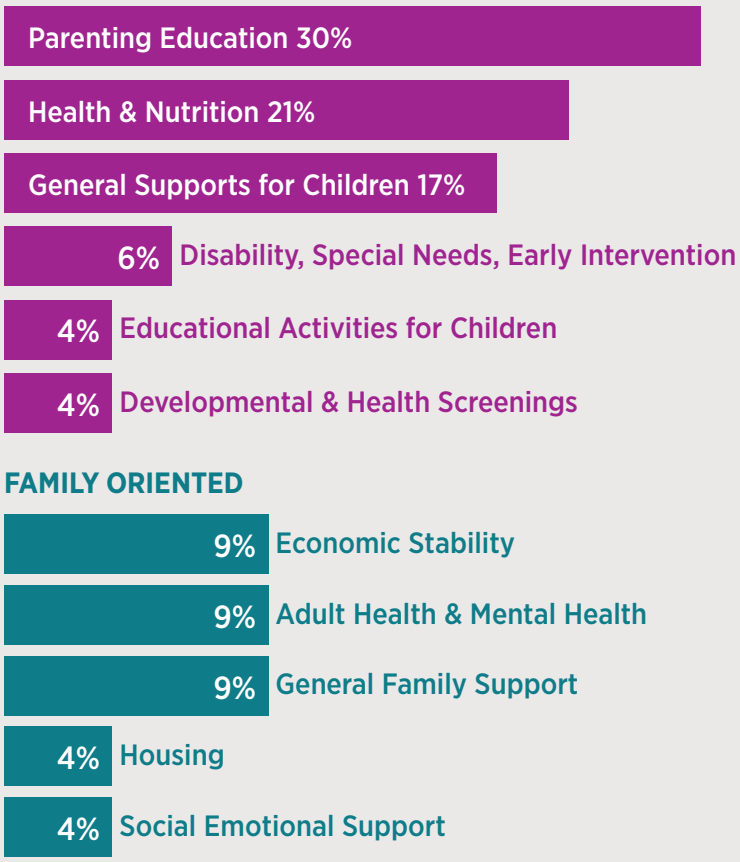
Networks primarily offer CSS focused on children's health and development with fewer services focused on family well-being

Network directors reported a variety of child- and family-oriented CSS (Figure 2). Child-oriented CSS were more common, particularly parenting education about child development and related topics, health and nutrition for children, and other general or unspecified child-oriented supports. Less common were CSS focused on disabilities and early intervention, developmental and health screenings, and educational and learning activities for families to do at home with children. Networks offered fewer CSS focused on the whole family (including parents and other adults).

Those that offered CSS focused on family members' well-being included helping parents with topics related to economic and job stability, adult health and mental health, housing, social–emotional support, and other general or unspecified family support. In a few networks housed within larger nonprofit organizations, the content and focus of CSS seemed to be shaped by their focus on serving targeted populations (e.g., families experiencing homelessness; children involved in the foster care system; families from migrant, African American, Latine, or tribal communities).

FIGURE 2

CONTENT AND FOCUS OF CSS OFFERED BY STAFFED HBCC NETWORKS

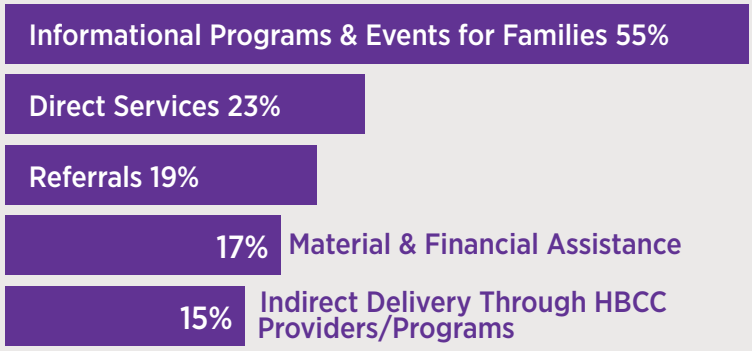


Many networks offer information about CSS, but fewer offer direct services or assistance

Directors discussed five approaches, often used together, to deliver CSS to families and children (Figure 3). These included: (a) informational programs and events for families, (b) direct services for children and families, (c) referrals, (d) material and financial assistance, and (e) indirect delivery of CSS through HBCC providers and programs.

