

Curricula Considerations for Home Visiting for Home-Based Child Care Providers

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Introduction

Home-based child care (HBCC)^a providers care for over seven million children under age 5 in the United States,^{1,2} but many of these providers face barriers to accessing professional development opportunities outside of the home.³ This brief examines opportunities to support HBCC providers' professional development through home visiting. As an intervention typically provided to economically disadvantaged families with children under school age, home visiting encompasses a range of supports provided in the family's home by professionals such as social workers or nurses.⁴ Existing home visiting models focus on supporting caregivers—including biological parents, foster and adoptive parents, grandparents, or others who provide primary care for children in a home—in their interactions with their children. The in-home nature of the intervention has the potential to meet the training needs of HBCC providers in a convenient way. Adaptations to home visiting curricula, however, will need to address the unique challenges of working with multiple children across a range of ages and providing developmentally appropriate care and education.

This brief is one in a set of three that explore the infrastructure needed to support the use of home visiting models for HBCC. The other briefs examine policy and funding approaches and professional development systems to support this work. All three briefs draw on a Child Trends study that considered the feasibility of adapting home visiting models to support HBCC providers. More information about the study behind this brief and about home visiting curricula can be found in Child Trends' full report: [Examining the Feasibility of Using Home Visiting Models to Support Home-Based Child Care Providers](#).

Key Takeaways

- Home visiting models have on-the-ground knowledge of HBCC in the communities where they work.
- Many professional development tools were not designed to meet the needs of HBCC providers.
- Every HBCC setting is different.
- Relationships between home visitors, HBCC providers, and families facilitate success.

^a This brief uses a broad and inclusive definition of HBCC, referring to all individuals who provide care in their homes as HBCC providers. In some cases, we refer to family child care (FCC) providers, another common term to identify HBCC providers, when it is the preferred terminology for particular states and/or home visiting model developers.

What Do We Know About Home Visiting Curricula?

Goals and desired outcomes

Home visiting is a preventative strategy that provides a range of services and supports to children and families in their homes. The overall goal of home visiting is to improve outcomes for children by building parents' capacity to provide a safe and nurturing environment. While different home visiting models focus on different target outcomes, many of these outcomes also apply to HBCC providers and the children in their care.

The home visiting curricula reviewed for this project focus on supporting child outcomes in a number of areas including social-emotional, behavioral, and academic development; executive functioning; language acquisition and development; and physical health. Child care also aims to support children in these outcome areas. The targeted outcomes of home visiting curricula for caregivers include increasing and promoting positive caregiving practices or interactions between parents and children, as well as addressing stress, mental health, or physical health. While some home visiting strategies may need to be modified, the general goals of increasing a caregiver's knowledge and health, and promoting positive practices and interactions, extend to HBCC providers.

Home visiting models accomplish their goals through activities such as screening for parental depression, substance use, and family violence; teaching parenting skills; promoting early learning; connecting parents to educational and job training programs, drug treatment and mental health services; and connecting families to supplemental food programs and other community resources. Because HBCC providers tend to work alone or with minimal support, they may not have time to identify and access resources like these on their own. A home visiting model could connect HBCC providers to resources and knowledge that benefit their work, and that providers could then share with the parents of children in their care.

Target populations

Home visiting models focus on reaching children and families who may be at risk of poor economic, social, and health outcomes. This population includes families with low incomes, racial and ethnic minorities, immigrants, single-parent families, and parents with limited education. These same families tend to use home-based child care more often than other families,⁵ especially for infants and toddlers.^{6,7} Consequently, using home visiting curricula in a home-based child care setting may improve the reach of essential supports for the children and families who need them most.

Three Considerations for Adapting Home Visiting Curricula for HBCC Providers

To support HBCC providers, certain aspects of the home visiting curricula should be tailored to fit a child care context; in addition, strategies must be in place to promote positive relationships between home visitors and home-based child care providers. This brief examines three considerations that HBCC providers, stakeholders, and home visiting model developers identified as key to successfully adapting home visiting curricula for HBCC providers: 1) relationship-based practice, 2) developmentally appropriate practice, and 3) parent/family engagement. For each consideration, we also profile a home visiting model that has used curricula with HBCC providers, to illustrate how home visiting curricula can be tailored for HBCC.

