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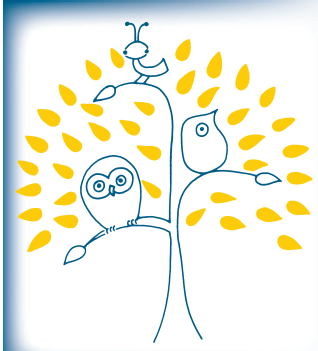
RESEARCH BRIEF

Can Home Visiting Increase the Quality of Home-based Child Care? Findings from the Caring For Quality Project

By Lisa A. McCabe and Moncrieff Cochran



HOME-BASED CHILD CARE IN THE UNITED STATES

Home-based child care is the most common type of non-parental child care arrangement in the United States, especially for children under age 4, and children from low-income families.[1] It includes regulated care (e.g. family child care) and regulation-exempt care (e.g. Family, Friend, and Neighbor care), paid and unpaid providers, and care by both relatives and non-relatives.[2] Yet, despite the prevalence of this type of child care, research also suggests that the quality of care in these settings is typically low. The Study of Children in Family Child Care and Relative Care rated less than 10% of family child care homes as good quality while 35% were rated as inadequate.[3] Similarly, the National Institute of Child Health and Human Development's (NICHD) Study of Early Child Care (SECC) found that positive caregiving was "not at all characteristic" or only "somewhat characteristic" of more than half of the child care homes in the study.[4]

Despite the prevalence of family child care homes and evidence suggesting the often low quality, little work has been done to explore how best to support these caregivers to provide high quality care.[5] Professional development and support opportunities for family child care providers typically involve group classes or workshops, often in conjunction with caregivers from center-based settings, and are taught during nights and weekends. Few programs are specifically targeted towards the needs of home-based providers, especially those who are exempt from licensing regulations because they are caring for relatives or smaller numbers of unrelated children. In addition, programs rarely provide sustained support and training over time, and in a provider's home while she is caring for children. Caring For Quality (CFQ) represents one of the first efforts to develop a program that would meet the specific needs of home-based providers, provide long-term support through a one-on-one relationship with a home visitor, and provide training in the home setting during the hours while children are in care. This brief documents results from an evaluation of the first two years of CFQ program implementation and the effect it had on quality of care provided to young children in home-based child care settings.

THE CARING FOR QUALITY PROGRAM

The Caring For Quality (CFQ) Program was designed to support and connect both registered and informal[6] home-based child care providers in order to increase the quality of care provided to young children. The program developed out of a community collaboration that included programmatic staff with experience working with family child care providers, national and local funders, and researchers. Design of the program was based on 1) the success of home visitation programs for parents[7]; and 2) studies suggesting that relative and in-home caregivers are generally not interested in participating in training

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activities, but do show interest in 'get-togethers' with other providers.[8] After a year-long community planning process, the program was first implemented in an upstate New York community in 2005-2006, with a second wave of program implementation in 2006-2007.

The CFQ Program had two main components. First, **home visits** took place twice a month for a minimum of nine months and up to one year. Content of the visits was based on the "Supporting Care Providers Through Personal Visits" curriculum[9], a recently developed version of the Parents as Teachers (PAT) Curriculum for family child care providers. This curriculum includes visit plans and activities, as well as resources for providers and home visitors on topics such as child development, health and safety, and nutrition. In addition, home visits were guided by the Family Development Credential[10] empowerment approach to training front-line workers. Home visits were provided by professional staff who were trained in the PAT curriculum and had experience with home visiting and family child care providers. Home visits were supplemented with **networking meetings**, the second component of the CFQ Program. These meetings were designed to provide additional support and information to providers through small gatherings of no more than 7 family child care providers. The home visitors facilitated meetings, but content, location, and time of the meetings were determined based on the needs and requests of the participating providers.

