

Professional Development Systems to Support Home Visiting for Home-Based Child Care Providers

Chrishana M. Lloyd, Jessica Goldberg, Maggie Kane, Deborah Seok, Claudia Vega

Introduction

The knowledge, skills, and attitudes that early early care and education (ECE) professionals bring to their settings affect the quality of care that children and families receive. Professional development— that is, opportunities for ECE providers to strengthen and expand their skills—is one of the primary strategies used outside of formal educational systems to strengthen the quality of care in ECE settings. However, the infrastructure to support professional development for ECE providers across the settings and sectors in which they work is often fragmented, siloed, and uncoordinated.

Professional development efforts generally focus on center-based ECE staff and do not account for the unique circumstances of home-based child care (HBCC) providers.³ Unlike center-based workers, HBCC providers are often responsible for both caring for children and running a business. They tend to work alone, in smaller settings, during longer and nontraditional hours, and with mixed-age groups. These characteristics are attractive to families that report choosing HBCC because it offers a home-like environment and lower numbers of children, geographic convenience, flexible hours and payment, lower cost, and the ability to have siblings cared for together.¹

These unique HBCC characteristics, however, can also present challenges to offering professional development opportunities for HBCC providers. Home visiting, an intervention strategy for families of young children that is delivered in a family's residence, is an alternative approach to workforce preparation and enhancement that can be useful for supporting the unique professional development needs of HBCC providers. This brief will identify actionable steps to support HBCC providers' professional development through home visiting by reviewing challenges and opportunities in the ECE professional development

Key Takeaways

- Align the professional development goals of HBCC providers with the services provided through home visiting programs.
- States and communities should consider modifying their governance structures to allow for increased coordination across agencies.
- Identify and align funding streams to offer professional development opportunities to HBCC providers through home visiting.
- Support the training of home visitors to meet the professional development needs of HBCC providers.
- Share data across home visiting and ECE systems to understand the professional development needs of HBCC as well as the alignment of these needs with home visitors' outcomes of interest.

³This brief uses a broad and inclusive definition of HBCC, referring to all individuals who provide care in their homes as HBCC providers.

infrastructure. In ECE, infrastructure generally refers to the physical and systemic supports available to facilitate the education of young children. For professional development this includes, but is not limited to, communication and coordination across support system elements, postsecondary learning opportunities like coaching and technical assistance, and data systems to monitor and track progress.

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 to support this work, and approaches to adapting home visiting curricula to meet the needs of HBCC providers. 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](#).

Background of HBCC

HBCC providers care for and educate over seven million children from birth through age 5, making HBCC the most common form of nonparental child care in the United States.² Focusing on professional development systems for HBCC providers—and intentionally designing them to address these providers' specific issues—is important to ensure that children in HBCC receive high-quality care and that providers have the resources they need to care for children. In addition, meeting HBCC providers' professional development needs may have implications for supporting equity and inclusion in child care settings. Families that choose HBCC at higher rates share characteristics with families whose children have been shown to experience greater benefits from high-quality child care. These includes children from low-income families, children whose parents or primary caretakers work nontraditional or inflexible work hours, and children residing in rural areas.³ It also includes infants and toddlers, and children with special needs.⁴ Research indicates that these subgroups of children are disproportionately disadvantaged and have less access to high-quality child care.⁵

The quality of care that children receive in HBCC is mixed across settings. HBCC providers have been found to provide safe, nurturing environments for children; they also have lower turnover rates than child care centers, allowing for more continuity of care.⁶ However, observational assessments find distinct differences between HBCC settings and child care centers with respect to provider behaviors that support children's intellectual growth. For example, compared to early childhood educators in center-based settings, HBCC providers have been found to spend less time on activities thought to support children's cognitive development.⁷ In addition, HBCC providers tend to live in geographic proximity to the families they serve, making it more likely that families affected by economic disadvantage or under-resourced communities will be served by HBCC providers experiencing the same challenges.⁸ Taken together, these findings suggest that developing a well-trained HBCC workforce should be an important goal for policymakers and other leaders committed to building a strong foundation in early learning for all children. This support is particularly important for HBCC providers serving certain segments of families that are likely to benefit greatly from receiving higher-quality care, including but not limited to those with infants and toddlers, children with special needs, and/or families that are economically disadvantaged.