Relationship-based practice

The relationship between a home visitor and a caregiver provides the foundation of their work together. For example, caregivers who report that their home visitor shares their goals,⁸ or who indicate that they have a positive relationship with their home visitor,⁹ tend to stay involved in home visiting programs longer than those who do not report these perceptions. Positive relationships are also important in home visiting for HBCC providers. As discussed in the final report on Child Trends' feasibility study, providers who participated in focus groups emphasized the importance of making sure that home visitors, coaches, or in-home technical assistance (TA) providers understood the unique aspects of HBCC before coming into the home to provide support.¹⁰

Developmentally appropriate practice

HBCC providers care for children across a range of ages in a home setting, often as the sole caregiver in the setting; as a result, it can be challenging for providers to offer developmentally appropriate activities and practices that fit the needs of all children. Much of the professional development support available for child care providers is designed for center-based settings, where children may be grouped by age into different classrooms; consequently, these resources do not address the challenges of providing multi-age care.^{11,12} When developers of home visiting models adapt curricula specifically for HBCC settings, they have the opportunity to address this gap in professional development support. In addition, because home visiting happens in a HBCC provider's home, it can be tailored to meet the needs of the specific children in the provider's care.

Parent/family engagement

Both home visiting and early care and education (ECE) programs focus on engaging families in a range of activities that require different levels of involvement.¹³ Providers and parents who participated in the feasibility study expressed interest in having conversations with each other about children's development, but both acknowledged that these conversations can be challenging. Because home visiting curricula are designed to facilitate conversations between home visitors and parents about children's development, they present an opportunity to support such conversations between parents and HBCC providers.

Examples of the three considerations in practice

Some home visiting models have used or modified their curricula for use with HBCC providers, and others are working toward this goal. The three home visiting models highlighted in this brief provide examples of the three considerations for using home visiting approaches with HBCC providers.

- **ParentChild+.** This profile describes the model's process for using relationship-based professional development (RBPDP) as a foundation for supporting HBCC providers in their homes.
- **Parents as Teachers.** This profile reflects on the model's approach to strengthening HBCC providers' understanding of developmentally appropriate practices for children in their care.
- **HIPPY USA.** This profile discusses the model's approach to facilitating parent and family engagement through its work with HBCC providers.

ParentChild+^b

Overview

The goal of ParentChild+'s family child care (FCC) work is to support family child care providers in offering high-quality care. In the model's Core, or one-on-one family home visiting model, the primary recipients of the intervention are the community's children and families. ParentChild+'s individualized, community-based approach to this work translates directly from the Core model to the FCC space. This FCC approach still keeps children and families at its center, but focuses on improving child outcomes: specifically, school readiness and family outcomes. Family engagement and increased knowledge of school readiness supports are realized by supporting providers in offering the highest quality of care possible.

The FCC model focuses on supporting the provider as a way to benefit children and families. Data collected from ParentChild+ stakeholders with experience implementing both the Core and Family Child Care models identified a set of common tenets regarding the practices responsible for the Core model's efficacy: 1) fostering positive relationships as the cornerstone and vehicle of the work, 2) using a strengths-based approach, 3) ensuring the best cultural and linguistic fit for providers, 4) providing frequent touchpoints, and 5) modeling quality practices to support translation of theory into practice. These five tenets are the key elements of the FCC framework.

The rest of the FCC model is designed to fortify the five tenets. For example, as with the Core model, finding staff who are the best cultural and linguistic fits can be a challenge. Consequently, both the Core and FCC models were designed so that early learning specialists are not required to have obtained degrees to be hired. Other factors are also considered more important than the attainment of a degree, including racial, cultural, and linguistic congruence with the respective community; a growth mindset; an engaging personality and experience working in child care; and a desire to work with children and the adults who support them.