Participants in the Caring for Quality Program

The CFQ Program was open to legally operating home-based providers in an upstate New York county.[11] Participants were recruited through a variety of methods including phone calls to registered providers and informal providers with subsidized children in their care, advertisements posted in local community businesses (e.g. grocery stores and libraries), and announcements at other trainings offered for family child care providers. Interested providers were given additional information about the program and evaluation, and were screened to ensure that they 1) had at least one child under age 4 in their care for at least 20 hours per week; 2) expected to provide care for at least 6 months; and 3) spoke at least some English. Providers who volunteered to participate were divided by regulation status (with approximately equal numbers of registered and informal providers) and then randomly assigned to the program group (2/3 of providers) or the comparison group (1/3 of providers). The program group received the full CFQ Program of home visits and networking meetings. Comparison providers received one home visit focused on health and safety and were offered the opportunity to participate in future waves of CFQ Program implementation.[12]

Table 1. Participants in the Caring for Quality Program and Evaluation by Program Participation and Registration Status

	Program	*Comparison*	*Total*
Registered	***38***	***15***	***53***
Informal	***36***	***8***	***44***
Total in Project	***74***	***23***	***97***

A total of 97 family child care providers participated in the program and evaluation (see Table 1). The majority of participants of the CFQ Program were female (99%) and married (52%) with an average of 10 years of experience caring for children (range of less than 1 year to more than 35 years). Providers worked an average of 50 hours per week (with a range from 9 to 120 hours). Most providers were African American (see Figure 1), between the ages of 40 and 59 (see Figure 2), with high school or some college as their highest level of education (see Figure 3). Providers cared for both related (own children, grandchildren, children of other family members) and unrelated children (friend's or neighbor's children or children with no formal relationship prior to the start of providing care). Informal providers were more likely to care for grandchildren and children of other family members while registered providers were more likely to care for unrelated children (see Figure 4). The vast majority of providers were enrolled in the Child and Adult Care Food Program (82%) and more than half (52%) also participated in a local family child care network designed to offer a variety of supports and services for home-based child care providers.

Figure 1. Race/Ethnicity of Caring for Quality Participants

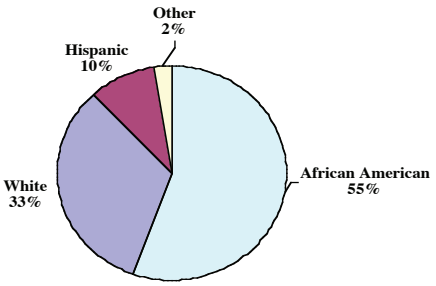


Figure 2: Age of Caring For Quality Participants

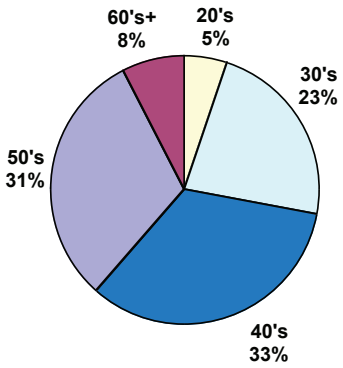
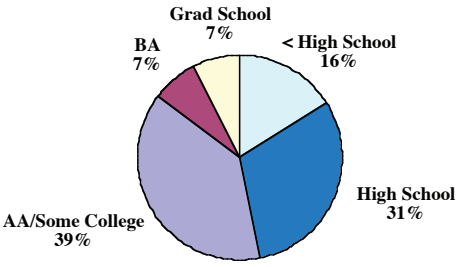
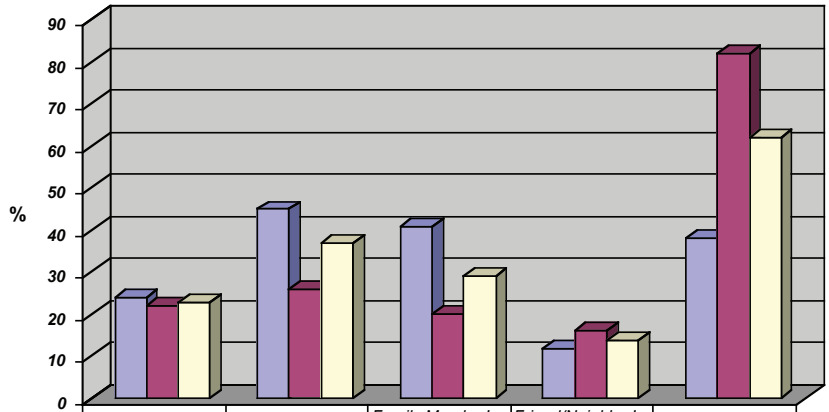


Figure 3. Educational Background of Caring for Quality Participants



the children in their care (e.g. child's relationship to provider). The program group answered additional questions about their experiences with the CFQ Program, including how much they thought their skills and knowledge had changed.[15] Home visitors also completed written surveys about their experiences with individual providers (e.g. provider's engagement with the program).