FIGURE 3

CSS DELIVERY APPROACHES USED BY STAFFED HBCC NETWORKS



Informational programs and events for families (55% of networks). More than half of networks hosted programs and events for families to engage and share information, although the topics were not always explicitly related to a specific type of service or resource. These programs were typically interactive workshops or meetings where parents received information, guidance, or training on general parent education or different topics connected to children's development and well-being (e.g., child health and nutrition, positive parenting, educational activities, child development and kindergarten readiness, CPR and first aid). In a couple of networks, these events were not content-focused, but rather provided space for recognition of parents' hard work or for processing challenging parenting experiences. Several networks offered specific programs or curricula, while others offered topics "designed around that particular group of families" to meet their needs. Trainings and events were held in a variety of locations (e.g., at the network, in a provider's home, at a local library) and with different frequencies (e.g., weekly, monthly, quarterly; year-round or offered as a series). Programs often came with a meal—in one case, prepared by providers in the network. A few networks opened HBCC provider trainings so that parents could attend as a helpful strategy for bridging the network's provider and family support efforts.

Direct services (23% of networks). Some networks, especially those affiliated with Head Start or Early Head Start, offered direct services to families and children either in the provider's or the family's home by dedicated staff (discussed further in the next sections). These services included developmental screenings for children and health and mental health consultation. Some networks that were housed in larger social service organizations were able to offer these services because they had access to social workers, psychologists, and mental health consultants who could work with families. In some networks, staff provided more informal, ad hoc supports, such as transportation to and from programs or shoveling families' steps in the winter.

Child and family referrals (19% of networks). For children, networks offered referrals primarily related to child health and early intervention services. CSS referrals for families covered a wider range of resources, including health or mental health services, food pantries, housing, and crisis support for families. Some networks provided referrals on a one-on-one basis (e.g., when contacted by a provider or parent), while others provided databases or resource books to providers and parents to help them identify the resources they needed. Particularly in Head Start networks, referrals were tracked as part of family service plans and case management.

Material and financial assistance (17% of networks). Networks supported families by providing them with various kinds of material and financial assistance, including items for children (e.g., diapers, wipes, formula, books, toys, school supplies), establishing child care scholarship funds, and organizing donation drives in the community. Some strategies were more case-specific in response to family crises, such as providing beds or other furniture when families had a house fire or bedbug infestation.

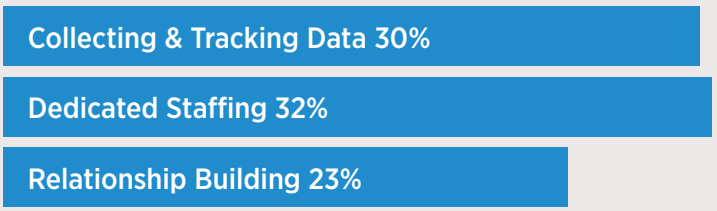
Indirect delivery through providers and programs (15% of networks). Networks offered supports to families indirectly through HBCC providers. Some networks focused on providing additional training and resources (e.g., nutrition, social–emotional well-being) to HBCC providers to help them support children and families. One network compensated HBCC providers for conducting home visits to families, helping providers be more empathetic toward and supportive of how family circumstances, such as insecure housing, might influence child and parent behaviors.

Some networks used data collection, staffing, and relationship-building strategies to implement CSS for children and families

Collecting and tracking data (30%). Networks used community surveys, intake and needs assessments, and data systems to track families' goals, service plans and overall satisfaction with services. For example, some networks tracked inputs (e.g., what services or referrals families received) or outcomes aligned with their stated goals (e.g., parents going back to school, finding a new job, or finding more secure housing).

FIGURE 4

CSS IMPLEMENTATION STRATEGIES USED BY STAFFED HBCC NETWORKS



Dedicated staffing (32%). Networks hired specialists such as early interventionists, nutritionists, family and community engagement specialists, social workers, and health and mental health consultants to support children and families enrolled in HBCC settings. Depending on the network's delivery approaches, these specialists provided direct services to parents (e.g., home visits), indirect services (e.g., provider training or referrals), or informal supports (e.g., responding to families' individual needs as they arose or providing logistical support).

Relationship building (23%). Networks built connections among their staff, providers, and families to enhance communication and foster trust. These relationships allowed families to rely on providers and staff for their needs, allowed them to feel more comfortable seeking CSS, and created opportunities for social and emotional support.