Using Home Visiting to Support Home-Based Child Care Providers

As an approach to delivering professional development to HBCC providers, home visiting may be more aligned to providers' needs than current ECE approaches. This is true not only because the home visitor

delivers services in the home—which alleviates some logistical challenges HBCC providers might experience to accessing support—but also because there are some key similarities between HBCC and home visiting.

- **Population.** Relative to the overall population, families that use HBCC and families enrolled in home visiting live in lower-income areas, have lower educational attainment, are more likely to be foreign-born, and less likely to have sufficient resources and supports.^{9,10}
- **Service delivery model.** The locus of services for both HBCC and home visiting is the home, which is by nature a more informal, intimate environment than a child care center. Support tailored to the home setting may be better suited for HBCC providers than support originally designed for use with center-based child care providers. In addition, HBCC and home visiting programs tend to have more flexible hours than are available to families using center-based care, which means they often are better able to accommodate the schedules of families that work nontraditional hours and may need supports during evenings and weekends.
- **Roles and responsibilities.** Like parents, HBCC providers have roles beyond child education and nurturing. Individual HBCC providers are responsible for cooking and serving meals, tending to children’s injuries or illnesses, and connecting families with resources, among other tasks.¹¹ They also frequently have the additional role of business owner. While professional development designed for center-based child care providers may not address these different roles, home visiting curricula focus on supporting caregivers who have a range of responsibilities related to children. In this way, home visiting is well-positioned to be adapted to HBCC needs.

Home visiting is a relationship- and strengths-based approach to providing in-home professional development.

Providing professional development in the home has the potential to address the logistical challenges that HBCC providers experience when trying to access existing ECE professional development opportunities. Yet some HBCC providers who already receive in-home professional development or technical assistance through their state’s quality rating and improvement system (QRIS), licensing, or other state regulatory system feel ambivalent or negative about these experiences.¹² Providers who participated in the feasibility study on which this brief is based reported some interactions with individuals who were unhelpful or who lacked sufficient knowledge of HBCC settings to provide assistance.¹³ Providers also shared that many of the individuals who came into their homes were compliance-driven, meaning that providers perceived their feedback as judgmental and focused on making sure that they were adhering to regulatory mandates, rather than supportive, with a focus on strengthening quality.¹⁴

Families that receive home visiting have reported feeling similarly uneasy about having someone in the home whom they perceive as judging their parenting.¹⁵ Home-visited families have often had negative experiences with other social services, including child protective services, and may be reluctant to allow an additional service provider into their home.^{16,17} Understanding these concerns, home visiting models rely on a relational, strengths-based approach to working with families. Home visitors are skilled at facilitating a learning environment that focuses on getting to know and support the individuals with whom they work, rather than on providing oversight or compliance monitoring. Home visitors tend to be adept at establishing trust with the caregivers, identifying their particular strengths and challenges, and tailoring services accordingly. With its unique service delivery approach and emphasis on building relationships, the home visiting model is particularly suited to strengthening HBCC providers’ capacity to serve families and children.

System-level Supports for Home Visiting as a Professional Development Strategy

Current systems for promoting high-quality ECE through professional development are not well coordinated across ECE, or between ECE and home visiting. Realizing the potential of early childhood professional development systems to support HBCC providers through home visiting will require better alignment among these systems. To that end, we offer the following recommendations to more effectively support HBCC providers, which can in turn benefit the diverse groups of children and families that these providers serve.