Figure 4. Percentage of Providers Caring for Related and Unrelated Children



	Own Child	Grandchild	Family Member's Child	Friend/Neighbor's Child	Unrelated Child
Informal	24	45	41	12	38
Registered	22	26	20	16	82
All Providers	23	37	29	14	62

KEY EVALUATION FINDINGS

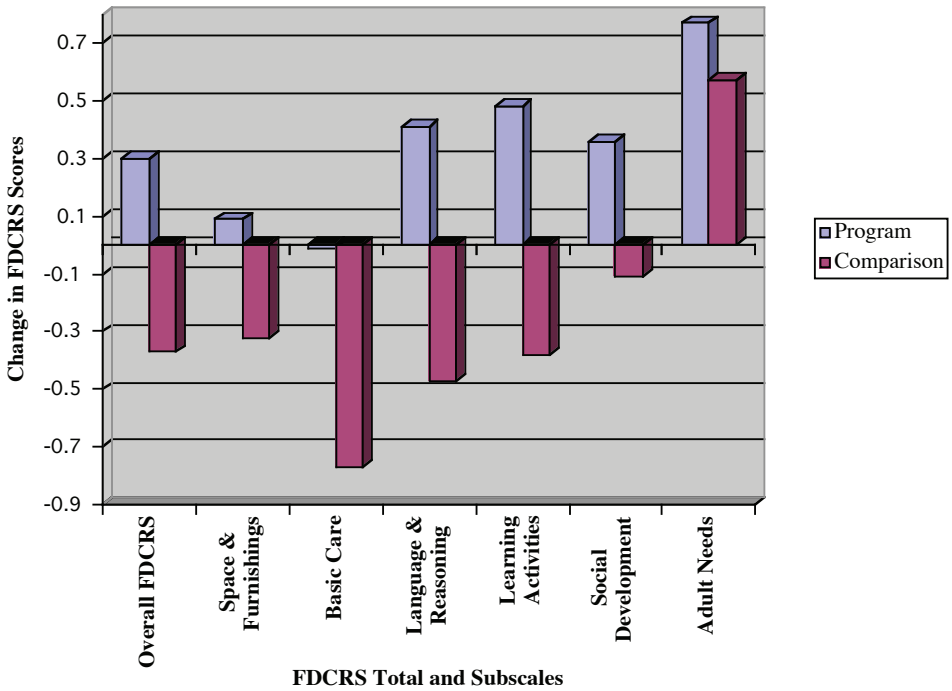
What is the overall quality of family child care programs before CFQ participation?
The overall quality in observed family child care programs was minimal on average (FDCRS score=3.99[16] with a range from 1.91 to 5.94) at the start of the CFQ Program. For the assessment tools used in this research, quality was lower on average in informal homes (FDCRS=3.58)[17] than in registered homes (FDCRS=4.34). These findings are similar to other research with family child care providers demonstrating the often low-quality of care provided.

How does participation in the CFQ Program affect child care quality?
Providers who participate in the CFQ home visits showed a significant increase in quality when compared to providers who did not participate in the program. This quality increase for the program group was evident both on the overall FDCRS score (from 3.94 to 4.25), as well as all FDCRS subscales except basic care and space/furnishings (see Figure 5). The increases were most significant in the areas of language and reasoning, learning activities,

Evaluation Methodology

The Caring For Quality Program was evaluated using a pre-, post-test design with random assignment. All providers from both the program and comparison groups were observed in their homes at two points in time: once at the beginning of the CFQ project and again after home visits had been completed with the program group (approximately one year later). Observations lasted two and a half hours and were conducted by trained data collectors who did not know whether providers were enrolled in the CFQ Program. During the observations, information about child care quality was gathered using the Family Day Care Environment Rating Scale (FDCRS)[13] and an adapted Health and Safety Checklist.[14] In addition to observations, providers also completed written surveys about their background (e.g. education and experience), and

Figure 5. Change in Quality for Program and Comparison Groups Before and After Caring For Quality Program