Because a degree is not an employment requirement for staff in the Core or FCC models, quality professional learning is critical to staff success. As with the Core model, rigorous onboarding, training, and supervision are key attributes of the FCC model. Initial training for early learning specialists includes sessions on ParentChild+'s theory of change, family child care topics, defining high-quality ECE, assessment and evaluation, and child development. Ongoing professional learning includes training on topics including institutional racism, state and federal ECE systems, adverse childhood experiences (ACEs), and trauma-informed practice, and coaching practices.

The FCC model's approach to training and coaching is aligned with adult learning principles. The underlying assumption is that each participant brings their own experiences and knowledge to the table, and they learn best when they are engaged and eager to know how the content can be applied to their work. For early learning specialists, examining case studies, viewing video clips, and having small-group discussions are among the strategies that support active engagement among participants. Additionally, online learning content is available on Elevate+, the ParentChild+ learning management system.

What is ParentChild+?

ParentChild+ early learning specialists conduct twice-weekly visits to family child care providers during operating hours. Visits last between 45-60 minutes. Early learning specialists bring learning materials with them (including books, art materials, and toys) and use these items to model nurturing and responsive interactions with children in care. The staff work with the providers on family engagement and outreach, and the books, accompanied by a tip sheet, and school readiness information are provided to all the families.

More information can be found at <https://www.parentchildplus.org/family-child-care/>.

^b Authored by Tiffany N. Lee, Family Child Care Initiative director at ParentChild+

Relationship-based professional development

ParentChild+'s intensive onboarding training for prospective implementation partners integrates the concept of Relationship-Based Professional Development (RBPDP) as a unifying tenet. The relationship between the early learning specialist and the provider is forged before any early learning concepts are discussed. Being consistently responsive to providers' questions and concerns using a strengths-based approach facilitates the positive development of these relationships. The length of time for relationship development varies based on the dynamics between, and needs of, the provider and early learning specialist.

Parallel process is a reoccurring concept in the professional development of early learning specialists. In parallel process, individuals at all levels of the program, from early learning specialists to site coordinators to senior leadership, embrace and model the same behavior. For example, relationships are central to working with family child care providers. The expectation is that this principle is extended and applied not only with children and families, but also up the chain of command throughout the implementing partner's agency.

ParentChild+ has observed that professional development is most effective when it builds on learners' existing knowledge and experience to scaffold meaningful learning and allows them to practice and make mistakes with confidence. Using this RBPDP approach, ParentChild+ has noticed that participants' growth is sustained beyond the period of coaching. It is difficult to devise and implement group training that delivers these advantages as well as the one-on-one, on-site coaching that happens during the workday.

Parents as Teachers (PAT)^c

Overview

PAT developed the Supporting Care Providers curricula and training in the 1990s. The intent was to equip provider educators (those who directly support HBCC providers) with the tools to strengthen HBCC providers' confidence and competence in creating high-quality, developmentally appropriate environments; establishing effective care routines; and engaging families.

PAT parent educators often served parents caring for others' children in addition to their own. These child care providers wanted information on child development and activities to better serve the children under their care. By identifying the gap in resources and materials tailored for HBCC and recognizing home visitors' role as a trusted source, PAT designed curricula to meet providers' unique needs.

Along with the adapted core parenting curricula, many home visitors required additional training for this role in a variety of areas, from understanding the care provider perspective to navigating child care licensing systems. Home visitors also needed preparation to recruit providers in informal HBCC settings with children of multiple ages in their care and support their unique strengths and challenges.

What is PAT?

Parents as Teachers works with child- and family-serving organizations to improve early development, learning, and health outcomes for children and families in communities across the world. PAT translates research and evidence-based practices into solutions and tools for professionals that generate positive outcomes for families and communities. Parents as Teachers National Center designs and delivers research-based, evidence-informed training, curricula, and implementation supports to ensure that families receive high-quality and responsive parenting and family support services. The PAT approach is to partner, facilitate, and reflect.