Align goals across ECE professional development and home visiting. Organizations overseeing modifications to home visiting for use with HBCC providers should ensure that these changes are in line with state and local ECE training requirements. Within ECE childcare systems, professional development goals vary. Support from QRIS, for example, may focus on increasing the quality of care in an ECE setting, while support from a state's health and safety department may focus strictly on eliminating potential hazards to children. Incorporating home visiting into the ECE support infrastructure will require identifying its purpose within the system and articulating how it will be incorporated. For example, home visiting could be used for professional development training on topics that states require for HBCC providers as part of their licensing requirements. Alternatively, home visiting could focus on providing support in areas that are not currently part of a state's or city's existing professional development system but that reflect HBCC provider needs.

Develop structures to support coordination between and across systems. In the current ECE professional development landscape, services are provided through multiple agencies that have different goals and objectives.¹⁸ Similarly, home visiting models use a range of curricula with different goals and participant characteristics.¹⁹ To better coordinate existing professional development opportunities and successfully integrate home visiting into the ECE and home visiting systems, states and communities should consider modifying their governance structures to promote increased coordination across agencies. An initial step could be designating a liaison between departments that oversee ECE and departments that oversee home visiting to establish shared goals. Further steps include ensuring that leadership across agencies has the skill set and authority to guide the organizational adaptations required to better align ECE systems across agencies and sectors.

Identify and align funding streams to optimize resources. One challenge to financing a professional development system for ECE professionals is having appropriate resources in place; however, blending and braiding the multiple sources of funding to maximize the opportunities available across the various types of ECE professionals and sectors presents an additional challenge. Currently, professional development efforts for HBCC are funded through a combination of federal, state, and local public funds that might also be supplemented with private funding. States can look across funding bodies to assess funding regulations and expectations to understand, for example, how they might layer and overlap different funding streams to support the multiple needs addressed by the ECE professional development. Consideration should be given not only to the actual provision and costs of professional development, but also to other supports and activities that facilitate participation in and completion of professional activities. These may include using outreach and incentives to encourage participation; aligning professional development standards across the ECE and home visiting sectors; linking and aligning quality improvement strategies such as licensing, technical assistance, and QRIS; and appointing key staff across sectors to manage the many funding requirements and reporting.

Support the development of enough highly qualified trainers to meet the professional development needs of HBCC. An ongoing challenge in the field is a shortage of individuals who can conduct professional development trainings for ECE providers across states and communities. This challenge may be even greater for HBCC providers, given their need for training during nontraditional hours and the unique needs

of the children and families they serve.²⁰ Using home visiting as a professional development strategy for HBCC providers has the potential to address this shortage. This strategy could not only bolster the number of trainers supporting HBCC providers, but it also has the potential to provide these caregivers with specialized support specifically pertinent to the populations of children and families that use HBCC at higher rates (e.g., infants and toddlers, children with special needs, and children in rural areas).²¹

Share data across ECE and home visiting systems. To adapt home visiting for use in HBCC settings, home visiting stakeholders will need to know the landscape and needs of HBCC providers; in addition, ECE systems will need to understand home visiting outcomes and the communities that home visiting programs serve. Sharing data across systems can help coordinate this effort. Some states have started the process of investing in and developing these systems.²² For instance, many states currently have registries that provide a way for ECE professionals to track their professional development participation and to plan for future training.²³ Most of these registries include ECE providers who are connected to formal systems via licensing or QRIS, with a smaller number of individuals who are not connected to systems. However, not all HBCC providers are licensed or integrated into state systems in this way,²⁴ which may make it hard to reach them through registries. In addition, registry enrollment is not mandatory in all states, and home visitors are not part of these systems.²⁵ Incorporating home visiting into a state's ECE professional development landscape would require sharing data across sectors and potentially incorporating home visitors into ECE registries.