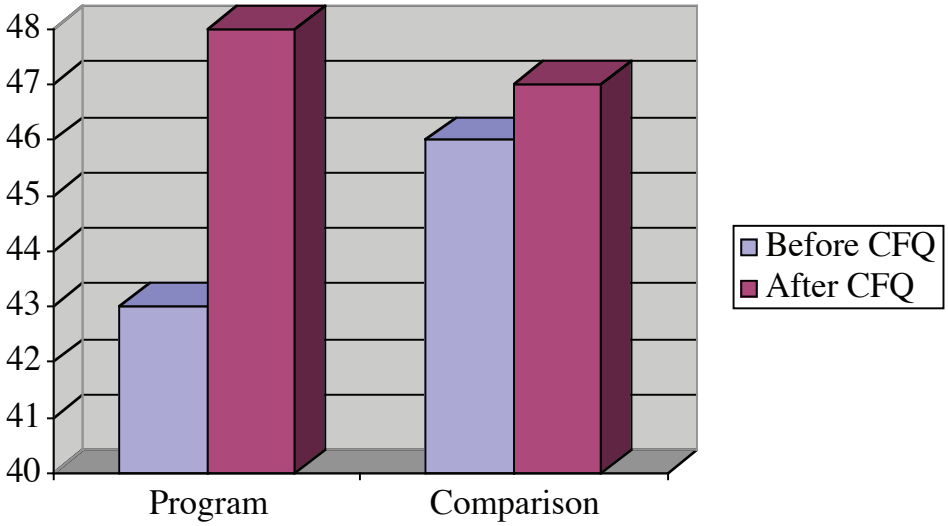


social development and adult needs. Comparison providers showed a decrease in overall FDCRS scores from 4.45 to 4.07 about a year later. This drop in quality was consistent across all subscales except for professional development. These findings suggest that not only does the CFQ Program lead to an increase in program quality, but that it also helps to prevent a drop in quality over time, thus making the gains all the greater.

The drop in FDCRS quality for comparison providers could be due to a number of different factors. It may be that these providers, who expressed interest in participating in the CFQ Program, were especially in need of support and training. When they did not receive this support, the quality of their programs suffered. It may also be that these providers were less motivated to demonstrate best practices during the second observation visits. Having not participated in the program, they may have been less inclined to impress the observers (as may have been the case with program participants).

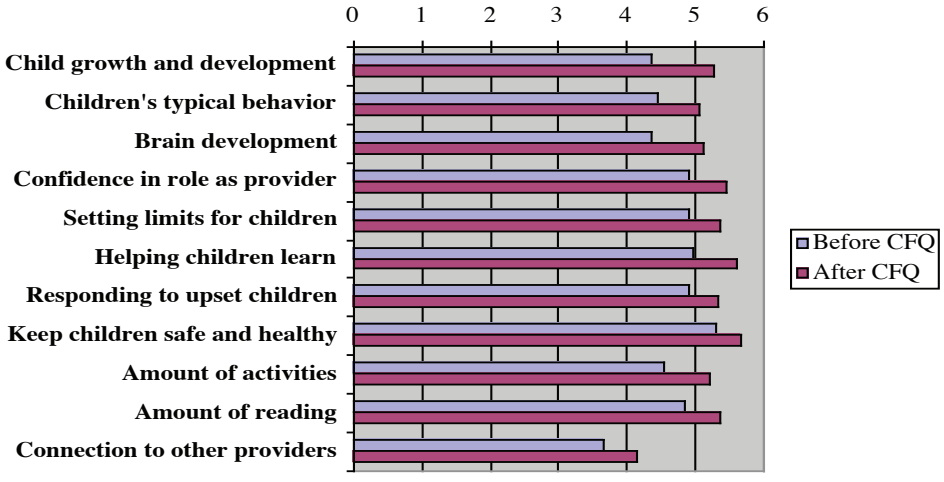
An increase in program quality for the CFQ Program providers was also demonstrated with the Health and Safety Checklist. On this scale, in which items assessed the presence of health and safety features such as working smoke detectors and washing hands before meals, the program group significantly increased the number of items met successfully (see Figure 6). The comparison group also showed a small increase (however this increase was not significant) in the total number of items they passed, but they also demonstrated a significant increase in the number of items in which they did *not* meet the health or safety criteria (from 12 to 17 items compared to a non-significant increase from 12 to 14 items in the program group).

Figure 6. Number of Safe Items Met on the Health and Safety Checklist for Program and Comparison Groups Before and After Caring for Quality Program



Program providers own assessments of their knowledge and skills before and after participation in the CFQ Program mirrored the positive findings from the observational data. Providers consistently rated their skills and knowledge to be higher after the program than before (see Figure 7).