More information can be found at www.parentsasteachers.org

^c Authored by Donna Hunt O'Brien, VP of professional and program development, and Kerry Caverly, senior VP and chief program officer, at Parents as Teachers

In 2008, the Cornell Early Childhood Program conducted a randomized control trial in Upstate New York with the Caring for Quality Program. This program was designed to support and connect both registered and informal HBCC providers to increase the quality of care provided to young children. Sites that received home visits with the Supporting Care Providers curriculum showed a significant increase in quality when compared to providers who did not participate in the program.¹⁴ Other past and current implementers of the curriculum include Head Start and Early Head Start grantees, Educare programs, PAT affiliates, quality rating and improvement systems, community agencies, and Child Care Resource and Referral agencies.

Developmentally appropriate practice

Learning environments do not need to look like preschools; in fact, some families choose HBCC because of the family- or home-like atmosphere that a multi-age informal care setting offers.¹⁵ Home visitors are used to supporting the development of children across ages within a family; however, the practices for managing the health, safety, and quality of interactions and environment are more sophisticated for providers, who have been given responsibility for the healthy development of someone else's children. Providers may serve children whose ages range from six weeks to school-aged. Creating interactions and environments that are safe, stimulating, and developmentally appropriate across such a wide age range is a challenge that home-based care providers face and that more formalized child care centers do not often need to negotiate.

PAT addresses these special challenges through training and curricula that support providers in building observational skills and developmental knowledge, and promote providers' ability to set up an enriching, developmentally appropriate environment for children of various ages. Provider educator resources in the curricula give professionals the information and strategies they need to support and partner with providers. Care provider handouts provide processing and reflection opportunities, and opportunities to practice and apply learning. Activity pages help frame experiences that show the value of interaction between providers and children across ages. Parent pages take learning into the home and create a point of conversation for provider and parent.

Along with supporting learning, the curricula build HBCC providers' knowledge of what to expect at each developmental age; this knowledge helps providers understand children's behavior and informs their care routines. Moreover, the different components of the curricula cultivate the provider's ability to observe and manage the learning environments of multi-aged children, reflect on and make adjustments to environment, and find responses that are enriching for everyone. Ultimately, the curriculum materials shape provider awareness and empower providers to make decisions based on solid information, their own goals, and the priorities of families.

Home Instruction for Parents of Preschool Youngsters (HIPPY)^d

Overview

HIPPY works toward educational equity by partnering with parents of children ages 2 to 5 to enhance their skills and resources to prepare their children for school. Building on the strengths of families, HIPPY peer home visitors, who share the language and culture of the parents, deliver 30 weeks of high-quality school readiness curriculum and coaching directly to parents, who then work with their own children ages 2 to 5 daily. HIPPY's home visiting model aims to reduce barriers to participation, including transportation, language, culture, literacy, and work schedule issues.

In 2016, HIPPY USA began developing a program for home-based child care providers to improve educational opportunities for children, by using its home visiting model to deliver books, curriculum, and coaching to providers working with children ages 2 to 5. HIPPY is retaining the parent-child feature of the model by also providing additional books and learning materials for parents to use with their children. In addition, HIPPY for Caregivers provides resources to parents through group meetings and materials that support home-based child care providers to have critical conversations with parents about their children's growth and development.

HIPPY USA developed its HBCC curricula as a strategy for reaching families beyond those enrolled in its traditional home visiting model. While the four essential features of HIPPY—developmentally appropriate curriculum, role play, coordinator and home visitors, and home visits and groups meetings—are retained in the HIPPY for Caregivers curriculum, the implementation approach needed to be adapted to this population. HIPPY USA employed a variety of strategies as part of the curriculum development project; these included consulting with experts, researchers, and HIPPY programs, as well as conducting focus groups and interviews to better understand the needs of home-based child care providers and parents. Through this process, HIPPY learned that there was an interest in reaching home-based caregivers with HIPPY and that HIPPY's home visiting model and resources could be modified for use with these caregivers.