Conclusion

Home-based child care is an important and frequently used option for families in need of affordable, culturally appropriate, and accessible care. HBCC allows parents to participate in the labor force and helps to facilitate the growth and development of some of the nation's most vulnerable children. This brief emphasizes the important role of infrastructure, including organizations, learning opportunities, and data systems, in supporting the use of home visiting models as a professional development approach for HBCC providers. It also offers strategies for building capacity and strengthening the various facets of the early care and education system to achieve this goal. Implementing the recommendations described above will require the intentional and sustained focus of a wide range of ECE champions and policymakers who are committed to innovative and creative problem solving, equitable distribution of resources, efficiency, strong governance, and consistent quality improvement and results. While not an easy undertaking, carrying out these recommendations could potentially have lasting benefits for families and children who use HBCC and the providers who serve them.

¹ 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.

² Lloyd, et al. (2019).

³ 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_topre_032416.pdf

⁴ Booth-LaForce, C., & Kelly, J. F. (2004). Childcare patterns and issues for families of preschool children with disabilities. *Infants and Young Children*, 17(1), 5-16. Retrieved from

https://journals.lww.com/iyjournal/Fulltext/2004/01000/Childcare_Patterns_and_Issues_for_Families_of.4.aspx#pdf-link

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 Whitebook, M., Phillips, D., Bellm, D., Crowell, N., Almaraz, M., Jo, J. Y. (2004). *Two years in early care and education: A community portrait of quality and workforce stability*. Berkeley, CA: Center for the Study of Child Care Employment, University of California at Berkeley.

Retrieved from <https://cscce.berkeley.edu/two-years-in-ece-a-community-portrait-of-quality-and-workforce-stability-alameda-county-california/>

⁷ Bassok, D., Fitzpatrick, M., Greenberg, E. & Loeb, S. (2016). Within- and between-sector quality differences in early childhood education and care. *Child Development*, 87(5), 1627-1645. Retrieved from: <https://doi.org/10.1111/cdev.12551>

⁸ Lloyd, et al. (2019).

⁹ 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

¹⁰ 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.

¹¹ Lloyd, et al. (2019).

¹² Lloyd, et al. (2019).

¹³ Lloyd, et al. (2019).

¹⁴ Lloyd, et al. (2019).

¹⁵ Kirkpatrick, S., Barlow, J., Stewart-Brown, S., & Davis, H. (2007). Working in partnership: User perceptions of intensive home visiting. *Child Abuse Review: Journal of the British Association for the Study and Prevention of Child Abuse and Neglect*, 16(1), 32-46.

<https://doi.org/10.1002/car.972>.

¹⁶ Fong, K. (2019). Concealment and constraint: Child protective services fears and poor mothers' institutional engagement, *Social Forces*, 97 (4), 1785–1810. <https://doi.org/10.1093/sf/soy093>

¹⁷ Goldberg, J., Winestone, J. G., Fauth, R., Colón, M., & Mingo, M. V. (2018). Getting to the warm hand-off: A study of home visitor referral activities. *Maternal and Child Health Journal*, 22(1), 22-32. doi: 10.1007/s10995-018-2529-7

¹⁸ Lloyd, et al. (2019).

¹⁹ Lloyd, et al. (2019).

²⁰ Paschall, K., Kane, M., Hilty, R., Silamongkol, T., & Tout, K. (2018). *Professional development for Minnesota's child care and early education workforce: A study of the supply of and demand for training*. Minneapolis, MN: Child Trends for the Minnesota Department of Human Services. Retrieved from: <https://www.childtrends.org/publications/professional-development-for-minnesotas-child-care-and-early-education-workforce-a-study-of-the-supply-of-and-demand-for-training>

²¹ National Survey of Early Care and Education Project Team. (2016).

²² U.S. Department of Health and Human Services and U.S. Department of Education. (2016). *The integration of early childhood data: State profiles and a report from the U.S. Department of Health and Human Services and the U.S. Department of Education*. Washington, DC: Retrieved from: <https://www2.ed.gov/about/inits/ed/earlylearning/files/integration-of-early-childhood-data.pdf>

²³ Prentice, C. (2013). *State of registries survey 2012: A survey of the nation's early childhood and school-age registries*. Washington, DC: The National Registry Alliance.

²⁴ Lloyd, et al. (2019).

²⁵ Lloyd, C.M., & Goldberg, J. (2018).