Figure 7. Providers' Assessment of Knowledge and Skills Before and After CFQ Program



Finally, home visitor observations of how providers changed as a result of their CFQ participation provided additional evidence of the changes these providers made over the course of the program. These qualitative findings highlight the diverse changes providers were able to make over the CFQ program period (see Table 2).

When is change in quality more likely?
Among the program participants, an increase in quality was most likely among providers who home visitors rated as being more "engaged" with the program. In fact, of those providers who were more engaged, more than 75% of them increased in quality. In contrast, only about 50% of the less engaged providers showed a similar increase in quality (see Figure 8).

Figure 8. Change in FDCRS Score Before and After CFQ by Provider Engagement

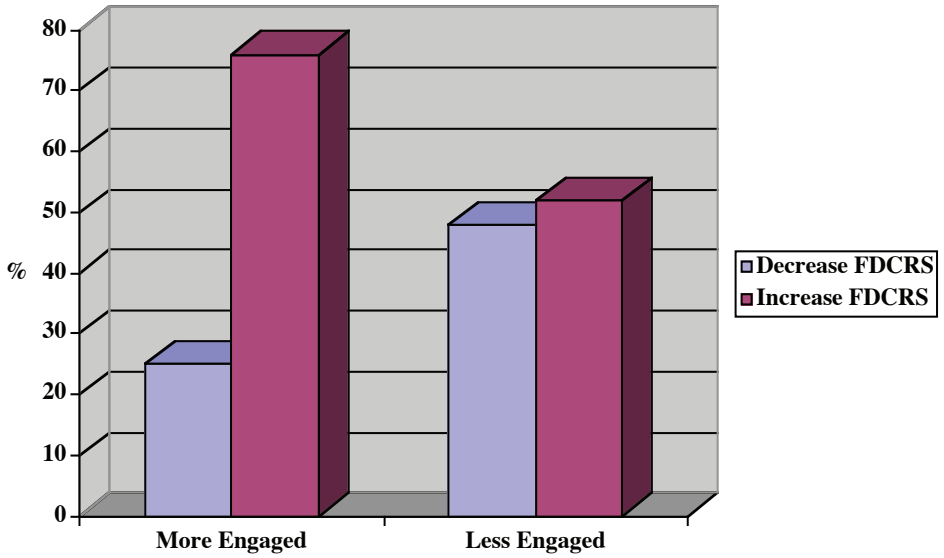


Table 2. Home Visitor Observations of CFQ Participant Changes

Area of Change	Home Visitor Observations
Physical environment	• *She moved her day care area from a semi-light room to a much lighter, brighter area.* • *Presence of children's books in the environment.* • *Increased number of developmentally appropriate toys.*
Importance of Play	• *She learned the importance of actually playing with the children and doing hands on projects with them.* • *Greater understanding of importance of play for children; increased comfort and willingness to be playful.* • *Increased provider initiated learning activities with children.*
Discipline	• *She learned that she didn't need to be so controlling of the children's play and activities.* • *Softening of disciplinary "strictness".* • *Increased consistency with limit setting.*
Meeting Individual Children's Needs	• *She gave more individual attention to each child.* • *She was more aware of following the children's lead.* • *She learned how to take an activity and make changes so it was usable for children of different ages.*
Professional	• *Increased sense of professionalism.* • *Continued professional development-provider indicated intent to earn CDA.* • *Developing concept of "program".* • *Joined the Child and Adult Care Food Program.* • *Increased attendance at other workshops.* • *Clarifying reasonable work schedule (day care hours) to balance work and family demands.* • *Expanding her own activities and thinking ahead with plans.* • *Increased recognition of importance of routine and establishment of routine for children.*
Personal	• *[She] let down her defenses, opened up more, listened more.* • *Increased confidence, goal setting, and movement towards greater independence.* • *She became a little more flexible.* • *Increased awareness of her power as a positive role model.*

Focusing only on providers who participated in the program (no comparison providers), informal providers as a group scored lower on the FDCRS than the registered providers both before and after the program. However, both the informal and registered providers showed increases on their overall FDCRS scores. These findings suggest that the CFQ Program increases quality for *both* informal and registered home-based child care providers (see Figure 9).