HIPPY USA is partnering with Parent Possible and Colorado HIPPY to pilot and evaluate the *HIPPY for Caregivers* curriculum in both English and Spanish in 2019.

Parent/family engagement

HIPPY has adapted its home visiting program to varying locations, participants, and learning styles throughout the program's history. The model continues to serve an increasing need for family-centered human development, supplying parents with critical child development information and continued support in translating that knowledge into successful parenting techniques. The resources that HIPPY for Caregivers gives to childcare providers outline the developmental concepts that are supported by each week's curriculum. Additional resources given to parents also highlight these developmental concepts and

What is HIPPY?

Home Instruction for Parents of Preschool Youngsters (HIPPY) partners with parents to prepare their children for success in school, particularly those most vulnerable because of poverty, limited education and English proficiency. HIPPY is an evidenced-based family support model that works directly with parents of children ages 2 to 5 in their homes to provide them with books, activities, and the skills they need to feel confident in preparing their children for school. Peer parent educators deliver 30 weeks of high-quality school readiness curriculum activities and books directly to parents, who then work each day with their own children.

More information can be found at <https://www.hippyusa.org/>

^d Authored by Jennifer K. Henk, director of education and research, and Staci Croom-Raley, national executive director, at HIPPY

offer additional activities that parents can do with their children to support the parent-child relationship and extend child growth and learning. HIPPY parents learn developmentally appropriate expectations for their children's development and key interaction strategies, such as asking open-ended questions, using encouragement, prompting recall, and adding information. HIPPY's goal is that every child is given the opportunity for early learning success in school and beyond. The HIPPY for Caregivers curriculum reaches home-based caregivers and parents, and aims to enhance communication and engagement between caregivers and parents, between caregivers and children, and between parents and children. Each of these is critical to the positive and age-appropriate care needed to support children's healthy growth and development.

HIPPY USA is responding to communities that have requested an expansion in services to work with home-based child care providers and to improve the educational quality of home-based child care settings. It has designed its curricula for caregivers with the goal of bringing families, organizations, and communities together and removing barriers to participation in HIPPY activities, including limited English language proficiency, limited financial resources, and low educational attainment. These barriers often contribute to disparities in children's access to high-quality child care. HIPPY's Caregiver curricula supports HIPPY's interest in addressing inequities in education early in a child's life through partnering with parents and caregivers to increase school readiness for all children, regardless of their cultural or economic background.

Key Takeaways

HBCC providers have an interest in home visiting as a professional development model, and this model has the potential to reduce these providers' barriers to accessing professional development. Adaptations to home visiting curricula should consider the unique needs of HBCC providers and how their needs differ from those of caregivers and families involved in traditional home visiting models. In addition, the experiences of home visiting models already working to adapt their curricula for HBCC providers give valuable insight into key components of the process and strategies for successfully providing support in a child care setting. Key takeaways for individuals and organizations considering curricula adaptations for HBCC include:

- **Home visiting models have on-the-ground knowledge of HBCC in the communities where they work.** Because home visitors spend time in homes and communities, they often hear about HBCC settings in the area. For example, HIPPY reported that home visitors, in the course of working with families, learned there were sometimes individuals in the home who were providing informal HBCC to relatives, friends, and neighbors. The unique knowledge that home visiting models have about the needs of communities served by HBCC, as well as the needs of those offering HBCC services, can help them make the adaptations that are most suited to the HBCC environment in the communities where they work.
- **Many professional development tools are not designed to meet the needs of HBCC providers.** Often, professional development for child care providers is designed to support center-based providers, meaning it does not address topics such as working in isolation, providing care for children of multiple ages simultaneously, or maintaining the business aspects of a HBCC setting. Consequently, HBCC providers often have unmet professional development needs. Home visiting curricula adaptations are an opportunity to design professional development specifically targeted toward areas where HBCC providers need additional support.
- **Every HBCC setting is different.** Home visiting models that have adapted curricula for HBCC providers note that every HBCC setting is unique. Providers serve different numbers of children, children of different ages, and children of different backgrounds. In addition, HBCC providers enter the field with a range of prior experience caring for children, education and training, and motivation for providing care.¹⁶ Adaptations to curricula should consider the unique cultural backgrounds and values of both

families and providers and allow home visitors and providers the flexibility to adapt to these preferences and needs as they arise.