Networks that do not prioritize family support and engagement as part of their mission may face additional barriers to CSS delivery

Sixteen network directors described challenges they faced when trying to provide CSS to children and families enrolled in HBCC programs. For several networks, the scope of providing CSS was limited because family support was not an organizational priority, typically because of institutional constraints and fiscal barriers. Other challenges cited included family engagement (e.g., family members not attending programs or events, families not following up on referrals for a variety of reasons) and staff competencies in working with families (e.g., difficulties helping families find and navigate CSS in the community, staff not knowing how to adequately support families in overcoming the barriers they were facing).

RECOMMENDATIONS FOR ENHANCING CSS DELIVERY THROUGH HBCC NETWORKS

The current analysis points to recommendations about how HBCC networks and government agencies can support families and children in comprehensive ways. Many of these recommendations align with recent benchmarks and indicators developed to guide high-quality HBCC networks.[19]

HBCC networks can develop intentional strategies for connecting families and children in HBCC settings to the most critical services and supports that they need.

Depending on auspices and available infrastructure of the network, promising practices include:

- Designing CSS approaches based on families' stated goals, interests, and needs (for example, collecting data about their interests and aligning these with parent events; determining direct service and staffing needs based on family needs assessments).
- Developing formal partnerships with organizations that work with families in the community, including processes for referrals and follow-up to ensure access to and use of responsive external supports (for example, helping families complete paperwork, schedule appointments, or arrange transportation).
- Providing material and financial assistance to flexibly respond to individual families' needs, especially funds for emergency circumstances, and prioritizing their most critical needs first (e.g., food, housing, health care).
- Conducting home visits to families of children in HBCC settings, either by dedicated network staff or in partnership with HBCC providers who are compensated for the extra time.

HBCC networks can build on and leverage the close relationships many HBCC providers already have with families to deliver meaningful and responsive CSS.

Promising practices include:

- Providing training and/or resources to HBCC providers around supporting families (for example, trainings about how to navigate the early intervention process).
- Offering HBCC providers information on community resources that they can share with families.
- Compensating HBCC providers for the ways they support families informally through logistical, social, and emotional support.
- Inviting parents to attend some trainings and events with their providers to foster a team-based approach.
- Leveraging shared services models, including substitute pools and bulk purchasing, to build provider capacity to provide additional resources and supports to families.

HBCC networks can use a strengths-based and relationship-based approach to supporting providers, families, and children.

Promising practices include:

- Working closely with providers and families as equal partners in the design of network CSS approaches, both to ensure that activities are responsive to the community's needs and to enhance engagement and satisfaction.
- Developing a holistic and systematic approach to providing CSS that incorporates knowledge of community strengths and needs, tracks data about service delivery and referral processes, and responds to feedback from providers and families.
- Building trusting relationships among network staff, community organizations, providers, and families to facilitate all aspects of CSS delivery.
- Providing training about relationship-based support, trauma-informed care, and other topics to network staff and providers.

Reimagining CSS as a cornerstone of high-quality HBCC requires policy change across ECE systems.

Promising practices for government agencies:

- Increasing subsidy rates to recognize and financially reward HBCC providers for the additional ways they support families beyond their care and education work.
- Incorporating responsive CSS delivery into continuous quality improvement efforts, including quality rating and improvement systems and professional development supports.
- Expanding funding and support for EHS-CC Partnerships in HBCC settings to support access to CSS for families who use HBCC.
- Investing in development of well-funded staffed HBCC networks that can comprehensively support children and families, as well as providers.
- Offering additional funding for HBCC networks to build capacity to serve children and families as an explicit part of their mission, including funding for staff hiring and training, material and financial assistance, data system development, and community partnership building.

METHODOLOGY

The NSFCCN identified 156 networks and organizations that support HBCC providers across 39 states and the District of Columbia, including CCR&Rs, EHS-CC partnerships, Migrant Head Start initiatives, and standalone networks, as well as other types of support organizations.[4] In-depth interviews were conducted with a sub-sample of 47 networks.[20] Although CSS were not a primary focus of the study, 44 out of 47 network directors discussed directly and/or indirectly supporting families. NSFCCN data were collected from 2017 to 2019 and do not reflect possible shifts resulting from the COVID-19 pandemic and/or nationwide movements for racial justice.

For the current analysis, relevant sections from NSFCCN director interview transcripts were coded line by line using Nvivo. For CSS content, deductive codes were generated based on Head Start Program Performance Standards categories and iteratively revised during the coding process to capture all references. For CSS approaches, strategies, and challenges, inductive codes were created to capture all references. A subset of transcripts was double-coded for reliability, and consensus was reached. Codes were triangulated with available literature and revised as needed for conceptual clarity.

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