Finally, the greatest increase in quality was demonstrated among those providers who had the least amount of experience caring for children (see Figure 10). It may be that the CFQ curriculum is especially appropriate for providers who are just beginning their careers as caregivers for young children.

What do providers like about the program?
All providers (100%) who participated in the CFQ Program indicated that they would recommend it to their friends or colleagues. When asked what they liked best about the program, providers often mentioned their home visitors, and the positive reaction to program visits by the children. Networking meetings were rarely mentioned as an important aspect of the program.

Figure 9. FDCRS Scores for Informal and Registered Providers Before and After CFQ

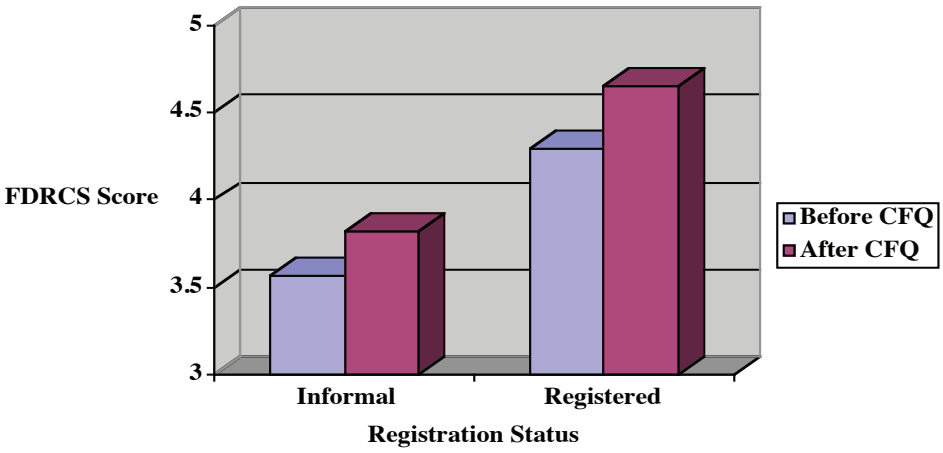
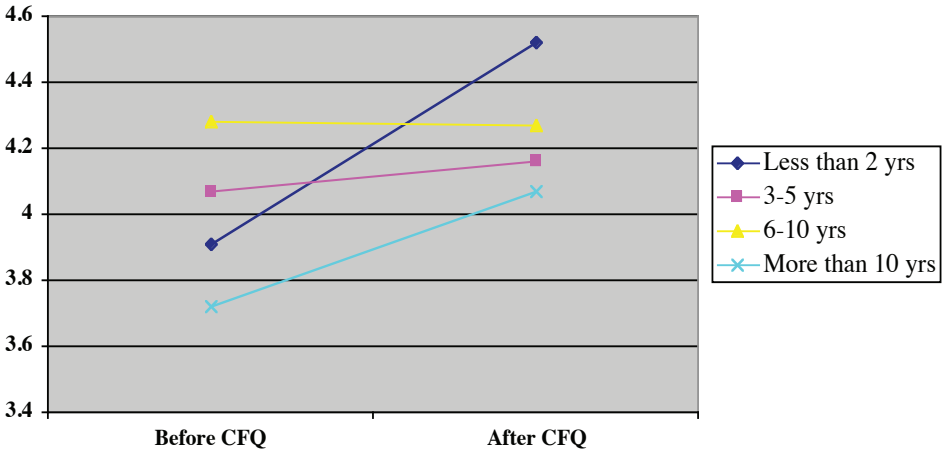


Figure 10. FDCRS Scores Before and After CFQ by Years Experience



What do providers like about the program?

- *"[The opportunity for] regular interaction with early childhood professionals in Family Child Care."*
- *"It was nice having someone come to the home and share new ideas with me. I also thought the parent hand-outs were great."*
- *"The visits from [my home visitor]. The children responded well and seemed excited about it. It helped us to incorporate more creative activities."*
- *"My [home visitor]! I think I enjoyed visits from [her] as much as the children did."*
- *"It was interesting to learn what types of activities are educational to children that I didn't realize."*
- *"I am glad to participate in this program- it definitely helped us build our daycare- and showed us new ideas. Thank you for offering us this opportunity!"*
- *"Learning different ways to work and play with children."*
- *"I learned that you don't have to go out and buy materials…It amazed me the little objects you can make out of paper towel rolls."*
- *"I felt refreshed by [my home visitor's] visits – [they were] reminders of the infinite possibilities of lessons and play for the children."*

RECOMMENDATIONS

The following recommendations stem from the positive findings of the CFQ Program:

▲ Federal, state and local governments should increase funding for home visiting programs for home-based child care providers. Such funding would help to ensure that young children are receiving high quality care.