- **Relationships between home visitors, HBCC providers, and families facilitate success.** Trusting relationships facilitate knowledge sharing between home visitors and providers and help parents feel comfortable with the care their children receive while in HBCC. Curricula can support this trust by including tools to facilitate communication and training home visitors to understand the perspectives of HBCC providers, as well as by offering resources that providers send home with parents to promote communication and continuity of ECE. Parents as Teachers, for example, continues to explore the drivers of family engagement and the effectiveness of the strategies and materials presented in curricula that further connect providers and families.

¹ National Survey of Early Care and Education Project Team. (2016). Characteristics of Home-based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education. (OPRE Report #2016-13). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from:

https://www.acf.hhs.gov/sites/default/files/opre/characteristics_of_home_based_early_care_and_education_toopre_032416.pdf

² Tonyan, H. A., Paulsell, D., & Shivers, E. M. (2017). Understanding and incorporating home-based child care into early education and development systems. *Early Education and Development*, 28(6), 633-639. DOI: 10.1080/10409289.2017.1324243.

³ Lloyd, C. M., Kane, M., Seok, D., & Vega, C. (2019). *Examining the Feasibility of Using Home Visiting Models to Support Home-Based Child Care Providers*. Bethesda, MD: Child Trends.

⁴ Lloyd, et al. (2019).

⁵ Boushey, H. & Wright, J. (2004). *Working Moms and Child Care*. Washington, DC: Center for Economic and Policy Research. Retrieved from http://cepr.net/documents/publications/child_care_2004.htm

⁶ National Home Visiting Resource Center (2017). *2017 Home Visiting Yearbook*. Arlington, VA: James Bell Associates and the Urban Institute. Retrieved from: https://www.nhvrc.org/wp-content/uploads/NHVRC_Yearbook_2017_Final.pdf

⁷ CLASP (2009). *Extending Home Visiting to Kinship Caregivers and Family, Friend, and Neighbor Caregivers*. Retrieved from: <https://www.clasp.org/sites/default/files/publications/2017/04/homevisitingkinshipffn.pdf>

⁸ Burrell, L., Crowne, S., Ojo, K., Snead, R., O'Neill, K., Cluxton-Keller, F., & Duggan, A. (2018). Mother and Home Visitor Emotional Well-Being and Alignment on Goals for Home Visiting as Factors for Program Engagement. *Maternal Child Health Journal*, 22(Suppl. 1), 43-51. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6153724/>

⁹ Korfmacher, J., Green, B., Spellmann, M., & Thornburg, K.R. (2007). The Helping Relationship and Program Participation in Early Childhood Home Visiting. *Infant Mental Health Journal*, 28(5), 459-480.

¹⁰ Lloyd, et al. (2019).

¹¹ Tonyan, A. H., Paulsell, D., & Shivers, M.E. (2017).

¹² Lombardi, J. (2002). *A Time to Care: Redesigning Child Care to Promote Education, Support Families, and Build Communities*. Philadelphia, PA: Temple University Press.

¹³ Ramos, M. F., Crowne, S. S. (2019, February 12). Home visiting and early childhood education can benefit families by broadening their strategies for family engagement. *Child Trends* [blog post]. Retrieved from: <https://www.childtrends.org/home-visiting-early-childhood-education-benefit-families-broadening-strategies-family-engagement>

¹⁴ McCabe, L. A. & Moncrieff, C. (2008, October). Can Home Visiting Increase the Quality of Home-based Child Care? Findings from the Caring for Quality Project (The Cornell Early Childhood Program Research Brief No. 3). Cornell University: Ithaca, NY.

¹⁵ Lloyd, et al. (2019).

¹⁶ Lloyd, et al. (2019).