▲ Home visitation programs should be made available to both registered (regulated) and informal (regulation-exempt) home-based child care providers. Evidence from this evaluation suggests that home visiting would benefit all types of home-based providers, not only those in the regulated system.

▲ Home visitation programs should be developed and evaluated for group family child care homes (i.e. home based providers caring for larger groups of children with the help of an assistant). The success of the initial CFQ Program suggests that a similar training and support program may be useful for group providers (who were excluded from participation in this project).

▲ Funding for networking meetings as implemented in this project is less critical for quality improvement than funding for home visiting programs. In the CFQ Program, providers were far less enthusiastic (as demonstrated by their comments and participation levels) about networking meetings than they were home visits.

▲ Future research should document the long-term impact of home visiting programs on child care quality and retention of home-based care providers in the field. Additional data are needed to determine whether positive impacts demonstrated in this evaluation can be maintained and whether sustained relationships between home visitors and providers help to decrease the high turnover

rates common in the family child care field.

- Future research should further examine under what conditions home visitation programs are most successful. Given the expensive nature of on-going home visiting programs, resources should be targeted towards providers who can benefit most.

- Future research should explore quality, especially in informal settings, with tools that capture the strong relationships and bonds between caregivers and children in home-based settings. Such work would provide additional evidence about how quality may change over time and in relation to training and support programs such as CFQ.

ACKNOWLEDGEMENTS

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[2]For further information on these types of arrangements see Morrissey, T. W. & Banghart, P. (2007, April) *Family Child Care in the United States. New York: Child Care & Early Education Research Connections,* Retrieved June 2007 from http://www.childcareresearch.org:80/SendPdf?resourceId=12036; and Susman-Stilman, A. & Banghart, P. (2008, April). *Demographics of Family, Friend, and Neighbor Child Care in the United States. New York: Child Care & Early Education Research Connections,* Retrieved August 2008 from http://www.childcareresearch.org:80/SendPdf?resourceId=14338.

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[5]For a notable exception, see Porter, T. (2007, March). *Assessing initiatives for Family, Friend, and Neighbor Child Care: An Overview of Models and Evaluations.* New York: Child Care & Early Education Research Connections, Retrieved August 2007 from http://www.childcareresearch.org:80/SendPdf?resourceId=11787.

[6]Various terms have been used to describe home-based care including family child care, family friend and neighbor care, kith and kin care, licensed and license-exempt care. In New York State, regulated providers are "registered" and license-exempt providers are "informal." Accordingly, these terms will be used throughout this document.

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[10]Forest, C., (2003). *Empowerment Skills for Family Workers.* Ithaca, NY: Cornell Family Development Press.

[11]Group family child care providers, who care for larger groups of children and have the assistance of at least one other provider, were excluded from participation because their needs would be different than those providers caring for smaller numbers of children without the presence of another caregiver.

[12]Four comparison providers from the first wave of implementation elected to participate in the program in the second year.

[13]Harms, T., & Clifford, R. (1989). *The Family Day Care Rating Scale.* New York: Teachers College Press, Columbia University.

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[16]This score is based on an original sample size of 112 providers (before program attrition).

[17]Some have raised concerns about the appropriateness of the FDCRS instrument for evaluating quality in informal family child care programs (see Maher, E.J., [2007]. *Measuring quality in family, friend, and neighbor child care: Conceptual and practical issues.* Child Care & Early Education Research Connections, No. 6, New York: Child Care & Early Education Research Connections, Retrieved June 2007 from http://www.childcareresearch.org:80/SendPdf?resourceId=12033). At the start of this research, however, no other validated assessment tools were available and the FDCRS was judged to contain enough appropriate items (i.e. those representing important qualities for all home-based caregivers) that it was deemed appropriate for this work. However, differences between registered and informal quality should be interpreted with caution and further explored in future research using other quality assessments that better capture quality indicators related to provider-child interactions and that are sensitive to material resource requirements.

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